

Sequential Intercept Model Mapping Report for Howard County, Maryland

Final Report
February 2026

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



Acknowledgments

The Centers of Excellence wishes to thank all local stakeholders who participated in the discussion and extends special recognition to Christopher Collins, Criminal Justice Services Supervisor for the Howard County Health Department; Roe Bonaccorsy, Director of the Bureau of Behavioral Health; Sergeant Tambra Weigman, Howard County Police Department; Lieutenant John Lloyd, Howard County Police Department; Genevieve LaPorte, CIT Coordinator for the Howard County Police Department; Judge Stephanie Porter, Associate Judge of the Circuit Court for Howard County; Judge Claude de Vastey Jones, Associate Judge of the District Court for Howard County; and Dr. Alaina Elam, Work Release and Reentry Supervisor for Howard County Detention Center, for leading this effort.

This report has been prepared by Rachel Ames and Tatiana Reyes on behalf of the Centers of Excellence. All material appearing in this report is in the public domain and may be reproduced or copied without permission from 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.

Recommended Citation

The Centers of Excellence. (2026). *Sequential intercept model mapping report for Howard County, Maryland*. Crownsville, MD: Governor's Office of Crime Prevention and Policy.

CONTENTS

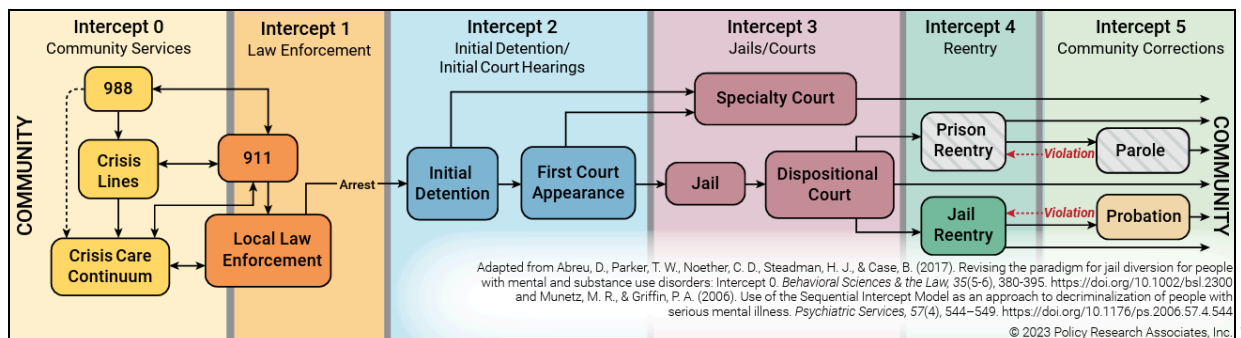
Background	4
Introduction	5
Sequential Intercept Model Map for Howard County, Maryland	6
Resources and Gaps at Each Intercept	7
Intercepts 0 and 1 Resources	8
Intercepts 0 and 1 Gaps	38
Intercepts 2 and 3 Resources	48
Intercepts 2 and 3 Gaps	68
Intercepts 4 and 5 Resources	72
Intercepts 4 and 5 Gaps	78
Priorities for Change	82
Quick Fixes and Low-Hanging Fruit	87
Parking Lot	89
Resources	91
Local Resources	91
State Resources	93
National Resources	95
Appendix A	110
Appendix B	111

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 (the “target population”) 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 to improve system and service-level responses for individuals in the target population.



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.

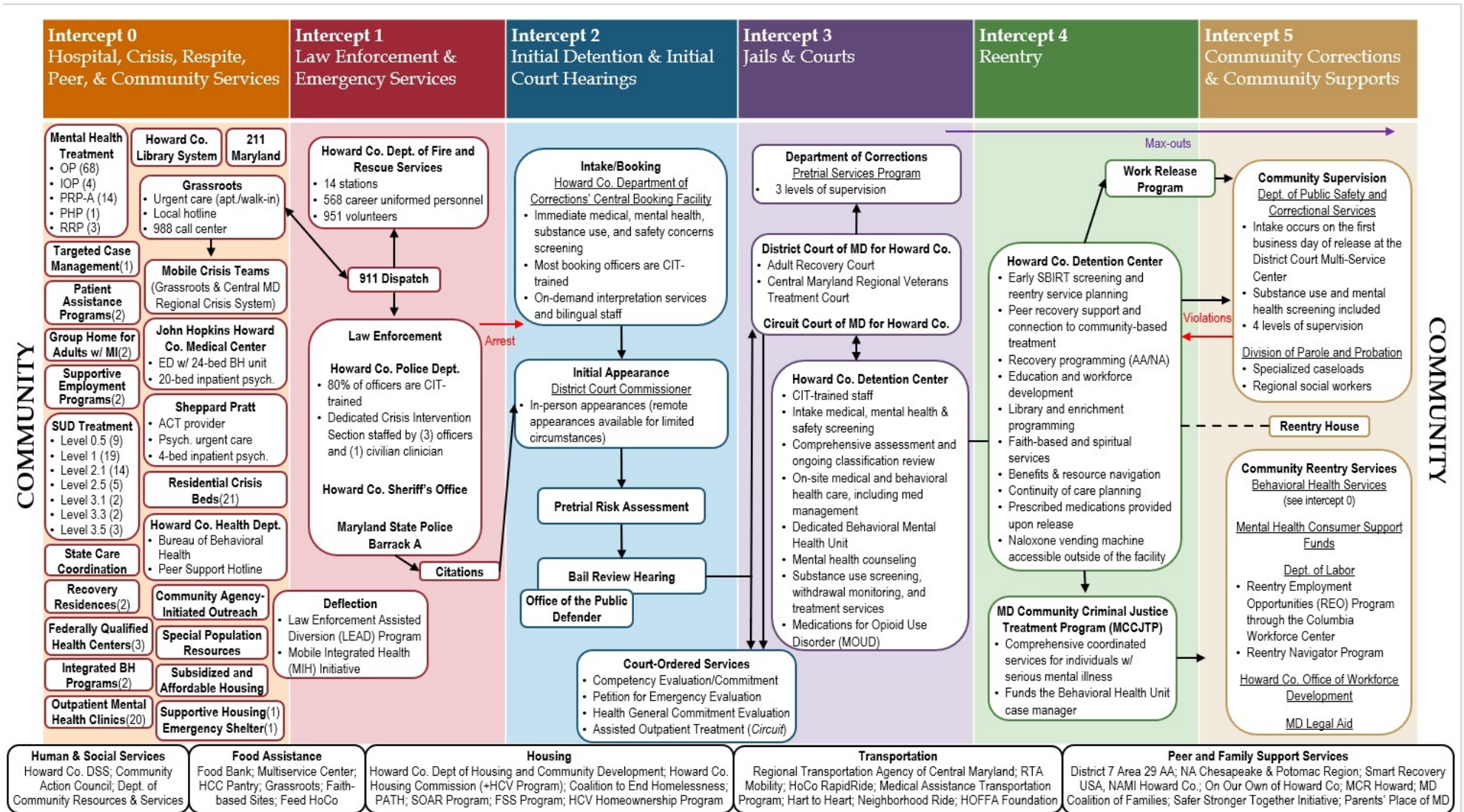
INTRODUCTION

In February 2026, the Centers of Excellence, joined by two trained SIM facilitators, met with a group of behavioral health and criminal legal system stakeholders at the Howard County Health Department in Howard County, Maryland. 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 in or at risk of involvement in the criminal legal system.
- Gaps in services for systems-involved individuals with behavioral health needs.
- Opportunities to divert individuals in the target population out of the criminal legal system and connect them with treatment and other community support services.
- Opportunities for cross-system collaboration and partnerships.

The discussions addressed all intercepts of the SIM. The Centers of Excellence gathered information regarding available resources, service gaps, and opportunities for improvement. Following these discussions, the group reviewed the collected information and identified short- and long-term goals. This process helped identify priorities for community change. At the conclusion of the workshop, stakeholders in attendance voted on the identified priorities found on page 82.

SEQUENTIAL INTERCEPT MODEL MAP FOR HOWARD COUNTY, MARYLAND



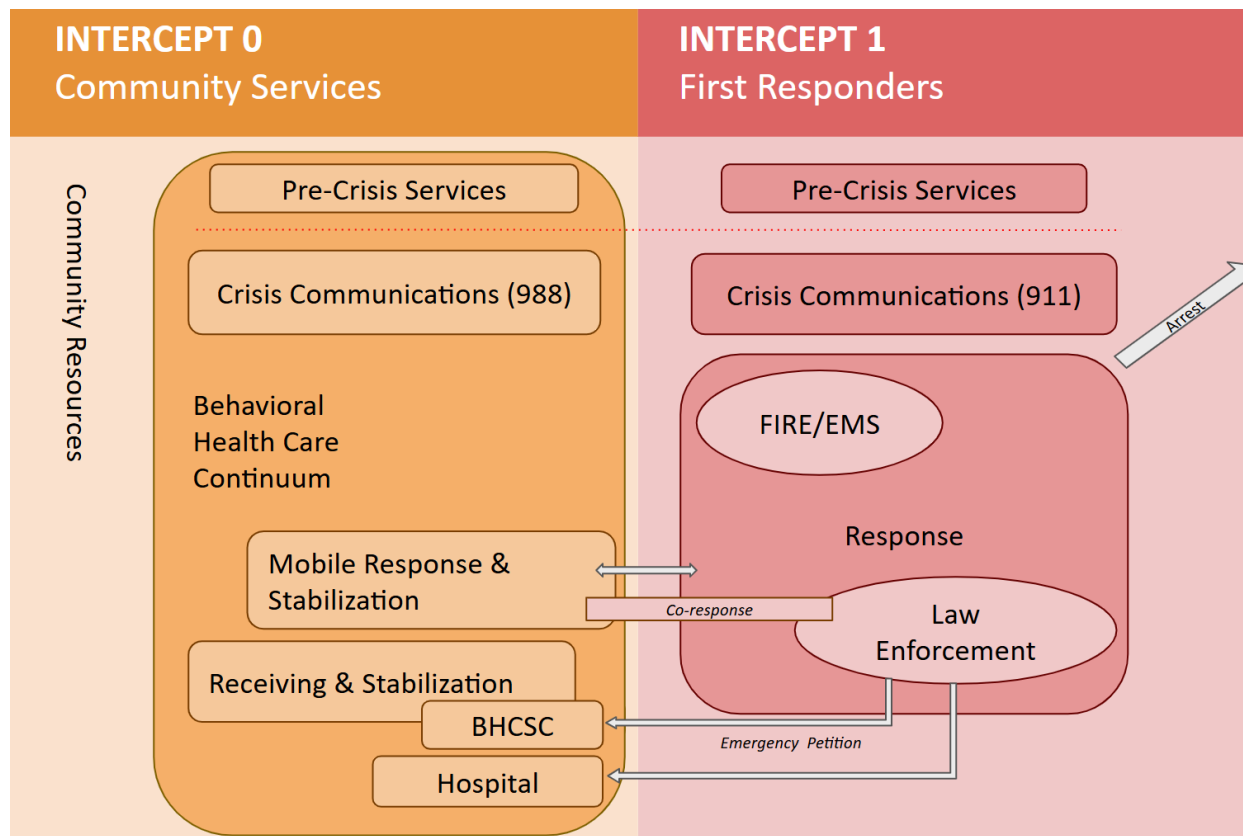


RESOURCES AND GAPS AT EACH INTERCEPT

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



INTERCEPTS 0 AND 1 RESOURCES

Community Services

Overview

Howard County, a predominantly suburban area located in Central Maryland, has a population of 339,668 and a population density more than twice the state average.⁵ Covering 250.9 square miles, it is the second-smallest county in Maryland by land area and has no incorporated municipalities. Howard County borders Anne Arundel, Baltimore, Carroll, Frederick, Montgomery, and Prince George's counties.

Demographically, the county is more ethnically diverse than the state as a whole. Foreign-born residents comprise 23.8% of the population, compared to 17.1% statewide.⁶ The county's Veteran population is slightly smaller, 6.2% compared to the state average of 6.8%. Most notably, the county is significantly more affluent than state and national averages, as reflected

⁵ U.S. Census Bureau (2024). *American Community Survey 1-year estimates*. Retrieved from <https://censusreporter.org/profiles/05000US24027-howard-county-md/>.

⁶ U.S. Census Bureau. (2024). *American Community Survey 5-year estimates*. Retrieved from <https://censusreporter.org/profiles/05000US24027-howard-county-md/>.

in its lower poverty rates: 5% for children, 8% for older adults, and 5.1% overall, compared to state rates of 11%, 10%, and 9.1%, respectively.

Planning and Coordination

Various agencies and organizations engage in strategic planning to address local priorities related to features that characterize a community's accessibility and sustainability, including but not limited to healthcare, social services, and housing.

Boards and Commissions

To guide the County Executive in identifying local needs and evaluating efforts to address them, Howard County operates 59 government boards and commissions and convenes thirteen other groups, councils, and workgroups, as well as four county council boards and an Inspector General Advisory Board. Together, these entities provide policy, program, and implementation recommendations by soliciting the voices of community representatives and individuals with lived experience.

Health

The Howard County Health Department (HCHD) oversees local health and wellness programs and services. The Bureau of Behavioral Health within HCDC serves as the county's Local Behavioral Health Authority (LBHA).⁷ As the designated local authority, the Bureau is responsible for planning, managing, and monitoring publicly-funded mental health and substance use disorder (SUD) services in the county. These services are provided through Maryland's Public Behavioral Health System, which serves individuals with behavioral health needs who have active Medical Assistance ("Medicaid"), are Medicaid-eligible, or are uninsured and meet income requirements.

The Bureau of Behavioral Health coordinates a range of initiatives to address the community's behavioral health needs and maintains a staff directory on its website. The site also features links to several community services directories; notable among them, the Directory of Howard County Behavioral Health Services (updated August 2025) provides a comprehensive, though not exhaustive, listing of available resources and services. A directory for bilingual resources is

⁷ Maryland law (Health-General Article § 10-1201) establishes either a Local Behavioral Health Authority (LBHA) or a Core Service Agency (CSA) and Local Addictions Authority (LAA) in every county in Maryland and Baltimore City. As mandated by Health-General Article § 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.

also available. To facilitate access to available resources, the health department offers by-request behavioral health navigation services.

In addition to internal activities, the local health department also partners with external stakeholders to coordinate public health strategy and outreach. For example, the Howard County Local Health Improvement Coalition, a partnership led by the Howard County Health Department and Johns Hopkins Howard County Medical Center, is tasked with improving health outcomes and reducing health disparities for county residents.

The public can research community resources using Network of Care, a web-based platform designed to provide comprehensive information and resources to individuals and families dealing with health and social services. The county's local Network of Care webpage allows users to search for participating resources by category or using an AI navigator feature. Additionally, the health department, with participation from local organizations, offers a centralized public application called CareApp, which helps users locate Howard County services for food, health, housing, transportation, education, employment assistance, and more. CareApp is available on desktops or mobile devices.

Human and Social Services

State and local agencies, together with community organizations, work in partnership to guide families toward stability and long-term self-sufficiency. The Maryland Department of Human Services, through its local social services department, the Howard County Department of Social Services, administers a wide range of public assistance programs to assist people in economic need and protect vulnerable children and adults. Additionally, the nonprofit Maryland Association of Community Action Partnership ("MCAP") works through a network of 19 member Community Action Agencies (CAAs), including the Community Action Council of Howard County, to synchronize a range of social and economic services aimed at supporting community members and promoting economic mobility.⁸

Howard County's Department of Community Resources and Services provides no-wrong-door⁹ human services at its eight offices and ten sites, promoting multicultural, multigenerational inclusion and engagement for all residents, including those with disabilities. Its MultiService Center, a one-stop shop in Laurel, offers or coordinates services across multiple domains:

⁸ CAA 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.

⁹ In healthcare and social services, "no wrong door" describes a system in which individuals can access appropriate care through any entry point, without needing to navigate complex or fragmented service systems on their own.

- **Healthcare:** Individual and family counseling; assistance with medical insurance/Medicaid; and support services for relationships, parents, families, youth, individuals with disabilities, and Veterans
- **Housing:** Case management, eviction prevention, and rent and utility assistance
- **Education:** Financial coaching and self-sufficiency programming
- **Workforce development:** Professional clothing, education, and employment assistance
- **Legal:** Civil, family, and housing legal assistance
- **Food:** Assistance with the Supplemental Nutritional Assistance Program (SNAP)

Housing Oversight

Initiatives to promote housing stability, affordability, and equity across the full housing spectrum (from unsheltered homelessness¹⁰ to market-rate housing and everything in between) fall within the scope of several state and local agencies and community partners.

The Maryland Department of Housing and Community Development and its local office, the Howard County Department of Housing and Community Development (the Department), administer federal grant funding for economic development and physical improvement to local infrastructure. The county primarily receives Community Development Block Grants (CDBG) and Home Investment Partnership (HOME) funds from the U.S. Department of Housing and Urban Development (HUD), as well as recent funding from the U.S. Treasury Department.

The Department partners with the Howard County Housing Commission (Commission), the county's public housing authority (PHA). The Commission helps community members access safe, affordable, and well-maintained housing by administering and overseeing local housing programs and resources. The Commission is currently updating its Annual PHA Plan, which outlines the overall goals, operations, and strategies for meeting local public housing needs for the year, and its Administrative Plan, a detailed document outlining local policies for the Housing Choice Voucher (HCV) program. Drafts of these plans are available for review on the commission's website.

The county also receives HUD Continuum of Care (CoC) funds administered through a partnership between the Maryland Department of Health Behavioral Health Administration and the county's local behavioral health authority (i.e., HCHD's Bureau of Behavioral Health). The federal CoC program promotes community-wide efforts to end homelessness. CoC funds

¹⁰ "Homeless" is a common term used by many shelters, government bodies, and service providers. More recently, the terms "houseless" and "unhoused" have gained wider use, reflecting the perspective that some people without traditional housing consider places such as tent encampments, vehicles, or other regular sleeping locations to be their homes.

support projects in five key areas: permanent housing,¹¹ transitional housing, supportive services, homeless management information system, and, in some cases, homelessness prevention.

The Coalition to End Homelessness (Coalition) serves as Howard County’s Continuum of Care, the HUD-required local planning body that coordinates federal, state, and local housing and support services funding for families and individuals experiencing homelessness. Howard County is currently implementing strategies outlined in *The Path Toward Zero: Howard County’s Strategic Plan to End Homelessness 2025-2030*,¹² developed through a partnership between the Department of Housing and Community Development and the Coalition. The plan outlines strategies to achieve “functional zero”¹³ homelessness in the county over the next five years.

Essential Services and Supports

Livable communities include essential features that allow all residents to thrive, such as transportation, housing, food, and services for special populations.

Transportation

Regional Transportation Agency of Central Maryland (RTA) is a public transportation service providing fixed-route and paratransit bus services within Howard County, Anne Arundel County, Northern Prince George’s County, and the City of Laurel. The fixed route one-way fare is \$2.00, daily passes are \$5.00, and monthly passes are \$40.00.

Individuals who qualify for paratransit services (i.e., riders aged 60+ or aged 18+ with a disability) can access free unlimited fixed-route rides using a state ID, passport, Medicare card, or RTA ID. Middle and high school students in the Howard County Public School System (HCPSS), as well as students attending Howard Community College, are eligible to apply for a Student Bus Pass, which provides free rides on RTA through the end of the current school year’s summer.

¹¹ Permanent housing 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, which combines long-term leasing or rental assistance with supportive services for households with at least one member with a disability; and (b) rapid re-housing, 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.

¹² Howard County Coalition to End Homelessness & Department of Housing and Community Development. (2025). *The path toward zero: 2025–2030 plan to end homelessness*. Howard County Government. <https://www.howardcountymd.gov/sites/default/files/2025-11/The%20Path%20Toward%20Zero%202025-2030.pdf>

¹³ Functional zero is achieved when the number of people experiencing homelessness is consistently below the community's capacity to house them so that homelessness becomes a rare, short-term crisis with rapid return to stable housing.

Students without valid school-issued email addresses (i.e., any college/trade school student or non-HCPSS student currently enrolled in school) can apply for \$20.00 monthly passes.

RTA Mobility is a curb-to-curb, shared-ride transportation service for registered riders who are unable to use the fixed route transit system due to a disability or age. RTA Mobility provides two types of service in the Central Maryland Regional Transit zones:

- **Americans with Disabilities Act (ADA) service:** Shared-ride, door-to-door / curb-to-curb service for people whose disability prevents them from using the fixed-route system. Riders must complete a physician application and an in-person interview. Daily service is unlimited, but all trips must be within 3/4 of a mile from fixed-route bus service. One-way service costs \$4.00, including one complimentary ride for Personal Care Assistants; discounts are available for monthly passes.
- **General Paratransit (GPT) service:** Shared ride, curb-to-curb transportation for riders 60+ years of age or riders aged 18-59 with a disability. Riders must complete a physician application. Services are offered on weekdays from 8:00 am to 5:00 pm. Trips are limited to one round-trip per day to medical appointments, senior centers, social services agencies, places of employment, and schools/colleges within the Howard County service area. One-way service costs \$5.00, and Personal Care Assistants pay full fare; discounts are available for monthly passes. Paratransit to the Baltimore Veterans Administration Hospital is free for Veterans.

The county's pilot microtransit program, HoCo RapidRide, is a public transit service provided by Via that allows riders within the service area to book a low-cost ride through its app. The program intends to remove barriers to accessing fixed route bus service in the area. When someone books a ride on HoCo RapidRide, the app groups them with others traveling in the same direction, assigning them to one of the county's four vehicles, each of which can carry up to seven passengers. HoCo RapidRide operates weekdays from 6:30 a.m. to 6:00 p.m., and wheelchair accessible trips are available. One-way fare is \$2.00 and free for individuals eligible for free local transit rides through Regional Transportation Agency of Central Maryland. While the service area is primarily located along the northern Route 1 corridor, serving Elkrige, Jessup, and Savage, it also extends east to incorporate popular shopping destinations. The pilot launched in March 2025 and will be evaluated after a year of operation.

The local Medical Assistance Transportation Program provides last-resort, shared-ride transportation to medical appointments during normal business hours. Eligible riders must have Medicaid coverage, an active Medical Assistance (MA) number, and no other means of transportation to the upcoming medical appointment.

Private companies offer specialized transportation services. Hart to Heart offers an array of medical transport, including door-to-door “wheelchair service” for riders with disabilities on weekdays from 7:00 a.m. until the last patient is returned to their point of origin. Weekend service is available on a pre-scheduled basis.

Local nonprofit organizations also offer transportation options for residents. Neighbor Ride matches county residents aged 60+ who can get in and out of a vehicle independently with volunteer drivers. Fees are based on round-trip mileage, and subsidies are available for Veterans and individuals with limited income. The HOFFA Foundation, headquartered in Carroll County, offers assistance with securing transportation for behavioral healthcare appointments.

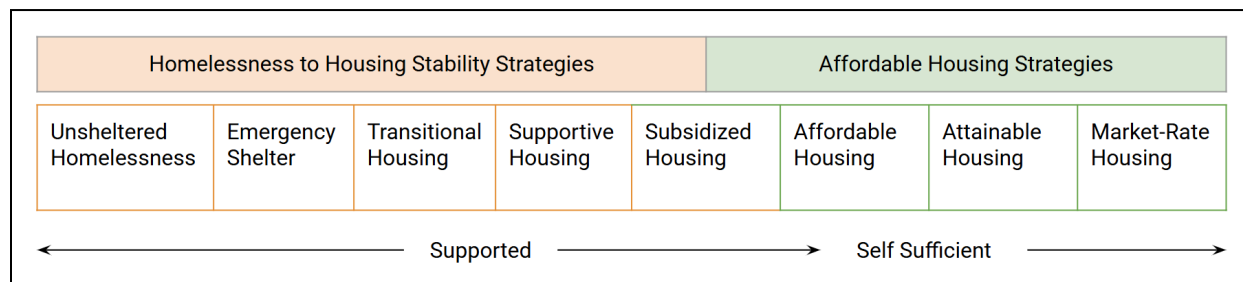
Select community treatment providers within the county and in neighboring locations offer transportation to clients on a limited basis.

Housing

The housing continuum ranges from unsheltered homelessness to market-rate housing, with decreasing levels of support as individuals move toward self-sufficiency (see Figure 1).

Figure 1

Housing Continuum: From Crisis to Self-Sufficiency



Grassroots Crisis Intervention (Grassroots)¹⁴ acts as the single access point for all county homelessness services. Individuals who are homeless or at risk of homelessness can contact Grassroots’ 24/7 crisis hotline at 410-531-6677 or walk in at either the 24-hour Crisis Center in Columbia or the Day Resource Center at Leola Dorsey (Day Resource Center) in Jessup. This Coordinated Entry System of Homeless Services is a required component of the Continuum of Care and uses a standardized housing assessment to understand and prioritize the needs of vulnerable youth, individuals, and families seeking housing assistance.

¹⁴ Information pertaining to Grassroots in this report has been gathered directly from the organization's website.

Emergency Shelter

According to the 2025 HUD Point-in-Time (PIT) count,¹⁵ 147 individuals were experiencing homelessness in Howard County on the survey date.¹⁶ Of these, 35% were in emergency shelters while 65% were unsheltered. Grassroots, which operates Howard County's only emergency shelter, provides temporary overnight housing for individuals in need; it served 616 clients in fiscal year 2025. Since November 2024, the shelter has undergone significant renovations, expanding its capacity from 51 to 71 beds and then to 89, an overall increase of 75%. The program's 89 beds are allocated as follows: 51 for families, 24 for single adults, and 20 designated for the 2025-26 "Code Blue" Cold Weather Shelter Program.

The Code Blue program provides safe housing when outdoor temperatures drop to 26 degrees or below. Families are placed in hotels, while all single adults stay at the Grassroots facility. Additionally, HopeWorks of Howard County provides shelter, counseling, legal assistance, and advocacy for people affected by sexual and intimate partner violence.

Transitional Shelter

There are no transitional shelters within the county to provide temporary housing (e.g., six to twenty-four months) and offer support to help individuals transition to stable, permanent housing.

*Supportive Housing*¹⁷

The Howard County Housing Commission (HCHC) partners with Bridges to Housing Stability, the Howard County Department of Corrections, and the Howard County Health Department to provide housing combined with supportive services for populations such as individuals with disabilities and individuals who were previously incarcerated.

The Leola Dorsey Community Resource Center is a 35-unit supportive housing and day resource facility in Jessup. It was financed in part by HCHC-issued bonds. Grassroots and Volunteers of America provide supportive services at the center.

¹⁵ The Point-in-Time (PIT) Count is a count of sheltered and unsheltered people experiencing homelessness on a single night in January. While required by the federal government, it is planned, coordinated, and carried out locally by Continuums of Care. The sheltered count must be conducted annually, while the unsheltered count must be conducted every other year.

¹⁶ Howard County Government. (2025). *Howard County 2025 point-in-time (PIT) summary report*. https://www.howardcountymd.gov/sites/default/files/2025-08/Howard%20County%202025%20PIT_Summary_Report_0.pdf

¹⁷ Supportive housing is an umbrella term for a strategy that combines financial housing assistance with supportive services.

Subsidized and Affordable Housing

There are several programs and strategies administered from the federal to the local level intended to create and preserve affordable housing options in Howard County.

- **Public housing:**¹⁸ The Howard County Housing Commission (HCHC) owns 275 units.
- **Housing Choice Voucher Program (HCV or "Section 8"):**¹⁹ The HCHC waiting list for vouchers is currently closed. For those on the waiting list, the current projected waiting period for a voucher is approximately 8-10 years.
- **Special Purpose Voucher Programs:**²⁰ Priority for the HCHC Mainstream²¹ vouchers is given to families who are transitioning out of institutional or separated settings;²² at serious risk of institutionalization; homeless; or at risk of becoming homeless.
- **Commission-Owned Rental Housing Program:** HCHC has leveraged development, large-scale redevelopment, acquisition of existing multi-family properties, and partnerships with private developers to offer an array of housing options across the county that are regulated by a variety of rental subsidy or below-market rent programs. Options include 1,158 family units and 45 senior units in Columbia,²³ 667 family units and 73 senior units in Ellicott City,²⁴ 132 family units and 60 senior units in Jessup,²⁵ 248 units in Hanover,²⁶ and 84 units in Elkridge.²⁷

¹⁸ Public housing provides safe, decent, and affordable rental housing to eligible low-income families, older adults, and persons with disabilities. Local housing agencies manage the units with federal support from HUD.

¹⁹ The U.S. Department of Housing and Urban Development funds the program to provide rental assistance to income-eligible applicants, helping them to access suitable housing or pay a portion of their current monthly rent.

²⁰ Special purpose vouchers are funded by Congress through separate appropriations from the traditional HCV program to serve specific populations. These vouchers include the Family Unification Program (FUP), Foster Youth to Independence (FYI), Veterans Affairs Supportive Housing (VASH), Mainstream, Non-Elderly Disabled (NED), and Stability Voucher.

²¹ Mainstream vouchers (formerly known as Mainstream 5-Year vouchers or Section 811 vouchers) are tenant-based vouchers that serve a special population. As of 2020, eligible households must include at least one person with a disability who is age 18 or older and under age 62 at the time of initial contract execution.

²² Unlike institutional care, in which housing and services are combined, separated settings offer home- and community-based long-term services and supports that are delivered independently of housing.

²³ Columbia sites include the 135-unit Beech's Farm, 200-unit Columbia Commons, 300-unit Columbia Landing, 48-unit Robinson Overlook, 251-unit Verona at Oakland Mills, and 224-unit Monarch Mills, which includes the 45-unit senior community Overlook at Monarch Mills.

²⁴ Ellicott City sites include the 106-unit Ellicott Gardens, 70-unit Ellicott Gardens II, 240-unit Orchard Meadows, 251-unit Burgess Mill Station Phases I and II, 48-unit Selborne House of Dorsey Hall Phase 2 (senior), and 25-unit Tiber Hudson (senior).

²⁵ Jessup sites include Gateway Village and Morningside Park (senior housing).

²⁶ Azure Oxford Square is the Hanover site.

²⁷ RiverWatch is the Elkridge site.

Outreach, Prevention, and Self-Sufficiency Programs

The following programs provide outreach, prevention, and self-sufficiency support to individuals and families in the community.

- **Projects for Assistance in Transition from Homelessness (PATH):**²⁸ A PATH case manager is available at the emergency shelter.
- **The Supplemental Security Income (SSI)/Social Security Disability Insurance (SSDI) Outreach, Access, and Recovery (SOAR) program:**²⁹ Workshop participants report that the local organization Humanin and the local detention center employ SOAR-trained staff.
- **Voluntary Programs for Voucher Holders:** The Howard County Housing Commission administers the Family Self-Sufficiency (FSS)³⁰ program and Housing Choice Voucher Homeownership Program (HCVHP).³¹

Food Assistance

Howard County offers several hunger-relief resources for residents in need. The Community Action Council of Howard County operates the Howard County Food Bank in Columbia. Additional food pantry locations include the Howard County MultiService Center in Laurel, the Howard Community College campus (also known as the Fueling Dragons Food Pantry) in Columbia, the Day Resource Center in Jessup, and various faith-based sites. The health department lists sites sorted by location in a brochure that is available online. Feed HoCo, a local food recovery nonprofit, salvages food from restaurants, grocers, and other food establishments and distributes it to those in need.

²⁸ PATH is a grant-funded outreach program serving county residents with mental health diagnoses, and possibly co-occurring substance use disorders, who are homeless or at risk of becoming homeless. PATH accepts referrals from any source, including self-referrals, and provides outreach, case management, advocacy, and support with housing and SSI and SSDI applications.

²⁹ The SOAR program is designed to improve 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.

³⁰ The FSS program is a federally mandated initiative that provides voluntary participants with up to five years of individual case management to assist with financial literacy, job training, childcare, and other factors that foster self-sufficiency. Voucher recipients and public housing residents are eligible to participate. Participants may receive an interest-bearing escrow account in which the portion of rent attributable to increased earned income is credited in accordance with HUD guidelines, with funds disbursed upon completion of the program.

³¹ The Housing Choice Voucher Homeownership Program (HCVHP) allows eligible voucher holders to apply their housing subsidy to a monthly mortgage payment after a home purchase.

Special Population Resources

The county offers an array of resources for special populations in addition to those previously detailed.

Service Members, Veterans, and Families (SMVF)

Veterans in Howard County can access VA primary and specialty healthcare, including mental health services, through several community-based outpatient clinics in neighboring counties or at the Baltimore VA Medical Center. Additionally, through the Supportive Services for Veteran Families (SSVF) program, providers help Veteran families and individuals secure permanent housing. SSVF provides a short, intensive period of case management to link families to benefits and sometimes provides temporary financial assistance with housing or moving expenses. The U.S. Department of Veterans Affairs funds the program.

The Maryland Department of Health Behavioral Health Administration oversees Maryland's Commitment to Veterans program, which develops policies, provides direct services, and coordinates national, state, and local organizations. The program offers referral services, peer support, crisis funding, and training/educational opportunities for behavioral health and medical providers, peers, first responders, and community partners.

In addition to federal and state programming, several local entities provide services and supports for the SMVF community. The Howard County Office of Veterans and Military Families provides information and collaborates with providers to address more complex issues. CareApp, the county's centralized resource platform, offers a dedicated search option to locate a wide range of Veterans resources for local residents. The Howard County Local Health Improvement Coalition maintains a dedicated page on its website for Veterans and military families; the page includes links to general resources as well as topic-specific resources for subsets of the SMVF community. The Howard County Police Department's crisis intervention team (CIT) training includes a Veterans module to enhance cultural competency in law enforcement responses.

LGBTQ+

Howard County convenes a permanent LGBTQIA+ Commission to advance policy and systemic change for all persons who identify along the LGBTQIA+ spectrum. PFLAG (Parents, Families, and Friends of Lesbians and Gays) Howard County supports LGBTQ+ families through peer groups and social events, educates the community on LGBTQ+ issues, and advocates for inclusive policies.

*Intellectual and Developmental Disabilities (IDD) and Neurocognitive Disorders (NCD)*³²

Several statewide organizations serve the local community. The Parents' Place of Maryland offers an array of programs, services, and resources with a statewide reach to improve education and health outcomes for children with disabilities, special healthcare needs, and those impacted by behavioral health challenges. It serves as the state's Parent Training and Information Center, as charged by the U.S. Department of Education, Office of Special Education Programs, providing training and information to parents of infants, toddlers, children, and youth with all types of disabilities. The Autism Society of Maryland, which provides support and advocacy for individuals with autism and their communities, operates a local office in Howard County.

Locally, the Howard County Office of Disability Services serves as a critical link to a network of community services for people with disabilities who live or work in the county. The Arc of Howard County offers several services, including a day services³³ program, supportive housing, and behavioral support services, as well as Project Search, a one-year internship program for students with disabilities in their last year of high school. Accessible Resources for Independence is a resource and advocacy organization by and for people with disabilities in Anne Arundel and Howard Counties.

*Transition-Aged Youth (TAY) and Young Adults*³⁴

Sheppard Pratt operates a TAY day program that provides daily, structured activities in group settings to young adults aged 18 to 25 who have a psychiatric diagnosis and live with severe emotional and behavioral disabilities. Other than Sheppard Pratt's day program, no TAY or young adult-specific programs are noted for the county.

³² IDD is differences that are usually present at birth and uniquely affect the trajectory of an individual's physical, intellectual, and/or emotional development, while NCD is a general term describing decreased mental function due to a medical disease other than a psychiatric illness.

³³ 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.

³⁴ TAY and young adults are distinct but overlapping populations with varying definitions. TAY is typically used to designate a developmentally discrete cohort (generally individuals aged 15-26) between adolescence and early adulthood who present with unique clinical, educational, and occupational needs at a time when they are often transitioning from child to adult healthcare systems. Similarly, young adulthood (generally ranging from age 18-26) is understood in healthcare and policy as a grouping that helps to track needs and trends that are distinct from both teens and older adults, especially given that young adults have reached the legal age of majority but are subject to distinct protections or restrictions regarding criminal justice, healthcare, and insurance.

Older Adults

Howard County Office on Aging and Independence, which promotes inclusion, independence, and accessible services for local residents, oversees the Howard County Area Plan for Aging and Disability Services, which outlines a four-year plan for supporting older adults, individuals with disabilities, and caregivers in the community; a current draft is available for public comment on the office's website.

Non-English Language Preference (NELP)³⁵

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 Maryland's Public Behavioral Health System services whose first language is not English, including members of the Deaf and hard of hearing community.

Behavioral Health Continuum of Care

Prevention and Promotion

The Howard County Health Department operates several programs addressing public health, behavioral health, and community engagement. Workshop participants report that these efforts have resulted in a coordinated and comprehensive approach to community wellness. Initiatives include tobacco and smoking cessation, teen health, harm reduction/peer recovery support, opioid misuse prevention/outreach, and HIV testing and support. Through collaboration, health department staff bring naloxone training to schools and education to law enforcement within crisis intervention team (CIT) training.

Community Outreach

Community service organizations, such as libraries, provide accessible spaces for both formal and informal outreach. They support people facing a variety of challenges, including food insecurity, housing, transportation, and immigration concerns.

The Howard County Library System recognizes its role as a key point of intersection with vulnerable populations. Library staff are trained in Mental Health First Aid to recognize the signs and symptoms of mental illness and make efforts to connect individuals with appropriate services.

³⁵ A non-English language preference (NELP) refers to an individual's choice to receive services, communications, and care in a language other than English. This term reflects a strength-based shift from the term "limited English proficiency" (LEP) by emphasizing linguistic preference rather than perceived limitations in English language skills.

The library regularly hosts community partner agencies to offer direct support:

- **Health Department:** Peer recovery specialists³⁶ are available twice weekly at library branches for in-person, drop-in support.
- **Baltimore Veterans Administration Community Resource and Referral Center:** Social workers visit the Central and Savage branches monthly.
- **Grassroots:** Staff is on-site monthly at the Central, East Columbia, and ElkrIDGE branches to provide drop-in services.

Information about these services is available on the library's website and through signage within the branches, ensuring patrons know when and where support is available.

Local nonprofits also play a key role in community outreach. James' Place, a well-known 501(c)3, serves as a credible messenger,³⁷ providing education to the public, local organizations, and the medical community on the medical model of addiction.

Harm Reduction

Peers play an integral role in the community's efforts. Certified peer recovery specialists from the health department answer calls to a public access phone line and offer syringe support via a van, street outreach, and two fixed sites: the health department and the Day Resource Center.

The Law Enforcement Assisted Diversion (LEAD) program is a public health and safety initiative that addresses unmet behavioral health needs as a means of harm reduction and diversion from the criminal legal system. LEAD offers case management and peer recovery support to assist participants in accessing community resources, including healthcare, housing, education, and employment support.

Partner agencies include the Howard County Health Department, Howard County Police Department, Howard County Sheriff's Office, Howard County Public Defender's Office, Howard County State's Attorney's Office, Howard County Detention Center, and Howard County Government. The majority of participants originate from social contact referrals that occur when an individual who is not in crisis and has not committed a crime appears to need help with quality of life issues. Referrals can also come from law enforcement, instead of a criminal citation or arrest. In these instances, a case manager may join law enforcement and the client at the scene for a warm hand-off. The program has received referrals from the health department, law enforcement, the detention center, Grassroots, the libraries, and community members.

³⁶ As defined by State behavioral health regulations, peer recovery specialists are individuals with lived experience who provide non-clinical support to individuals in recovery from behavioral health disorders.

³⁷ In this context, a credible messenger is a trusted source of information whose expertise and standing within the community make them an effective educator and advocate on a particular issue.

Abstinence is not required, and participation is strictly voluntary, although charges can be filed later for participants who fail to attend follow-up visits in cases that would have incurred a citation or arrest. Eligible participants must be at least 18 years old with no open warrants; if there is a victim, victim consent is required for participation.

The team, comprising a certified peer recovery specialist and a case manager, typically serves 10-23 clients per quarter, with 7-8 active clients at the time of the workshop. LEAD brochures, fliers, and pocket sheets with QR codes are available for public distribution and can be found on the county's Criminal Justice Behavioral Health Services page.

Treatment and Recovery

Treatment and recovery services are traditional (non-emergency) behavioral health treatment and support services. Psychiatric and addiction services differ in frequency, intensity, and duration, with availability varying by organization and location. The treatment options listed within this section reflect information current at the time of reporting from both the Behavioral Health Administration's *Licensed and Certified Program Listings*³⁸ and applicable local resource directories (e.g., the HCHD Bureau of Behavioral Health's *Directory of Howard County Behavioral Health Services* listed in the "[Local Resources](#)" section of this report) .

Mental Health Treatment

Treatment spans a continuum of care, with levels matched to individual needs. Table 1 outlines the services and local context for the mental healthcare continuum in Howard County.

Table 1
Mental Health Treatment Options in Howard County, Maryland

Service	Description and Local Context
Outpatient Services (OP)	Description: Low- to moderate-intensity treatment that includes individual therapy and/or medication management. Local Context: The Bureau of Behavioral Health's directory lists 68 options under the "Outpatient Services" heading, 30 of which accept Medicaid.
Intensive Outpatient Services (IOP)	Description: Highly structured, high-intensity level of care focused on stabilization and skill-building, delivered through group and individual therapy for three hours per day, three to five days per week.

³⁸ Maryland Department of Health. (n.d.). *Licensed and certified providers and programs*.
<https://health.maryland.gov/bha/Pages/BHA-Licensed-and-Certified-Providers-and-Programs.aspx>

Service	Description and Local Context
	Local Context: The Bureau of Behavioral Health’s directory lists four options under the “Outpatient Services” heading, three of which accept Medicaid.
Psychiatric Rehabilitation Program for Adults (PRP-A)	Description: Comprehensive, community-based rehabilitation and recovery services that supports successful community integration and use of local resources. Services may be delivered onsite, offsite, or through a combination of both. Local Context: The Behavioral Health Administration’s <i>Licensed and Certified Program Listings</i> identifies 14 provider organizations and sites, including 10 in Columbia, 2 in Ellicott City, 1 in Glenwood, and 1 in neighboring Anne Arundel County.
Psychiatric Day Treatment Program (PDTP) / Mental Health Partial Hospitalization Program (PHP)	Description: Short-term, intensive individual and group mental health treatment during the day or evening for individuals with acute psychiatric symptoms that require medical supervision. PHPs, also known as psychiatric day treatment, serve as an alternative to inpatient psychiatric care for those who do not need 24-hour supervision and can safely remain in the community. Local Context: The Behavioral Health Administration’s <i>Licensed and Certified Program Listings</i> identifies two programs in Columbia (one PDTP/PHP and one PHP) and one PHP program in Ellicott City.
Mobile Treatment Services (MTS) / Assertive Community Treatment (ACT)	Description: A multidisciplinary, team-based model providing time-unlimited, community-based services for individuals with serious mental illness who experience, or are at high risk for, concurrent substance use, frequent hospitalization, homelessness, involvement with the criminal legal system, or psychiatric crises. The primary goal is to help individuals achieve recovery through community treatment, rehabilitation, and ongoing support. Referrals can be made by contacting the team directly. Participants have access to services during regular business hours and on-call support 24/7. Local Context: The Behavioral Health Administration’s <i>Crisis Services and Assertive Community Treatment Resource Guide</i>³⁹ lists Sheppard Pratt as the county’s ACT provider.

³⁹ Maryland Department of Health. (2026). *Crisis services and assertive community treatment resource guide*. <https://health.maryland.gov/bha/Documents/MCT.ACT%20Resource%20Guide.pdf>

Service	Description and Local Context
Residential Rehabilitation Program (RRP)	Description: Housing and supportive services for single individuals to help participants transition to independent housing of their choice. RRP's offer staff support in areas such as medication monitoring, independent living skills, symptom and stress management, relapse prevention planning, and connections to employment, education, and/or vocational services, as well as crisis prevention and other recovery-focused services. Local Context: The Behavioral Health Administration's <i>Licensed and Certified Program Listings</i> identifies three distinct provider organizations across multiple sites: Humanin and Way Station/Sheppard Pratt,⁴⁰ as well as Vesta in neighboring Anne Arundel County.
Inpatient Psychiatric Services	Description: High-intensity 24/7 care in a secure setting (i.e., a psychiatric hospital, a psychiatric hospital acute care unit within a psychiatric institution, or a psychiatric inpatient unit within a general hospital) for patients who cannot be safely and/or adequately managed at a lower level of care. This setting provides daily physician supervision, 24-hour nursing/treatment team evaluation and observation, diagnostic services, and psychotherapeutic and medical interventions. Local Context: The county contains a total of 24 inpatient beds. Johns Hopkins Howard County Medical Center (JHHCMC) operates a 20-bed inpatient psychiatric unit for adults aged 18 and older, accepting both voluntary and involuntary admissions; the average daily census of the unit is reportedly 18 patients, and approximately 500 patients are served annually. Admissions occur 24 hours a day, typically through the JHHCMC emergency department. The hospital is connected to a network of Johns Hopkins locations that can distribute patient demand. Sheppard Pratt also operates a 4-bed inpatient psychiatric unit for adults who are typically admitted through its co-located psychiatric urgent care facility.

Mental Health Support Services

Support services for individuals with mental illness enhance quality of life, promote independence, and support recovery.

- **Targeted Case Management (TCM):** A specialized form of case management designed for specific populations. The adult TCM program in Maryland serves adults (18+) with a serious and persistent mental illness diagnosis and medical necessity. TCM involves more

⁴⁰ Way Station Inc. operates under the Sheppard Pratt system as a subsidiary.

frequent contact, longer-term support that can extend for years, and coordination across multiple life domains. Individuals may self-refer or be referred by non-professionals, such as family members. The current adult TCM provider for Howard County is Humanim, and the current adolescent provider is the Center for Children.⁴¹

- **Patient Assistance Programs (PAPs):** Programs that provide free or low-cost access to psychiatric medications for eligible individuals who are uninsured or have limited coverage. FISH of Howard County, Inc. provides emergency assistance to county residents based on available resources, while the local Resurrection St. Paul Conference of the international St. Vincent de Paul Society partners with other community organizations to provide financial support, including pharmaceutical needs assistance.
- **Group Home for Adults with Mental Illness:** 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. The Behavioral Health Administration's *Licensed and Certified Program Listings* identifies Humanim and Way Station/Sheppard Pratt as the providers for Howard County.
- **Supported Employment Program (SEP):** A personalized service model that provides ongoing coaching, training, and career development to help individuals with disabilities or complex needs obtain and maintain competitive, integrated employment in community settings. The Behavioral Health Administration's *Licensed and Certified Program Listings* identifies Humanim and Way Station/Sheppard Pratt as the providers for Howard County.

Substance Use Treatment

Similar to mental healthcare, substance use treatment spans a continuum of care tailored to individual needs. The American Society of Addiction Medicine (ASAM) criteria define the continuum using primary treatment levels (1-4), with decimal points indicating additional gradations of intensity and care types. Within each level, licensed services vary by provider; for example, select providers offer withdrawal management (WM), medications for opioid use disorder (MOUD) through Opioid Treatment Programs (OTPs),⁴² or both. Table 2 outlines these services and provides local context for the addiction treatment care continuum in Howard County.

⁴¹ Local TCM programs must be procured by the local behavioral health authority every five years.

⁴² OTPs must be certified by SAMHSA and accredited by an independent, SAMHSA-approved accrediting body.

Table 2*Substance Use Treatment Options in Howard County, Maryland*

Level	Description and Local Context
0.5	Description: Early Intervention Local Context: There are nine providers total.
1.0	Description: Outpatient (OP) Local Context: There are 19 providers total, 13 of which are also licensed for other levels of care. Four OP providers are licensed OTPs, four are licensed for WM, and one is licensed for both.
2.1	Description: Intensive Outpatient (IOP) Local Context: There are 14 providers total, of which four are licensed for WM including one licensed for OTP as well.
2.5	Description: High-Intensity Outpatient (HIOP) Local Context: There are five providers total, of which four are licensed for WM including one licensed for OTP as well.
3.1	Description: Clinically Managed Low-Intensity Residential Local Context: There are two providers (i.e., Hilda's Place and Tuerk House).
3.3	Description: Clinically Managed Population-Specific Residential Local Context: There are two providers (i.e., Hilda's Place and Tuerk House).
3.5	Description: Clinically Managed High-Intensity Residential Local Context: There are three providers (i.e., Hilda's Place, Tuerk House and Westcare Foundation).
3.7	Description: Medically Managed Residential Local Context: None.

Substance Use Support Services

Support services help individuals in recovery build independence and achieve greater self-sufficiency.

- **State Care Coordination:** A recovery support service aimed at improving recovery outcomes for individuals using publicly funded substance use treatment resources. In

Maryland, State Care Coordinators are located within each county health department and receive referrals from residential programs during treatment. Coordinators assist individuals in transitioning into the recovery community and support access to community-based, faith-based, somatic, behavioral, social, and other recovery services tailored to individual needs. Services may include recovery assessment, care planning, ongoing monitoring, and follow-up.

- **Recovery Residences:** Alcohol-free and illicit drug-free housing that does not provide clinical treatment services for individuals with substance-related or addictive disorders, including those with co-occurring mental health conditions. The Maryland Certification of Recovery Residences (MCORR) office oversees statewide certification. Two providers in the county operate MCORR-certified residences; Living in Recovery operates three houses, and Project Encompass operates one.
- **Financial Assistance:** In addition to its education and advocacy work, James' Place fundraises to provide scholarships for essential recovery services and coordinates with the health department to place individuals, even when out-of-county placement is necessary.

Co-Occurring Disorders

Some settings may offer a more comprehensive range of services, particularly for individuals with co-occurring diagnoses.

- **Federally Qualified Health Centers (FQHCs):** Federally-funded, nonprofit clinics that provide comprehensive healthcare services (including behavioral healthcare) in medically underserved areas and to underserved populations. FQHCs deliver care either on-site or by arrangement with another provider. Services are provided regardless of a patient's ability to pay, with charges determined using a sliding fee scale based on income. The Health Resources and Services Administration (HRSA) search tool confirms three FQHCs in Columbia.
- **Integrated Behavioral Health (IBH) Programs:** State-licensed programs with 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. According to the Behavioral Health Administration's *Licensed and Certified Program Listings*, three distinct provider organizations of those listed in Tables 1 and 2 are licensed as IBH programs.
- **Outpatient Mental Health Clinics (OMHCs):** Facilities led by a psychiatrist or psychiatric nurse practitioner and staffed by multidisciplinary clinical professionals from at least three eligible clinical disciplines. OMHCs provide a comprehensive array of outpatient

and community-based mental health services, including, at a minimum, individual therapy, group therapy, family therapy, and medication management, and may also offer family psychoeducation or other complementary treatment services. According to the Behavioral Health Administration's *Licensed and Certified Program Listings*, 20 distinct provider organizations of those listed in Table 1 are licensed as OMHCs.

Supportive Funding

Mental Health Consumer Support, a grant from the Behavioral Health Administration, is a safety net service available to individuals actively engaged in the Public Behavioral Health System; eligible applicants with mental health disorders with or without substance use disorders can request funding to assist with time-limited rental or utility payments that will allow a person to remain in permanent housing, emergency one-time items such as clothing or hygiene products, time-limited assistance for certain medications or medical equipment, time-limited transportation to behavioral health treatment, vital records, basic household goods needed to establish permanent housing, approved educational or employment expenses, and language interpretive services needed for individuals to receive mental health treatment. Ongoing funding requests, such as transportation, must include a sustainability plan that describes how the individual will continue to obtain the service once Mental Health Consumer Support funds are expended.

The Department of Human Services administers several financial assistance programs, including but not limited to:

- **Supplemental Nutritional Assistance Program (SNAP, formerly the Food Stamp Program):** A federal program that provides food-purchasing assistance for low- and no-income individuals and households.
- **Temporary Cash Assistance (TCA):** Maryland's Temporary Assistance to Needy Families (TANF) program, which provides cash assistance to families with dependent children when available resources do not fully meet their needs, while helping participants prepare for independence through work.
- **Temporary Disabilities Assistance Program (TDAP):** A state-funded program that provides short-term cash assistance to low-income Marylanders with disabilities who do not have dependent children, including those awaiting approval for federal disability support.
- **Emergency Assistance for Families and Children (EAFC):** A program that provides emergency cash assistance to families who need help with rent, utilities, or other urgent expenses. Assistance is available through local departments of social services, generally once every two years when funds are available.

- **Maryland Energy Assistance Program (MEAP):** A state program that helps eligible households pay heating bills by making payments directly to fuel suppliers and utility companies on behalf of customers.
- **Electric Universal Service Program (EUSP):** A state electric assistance program that provides grants to help reduce electric bills, available once per program year.
- **Arrearage Retirement Assistance:** A program that helps customers pay off large, past-due electric and gas bills, with a five-year waiting period before reapplying.

Urgent and Acute Care

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.

Behavioral Health Lines

Several lines exist to connect residents to behavioral health support.

- **211 Maryland:** 211 operates 24/7 to connect people across the State with referral specialists. United Way of Central Maryland serves as the call center for Howard County. While not a crisis hotline, staff are certified through Applied Suicide Intervention Skills Training (ASIST) to identify callers who may be in crisis and manage the call, assess, and plan for safety.
- **988 Suicide and Crisis Lifeline:** The 988 Lifeline provides 24/7 call, text, and chat with trained crisis counselors who assist individuals experiencing suicidal ideation, substance use issues, mental health crises, or other forms of emotional distress. Grassroots serves as the county’s primary call center.
- **Grassroots Hotline (410-531-6677):** Grassroots operates a 24/7/365 crisis intervention and supportive counseling hotline for immediate connection to a counselor.
- **Howard County Health Department Peer Support Line (667-203-1523):** Certified peer recovery specialists staff this public access line to offer callers/texters substance use recovery support, safe usage resources, and referrals.

Mobile Crisis Response and Stabilization Services

A mobile response team (MRT)/mobile crisis team (MCT)⁴³ provides 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 respond wherever the individual is in the community (e.g.,

⁴³ MCT is a licensed and regulated service that operates 24/7, responds within 60-120 minutes, and provides stabilization. Teams are staffed by 2-3 individuals, including a licensed clinician. MRT describes a similar model but does not meet all MCT criteria.

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.

Grassroots serves as the local provider in Howard County. Their 24/7 service, known locally as Mobile Crisis Response, consists of two teams of Grassroots mental health clinicians who respond to urgent calls and jointly respond with the police to psychiatric emergencies, family crises, and traumatic events in the community.

Howard County is also one of four counties afforded regional coverage through the Central Maryland Regional Crisis System, formerly the Greater Baltimore Regional Integrated Crisis System (GBRICS) Partnership, a network of behavioral health crisis response services supported by the GBRICS project. Regional services operate Monday through Friday from 12:00 a.m. to 7:00 p.m., and Saturday through Sunday from 12:00 a.m. to 4 p.m. When the local MRT/MCT is unavailable, individuals who call 988 may be forwarded to one of two regional teams. In practice, however, workshop participants report that the use of the regional team is rare, as Grassroots' local services are typically available and responsive.

Additionally, although not exclusively urgent/acute care, Assertive Community Treatment (ACT) teams can be called out 24/7 for clients. As indicated in Table 1, Sheppard Pratt currently serves as the county's ACT provider.

Crisis Receiving and Stabilization Facilities

Urgent Care (Same Day/Next Day) Appointments

Grassroots offers support for access to care for all ages, typically securing therapy and medication management appointments for clients within 72 hours.

Walk-In Care

Two facilities offer walk-in care in Howard County:

- Grassroots operates a free 24/7 urgent care facility in Columbia, offering immediate support or crisis intervention services for a mental health, personal, situational, housing, or family crisis. Mental health services are available for all ages, and substance use disorder services are available for clients aged 12 and older. At the facility, individuals and families are provided support and resource connections by crisis counselors, peer recovery specialists, or urgent care clinicians. Short-term follow up is offered to bridge clients to appropriate ongoing counseling or treatment resources.
- Sheppard Pratt's Psychiatric Urgent Care in Elkridge is specially designed for people aged 5 and older in need of immediate psychiatric triage. Licensed clinicians assess clients and

provide outpatient or partial hospitalization program referrals, arrange inpatient admission, and/or recommend other services; staff cannot write or refill prescriptions. Clients must be medically stable, willing to participate in a voluntary evaluation, and neither agitated nor under the influence of alcohol or substances. The facility is available daily from 10:00 a.m. until 9:00 p.m.

Residential Crisis Services (RCS)/Beds

RCS offers intensive short-term treatment and support in a structured environment for individuals who require 24-hour supervision due to a psychiatric crisis. Services can be used for inpatient admission prevention for clients at risk of hospitalization, as well as an inpatient admission alternative for clients transitioning from hospitalization who would otherwise be deemed unsafe for discharge.

Three facilities offer RCS in Howard County: Grassroots (eight beds), Way Station/Sheppard Pratt (five beds), and Safe Journey House (eight beds). Workshop participants report that Sheppard Pratt is in the early planning stages of an expansion project that will add 16 additional beds, 13 of which will be designated for Medicaid-insured clients.

Substance Use Disorder Crisis Beds

No substance use disorder crisis beds operate in Howard County.

Hospital Emergency Departments

The 36-bed emergency department at Johns Hopkins Howard County Medical Center (JHHCMC) provides emergency medical care and urgent care for the community. Staff first triage and medically clear all patients. Voluntary patients may leave at will; non-voluntary patients who are awaiting a psychiatric evaluation are supervised by law enforcement if requested by staff and, to the extent possible, returned to the hospital if they attempt to leave prior to evaluation.

Once medically cleared, patients are moved to the behavioral health unit, a specialized area of the emergency department specifically designed, constructed, and staffed to provide a supportive care environment for patients who need emergency psychiatric services. The 24-bed unit is only staffed for 12 patients at a time, and the average wait time to be moved is one hour. Fully voluntary patients in the unit can leave at will; however, non-voluntary patients (e.g., individuals at risk of suicide or homicide or emergency petition evaluatees) must continue care; security is present 24/7, and the unit is situated behind two locked doors. Unlike the rest of the emergency department, the unit is staffed entirely by psychiatric nurses, which has reportedly reduced violence by 13%.

Health department staff embedded within the emergency department serve as behavioral health navigators who coordinate follow-up care for patients with behavioral health needs. In addition, the hospital's Community Care Team, which includes a community health worker, community health nurse, and community social worker, supports individuals transitioning back to the community. Eligible participants are adult Medicare beneficiaries living in Howard County who have had two or more hospital encounters within the past 12 months, including observation stays, inpatient admissions, or emergency department visits. The team conducts an initial in-home visit after discharge, followed by regular visits over a 30-90 day period to support continuity of care.

First Responders

Organization

Howard County operates a single Public Safety Answering Point (PSAP) for all police, fire, and EMS emergency (911) and non-emergency requests for assistance. The consolidated center dispatches for the Howard County Police Department, Fire/Rescue Department, and Sheriff's Office, while also providing call routing and support to the Maryland State Police. All 911 calls are vetted via a comprehensive protocol system for emergency call-taking that includes a structured, standardized script and procedures for dispatch.

The county's primary law enforcement agency, the Howard County Police Department, is authorized 510 sworn officers. At the time of the workshop, the department's 506 sworn officers represented 99% of its authorized strength.

The Howard County Sheriff's Office, which provides judicial enforcement and physical security for the Howard County Circuit Court, as well as a variety of services to residents, is currently staffed with 70 sworn deputies, representing 95% of its authorized strength of 74.

Maryland State Police maintains Barrack A to provide law enforcement services in Howard County.

Howard Community College employs public safety officers who provide physical security, investigative services, safety education, first aid, and other assistance. The campus Department of Public Safety also coordinates with local law enforcement as needed.

The Howard County Department of Fire and Rescue Services operates a combination system with 14 stations staffed by 568 career uniformed personnel and 951 volunteers, all of whom are trained in both fire and emergency medical services.

Training

Efforts are ongoing to provide behavioral health and crisis intervention team (CIT) training to first responders in Howard County (see Table 3).

Table 3

Behavioral Health Training for Law Enforcement in Howard County, Maryland

Training Type	Local Context
Academy	Officers, deputies, and troopers receive more than 30 hours of academy training covering mental health, intellectual and developmental disabilities, active listening and de-escalation, and procedures for emergency petitions and extreme risk protective orders.
In-Service / Roll Call	Foundational training is reinforced through annual in-service training, often delivered through the PowerDMS virtual platform. Additionally, roll call trainings provide regular opportunities to brief officers on available community resources.
Crisis Intervention Team (CIT)	Within the Howard County Police Department, approximately 80% of officers have completed the 40-hour CIT training. Advanced CIT courses and topic-based refresher modules are also available to staff. CIT training is also available to local dispatch and Sheriff's Office deputies, as well as the county's park rangers and partners from nearby agencies (e.g., the National Security Agency, Johns Hopkins University Police Department, and Laurel Police Department). As part of their CIT training, officers tour Johns Hopkins Howard County Medical Center. This site visit has reportedly improved the emergency petition process by reducing technical discharges (i.e., discharges due to improperly completed or executed forms).

Response

Howard County uses a continuum of response options for 911 calls for service. Depending on the nature and severity of the call, responses may include diversion to civilian crisis services, traditional public safety response, or coordinated follow-up support. This tiered approach helps ensure that individuals receive the most appropriate level of care while preserving emergency response resources.

911 Diversion

Howard County Police Department partners with Grassroots to voluntarily divert non-emergency mental health 911 calls to counselors through the Communications Initiated

Referral to Crisis (CIRC) program. Dispatchers can offer to redirect appropriate low-risk callers to a team of crisis-trained Grassroots hotline specialists who can provide immediate support and connect individuals to community-based services, including mobile crisis teams. Eligible callers must be at least 18 years old. Individuals who indicate possession of or immediate access to weapons or other means of harm, express a specific plan to cause harm, or are actively under the influence of drugs or alcohol are excluded because they present an immediate harm to themselves or others. Even when a caller is connected to Grassroots instead of receiving a police response, counselors can request police assistance if an imminent danger arises. Overall, the program strengthens coordination between services and ensures that vulnerable individuals receive a response better suited to their needs.

Active Response

To more safely and effectively respond to calls related to vulnerable people who are missing or in crisis, the Howard County Police Department offers a voluntary 911 flagging program. Police are immediately alerted to the needs associated with a specific address and provided with critical information before arriving on scene. The database can be used for any relevant concern, to include autism, dementia, intellectual or developmental disabilities, physical disabilities (e.g., visual or hearing impairments), mental health diagnoses, or other behavioral considerations (e.g., sensitivity to lights or sirens, fear of police, favored locations, vital medications, gravitation to bodies of water) that may inform police response. Community members can submit an online request to flag an address; all information provided to the Howard County 911 Call Center database is kept confidential and shared only with responding officers.

Through the Mobile Integrated Health (MIH) initiative, a partnership among the Howard County Department of Fire and Rescue Services, Johns Hopkins Howard County Medical Center, the Howard County Health Department, and the Howard County Department of Community Resources and Services, EMS personnel deliver patient-centered mobile resources in out-of-hospital settings. MIH strives to avert unnecessary ambulance transports, emergency department visits, and hospital admissions/readmissions, while ultimately improving patient outcomes for highly vulnerable residents with chronic needs, most often older adults. The MIH team includes a paramedic, community health worker, registered nurse, and social worker. Leveraging existing interagency partnerships, MIH links high-need consumers to programs most appropriate to treat their conditions while preserving emergency response capacity. As a result, call volumes for EMS services among the highest service users (i.e., more than three times within two months or five times within six months) have reduced significantly; the county reports an 85% reduction in 911 calls, an 83% decrease in inpatient admissions, and a 75% reduction in emergency department visits since the program's inception.

EMS involvement in active behavioral health calls for service is typically limited to assisting individuals who cannot be safely transported to the hospital in a police vehicle, such as those with mobility limitations or those reporting medical complaints. EMS buprenorphine field induction, which allows trained paramedics to initiate medication for opioid use disorder (MOUD) in the field (i.e., pre-hospital) for patients experiencing opioid withdrawal, is not available in Howard County, a decision based on low patient volume.

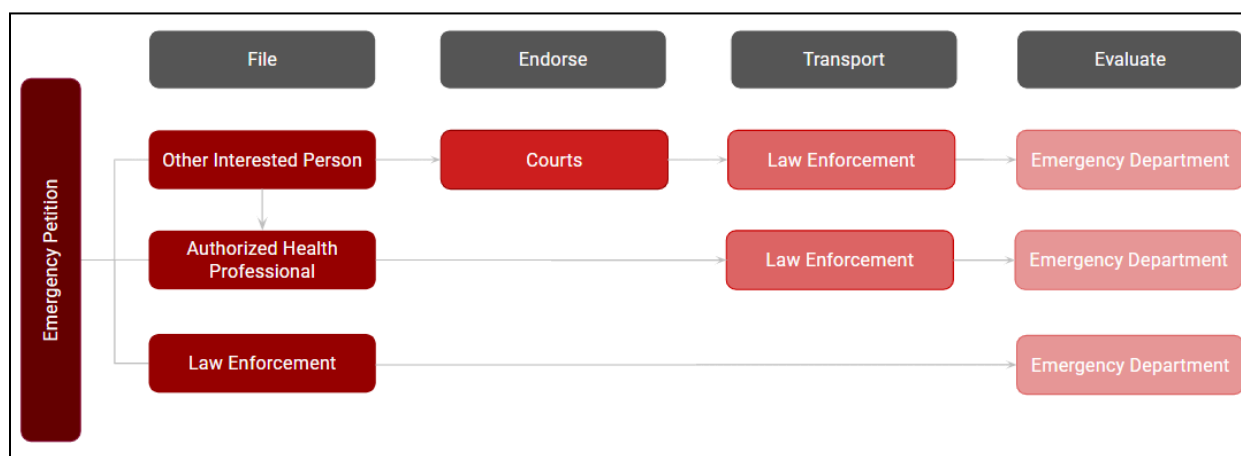
Follow Up

In addition to the CIT-trained patrol officers, the HCPD also operates a dedicated Crisis Intervention Section staffed by four full-time employees: a sworn police sergeant, two sworn police officers, and a civilian Licensed Clinical Professional Counselor (LCPC). The section addresses issues related to police calls for mental health crises and suicide. The team provides follow-up support to individuals and their family members after incidents, including referrals to appropriate resources.

Emergency Petitions

A petition for emergency evaluation⁴⁴ requests an immediate psychiatric evaluation when an individual is believed to be a danger to themselves or others. By definition, these petitions are involuntary. Figure 2 illustrates the emergency petition process.

Figure 2
Emergency Petition Evaluation Pathways



Note: This figure illustrates emergency petition evaluation pathways. Individuals may also seek an emergency mental health evaluation voluntarily by calling 911 or 988, or by arranging

⁴⁴ A petition for emergency evaluation may also be referred to as a petition, an emergency petition/EP, or an emergency evaluation petition/EEP). Please refer to Table 4 for a summary of the legal process.

transport to an emergency department. Although not indicated in the figure, a judge may order an emergency evaluation with probable cause at any point in criminal proceedings.

Law enforcement is statutorily responsible for transporting all evaluatees to the nearest emergency facility; county law enforcement transports to the emergency department at Johns Hopkins Howard County Medical Center. Hospital data for fiscal year 2025 reflect 1,195 EP cases. According to the Sheriff's Office, deputies successfully served 84 of the 97 community- or court-initiated petitions ordered in 2025 (86.6%).

Workshop participants highlight two hospital-related procedures that have significantly improved the emergency petition process within the county. As previously noted, officers who participate in CIT training tour Johns Hopkins Howard County Medical Center, a practice that has reportedly reduced technical discharges. Additionally, to improve internal compliance, nursing staff are provided with a sample petition for internal use. This reference document includes clear instructions and examples (see Appendix B).

Extreme Risk Protective Orders

Extreme risk protective orders (ERPOs) are civil court orders, distinct from but often issued in conjunction with emergency petitions, that temporarily require individuals to surrender firearms or ammunition and prohibit them from purchasing or possessing firearms or ammunition. Citizens and law enforcement may file with the Commissioners' Office outside of regular court hours; accordingly, ERPOs are available for issuance during evenings, nights, weekends, and holidays.

Peer Support Services

An array of dedicated peer support groups operate in person and online in Howard County through organizations such as District 7 Area 29 of Alcoholics Anonymous, the Narcotics Anonymous Chesapeake & Potomac Region, Smart Recovery USA, NAMI Howard County, and On Our Own of Howard County Inc. While some meetings are limited to participants only, many are open to individuals seeking information or wishing to support others (e.g., NAMI family and parent support groups, Al-Anon and Nar-Anon family groups).

In addition to support groups, these organizations offer educational programming. For example, NAMI Howard County provides structured courses such as *NAMI Peer-to-Peer* for adults with mental health conditions, *NAMI Family-to-Family* for family and friends of adults with mental health conditions, and *NAMI Basics* for caregivers of affected youth/young adults. Broader community education efforts include regular "In Our Own Voice" personal perspective presentations, in which NAMI Howard County representatives share personal perspectives at local hospitals.

Statewide, a network of peer-led wellness and recovery centers (WRCs) operates within the Maryland Public Behavioral Health System. Funded by the Behavioral Health Administration within the Maryland Department of Health, these centers provide free resources, social opportunities, and structured activities within a peer-supported recovery community. On Our Own of Howard County's WRC is open Monday through Friday from 9:00 a.m. to 5:00 p.m. and Saturday from 9:30 a.m. to 3:30 p.m., offering peer-led services in person and online during operating hours.

Peers are also embedded across various community resources through health department-led initiatives and partnerships. These placements extend beyond the health department and include Johns Hopkins Howard County Medical Center, Howard County Library System locations, the Day Resource Center, the Adult Recovery Court program within the Howard County District Court, and the Howard County Detention Center. As of 2026, school-based peer placements have been discontinued and replaced with referrals to community-based peers at other sites. Peer roles by setting are detailed in the corresponding sections of this report.

Family Support Services

Maryland Coalition of Families (MCF) provides confidential, no-cost family peer support to families, regardless of income or insurance status. MCF supports and advocates for individuals who care for someone with behavioral health challenges, helping families understand their rights, navigate complex systems, and access resources such as support groups, workshops, and service referrals. Workshop participants report that MCF is especially active in Howard County and has a strong reputation within the community.

The Parents' Place of Maryland provides family peer support for parents, caregivers, and family members impacted by substance use, mental health challenges, and problem gambling across the lifespan. The organization offers individualized family support, information, and referrals. Staff also conduct interactive family and provider training alongside community outreach and education, including serving as an ambassador for Maryland's Good Samaritan Law.

Data Collection and Sharing

The county maintains the Howard County Open Data portal to comply with local legislation enacted in 2014. Local agencies publish and regularly update online documents to provide the public with direct access to information on county budgets, public safety, licenses, and planning in searchable, machine-readable (i.e., easily processed by computers) formats.

Given that many services in the county are supported through grants, data collection and maintenance are primarily managed by grant management teams.

Data platforms facilitate information sharing across agencies. ServicePoint, an internet-based system, meets Congress' requirement for maintaining a homeless management information system. In addition to the administering agency, the Department of Housing and Community Development, participating partners include Bridges To Housing Stability, the Coordinating Center, Grassroots, Heritage Housing Partners, Howard County Health Department, HopeWorks of Howard County, Humanim, Sheppard Pratt, and Springboard Community Services.

Similarly, the Chesapeake Regional Information System for our Patients Inc. (CRISP) is a database that facilitates the secure sharing of health information among doctors, hospitals, labs, and other healthcare organizations. For patients who do not opt out and whose providers participate, CRISP supports safer, more efficient, patient-centered care and helps prevent medication duplication and diversion.

The Howard County Police Department maintains a webpage featuring four dashboard interfaces that display data related to traffic stops, crime, use of force, and internal affairs complaints.

In addition, community members can access the department's Daily Crime Bulletin on the police department's website. Bulletins are published each weekday when county offices are open. They do not represent a comprehensive record of all police activity; rather, they provide initial reports highlighting select crimes.

INTERCEPTS 0 AND 1 GAPS

Community Services

Planning and Coordination

While multiple agencies and organizations work to address local priorities across healthcare, social services, and housing, service fragmentation remains a challenge. Stakeholders highlight a critical disconnect: although demand for case management is high, the county does not provide centralized intake, creating confusion and delaying access to services.

Opportunity: The Single Point of Access model is a centralized, coordinated intake system designed to simplify access to complex services. A single program serves as a consistent entry point to receive all local referrals and connect individuals to appropriate services, thereby reducing navigation barriers, preventing fragmented care, and accelerating access to support.

Participants also report that, despite collaboration among many entities, community members are often unaware of existing partnerships or available resources. For example, the local

conference of the St. Vincent de Paul Society partners with Grassroots and other county entities to provide financial assistance with rent, utilities, and medical or pharmaceutical needs not covered by insurance; however, this faith-based organization serving residents across the county is frequently omitted from online resource directories. Workshop participants express a desire for access to up-to-date provider information in a user-friendly, publicly accessible format.

Opportunity: Community organizations and partners can better leverage existing resource directories by working collaboratively to update and maintain them, while also developing more tailored, provider-specific tools and individualized resource lists to improve visibility and access.

Essential Services and Supports

Services and supports that facilitate access to essential elements such as transportation and housing are generally offered voluntarily. However, anosognosia, a symptom of certain mental illnesses characterized by a lack of insight or awareness of one's own condition, can be a significant barrier to connecting eligible individuals with these essential services. As a result, family members and other support persons often face challenges assisting individuals who are experiencing symptoms but do not recognize their illness and may be resistant to help.

Transportation

Transportation presents a challenge for residents who lack access to a personal vehicle. While the county operates public transit, users face barriers related to accessibility and timeliness. Many individuals do not live within walking distance of a fixed-route stop, and reaching certain destinations often requires multiple transfers, including travel to a central hub.

Private ride services provide an alternative option; however, the associated costs are often prohibitive for many residents. Volunteer-based transportation programs also help address transportation needs for select populations. For example, Neighbor Ride provides up to 12 pre-scheduled rides per month for adults aged 60 and older. However, stakeholders report that this program has not historically been well-suited for individuals with mental health conditions.

Opportunity: Workshop participants note that the volunteer-based transportation programs serving specific populations may be willing to partner to better meet the needs of adults with behavioral health conditions. In some cases, existing programs may expand eligibility, while in others, new or co-located partnerships may help share resources. These models may also provide a foundation for developing additional transportation strategies.

Housing

Howard County is experiencing a shortage of adequate and affordable housing. Stakeholders report that the only robust segment of the housing continuum is housing for adults aged 65 and older. As previously noted, the local waiting list for the Housing Choice Voucher Program (HCV or "Section 8") is currently closed; new vouchers are not anticipated, and stakeholders report ongoing challenges in maintaining housing stability for current voucher recipients.

Demand for shelter exceeds available capacity. Single men, single women, and families seeking shelter are assessed using the Service Prioritization Decision Assistance Tool (SPDAT), an industry-standard assessment used to prioritize individuals based on vulnerability. However, some individuals are not prioritized or prefer to wait for housing assistance through other means, particularly given that the shelter does not currently offer private rooms.

Strict HUD criteria can also create barriers to preventing and resolving homelessness. The documentation required to verify chronic homelessness is often difficult for individuals experiencing homelessness to obtain.⁴⁵ Without the tools needed to complete complex and lengthy applications, many individuals are left unable to access available resources. In addition, individuals relying on hotel or motel accommodations do not meet the federal criteria to receive homeless assistance and may engage in unsafe strategies to maintain temporary housing, creating a reinforcing cycle of instability.

As previously noted, Humanim and the local detention center employ SOAR-trained staff to assist individuals with SSI/SSDI applications. However, participants note that Grassroots is not currently identified as participating in this effort, which stakeholders suggest could be beneficial given its role as a central access point for homelessness services in the county.

Food Assistance

Participants emphasize the importance of meeting basic food needs as a means of reducing risky coping strategies. While several hunger-relief resources exist in the county, stakeholders report that these entities do not coordinate within a clear network that connects county agencies and faith-based community partners.

Special Population Resources

As previously noted, limited insight or awareness of need can create barriers to accessing services and supports for special populations, particularly among individuals with certain mental health conditions.

⁴⁵ 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>.

Service Members, Veterans, and Families (SMVF)

Although Veterans can access VA primary and specialty healthcare in neighboring counties or at the Baltimore VA Medical Center, no VA services operate within the county.

The county's large military-connected population also faces barriers related to Tricare, the healthcare program for active-duty service members, retirees, and their families. Stakeholders report that accessing providers, particularly mental health providers, can be challenging due to network limitations and recent administrative changes.

Non-English Language Preference (NELP)

Workshop participants report a significant and growing demand for services and supports in languages other than English.

Behavioral Health Continuum of Care

Prevention and Promotion

Community Outreach

Libraries occupy a nuanced role as community-serving institutions that regularly encounter patrons whose needs extend beyond their core mission. While libraries rely on partnerships with community providers, staff are often the point of contact for vulnerable individuals and may be placed in a de facto first responder role when patrons decline additional support. In addition, proximity to essential services varies significantly by branch location. As a result, staff may be providing referrals to services that are not realistically accessible to patrons, leaving some individuals without viable pathways to support.

Participants also report a recent shift in perceptions of libraries, particularly among youth, young adults, and Veterans; staff note that some patrons now view libraries as government facilities, which can create anxiety and discourage use of the space.

Harm Reduction

Stakeholders identified a significant gap between evidence-based harm reduction strategies and local perceptions of the concept. Although research demonstrates the effectiveness of these approaches, community buy-in remains essential for implementation and sustainability.

Opportunities: Community-based organizations and nonprofits are well positioned to deliver harm reduction services, which may help reduce political and operational burden on local health departments. Some jurisdictions have also sought to build support among elected

officials through public engagement strategies, such as ride-along initiatives that increase awareness of community needs and system operations. In addition, emerging best practices suggest that education alone is often insufficient to reduce stigma and discrimination; instead, more effective approaches emphasize social contact strategies, inclusive partnerships, and co-leadership with individuals with lived experience.⁴⁶

Treatment and Recovery

The absence of Spanish-speaking providers within the county creates a barrier to care for a growing population of clients. The health department's LEAD program, the detention center, and the courts are encountering increasing numbers of Spanish-speaking individuals in need of treatment. Without local availability, individuals are typically referred to Anne Arundel County and Baltimore City.

Access to services addressing co-occurring mental health and substance use conditions remains limited locally and statewide. Stakeholders report that availability often depends on an individual's housing status and level of clinical stabilization, creating additional barriers for those seeking appropriate care.

Limited outpatient mental health capacity further constrains access across the treatment continuum. Stakeholders report delays for outpatient intake, with expedited access generally limited to individuals discharged from hospital settings, which increases reliance on emergency departments. Although four providers listed in the Bureau of Behavioral Health's directory reference intensive outpatient (IOP) services, stakeholders report that IOP is not currently available locally, resulting in frequent referrals outside the county for individuals requiring this level of care.

Gaps in the psychiatric continuum of care further disrupt the treatment progression. Stakeholders note a year-long waitlist and significant administrative barriers for residential rehabilitation program (RRP) placement, which is generally prioritized for individuals transitioning from state psychiatric inpatient care.

Opportunity: Peer-led and peer-supported housing models, including non-service-based housing and sober living environments, may help reduce pressure on the behavioral health system by expanding options for individuals who do not require daily support. These programs can provide additional step-down opportunities and help prevent unnecessary or prolonged placements in higher levels of care. The county may consider approaches utilized

⁴⁶ World Health Organization. (2024). *Mosaic toolkit to end stigma and discrimination in mental health*.

by the peer-run nonprofit organization Main Street, Inc., which provides rental housing for low-income individuals and families living with psychiatric disabilities in 12 jurisdictions across Maryland.

Urgent and Acute Care

Currently, no substance use disorder crisis beds operate in Howard County. Individuals requiring this level of care typically travel to Baltimore to access services.

First Responders

Training

Although many law enforcement officers receive behavioral health or crisis intervention team (CIT) training, expanding local training to other first responders (e.g., deputies, troopers, dispatchers, and fire/EMS personnel), civilian partners, and community members offers a unique advantage. Training with community crisis partners not only reinforces core crisis response skills but also introduces participants to local resources, a critical component in supporting deflection and diversion strategies. Additionally, EMS providers do not typically receive specialized behavioral health training, even though they occasionally assist police with transporting this population, highlighting another gap that could be addressed to strengthen cross-system coordination.

Opportunities: Howard County can build on existing models and resources to strengthen crisis response and cross-system collaboration. The CIT model offers a collaborative framework involving law enforcement, behavioral health providers, consumers, family advocates, and community services to respond to individuals in crisis or with behavioral health needs. CIT training reduces unnecessary hospitalization and incarceration and provides a foundation for broader initiatives, including co-responder programs, referral networks, and police-led diversion strategies such as the Law Enforcement Assisted Diversion (LEAD) program and the Safe Station model.⁴⁷ The Centers of Excellence provides statewide guidance on developing, implementing, and sustaining CIT programs, including access to funding and best practices. Additionally, joint scenario-based training between EMS and law enforcement can enhance interagency collaboration by leveraging each profession's expertise: EMS prioritizes patient care, while law enforcement ensures scene safety. Clarifying custodial status during these encounters further supports effective decision-making and coordinated response.

⁴⁷ 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.

Response

First responders continue to be a primary and frequent point of contact for individuals with behavioral health needs, reinforcing their role in connecting people to community services. However, operational barriers to diversion can disrupt the continuum of care and impede community safety efforts.

911 Diversion

The Communications Initiated Referral to Crisis (CIRC) program partnership is currently limited to the Howard County Police Department and Grassroots. As a result, although dispatch can assess a caller's suitability for redirection to crisis services remotely, EMS providers, who conduct evaluations through direct observation, are not permitted to directly connect clients to crisis care. Currently, EMS diversion to mobile crisis teams requires law enforcement to first secure the scene. This policy can lead to unnecessary law enforcement contact, delay patient care, and keep EMS providers at a non-emergency scene, reducing their availability for other calls. Additionally, some frequent 911 callers with psychiatric needs repeatedly request EMS, refuse transport, and decline referrals, leaving EMS to function as de facto but unequipped mobile crisis providers.

Opportunity: Collaborative agreements are critical for reducing delays in service and creating a trusted, unified team. By incorporating EMS into the county's existing 911 diversion strategy, agencies would level-set the opportunity for first responders to offer low-risk individuals a connection to community-based services without the need for law enforcement involvement. Programs that reduce reliance on law enforcement have shown decreased unnecessary arrests and emergency hospitalizations, increased referrals to services and treatment, and improved availability of law enforcement and healthcare resources for urgent purposes.

Active Response/Follow Up

Since the workshop, the county has expanded its voluntary 911 flagging program to allow flags to be associated with individual names, in addition to addresses, helping ensure that vulnerable individuals can be identified when they are away from home. However, workshop participants report gaps in community awareness of the system.

The Howard County Police Department's dedicated Crisis Intervention Section provides follow-up support to individuals and their family members after mental health- or suicide-related calls for service, but the county does not operate a comparable follow-up response for substance use-related calls.

Opportunities: To complement existing outreach and education efforts promoting personal safety strategies such as voluntary flagging, stakeholders can coordinate community education through peer-led organizations, healthcare providers, crisis services, law enforcement (particularly through the dedicated Crisis Intervention Section), and the courts. As a follow-up strategy for substance use-related emergency calls, the county could consider a diversion approach such as Naloxone Plus⁴⁸ or the Quick Response Team model, which has proven effective nearby in Carroll County and Baltimore County. In these strategies, outreach may be conducted by a first responder, a program partner (often a behavioral health professional or peer with lived experience), or both, to engage individuals and connect them to treatment and services during the critical period after a nonfatal overdose.

Petitions/ERPOs

The process for completing and transmitting the emergency petition form is inefficient and confusing for law enforcement, health professionals, and community members. In Howard County, workshop participants report that many petitioners are directed to the courts by law enforcement and mobile crisis providers, leaving judges puzzled by the delay. Many petitioners are unfamiliar with the legal and clinical thresholds associated with involuntary evaluation and admission, as well as the purpose and method of completing the associated form. A detailed behavioral and factual summary is necessary to justify the emergency action, but the current form provides no instruction beyond requesting a “brief statement,” which is often insufficient to convey the necessary information. Petitions must also be properly completed and signed to be valid. Improperly completed petitions result in discharge without further evaluation or treatment.

Law enforcement officers are constrained by the lack of sufficient crisis receiving facilities when responding to individuals experiencing a behavioral health crisis who are unable or unwilling to seek care voluntarily. Options are then limited to transporting the individual to a hospital, making an arrest, or leaving the scene, all of which conflict with the goals of hospital and jail diversion initiatives.

Barriers are present at the commissioner level as well. Because commissioners cannot issue emergency petitions, citizens cannot file petitions after court hours. While commissioners may recommend that law enforcement file a petition for an individual, if law enforcement is unable or does not agree with the recommendation, civilian petitioners may face a waiting period of up

⁴⁸ Police, Treatment, and Community Collaborative (PTACC). (2022). *Six pathways of deflection and pre-arrest diversion*.
<https://ptaccollaborative.org/wp-content/uploads/2023/01/PTACC-6-Pathways-of-Deflection-Onepager.pdf>.

to 36 hours or more (e.g., long holiday weekends or weather closures) for court-ordered petitions.

Opportunity: Howard County may explore implementing a system that supports 24/7 judicial review for emergency petitions (EPs). A comparable process is currently used in Montgomery County, where the commissioner contacts the judge on call for EP/warrant duty to conduct a remote hearing by phone for after-hours petitions. Although no statewide standard exists to date, interested jurisdictions could model their processes after those in place in Prince George’s County, Montgomery County, and Baltimore City.

At the same time, agencies and facilities must manage the rising volume and acuity of behavioral health-related calls for service alongside growing demands on health and law enforcement resources. Reportedly, only 20% of Johns Hopkins Howard County Medical Center emergency petition evaluatees are seen within the state’s statutory timeframe. Delays in healthcare may also impact law enforcement, as hospital wait times for law enforcement associated with emergency petitions can vary significantly, and extended time out of service further strains agencies already challenged by staffing shortages.

Opportunity: Implementing comprehensive, coordinated interdisciplinary education can promote a shared understanding of the state’s legal and procedural requirements for emergency petitions. For non-professional community members, automatically providing a blank continuation sheet to all court petitioners signals implicit permission to submit more than a brief statement on the standard one-page affidavit, encouraging a more detailed and complete account. Advocacy groups should continue to provide community education on the emergency petition process. Clear instructions or tutorials provide just-in-time support for individuals seeking to complete the necessary paperwork.

Peer Support Services

While the county effectively integrates peer professionals across services spanning multiple intercepts, most peer support specialists primarily serve individuals in recovery from substance use rather than those living with mental illness. This gap stems from funding limitations, as the public behavioral health system does not fund Medicaid-billable peer services in clinical mental health settings.

The wellness and recovery center operated by On Our Own of Howard County does not offer comparable programming for adolescents or transition-aged youth. Although the library provides a free, supportive, drug-free space, stakeholders express interest in a dedicated

youth-focused space for young people experiencing behavioral health challenges or supporting a family member who is.

County stakeholders also express interest in peer respite, a nationally recognized, voluntary, short-term, community-based mental health service model. Peer respite programs are staffed by individuals with lived experience of psychiatric crisis and provide non-clinical, supportive residential stays. Typically located in home-like environments, these programs often serve as an alternative to emergency room visits or inpatient hospitalization. Although operating in several states, peer respite is not currently recognized within Maryland's public behavioral health system's continuum of care.

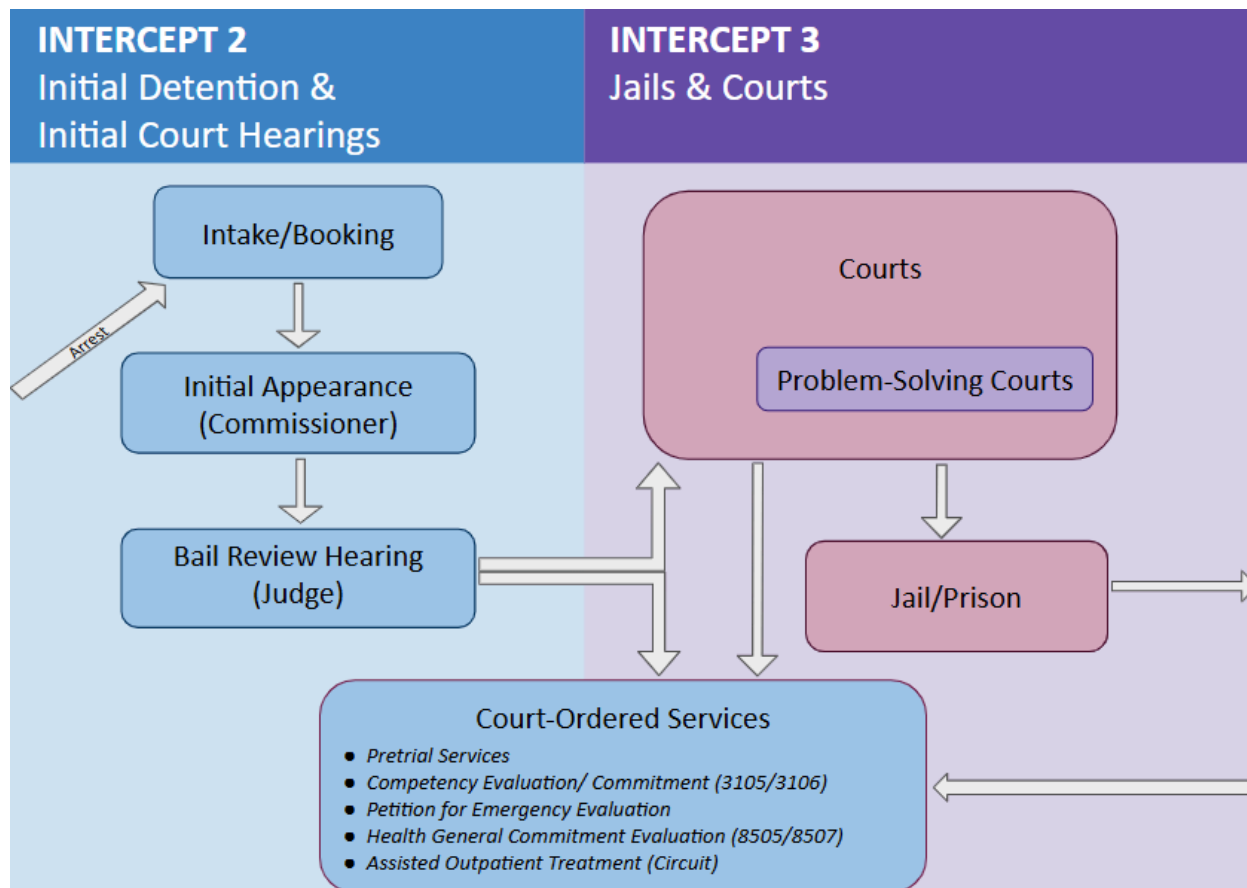
Family Support Services

The lack of a centralized intake process for case management leaves families struggling to identify a primary point of contact.

Data Collection and Sharing

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

Similar to other jurisdictions, the county faces challenges in analyzing behavioral health-related calls for service. The nature of 911 triage may result in some calls being recoded after dispatch based on observations made at the scene. Additionally, while dispatch data is shared, outcome data from EMS and law enforcement remain unlinked. Additionally, the Howard County Police Department's public dashboards are not updated in real-time, and 2026 data is currently unavailable for review or analysis.



INTERCEPTS 2 AND 3 RESOURCES

Intake/Booking

Once taken into custody, arrested individuals (“detainees”) are transported to the central booking facility operated by the Howard County Department of Corrections, located at the Howard County Detention Center in Jessup, Maryland. The central booking facility, which opened in March 2005, is separate from the Howard County Detention Center, though both are located on the same grounds. The facility processes all detainees prior to their initial appearance before a District Court Commissioner. At the time the facility opened, responsibility for booking detainees formally transferred from the Howard County Police Department to the Department of Corrections.

Upon arrival, detainees are searched, fingerprinted, photographed, and processed by booking officers before being seen by a District Court Commissioner for an initial hearing. As part of intake, staff conduct a standardized screening consisting of approximately 25 questions designed to identify immediate medical, mental health, substance use, and safety concerns. This screening includes questions related to suicide risk, immediate psychiatric needs, current

medications, and recent substance or alcohol use. If a detainee appears intoxicated or smells of alcohol, booking officers administer a breathalyzer test. Individuals who register above a specified threshold are transported to a hospital by officers for medical clearance before further processing.

If, prior to arrival, an individual is determined to be subject to both criminal charges and an emergency petition, the arresting officer transports the individual to a hospital for evaluation before proceeding with booking. If booking staff are aware that an individual has known mental health concerns or is at risk of a crisis, they notify the detention center's mental health department in advance via email. This allows clinicians to prepare for the individual's arrival. When relevant, special medical or mental health notes from central booking staff may also be provided to the judge.

Central booking does not have full-time medical staff and does not administer or dispense medications. In limited circumstances, such as when a detainee has a known medical condition like diabetes, booking staff may contact the detention center's medical department to monitor or assist the individual. Similarly, if a detainee arrives with prescribed medications, booking officers cannot administer them directly but may request assistance from detention center medical staff. Typically, ongoing medical care is initiated only after formal intake into the detention center.

Most booking officers have received crisis intervention team (CIT) training and are trained to observe and respond to detainees who exhibit unusual or concerning behavior. As appropriate, booking personnel may gather additional background information, which may include outreach to family members, to ensure a comprehensive understanding of an individual's needs and circumstances.

The central booking facility provides services to support effective communication for individuals with limited English proficiency⁴⁹ or other communication needs. Bilingual officers are available to assist individuals who prefer a language other than English. For interpretation needs, LanguageLine Solutions is utilized by phone, and for defendants requiring American Sign Language (ASL), on-demand ASL services are provided through a dedicated laptop system used by the commissioners. Due to the high volume of non-English-speaking individuals processed through central booking, these services are utilized frequently.

⁴⁹ When considering the language access needs of diverse populations, this report reserves the federal term "limited English proficiency" (LEP) to describe individuals who cannot speak, read, write, or understand English well enough to interact effectively, regardless of a language preference.

Initial Appearance

Following processing at central booking, defendants appear before a commissioner for an initial appearance, which is typically conducted in person. In limited circumstances, such as when a defendant has been transported to a hospital, the appearance may occur remotely by telephone. A District Court Commissioner's Office is co-located with the central booking facility, within the same parking lot as the detention center. This setup streamlines transportation for defendants' initial appearances before a commissioner and access to related services.

The timing of an initial appearance varies depending on individual circumstances. In some cases, defendants may be seen by a commissioner within approximately 35 minutes of arrival. In other cases, particularly when a defendant is under the influence of alcohol or substances, the hearing may be delayed until the individual is no longer impaired and can participate meaningfully. While delays may extend several hours, initial appearances are required by law to occur within 24 hours of arrest.

Defendants may be presented to the commissioner either "on view," meaning the arresting officer observed the offense, or pursuant to an arrest warrant. Before the hearing, the commissioner reviews available case information, including the statement of probable cause, criminal history, active court cases, and any existing emergency petition history.

During the initial appearance, commissioners complete an Initial Appearance Questionnaire in which the defendant self-discloses basic biographical information, including current and former addresses, employment history, and number of dependents. Commissioners may also document additional information such as criminal history, including convictions and active cases. In some instances, they may note recurring charges that have not resulted in convictions but may indicate a pattern of behavior or domestic violence. The first page of the Initial Appearance Report, which includes residential and employment history, becomes part of the public court record. The second page may contain National Crime Information Center (NCIC) criminal history information and additional commissioner notes, including sensitive mental health information. Due to the sensitive nature of this content, the second page is sealed in a confidential envelope within the case jacket and provided to the presiding Bail Review Judge for consideration.

Commissioners may hold an individual without bail, release an individual on bail or surety bond, or grant release on personal recognizance. If a commissioner believes that competency may be an issue, they will not complete the initial appearance; instead, the matter is referred to a judge, who can order a competency evaluation (see the "[Court-Ordered Services](#)" section).

If bail is set, the defendant returns to central booking until bail is posted or the individual appears before a judge for bail review. If a defendant is held without bail, the individual is transferred to the Howard County Detention Center to await a hearing before a judge, which generally occurs by the next business day. Regardless of the outcome of the hearing, all defendants who are held undergo the detention center's intake process.

Defendants may apply for public defender services during their initial appearance before a commissioner. Individuals who are subsequently held at the detention center do not typically complete an additional public defender application during the intake process; however, individuals may later apply for public defender services following bail review or through direct submission to the Office of the Public Defender. In probation violation cases, applications may also be routed directly to the public defender's office or submitted through the public defender's mailbox. Additionally, when a defendant is held without bond due to suspected competency issues and is unable to complete a public defender application, a commissioner may automatically qualify the defendant for public defender services, provided no attorney has already entered an appearance in the case.

State's Attorney Participation

In Howard County, the State's Attorney's Office (SAO) may participate in the initial appearance and provide pre-trial release recommendations. Recommendations may be submitted by email, or the SAO may participate by phone. During this stage, the SAO may also disclose known mental health concerns for the commissioner's consideration. Because commissioners do not have access to information regarding law enforcement contacts that do not result in court action, this may be an opportunity to share information about prior non-criminal but concerning behavior known to law enforcement. This information may inform pre-trial release conditions, including requirements for mental health or substance use treatment, or may result in a decision to hold the defendant without bond pending judicial review.

Under current practice, the Commissioner's Office notifies the on-call Assistant State's Attorney (ASA) of any hearings in which the defendant is represented by counsel (private or appointed) and the charges involve domestic violence or circuit court felonies. The ASA may then choose to participate or waive participation. For matters that do not meet these criteria, the SAO may still participate in the initial appearance, provided the Commissioner's Office receives advance notice of the SAO's intent to participate.

Bail Review Hearing

When a defendant is held by a commissioner following an initial appearance, the individual proceeds to a bail review hearing before a judge. These hearings are conducted in a hybrid format, with the defendant and pretrial staff participating virtually, while the judge, public

defender, and state’s attorney appear in person. Language access is provided through live interpreters in court, with LanguageLine Solutions available as needed.

The Office of the Public Defender (OPD) is responsible for speaking to all defendants who qualify for public defender representation before their bail review hearing, serving as their initial legal representative. Public defenders receive the docket and eligibility information on the business morning of the hearing and typically consult with clients by phone. Defendants may also request a private attorney, in which case the defendant or their representative is responsible for payment.

The judge considers the information provided by public defenders and state’s attorneys to make an informed decision regarding pretrial release and conditions. Pretrial staff previously conducted risk assessments before hearings; however, they found that much of the information they provided duplicated information already presented by public defenders and state’s attorneys. As a result, they shifted the timing of these assessments and now conduct them only after a defendant is placed on pretrial supervision. For more information on pretrial assessments, see the “[Pretrial Services](#)” section. Factors that may influence the decision include prior convictions, history of failures to appear, violent offense history, current residence, and any history of substance use. Final approval of release and any court-ordered conditions rests with the judge.

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 4; additional details on the procedures and processes for each service in Howard County are described following the table.

Table 4

Court-Ordered Services in Maryland

Service Type	Overview
Pretrial Services	Pretrial services are programs or agencies that support the criminal legal system by assessing individuals who are held by a commissioner and providing supervision, monitoring, and resources to those released from custody while awaiting trial. The primary goals of pretrial services are to enhance public safety, ensure court appearance compliance, and reduce unnecessary detention of individuals who may be safely managed in the community.

Service Type	Overview
Competency Evaluation	Section 3-105 of the Criminal Procedure Article outlines the process to obtain a court-ordered assessment to determine whether an individual has the capacity to understand the nature and objectives of legal proceedings, consult with counsel, and assist in preparing a defense. <i>Note:</i> A finding of incompetency requires the presence of a mental disorder or intellectual disability. If the court determines that a defendant is incompetent to stand trial (IST) but not dangerous (i.e., a danger to self, others, or the property of others), the court may set bail or authorize release of the defendant on recognizance. If the court determines that a defendant is IST and dangerous, the court shall order the defendant committed to a facility designated by the Maryland Department of Health until the court finds that the defendant is no longer IST, the defendant is no longer dangerous, or there is no substantial likelihood that the defendant will become competent to stand trial in the foreseeable future.
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.⁵⁰ Certain mental health professionals (e.g., physicians, psychologists, clinical social workers) and law enforcement may file an emergency petition without the courts' approval. However, petitions filed by anyone else interested in an individual's mental well-being require court issuance with probable cause. Law enforcement transports petitioned individuals to the closest emergency facility for rapid evaluation within six hours. <i>Note:</i> 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.⁵¹ 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.

⁵⁰ §10–620 of the Health-General Article:

<https://mgaleg.maryland.gov/mgaweb/Laws/StatuteText?article=ghg§ion=10-620&enactments=False&archived=False>

⁵¹ §10–624(b) of the Health-General Article:

<https://mgaleg.maryland.gov/mgaweb/Laws/StatuteText?article=ghg§ion=10-624&enactments=False&archived=False>

Service Type	Overview
Assisted Outpatient Treatment (AOT)	Sections 10-6A-01 through 10-6A-12 of the Health-General Article authorize (not require) counties to establish AOT programs.⁵² These programs provide court-ordered treatment for individuals with severe mental illness who meet specific criteria, such as a history of non-adherence to treatment that has led to hospitalization or incarceration. <i>Note:</i> The Maryland Department of Health’s Behavioral Health Administration (BHA) is implementing a structured, statewide AOT initiative in three phases.
Health-General Evaluation	Sections 8-505⁵³ and 8-507⁵⁴ of the Health-General Article allow Maryland courts to order clinical evaluations and subsequent residential treatment for individuals with substance use disorders. These orders serve as a valuable resource for addressing substance use or co-occurring diagnoses, offering specialized support and integrated care for defendants with drug or alcohol dependencies. An 8-505 evaluation can be ordered at any stage of court involvement from pretrial through post-sentencing, including during periods of incarceration. <i>Note:</i> If the evaluation recommends treatment, the judge may hold an 8-507 hearing to determine whether the individual should be committed to an inpatient substance use treatment facility.

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

Pretrial Services

The Howard County Pretrial Services Program (PSP), implemented in October 2021, is designed to promote public safety, ensure court appearances, and reduce unnecessary pretrial detention. Howard County Department of Corrections operates the program in coordination with the district and circuit courts, the State’s Attorney’s Office, the Office of the Public Defender, parole and probation, law enforcement, and other community agencies.

Once placed on pretrial by the presiding judge at the bail review hearing, the pretrial case manager conducts a risk assessment using the ACTS (Applied Correction Transitional Strategy)

⁵² §10-6A-01 of the Health-General Article:

<https://mgaleg.maryland.gov/mgawebsite/Laws/StatuteText?article=ghg§ion=10-6A-01&enactments=false>

⁵³ §8-505 of the Health-General Article:

<https://mgaleg.maryland.gov/mgawebsite/Laws/StatuteText?article=ghg§ion=8-505&enactments=false>

⁵⁴ §8-507 of the Health-General Article:

<https://mgaleg.maryland.gov/mgawebsite/Laws/StatuteText?article=ghg§ion=8-507&enactments=False&archived=False>

tool, developed in Virginia and integrated with the Howard County Black Creek Jail System. The ACTS tool evaluates a defendant's likelihood of failing to appear in court or committing new offenses while on pretrial release. It does not include questions regarding race, gender, or age and has not been updated or revalidated since 2021. The assessment determines the appropriate supervision level according to risk factors outlined in the screening tool.

Based on the assessment, PSP participants are assigned to one of three supervision levels. Level 1 involves primarily phone check-ins twice a month, random drug and alcohol testing, and standard court conditions. Level 2 includes monthly face-to-face and phone check-ins, additional checks as needed, and random drug and alcohol testing. Level 3 requires frequent face-to-face contact, electronic monitoring using GPS technology for restricted movement, mandatory drug and alcohol testing, and additional court-ordered conditions. The existence of protective orders, domestic violence, or sexual offenses may affect supervision requirements at any level.

The PSP is overseen by the Pretrial Supervisor and staffed by case managers who handle screening, intake, supervision, and reporting. Participant files are maintained both electronically and physically, documenting risk assessment, supervision level, conditions, and compliance. Case managers coordinate with community service providers to support participants with housing, employment, transportation, and substance use or mental health services.

Minor violations may result in increased supervision or informal sanctions such as counseling, verbal warnings, or referrals to treatment programs. Major violations (e.g., GPS tampering, threats to public safety, new felony charges) trigger immediate notification to the court and law enforcement and may result in the participant's removal from the program.

Program data is collected to evaluate effectiveness and inform continuous quality improvement. At the time of the workshop, there were 78 individuals under pretrial supervision in Howard County, with 22 individuals on electronic monitoring.

Competency Evaluation and Restoration

In Howard County, competency-related cases are heard both in the circuit and district courts, although the volume is significantly higher in the district court. Competency evaluations are generally scheduled at the district court level on Fridays, with dockets including 10-20 cases for either initial review or ongoing evaluation of individuals previously determined to be incompetent. Cases include individuals held in detention facilities or, in some instances, managed within the community.

At the time of the workshop, 52 individuals who were deemed incompetent but not dangerous remained on the docket while living in the community. For individuals living in the community while awaiting restoration services, the courts attempt to quickly identify a care plan and rely on informal coordination with the health department and the detention center to attempt community-based competency support.

Evaluations are conducted by a dedicated clinician from the Maryland Department of Health (MDH), typically within approximately two weeks of the court's order, although statutory timelines (such as seven days for initial evaluation) are not always met. Based on the evaluation, individuals deemed incompetent may be placed into one of two pathways:

- **Incompetent but not dangerous:** These individuals may receive competency restoration services in the community. The court relies on coordination with defense counsel to identify and facilitate appropriate services, as they act as a defendant's legal representative. Individuals remain on the competency docket until their case is resolved or, in situations where restoration services are unavailable, until the case times out.⁵⁵
- **Incompetent and dangerous:** Individuals who are considered a danger are typically transferred to a treatment facility for competency restoration. The defendant maintains legal representation through defense counsel throughout this process. Placement, however, is subject to availability and may be delayed due to limited capacity at state hospitals.

Petition for Emergency Evaluation

Emergency petitions can be another entry point to the judicial system if initiated by a community member other than certain mental health professionals or law enforcement (see Figure 2). Workshop participants did not provide additional information beyond what is included in the [“First Responders”](#) section.

⁵⁵ “Timing out” refers to the dismissal of charges against individuals found incompetent to stand trial (IST) based strictly on time elapsed since the offense as outlined in Criminal Procedure Article § 3-107. The statutory time limits apply unless the State petitions the court for an extension based on extraordinary cause, regardless of whether the defendant is confined. For defendants charged with a felony or a crime of violence as defined under § 14-101 of the Criminal Law Article, the court shall dismiss the charges upon the earlier of (1) five years from the date of the incompetency finding or (2) the maximum sentence for the most serious offense charged. For all other offenses, the court shall dismiss upon the earlier of (1) three years from the date of the incompetency finding or (2) the maximum sentence for the most serious offense charged. In addition, the court may dismiss charges without prejudice if it determines that resuming the criminal proceeding would be unjust due to the length of time passed since the defendant was found incompetent to stand trial.

Assisted Outpatient Treatment

The Behavioral Health Administration's phased rollout of AOT programs prioritizes jurisdictional readiness, geographic equity, and projected referral volume to guide implementation across the state. The three phases, along with their key objectives, are outlined below for clarity:

- **Phase 1: Launch and Site Selection**
 - Establish a state-led implementation model
 - Identify three priority regions based on projected AOT referral volume, jurisdictional readiness, and geographic balance (central vs. outlying regions)
 - Prepare core infrastructure by having MDH finalize COMAR regulations and clinical and operational guidance, and collaborate with the circuit court judiciary on judicial best practices and rulemaking
- **Phase 2: Regional Implementation and Expansion**
 - Launch AOT programs in the three selected priority regions
 - Monitor operations, workforce capacity, and funding mechanisms
 - Capture lessons learned to refine the statewide model
 - Engage local jurisdictions through stakeholder forums and advisory groups
- **Phase 3: Full Statewide Implementation**
 - Expand AOT programming to all remaining regions
 - Standardize operations across jurisdictions
 - Strengthen quality monitoring and outcome evaluation
 - Maintain ongoing engagement with clinical, judicial, and consumer advisory groups and provide regular updates to LBHAs, local health departments, and community partners

Howard County is scheduled to participate in the third phase of implementation. As such, AOT services are not yet operational within the county. While Howard County is not currently part of the pilot implementation phases, local stakeholders have begun early discussions regarding how AOT may interface with existing behavioral health and criminal legal systems in the future. These discussions include the potential for diversion pathways for certain low-level offenders, where participation in AOT could be considered as part of a broader behavioral health response, when appropriate and voluntarily accepted. Stakeholders also emphasize the importance of future mental health court staffing, care coordination infrastructure, and cross-system collaboration to support individuals who may participate in AOT once it becomes operational locally.

Health-General Commitment

Section 8-505 assessments are court-ordered evaluations conducted by assessors with the Maryland Department of Health (MDH). These evaluations may occur at different stages of court involvement from pretrial through post-sentencing, including during periods of incarceration. In Howard County, most individuals referred for these assessments are incarcerated at the Howard County Detention Center or the Department of Corrections at the time the evaluation is ordered. For individuals detained locally, MDH typically coordinates with the Howard County Health Department's Bureau of Behavioral Health to schedule the assessments.

Court Structure

As in all Maryland jurisdictions, Howard County operates within the State's district and circuit court system. While the overall court structure is consistent across counties, the availability of specialized dockets and programs varies based on local community needs and court staffing capacity. This section provides an overview of Howard County's court structure (see Table 5), followed by descriptions of its specialized dockets and programs.

Table 5

Howard County's Court Structure

Court Level	Specialty Program(s)
District Court	Adult Recovery Court
District Court	Central Maryland Regional Veterans Treatment Court
Circuit Court	N/A

Note: *The Baltimore City District Court's Veterans Treatment Court expanded its original program to form the Central Maryland Regional Veterans Treatment Court, which now serves not only Baltimore City but also Baltimore County, Carroll, Harford, and Howard counties. Although participants come from multiple jurisdictions, all court hearings are held in Baltimore City. This expanded program is listed in the table under Howard County's District Court specialty programs to reflect its regional reach.*

Problem-Solving Courts

Howard County has two problem-solving courts: an Adult Recovery Court and a Regional Veterans Treatment Court. Both specialty courts are designed to provide treatment-focused alternatives to traditional criminal justice processes for eligible participants.

Adult Recovery Court

Howard County established its Adult Recovery Court, originally known as the “Adult Drug/DUI Treatment Court,” in July 2004 to provide a voluntary, treatment-oriented alternative for eligible defendants charged with drug- or alcohol-related offenses. Since its inception, approximately 361 individuals have successfully completed the program. The court combines judicial oversight with intensive treatment and supervision to support participants in achieving recovery and reducing recidivism.

The Adult Recovery Court program is a post-conviction, sentencing-based specialty court. It operates primarily under probation conditions, with participants expected to fulfill the program requirements alongside any incarceration imposed as part of a plea agreement or statute. The program has a capacity of 50 participants, encompassing both Drug and DUI tracks. Court sessions are held every other Wednesday, with drug-related cases heard at 10:30 a.m., followed by DUI-related cases at 2:30 p.m.

To participate, individuals must meet specific eligibility criteria for each track. Individuals with co-occurring mental health conditions are eligible; however, the program does not accept individuals whose primary need is mental health treatment in the absence of a substance use disorder. Referrals may be initiated by anyone but most commonly come from defense counsel, the State’s Attorney’s Office, or the presiding judge. The eligibility criteria are as follows:

- **Drug-Related Pathway**

- Age 18+
- Howard County resident (exceptions possible)
- Prior history of drug use or convictions
- Not on parole; probation allowed only with the judge's approval
- Charges pending in Howard County only (unless all parties agree)
- Eligible charges include possession of Controlled Dangerous Substance (CDS), prescription fraud, theft, 4th-degree burglary, credit card fraud, prostitution, or violation of probation with consent of the sentencing judge

- **DUI-Related Pathway**

- Age 18+
- Howard County resident (exceptions possible)
- No pending sentencing, warrants, or detainers
- Not on parole; probation allowed only with the judge's approval
- Charges pending in Howard County only (unless all parties agree)
- Charges must be a second or third DUI/DWI; first offenses or more than three offenses are not eligible

The program has a minimum duration of 52 weeks, with the total length determined by individual compliance, recovery progress, and relapse risk. Participants receive treatment tailored to individual needs; court supervision ranges from every two weeks to monthly, depending on the participant's phase and monitoring needs. Program monitoring includes urinalysis, transdermal patches, Preliminary Breath Tests, and SCRAM bracelets, ensuring ongoing accountability and support throughout participation.

The court team, including the judge, coordinator, case manager, designated panel public defender, state's attorneys, probation agent, local health department staff and liaison, peer specialist, law enforcement, and Department of Transportation/Department of Motor Vehicles staff, meets regularly to review participants' progress. The judge issues orders and recommendations based on team advice. Case managers meet with participants in accordance with the judge's directives to ensure adherence to treatment, probation, and court requirements.

Upon graduation, participants serve the remainder of their initial three-month probation term issued upon entry to the program as unsupervised probation.

Central Maryland Regional Veterans Treatment Court

The Baltimore City District Court's Veterans Treatment Court expanded its original program to form the Central Maryland Regional Veterans Treatment Court, which launched in November 2024. This regional court now serves Baltimore City, Baltimore County, Carroll, Harford, and Howard counties, providing justice-involved veterans with a court-supervised, voluntary, treatment-based program for misdemeanor offenses. Although participants come from multiple jurisdictions, all court hearings are held in Baltimore City, ensuring centralized judicial oversight while maintaining regional access to services.

The program is designed to help Veterans address a range of challenges, including mental health conditions, substance use disorders, post-traumatic stress disorder, traumatic brain injuries, and other service-related issues. Program participants work to resolve outstanding criminal offenses while engaging in individualized treatment and supportive services, including mentorship and peer accountability.

United Way of Central Maryland serves as the program's fiscal agent and coordination hub, employing case managers with a 20:1 caseload who develop individualized goal plans for each participant. These plans connect Veterans to healthcare, housing, education, employment, and other supportive services. Each participant is also paired with a Veteran mentor who provides guidance and accountability throughout the program. Innovative initiatives, such as the Warrior

Canine Connection, allow participants to train service dogs for other Veterans, earning community service hours while building skills and therapeutic engagement.

Eligibility for the program requires that participants be military Veterans aged 18 or older, reside in one of the five participating jurisdictions, and face misdemeanor charges in the District Court of Maryland. Participation is voluntary, and Veterans must be willing to engage in treatment and court supervision. Pending charges outside the program's jurisdiction may disqualify a participant unless all parties approve.

In Howard County, initial screening for potential eligibility occurs at the commissioner level at the time of initial appearance. The State's Attorney's Office also reviews cases for further consideration and potential recommendation to the program. For individuals who are recommended, the Howard County District Court holds hearings every other Wednesday to address these matters. Typically, individuals appear at one of these hearings approximately two weeks after receiving a recommendation, at which time they are offered the opportunity to waive venue in Howard County. For those who waive venue, the case is fully transferred to Baltimore City District Court for their first hearing, where they undergo further screening and may elect to enter a plea and participate in the Central Maryland Regional Veterans Treatment Court program. Individuals who choose not to waive venue remain in Howard County, where their case proceeds through the standard criminal process.

The Central Maryland Regional Veterans Treatment Court follows a post-plea, treatment-oriented model with individualized supervision and evidence-based services. Participants attend regular court hearings in Baltimore City, where the court monitors progress, provides accountability, and adjusts program requirements as needed. Throughout the program, participants receive treatment for mental health or substance use needs, engage with mentors and peer supports, and access wraparound services that facilitate reintegration into the community.

The program is supported by a broad network of partners, including the U.S. Department of Veterans Affairs, the Maryland Judiciary's Office of Problem-Solving Courts, the State's Attorney and Public Defender Offices in the participating jurisdictions, the Maryland Department of Parole and Probation, the University of Baltimore School of Law, and numerous other federal, state, and local organizations.

Detention and Corrections

Facility Overview

The Howard County Detention Center is located in Jessup, Maryland. The detention center was built in 1983 to replace the county's original jail in Ellicott City, which had been in operation since 1878 and could only house 12 individuals. When it first opened, the detention center had a rated capacity of 108 individuals and began with 63 incarcerated individuals. Over the next several years, the population quickly exceeded the original capacity, leading to an expansion completed in 1994, increasing the rated capacity to 361 incarcerated individuals. At the time of the workshop, 305 individuals were confined at the Howard County Detention Center, including both pretrial detainees and sentenced, incarcerated individuals.

In the last fiscal year, the facility housed approximately 202 individuals who received substance use treatment services through the Howard County Health Department while incarcerated. On any given day, roughly 60 individuals receive some form of intervention with mental health professionals, and it is estimated that around 80% of the population has mental health needs.

Correctional staff receive annual in-service training, and all reentry and peer staff now attend the academy, where they can receive crisis intervention and Mental Health First Aid training. Howard County requires its peers to attend MPCTC training, allowing them to work independently with incarcerated individuals while maintaining confidentiality and providing supportive interventions.

Services

Services while incarcerated vary across facilities, but they can generally be organized into four different categories (see Table 6); specific information about the services available at the Howard County Detention Center is provided following the table.

Table 6
Detention Services Available in Maryland

Service Type	Definition and Examples ⁵⁶
Screenings	Definition: Structured initial evaluations performed during intake to determine an individual's physical and mental health condition, level of risk, and immediate service needs.

⁵⁶ 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.

Service Type	Definition and Examples ⁵⁶
	Examples: Medical checks for urgent health needs; assessments for signs of psychiatric conditions, suicidal ideation, or cognitive impairments; evaluations for withdrawal, intoxication, or history of substance use disorders; security classification; and verification of legal or administrative status.
Assessments	Definition: Comprehensive evaluations performed after initial screenings to collect detailed information about an individual’s medical, mental health, behavioral, and security needs. Examples: Detailed medical exams, psychiatric assessments, substance use disorder evaluations, risk and need analysis, and review of education, employment, or social support factors.
Mental Health Support and/or Substance Use Disorder Treatment	Definition: Services to stabilize individuals and connect them with continued care. Examples: Crisis intervention, psychiatric care, medication management, individual or group therapy, detoxification support, medication-assisted treatment (MAT),⁵⁷ counseling, and recovery programs.
Other	Definition: Additional programs aimed at skill-building, well-being, and successful reintegration. Examples: Vocational training, educational classes, job readiness training, life skills workshops, religious services, recreational activities, and reentry programs.

Initial Medical and Safety Screening

Upon admission to the detention center, each individual undergoes an initial medical screening conducted by the medical department within two hours of entry. This screening mirrors the booking process and is designed to identify urgent medical needs, mental health concerns, and other vulnerabilities, including individuals held by the commissioner without bail and those sentenced to remain in the facility.

If an individual is identified as being at risk for suicide, they are immediately placed on suicide watch until evaluated by a mental health clinician, typically the following day. The detention

⁵⁷ 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”).

center maintains two to three mental health clinicians during the daytime hours, with at least one clinician available until 8:30 p.m.

Early Intervention and Service Planning Screening

Within 72 hours of entry, all individuals, whether awaiting a bail hearing or serving a sentence, are screened by the reentry team using the SBIRT (Screening, Brief Intervention, and Referral to Treatment) tool. The team includes certified peer recovery specialists who are trained to conduct screenings independently.

Although some individuals may later be released by the judge, early screening allows staff to document needs and initiate referrals to appropriate community resources. Through established community partnerships, the team is often able to complement screening results with prior knowledge of incoming individuals, enabling early identification of service needs. On average, approximately ten individuals per month are connected to support services through this process.

Comprehensive Intake Assessment

Once an individual's status at the detention center is confirmed, typically following a bail hearing, a classification counselor conducts a comprehensive intake assessment. This assessment revisits topics addressed during the initial screening and expands to include suicide risk, mental health history, disabilities, medical history, traumatic brain injury history, and physical health concerns.

Medical and Behavioral Health Services Provider

Wellpath serves as the contracted provider for medical and behavioral health services at the detention center. All medication administration (i.e., somatic, psychiatric, and addiction) is managed by Wellpath clinical staff. Individuals may continue medications previously prescribed by community providers, subject to clinical review. Wellpath evaluates existing prescriptions and, when appropriate, a provider may issue a new or modified prescription. In limited circumstances where a prescribed medication is not immediately available through the facility, exceptions may be granted to allow individuals to bring medications from home under specified conditions.

Mental Health Support

The Behavioral Mental Health Unit (BMHU) was established to support individuals who were decompensating while awaiting competency evaluation or transfer to a state hospital. The unit can accommodate up to 16 individuals, though the resident population typically ranges between eight and nine individuals. It functions as a general population housing unit specifically

designed for individuals with significant mental health concerns and is the only unit in the facility with a continuous officer presence. The staffing model allows for direct supervision, rapid de-escalation, and quick response to incidents.

Placement in the BMHU is determined by case managers from Wellpath, the facility's contracted provider for medical and behavioral health services. Mental health clinicians are present daily to evaluate residents and coordinate with case managers to adjust supports as needed. Each cell is equipped with cameras that are accessible to mental health staff to monitor each resident's well-being and enhance safety.

Weekly group sessions are facilitated by a correctional specialist and licensed mental health clinician and are generally unstructured, providing residents with opportunities for socialization and engagement. Because many individuals housed in the unit are awaiting competency determinations, reentry planning is often limited, and participation in programming may be voluntary or, at times, met with resistance. The BMHU primarily serves individuals with serious mental health needs rather than those whose primary concern is substance use disorder.

Substance Use Disorder Treatment

Substance use disorder (SUD) treatment within the Howard County Detention Center is delivered through a partnership between Wellpath and the Bureau of Behavioral Health within the Howard County Health Department. Together, these partners provide a continuum of care that includes screening and assessment, individual and group counseling, peer recovery support, medications for opioid use disorder (MOUD), withdrawal management, case management, and reentry planning.

The Bureau of Behavioral Health staffs two licensed therapists who provide comprehensive SUD treatment services within the detention center. Services include clinical assessments, individual counseling, case management, and referrals to community-based treatment providers. The Bureau also facilitates five group counseling sessions per week in partnership with a Certified Peer Recovery Support Specialist and offers two weekly acupuncture groups that support recovery and overall wellness. These services provide ongoing therapeutic support throughout incarceration and help prepare individuals for successful reentry into the community.

MOUD is an important component of the facility's treatment continuum. The Bureau of Behavioral Health uses State Opioid Response grant funding to reimburse Wellpath for MOUD medications, including Suboxone and Vivitrol. Methadone services are provided through a memorandum of understanding (MOU) with Silverman Treatment Solutions, with State Opioid Response grant funding also supporting these services. Individuals are first assessed by Bureau of Behavioral Health therapists to determine whether they meet criteria for opioid use disorder.

When clinically indicated, therapists refer individuals to Wellpath medical providers, who conduct a medical evaluation, make final determinations regarding MOUD eligibility and treatment, and prescribe and administer medications under a physician-monitored protocol.

Individuals entering the facility with a verified community prescription for MOUD may continue treatment after verification with their prescriber. Individuals not currently receiving MOUD, including those with a lapse in treatment but a verifiable prescription history, are screened and, when clinically appropriate, initiated or reinitiated on medication. MOUD may also be offered to individuals who initially decline treatment at intake but later choose to engage in services.

As part of comprehensive clinical care, the facility employs structured withdrawal management protocols to monitor and support individuals experiencing substance withdrawal. For opioid withdrawal, the Clinical Opiate Withdrawal Scale (COWS) is administered three times daily over a seven-day period and includes nursing assessment, vital sign monitoring, symptom evaluation, and medication administration as needed. For alcohol withdrawal, the Clinical Institute Withdrawal Assessment (CIWA) is conducted three times daily for three days, with similar nursing oversight and clinical monitoring.

To promote continuity of care upon release, the local health department and detention center also maintain an MOU with Silverman Treatment Solutions to facilitate transition to community-based services. Individuals receiving MOUD while incarcerated may be referred to Silverman Treatment Solutions upon release and, in cases of unexpected release, may access treatment as early as the following day. In addition, Bureau of Behavioral Health staff provide case management and referrals to community-based treatment and recovery support services to strengthen post-release engagement in care and support sustained recovery.

Other Programs and Supports

The Howard County Detention Center offers a comprehensive array of programming to support rehabilitation, skill-building, and reentry preparation. The facility maintains approximately 60 programs, all of which are accessible to individuals within the detention center.

Recovery and Peer Support

Most recovery-oriented programming is delivered by the Bureau of Behavioral Health and includes 12-step groups such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA). The men's NA group currently serves approximately 15 participants, while weekly 12-step meetings collectively reach about 50 individuals. Peer support services are provided both by the Bureau of Behavioral Health and the detention center's reentry team. These services promote positive behavior, strengthen coping skills, and support overall wellness during incarceration.

Education and Workforce Development

Education is a key component of programming. Adult Basic Education and GED preparation are provided in partnership with Howard Community College, including one-on-one tutoring, classroom and computer-based learning, and on-site testing. Workforce development opportunities include Commercial Driver's License (CDL) training, food safety certification through ServSafe, and participation in the Flagger Force program.

The Lifeskills Education Employment Program (LEEP) is a six-week course focused on employability skills, including completing job applications, developing resumes, and practicing interviewing techniques. Cognitive-behavioral programming, such as Thinking for a Change (T4C), supports medium- to high-risk individuals in building problem-solving, improving social skills, and making positive behavioral changes.

The Howard County Library System provides materials for the detention center's Resource Center. These materials include legal references, books, newspapers, and periodicals. This resource supports educational advancement, research, and personal enrichment for individuals in the facility, complementing the classroom and workforce programs.

Enrichment Activities

A variety of enrichment activities encourage constructive use of time and personal growth. These include art programs, knitting, crocheting, and beekeeping, all designed to foster creativity and skill development.

Religious Services and Spiritual Support

The detention center supports individuals of diverse faiths through community partnerships. Christian Jail Ministry provides worship services, religious education, pastoral counseling, discipleship training, and family support. Muslim faith education and Juma services are offered through the Dar Al-Taqwa congregation, including weekly classes and religious materials. Catholic services are provided through St. Matthew Catholic Church and St. Lawrence Martyr Catholic Church, offering weekly services and pastoral support, including for individuals under the jurisdiction of the Bureau of Immigration and Customs Enforcement.

Together, these programs support rehabilitation and reentry by complementing substance use treatment, peer support, educational advancement, and vocational training, helping individuals prepare for a successful transition back to the community.

Peer Support Services

Certified peer recovery specialists play a cross-cutting role within the courts and the detention center, working alongside custody, behavioral health, and reentry staff to support individuals from early detention through release planning. Their integration across multiple touchpoints strengthens engagement and facilitates linkage to community-based supports, ensuring continuity of care post-release.

Family Support Services

The Howard County Detention Center previously offered a family support group, which was discontinued due to limited participation. Although there is no formal program, family members remain involved in treatment discussions and reentry planning when appropriate. Staff from behavioral health and reentry services engage families informally to support continuity of care, assist with release planning, and address practical needs in the community. This informal engagement helps families continue as a supportive resource even without structured programming.

The Christian Jail Ministry maintains family support through its gift-giving program for children of incarcerated individuals. Additionally, the detention center partners with the Mediation and Conflict Resolution Center, Inc., to provide mediation services for individuals whose family relationships may impact successful reentry.

Data Collection and Sharing

Standardized tools and systems are used to collect and track data during these intercepts. Relevant information is shared internally among court staff, commissioners, and health department personnel as needed for legal and clinical decision-making. External sharing occurs with partner agencies, such as MDH or the health department, when coordinating assessments, treatment, or pre-trial services.

INTERCEPTS 2 AND 3 GAPS

Initial Appearance

Commissioners have limited authority in setting bond conditions at initial appearance. For example, commissioners cannot refer or order individuals to pretrial supervision; only a judge has the authority to place someone on pretrial supervision, which requires the individual to be held without bond to appear before a judge. Decisions to hold an individual are governed by statutory criteria, such as risk to public safety or likelihood of failure to appear, and cannot be based solely on the potential benefit of pretrial services. As a result, individuals who may be

appropriate candidates for pretrial supervision may not meet the legal threshold to be held, limiting early access to pretrial supervision and related supports.

Bail Review Hearing

The county's diversion initiatives often begin with screening by public defense counsel. Individuals who are represented by private attorneys may not be screened in the same manner or connected as readily to diversion services, limiting their access to these alternatives.

Court-Ordered Services

Pretrial Services

While Pretrial Services is able to meet core supervision responsibilities, several operational limitations affect efficiency and consistency. Monitoring individuals on GPS, particularly those placed on home confinement, is time-intensive, and court-authorized movement can limit the effectiveness of home confinement conditions when individuals are permitted to travel to multiple locations. In addition, supervision relies on clients maintaining charging equipment and batteries, which can be lost or not consistently maintained, creating gaps in monitoring and increasing staff workload. Finally, the ACTS risk assessment tool used to inform supervision decisions has not been updated or revalidated since 2021, raising questions about whether current risk assessments fully reflect changes in populations, practices, or local conditions.

Competency Evaluation and Restoration

Statutory, regulatory, and operational limitations in the competency evaluation and restoration process contribute to repeated system involvement for some defendants.

Individuals found incompetent and not dangerous are required to be released into the community; however, community-based competency restoration services are nonexistent, and individuals may remain on restoration waitlists until their cases time out when no viable path to competency attainment exists. In these situations, cases are closed after statutory timeframes, and individuals often reappear on the docket due to unresolved behavioral health needs.

Moreover, because there are no structured community-based restoration services, individuals who have already been judicially determined incompetent and not dangerous may struggle to comply with release conditions. When a violation occurs, often driven by unmet mental health symptoms, the individual may be arrested or transported to a hospital while still subject to the jurisdiction of the court. This frequently results in a bench warrant, requiring judicial action before the person can be reconnected to appropriate services. As a result, the absence of community restoration infrastructure and the need for renewed judicial authorization before services can be reinstated result in delayed access to care and prolonged court involvement.

Access to inpatient competency restoration is also constrained by extended waitlists for state hospitals, including an estimated six-month wait at Clifton T. Perkins Hospital Center and approximately 60 days at other state facilities, with a substantial number of individuals still awaiting placement. As a result, individuals deemed incompetent and dangerous remain in the detention center, where mental health symptoms may worsen; this potential decompensation may impede the effectiveness of statutorily-limited treatment services once individuals depart the detention center and are placed in inpatient services.

Assisted Outpatient Treatment

Howard County stakeholders have expressed concerns regarding the financial and operational resources required to implement and sustain assisted outpatient treatment (AOT) locally, noting that the county is not yet equipped. The county does not currently operate any formal AOT services, but budgeting and service development considerations are anticipated challenges. The Local Behavioral Health Authority has initiated preliminary conversations with relevant statutory stakeholders to explore planning and coordination, which reflects early engagement and awareness; however, significant work remains to build the infrastructure, secure funding mechanisms, and develop the service capacity necessary to implement AOT in the county, including strengthening overall system readiness.

Court Structure

Problem-Solving Courts

Howard County does not have a mental health court, despite high demand for specialized services for individuals with behavioral health needs. Stakeholders have expressed interest in developing a two-track program: one track for traditional mental health court participants and a second for individuals deemed incompetent but not dangerous who are awaiting restoration services in the community. Existing case management and diversion options are limited, and the Adult Recovery Court program primarily focuses on substance use and DUI offenses, leaving a gap in support for individuals whose primary challenges are related to mental health.

Adult Recovery Court

A key challenge in the Adult Recovery Court program is linking a participant's offense directly to substance use. When the connection between the offense and substance use is unclear, it can be difficult to determine eligibility for the program and tailor interventions effectively. This limitation reduces the pool of individuals who may benefit from the court's structure and highlights a gap in aligning program criteria with the complex realities of participants' behaviors and needs.

Central Maryland Regional Veterans Treatment Court

Howard County has established multiple points during the intake and screening processes to identify Veterans who may be eligible for the Veterans Treatment Court program, allowing referrals at any stage of system involvement. This ongoing effort increases opportunities for connection to services; however, identification can still be affected by how questions are asked; the phrasing or context of inquiries may not align with how individuals perceive or describe their military service, which can result in eligible participants being overlooked.

Detention and Corrections

Services

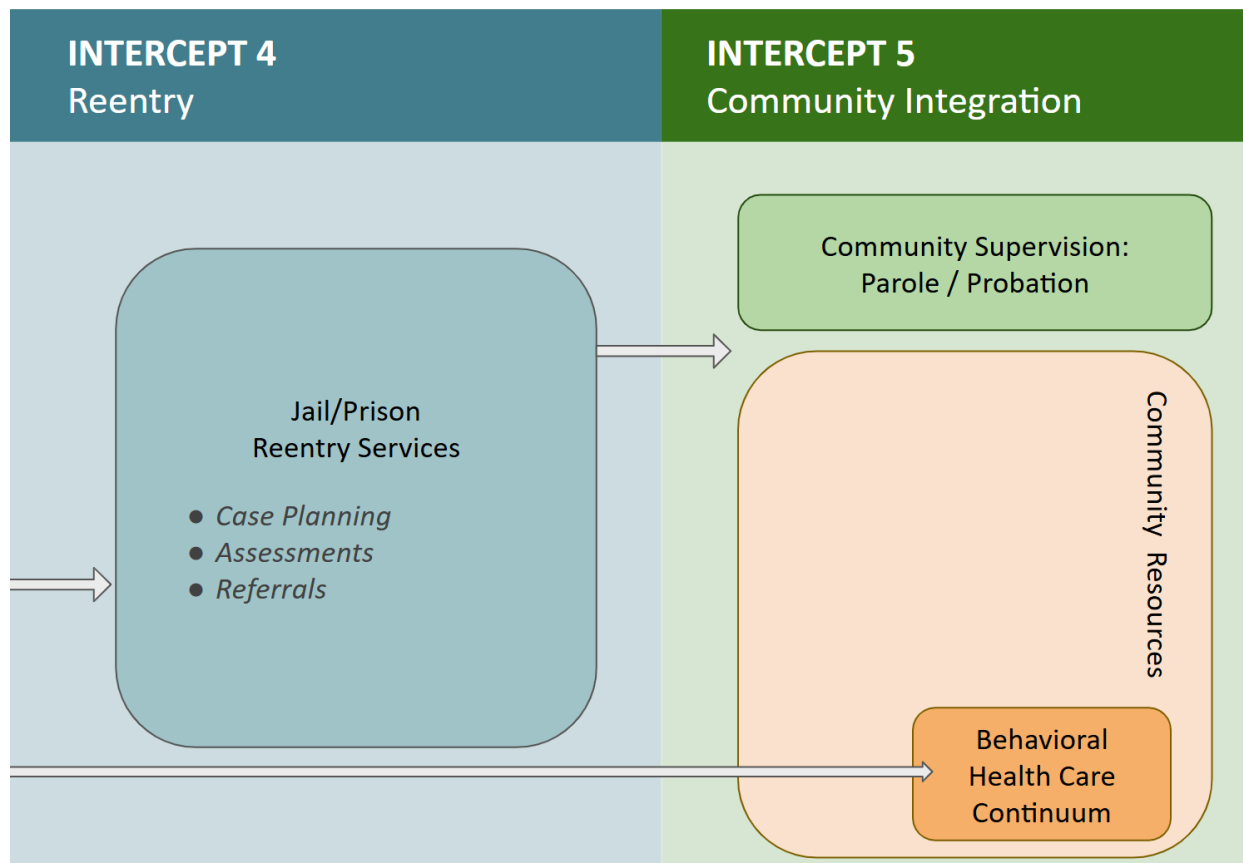
A critical gap in current detention operations constrains the county's plans to establish a mental health court.

Screenings and Assessments

Currently, Wellpath and other detention staff do not conduct screenings that could determine an individual's eligibility for a mental health court program. As a result, the county lacks the data and systematic processes needed to identify candidates who could benefit from this potential diversion opportunity. Stakeholders are exploring ways to ensure eligible individuals are appropriately screened and referred to support the development of a mental health court.

Family Support Services

Family engagement is incorporated informally throughout system involvement in Howard County, reflecting recognition of the importance of supporting families. The detention center previously hosted a family support group, but participation was limited, and the program was discontinued. Stigma associated with attending these sessions has been identified as a primary barrier to engagement. The county is working to reintroduce family support programs and is exploring strategies to increase participation and sustain engagement.



INTERCEPTS 4 AND 5 RESOURCES

Corrections Reentry Services

Services and Referrals

Over the past several years, Howard County has developed a reentry program in which staff work within and beyond the detention center to facilitate community reintegration. Reentry staff, along with a broader network of substance use treatment providers within the county and nearby areas, has expanded to expedite placement.

All individuals, regardless of behavioral health status, meet with the reentry team within 72 hours of entry to the detention center to initiate the reentry process. During this time, a reentry service plan is developed to identify post-release needs, including services, referrals, and other supports. These plans may be shared with Parole and Probation, as appropriate.

The team manages a caseload that spans the entire detainee population (including pretrial detention and sentenced incarceration), averaging approximately 300 individuals. Services include assistance with obtaining vital documents (e.g., birth certificates, IDs), reactivating

health insurance, coordinating healthcare referrals, connecting individuals to public benefits (e.g., Supplemental Security Income, Veterans Affairs services), and facilitating referrals for other basic needs.

Through comprehensive reentry services, the Howard County Detention Center has reduced recidivism rates significantly: only 2.61% of reentry program graduates have returned to incarceration over the past two years, compared with Maryland's statewide three-year recidivism rate of approximately 40%.

Before release, individuals who are prescribed psychiatric or other medications receive a dose (if present during distribution) and are discharged with their remaining blister packs. Community treatment providers coordinate any necessary bridge medications. All individuals are offered naloxone at release, and a naloxone vending machine is located just outside the facility.

Scheduled releases take place at the courthouse between 8:00 a.m. and 4:30 p.m.

The detention center utilizes a BHA-funded, LBHA-administered grant to support the clinical reentry services for individuals with behavioral health needs. The Maryland Community Criminal Justice Treatment Program (MCCJTP)⁵⁸ is a detention center-based initiative that identifies individuals with mental health needs while they are detained in local detention centers. The program focuses on maintaining continuity of care and improving healthcare outcomes to reduce recidivism. Services may include mental health screening and assessment, short-term crisis intervention, aftercare planning, and coordination of community-based treatment and supports by care coordinators and peer recovery specialists. Locally, MCCJTP funds the Behavioral Mental Health Unit case manager, who provides continuity of care for individuals with serious and persistent mental illness for up to 30 days post-release.

Bridging intercepts 4 and 5, the work release program offers voluntary, evidence-based transitional services for individuals nearing release. Participants are placed in legitimate, income-generating employment, often with established employers and community partners. Individuals may return to previous employers when appropriate. At the time of the workshop, there are 10 participants in the program.

⁵⁸ 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.

Supervision

The Department of Public Safety and Correctional Services (DPSCS) oversees community supervision to ensure that individuals reentering the community comply with conditions set by the courts and the Maryland Parole Commission.⁵⁹

The Parole and Probation Training Unit, within the Maryland Police and Correctional Training Commission, prepares parole and probation agents and drinking driver monitors to deliver services that are professional, ethical, lawful, and respectful. Training emphasizes responsiveness to client needs while maintaining alignment with legal standards and the public interest.

Although the Maryland Correctional Training Commission requires mandated parole and probation staff to complete 18 hours of annual in-service training to maintain certification, the Maryland Division of Parole and Probation has adopted a higher standard. Mandated staff are now required to complete 40 hours of Commission-approved in-service training annually (see Table 7).

Table 7

In-Service Training for Parole and Probation Staff in Howard County, Maryland

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

⁵⁹ 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 have 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.

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

Individuals assigned to community supervision following incarceration in Howard County are required to complete an in-person intake on the first business day after release at the Ellicott City Field Office/Drinking Driver Monitor Program (DDMP), located within the District Court Multi-Service Center. The intake process includes fingerprinting, photographing, document execution, and assignment to a supervision agent. During intake, the agent reviews the 10 standard supervision conditions used statewide, along with additional court-imposed conditions. This process typically takes approximately one hour. While most intakes are walk-ins from the courthouse, agents also manage out-of-state cases as needed.

Criminal supervision agents in Howard County each manage an average of approximately 102 active general caseload cases. Specialized caseloads vary by offense type, with estimated averages of 35 cases per COMET (Collaborative Offender Management/Enforced Treatment for sexual offenders) agent, 50 cases per domestic violence agent, and 135 cases per DDMP monitor. At the time of the workshop, stakeholders report 1,247 active supervision cases, including 819 under criminal supervision, in the county.

Supervision is structured into four levels, ranging from low-risk (for individuals with no prior history and no present disorders) to high-risk. GPS-based home monitoring is generally reserved for mandatory releases, parolees, and individuals under Collaborative Offender Management and Enforced Treatment (COMET) or Violence Prevention Initiative (VPI) supervision.⁶⁰ Monthly check-ins are typically conducted face-to-face, either in the field or at the office. In response to the COVID-19 pandemic, DPSCS introduced flexible protocols allowing virtual check-ins using state-issued devices when appropriate.

The needs assessment screening tool includes questions related to substance use and mental health. In addition, health department staff at the District Court Multi-Service Center may conduct behavioral health screening as needed.

Through the Justice Reinvestment Initiative, the Maryland Division of Parole and Probation is striving to dispel the historically adversarial understanding of supervision. Supervisors

⁶⁰ COMET and VPI are specialized, intensive supervision programs. COMET serves individuals convicted of sexual offenses, while VPI serves individuals identified through screening as being at high risk for future violent offending.

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

Community Reentry Services

As detailed in "[Intercepts 0 and 1 Resources](#)" section, Grassroots and the Howard County MultiService Center provide a wide range of services and service coordination across multiple domains for many of the county's justice-involved residents.

Behavioral Health Services

Multiple agencies provide community-based behavioral health services for residents, including systems-involved individuals who are experiencing mental health or substance use disorders. These services are detailed in the "[Intercepts 0 and 1 Resources](#)" section.

Professional Development

The U.S. Department of Labor's Reentry Employment Opportunities (REO) program, authorized under Section 169 of the Workforce Innovation and Opportunity Act (WIOA) of 2014, provides federal funding to support formerly incarcerated adults and systems-involved youth and young adults. The program promotes partnerships and strategies that improve reentry-related employment outcomes.

In Howard County, WIOA services are administered through the Columbia Workforce Center, which is open Monday through Friday from 8:00 a.m. to 4:00 p.m. The Howard County Office of Workforce Development operates a site co-located at the Columbia Workforce Center that offers free employment workshops, resume and application assistance, services for youth and Veterans, and access to office equipment.

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

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

returning residents to employment opportunities, skill-building programs, credentialing resources, and local reentry services. Howard County is assigned one reentry navigator who collaborates with counterparts statewide to coordinate services, reduce fragmentation, and co-host job and resource fairs.

Legal Assistance

Maryland Legal Aid (MLA) provides comprehensive civil legal assistance to low-income residents across all 24 jurisdictions through 12 offices statewide. The Howard County Office, located in Ellicott City, serves county residents. MLA assists with civil legal matters including child custody and family law, housing and eviction prevention, public benefits, bankruptcy and debt collection, and criminal record expungement to help reduce barriers to housing, employment, and custody.

Housing

Stable housing is a key factor in successful community reintegration. In recent years, Howard County has secured federal and state Emergency Solutions Grant (ESG) funding to address housing needs for individuals experiencing homelessness upon release. These funds, administered through the detention center, may also support initial placement in sober living environments.

The Reentry House provides short-term housing for up to four men recently released from the detention center who are in need of temporary accommodation while securing permanent housing. The program offers stable and supportive housing as participants work with staff (e.g., on-site house manager) to obtain employment, secure housing, and meet program requirements.

General housing options for county residents are outlined in the “[Intercepts 0 and 1 Resources](#)” section, which provides additional information beyond emergency and transitional housing programs.

Transportation

Individuals released from the Howard County Detention Center receive a reentry ID card. Through a memorandum of understanding with the county transportation department, the ID serves as a bus pass for the first 60 days following release. Individuals may also access reentry-related transportation assistance through the reentry team for up to five years after release. Additional public transportation options are available within Howard County and surrounding areas, as noted in the “[Intercepts 0 and 1 Resources](#)” section, although access varies by location.

Peer Support Services

Workshop participants emphasized that Howard County has been working to integrate peer support across all intercept points to better serve the community. Because these services are not court-ordered, peer professionals are able to engage individuals more organically, meeting them where they are on their recovery journeys.

Family Support Services

To support reentry programming, the detention center partners with MCRC (Mediation and Conflict Resolution Center) Howard to provide mediation services to individuals returning to the community, with a focus on those for whom family relationships may present a risk factor.

As noted in the “[Intercepts 0 and 1 Resources](#)” section, family and community members can access peer support through organizations such as the Maryland Coalition of Families. When appropriate, pre-parole investigations engage family members to explain supervision conditions and involve them in the reentry process, an approach that may promote stability and reduce violations for returning individuals.

Local community action boards also develop strategies to allocate public funds toward addressing neighborhood public safety concerns. The initiative is designed to streamline interagency collaboration, promote community-led approaches to safety and wellness, and expand opportunities in communities most impacted by system involvement.

INTERCEPTS 4 AND 5 GAPS

Corrections Reentry Services

Services and Referrals

Reentry planning is time-consuming and complex, and connecting individuals to essential services often involves lengthy and complicated application processes. A major barrier to continuity of care during reentry is service eligibility, with workshop participants estimating that more than three-quarters of service providers will not accept individuals directly from the facility, regardless of the nature of the charges. In addition, reentry staff report challenges in meeting the needs of individuals who deny having behavioral health needs or who decline to participate in reentry programs, further complicating service engagement.

Access to foundational resources is also a significant challenge. Securing vital documents, such as a Social Security number (SSN) card, birth certificate, and state-issued photo ID, can be difficult, limiting individuals’ ability to obtain housing, employment, and government services.

These challenges are compounded by unplanned releases, a well-documented statewide issue. Unplanned releases occur when individuals are discharged unexpectedly due to court orders, sentence recalculations, or administrative decisions, without prior notice to reentry or treatment staff. This limited notice reduces the ability to coordinate services in advance, resulting in gaps in care and increasing the risk of recidivism.

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

Supervision

Although the Maryland Division of Parole and Probation has embedded social workers to help connect supervised individuals with supports and services, coverage is reportedly limited, with a single social worker responsible for a large geographic area extending from Anne Arundel County west through Garrett County. A regional social work manager is also in place to provide additional coverage access to both the Western and Baltimore metropolitan regions.

Participants also note barriers associated with hospital warrants. These warrants are issued for individuals committed to the Maryland Department of Health following a finding of not criminally responsible and who subsequently violate conditions of release. Hospital warrants authorize law enforcement officers statewide to apprehend and transport individuals to designated mental health facilities.

Stakeholders note that delays can occur when a judge's signature is required outside of business hours. However, they also highlight an existing state-level electronic warrant (e-warrant) process that streamlines coordination and may help reduce these delays.

In addition, reentry staff express interest in strengthening collaboration with local hospitals to better understand their current role and explore opportunities for coordination, particularly in cases involving individuals found incompetent to stand trial who are being released into the community.

Community Reentry Services

As detailed in the "[Intercepts 0 and 1 Resources](#)" section, stakeholders report a growing need to strengthen case management services to meet increasing demand.

Opportunity: One promising approach is the use of Critical Time Intervention (CTI), a national, time-limited, multi-phase case management model designed for individuals transitioning from institutional settings. CTI has demonstrated strong positive outcomes related to housing stability and community support.

The Howard County MultiService Center, operated by the county’s Department of Community Resources and Services, reportedly provides human services and access to 18 partner agencies for many justice-involved residents. However, the website for this one-stop shop, as linked through 211 Maryland and the county’s website, is not publicly accessible. In addition, the MultiService Center does not currently offer or coordinate transportation services, despite transportation being identified as a key domain in reentry hub best practice guidance.

Similarly, Grassroots provides a broad range of services through the Day Resource Center that many justice-involved residents utilize; however, this access point is not designed as a formal reentry hub.

Opportunity: To better coordinate and integrate existing reentry strategies, stakeholders may consider adopting evidence-based frameworks aligned with local and state reentry priorities for establishing reentry hubs. These hubs provide wraparound services for individuals returning from incarceration, addressing at minimum workforce, housing, education, transportation, and healthcare needs. Reentry hubs have been shown to improve engagement, reduce service fragmentation, and support stronger long-term outcomes.

Peer Support Services

The Maryland Division of Parole and Probation has recently launched a statewide initiative to incorporate forensic peer support. At the time of the workshop, stakeholders report that staffing limitations affect program operations. However, through a local partnership with the health department, the county’s parole and probation office now leverages health department peers to address this gap.

Opportunity: Peer support from individuals with shared lived experience is an evidence-based strategy to reduce barriers to engagement and support successful reintegration. Effective implementation requires recognizing that lived experience with behavioral health challenges is distinct from lived experience with involvement in the criminal legal system. Recovery peers provide critical behavioral health support, while forensic peers (sometimes referred to as “credible messengers” in the juvenile justice context) offer insights grounded in justice involvement. Forensic peers who are also in long-term recovery offer a

unique and necessary perspective for individuals with both justice system involvement and behavioral health needs. These roles are not interchangeable, as each reflects distinct but sometimes overlapping lived experiences. For jurisdictions seeking to expand peer support within community supervision, the National Council for Wellbeing provides guidance in its publication, *Peer Support Services and Community Supervision Examples*, which highlights models that integrate peer recovery support into probation and parole systems.

Despite interest in expanding peer support in forensic settings, implementation challenges remain. Local volunteers are motivated, but the vetting process for access to forensic facilities is often a significant barrier. One local advocacy group reports that only one volunteer has successfully completed the required training to enter Clifton T. Perkins Hospital Center in Jessup. Limited volunteer capacity further constrains the ability of organizations to scale services.

At the same time, there is increasing demand for peers with lived experience in mental health or co-occurring disorders to better support individuals with complex behavioral health needs. While the county effectively integrates peer professionals across multiple intercepts, these roles primarily support individuals in recovery from substance use rather than those living with mental illness. This gap is largely driven by funding constraints. Despite guidance allowing Medicaid reimbursement for peer support services under a fee-for-service model, the public behavioral health system does not fund peer services in clinical mental health settings, creating a persistent barrier to parity in care.



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. **Address the lack of housing options for individuals with behavioral health needs.** (28 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. In Howard County, priority gaps exist across housing types: special population housing, temporary housing, and transitional housing (24 hours to a week), all of which have eligibility criteria that create barriers to individuals with behavioral health needs. To advance these initiatives, the county should continue pursuing funding opportunities, including the Maryland Department of Housing and Community Development Shelter and Transitional Housing Facilities Grant Program, the Housing and Urban Development Supportive Housing for Persons with Disabilities Program (“Section 811”), and the Veterans Affairs Supportive Services for Veterans and their Families (SSVF) Program. Success will depend on strong collaboration among public health agencies, housing authorities, mental health providers, nonprofit organizations, and private sector partners. These partnerships are critical to expanding access to innovative housing models and maximizing available resources. In addition, systemic change may require policy reform and federal advocacy to reduce service barriers. Programs and funding streams that are flexible and portable, following individuals across various housing settings, including caregiver-provided housing, are essential to promote client choice, autonomy, and long-term self-sufficiency.

2. **Expand and better coordinate case management, including reentry support post-custody.** (25 votes) Effective and coordinated case management is essential to ensuring continuity of care for individuals involved in the behavioral health and criminal legal systems. Without adequate coordination, individuals may experience fragmented services, unmet needs, and increased risk of system involvement. These challenges are especially pronounced during transition points, such as release from custody, when individuals may be at increased risk for relapse, housing instability, and disengagement from services. In Howard County, capacity for intensive, individualized case management remains limited, particularly for individuals with complex needs, including co-occurring disorders, chronic homelessness, or repeated justice system involvement. The county does not have a centralized intake process for case management, and no adult case management providers are currently available within the county. This creates a significant navigation gap for families and community members seeking to connect individuals to appropriate supports. While Howard County has established efforts to connect individuals to services before release, limited case management capacity within the detention center and the occurrence of unplanned or expedited releases can make consistent linkage to community-based services challenging. Stakeholders also noted that community-based support systems may not always have the capacity to maintain these connections over time. Strengthening the continuity between pre-release planning and community-based care, including through effective warm handoffs, is essential to promoting stability and long-term positive outcomes. Opportunities include leveraging existing programs and exploring evidence-based models that prioritize intensive case management and reentry support, such as Forensic Assertive Community Treatment (FACT) and other high-touch service delivery approaches. The county may also benefit from investing in data-sharing infrastructure and formalizing cross-agency partnerships to improve coordination and reduce gaps during critical transition points.
3. **Establish a mental health court.** (24 votes) Howard County is in the planning phase of establishing a mental health court, coordinating closely with the Executive Director of Problem Solving Courts in Maryland and relevant staff. Mental health courts divert eligible individuals away from traditional court processing and into structured treatment and supervision, addressing underlying mental health conditions while reducing recidivism and improving long-term outcomes. Establishing the court will require a multidisciplinary team, including a judge, representatives from the defense bar and State's Attorney's Office, probation/parole officers, case managers, and mental health system representatives. A strong proposal supported by data demonstrating the need to establish the court will also be essential. To address challenges in releasing individuals who are incompetent but not dangerous without sufficient support, stakeholders propose that the court operate through two pathways: (1) participants who meet the standard eligibility criteria for mental health

court, and (2) individuals found incompetent but not dangerous who are released with structured community supports designed to prevent deterioration, mitigate risk, and address emerging needs before they escalate. By integrating these dual pathways and coordinating closely across the judiciary, community providers, and behavioral health services, the court can provide timely, targeted support, helping participants stabilize, remain engaged in care, and successfully reintegrate into the community.

4. Provide essential items to individuals upon release from detention. (14 votes) Ensuring that individuals leaving detention have access to basic necessities is a critical component of successful reentry and stabilization. Many individuals are released without essential items such as clothing or phones, which can create immediate barriers to connecting with services, securing employment, and maintaining communication with case managers or family supports. Clothing, in particular, was noted as a consistent and urgent need in Howard County. Stakeholders noted that Tuerk House has allocated funding to provide essential items to individuals upon release, offering an immediate opportunity to improve the reentry experience and reduce potential setbacks. Expanding and coordinating this support across the detention center and community-based providers can ensure that all individuals have access to the items needed to safely and successfully transition back into the community. By prioritizing immediate material needs alongside broader case management and support efforts, Howard County can reduce initial barriers to engagement, strengthen reentry outcomes, and foster a more supportive environment for recovery and reintegration.
5. Develop and implement a centralized hub of in-county wrap-around services. (6 votes) Howard County stakeholders highlighted a significant gap in local behavioral health services, particularly for mental health supports and individuals who prefer non-English services. Currently, many individuals are referred to providers outside the county, creating barriers to access and continuity of care. In response, stakeholders emphasized the importance of both expanding services within the county and creating a centralized hub that brings these supports together in a coordinated, accessible location. A centralized hub could function as a “one-stop shop,” providing a range of wrap-around services under one roof for individuals receiving pretrial supervision, community supervision, or other county-supported programs. Models from other jurisdictions offer useful guidance: in St. Mary’s County, a monthly initiative at the Community Corrections Center gathers essential services to support individuals under supervision, while the county’s Health Hub provides a centralized location offering crisis walk-in support, substance use testing, HIV and COVID testing, expanded lab access, adolescent mental health services via school-based health centers, and social wellness activities delivered through community partners. By first expanding in-county services and then creating a centralized hub, whether through scheduled service days or

co-location, Howard County can reduce barriers, increase equity, and create a more person-centered system of care. Site visits and stakeholder engagement with counties using similar models could help inform the design and implementation of the hub.

6. Expand equitable access to behavioral health services for communities with non-English language preferences. **(6 votes)** Howard County stakeholders report a growing number of individuals with diverse language preferences entering the behavioral health and criminal legal systems. When efforts are made to divert or connect these individuals to treatment, there are often no in-county services available in their preferred language, resulting in referrals outside the county and creating barriers to access and continuity of care. While LanguageLine services and some bilingual staff are available in different parts of the system, capacity remains insufficient to meet the demand, particularly in community-based programs. To address this gap, the county could expand bilingual staffing, increase culturally and linguistically appropriate service offerings, and strengthen interpretation and translation supports across detention and community-based services. Ensuring access to these services at key points, such as intake, pretrial supervision, treatment engagement, and reentry planning, can improve engagement, promote stabilization, and reduce disparities for non-English language-preferred individuals. By prioritizing equitable access to behavioral health services, Howard County can better serve all residents, improve diversion and treatment outcomes, and support successful reintegration into the community.
7. Expand access to and recognition of identity documentation for returning residents. **(5 votes)** Identity documentation is a significant barrier for individuals leaving the criminal legal system, a challenge recognized statewide. In Howard County, stakeholders noted that a lack of identification can impede access to housing, employment, benefits, and community-based services, creating unnecessary setbacks during reentry. Howard County Detention Center has implemented a reentry ID to help address this barrier; as detailed in the [“Intercepts 4 and 5 Resources”](#) section, the reentry ID also serves as a local bus pass for the first 60 days following release. While many organizations recognize this ID, it is not universally accepted; for example, the Motor Vehicle Administration (MVA) does not accept it as a viable form of identification. To address this gap, stakeholders should prioritize expanding recognition of the reentry ID among key local agencies as a near-term solution, while also collaborating with the MVA and community-based organizations to streamline access to state-issued identification through pre-release enrollment, document navigation support, and policy alignment. Innovative collaboration strategies to expand access to state IDs exist across the country. The U.S. [Department of Transportation’s Leading Practices Toolkit Concerning Government-Issued Identification for Formerly Incarcerated Individuals](#) provides examples of interagency approaches, including DMV services inside correctional facilities and mobile DMV units; some of these strategies are implemented at a local level

and are even self-funded. These efforts aim to reduce reentry barriers and increase the number of returning residents who possess valid identification upon release.



QUICK FIXES AND LOW-HANGING FRUIT

While most priorities identified during a sequential intercept model mapping workshop require significant planning and resources to implement, some actions can be categorized as either quick fixes or low-hanging fruit. Quick fixes are changes that can be implemented immediately and result in an observable reduction in gaps or barriers right away. Low-hanging fruit refers to efforts that require minimal investment of time and little, if any, financial resources, and may serve as early or foundational steps that support or enable more complex, higher-effort initiatives. Nonetheless, both quick fixes and low-hanging fruit can significantly impact the trajectories of people with behavioral health needs in the justice system.

1. The workshop created several opportunities for resource promotion. Early in the workshop, for example, the discussion about the St. Vincent de Paul Society's partnerships and activities allowed participants to engage in real time while highlighting the importance of reliable resource directories and referral pathways. Later, dialogue on the library's emerging role as a hub for community outreach reinforced the value of leveraging existing resources and partnerships for maximum impact.
2. The workshop also provided opportunities to share updates and clarify ongoing collaborative efforts among key community partners. For example, discussion of voluntary diversion of non-emergency mental health 911 calls to Grassroots counselors prompted consideration of EMS's role and the potential for an MOU to streamline coordination between police, EMS, and crisis providers. Later, during discussion of coordination strategies supporting transitions from the local detention center to community supervision, partners emphasized the importance of integrating peers into regular meetings and agreed on immediate implementation.

Discussion of comprehensive, coordinated interdisciplinary education generated several actionable ideas. The topic of voluntary flagging as a personal and community safety strategy led to suggestions for enhancing outreach through a coordinated education campaign involving peer-led organizations, healthcare providers, crisis services, law enforcement, and the courts. Finally, discussion of the emergency petition process underscored a two-prong approach: immediately providing a blank continuation sheet to all court petitioners to encourage more detailed and complete statements, while also pursuing longer-term professional and public education on legal and procedural requirements.



PARKING LOT

Some gaps identified during the sequential intercept model mapping are too large or in-depth to address during the workshop. Given the importance of these concerns, however, they are included in the report to inform future strategic planning at the local and statewide levels.

1. Address the lack of suitable, affordable housing: Despite being highlighted as a county priority, systemic barriers persist that the county cannot address alone. Restrictive voucher requirements, a statewide shortage of supportive housing, and stringent certification standards for recovery housing continue to limit access. Reducing these barriers could accelerate progress on local strategies, but overcoming them will likely require coordinated advocacy and policy action at the state and federal levels.
2. Expand housing options for individuals with behavioral health needs to reduce interruptions in treatment progression: Current capacity limitations and misunderstandings among providers and consumers alike are creating critical gaps in the continuum of care, preventing individuals from transitioning smoothly between levels of treatment. Without sufficient step-up and step-down residential rehabilitation program (RRP) beds and long-term adult living facilities, individuals often remain in higher or lower levels of care longer than clinically appropriate, disrupting treatment momentum and delaying recovery progress. While prolonged RRP stays may appear stabilizing, they can also make eventual transitions to independent living more challenging and increase risk of relapse. These bottlenecks reduce access for individuals awaiting placement and strain staff and program resources. In addition, rigid regulatory requirements and narrowly defined level-of-care criteria can unintentionally restrict flexibility in placement decisions, further contributing to delays. As a result, treatment pathways become fragmented and inconsistent, negatively affecting outcomes and overall system efficiency. Expanding housing options and improving the

availability of step-up and step-down placements would support smoother transitions, preserve bed capacity, and ensure individuals receive the appropriate level of care at the appropriate time.

RESOURCES

LOCAL RESOURCES

Community Services

- Accessible Resources for Independence: <https://arinow.org/>
- Arc of Howard County: <https://archoward.org/resources-for-people-supported/>
- Boards & Commissions: <https://www.howardcountymd.gov/boards-commissions>
- Bridges to Housing Stability: <http://www.bridges2hs.org/>
- Bureau of Behavioral Health Staff Directory:
<https://www.howardcountymd.gov/sites/default/files/2024-08/BBH%20Staff%20and%20Services%20Chart%20FINAL%20082124.pdf>
- Care App: <https://findhcreources.org/>
- Coalition to End Homelessness:
<https://www.howardcountymd.gov/housing-community-development>
- Community Action Council of Howard County: <https://cac-hc.org/>
- Directory of Howard County Behavioral Health Services:
<https://www.howardcountymd.gov/health/resource/behavioral-health-services-directory-0>
- Department of Community Resources and Services:
<https://www.howardcountymd.gov/Departments/Community-Resources-and-Services>
- Department of Housing and Community Development:
<https://www.howardcountymd.gov/housing-community-development>
- Feed HoCo: <https://www.feedhoco.org/>
- Fueling Dragons Food Pantry:
<https://www.howardcc.edu/services--support/basic-needs-and-emergency-support/food-resources-fueling-dragons/>
- FISH of Howard County: <https://fishhowardcounty.org/%3Emission%2C-irs-status>
- Grassroots Crisis Intervention: <https://grassrootscrisis.org/>
- Hart to Heart: <https://h2htransportation.com/advantage/>
- HoCo RapidRide: <https://city.ridewithvia.com/rapidride>
- HOFFA Foundation: <https://www.hoffafoundation.org/>
- HopeWorks of Howard County: <https://hopeworksofhc.org/>
- Howard County Criminal Justice Behavioral Health Services:
<https://www.howardcountymd.gov/health/criminal-justice-behavioral-health-services>
- Howard County Department of Social Services:
<https://dhs.maryland.gov/local-offices/howard-county/>

- Howard County Food Bank: <https://cac-hc.org/food-assistance/>
- Howard County Food Pantries & Hot Meals Brochure: <https://www.hclhic.org/Content/Upload/page/b722c168-5f95-4da6-b54f-bdf25e905c10.pdf>
- Howard County MultiService Center: <https://www.howardcountymd.gov/office-local-childrens-board/multiservice-center>
- Howard County Office on Aging and Independence: <https://www.howardcountymd.gov/aging-independence>
- Howard County Office of Disability Services: <https://www.howardcountymd.gov/disability-services>
- Howard County Office of Veterans and Military Families: <https://www.howardcountymd.gov/veterans-military-families>
- James' Place Inc: <https://jamesplaceinc.org/>
- PFLAG (Parents, Families, and Friends of Lesbians and Gays) Howard County: <https://pflaghoco.org/>
- Medical Assistance Transportation Program: <https://www.howardcountymd.gov/health/medical-assistance-transportation>
- Neighbor Ride: <https://neighborride.org/>
- Regional Transportation Agency of Central Maryland: <https://www.transitrt.com/>
- Regional Transportation Agency of Central Maryland System Map: https://www.transitrt.com/wp-content/uploads/2026/02/BORK_RTA_SYSTEM_MAP_UPDATED_2-2-2026_E-use-this-for-final.pdf
- RTA Mobility: https://www.transitrt.com/ada_gpt/
- Sheppard Pratt's Transition-Aged Youth and Young Adults Program: <https://www.sheppardpratt.org/care-finder/psychiatric-rehabilitation-day-programs/>
- St. Vincent de Paul [Society] Resurrection St. Paul Conference: <https://www.resurrectionmd.org/svdp>
- United Way of Central Maryland: <https://uwcm.org/>
- Veterans resources in Columbia: <https://findhcreources.org/search/text?term=veterans&postal=21044&language=en>

Data Collection and Sharing

- Howard County Open Data Portal: <https://opendata.howardcountymd.gov/>

First Responders

- Howard Community College Department of Public Safety: <https://www.howardcc.edu/services--support/public-safety/>

- Howard County Department of Fire and Rescue Services: <https://www.howardcountymd.gov/fire-and-rescue-services>
- Howard County Police Department: <https://www.howardcountymd.gov/police/about-us>
- Howard County Sheriff's Office: <https://www.howardcountymd.gov/sheriffs-office>
- Maryland State Police Barrack A: <https://mdsp.maryland.gov/Organization/Pages/FieldOperationsBureau/BarrackAWaterloo.aspx>

Peer Support Services

- District 7 Area 29 of Alcoholics Anonymous: <https://www.howardcoaa.org/>
- NAMI Howard County: <https://namihowardcountymd.org/>
- Narcotics Anonymous Chesapeake & Potomac Region: <https://www.cprna.org/na-meetings/>
- On Our Own of Howard County Inc: <https://namihowardcountymd.org/>

Reentry

- MCRC (Mediation and Conflict Resolution Center) Howard: <https://www.mcrchoward.org/>

STATE RESOURCES

- Autism Society of Maryland. (n.d.). <https://autismsocietymd.org/>
- Governor's Office of Crime Prevention and Policy. (2025). *Centers of Excellence*. <https://gocpp.maryland.gov/centers-of-excellence/>
- Kahlert Foundation. (n.d.). <https://www.thekahlertfoundation.org/>
- Maryland Coalition of Families. (2025). <https://www.mdcoalition.org/>
- Maryland Courts. (2018). *Extreme risk protective orders*. <https://mdcourts.gov/district/ERPO>
- Maryland Department of Education Division of Rehabilitation Services. (n.d.) *About DORS*. <https://dors.maryland.gov/consumers/Pages/about.aspx>
- Maryland Department of Health. (n.d.). *Maryland's Commitment to Veterans*. <https://health.maryland.gov/bha/veterans/pages/home.aspx>
- Maryland Department of Health, Behavioral Health Administration. (2016). *BHA continuum of care policy and procedure manual*. [https://health.maryland.gov/bha/Documents/CoC%20Policy%20and%20Procedure%20Manual rev 2 8 17.pdf](https://health.maryland.gov/bha/Documents/CoC%20Policy%20and%20Procedure%20Manual%20rev%202%208%2017.pdf)

- Maryland Department of Health, Maryland Medicaid Administration (n.d.). *Collaborative Care Model Provider Information*.
<https://health.maryland.gov/mmcp/Pages/Collaborative-Care-Providers.aspx>
- Maryland Department of Health and Mental Hygiene (DHMH). (2007). *Rights of persons in Maryland's psychiatric facilities*.
<https://health.maryland.gov/bha/Documents/Rights%20of%20Persons%20in%20Maryland%27s%20Psychiatric%20Facilities%20Handbook%20rotate.pdf>
- Maryland Department of Human Services Office of Adult Services. (2025). *Project Home*.
<https://dhs.maryland.gov/office-of-adult-services/project-home/>
- Maryland Department of Labor. (2018). *Federal bonding program*.
<https://labor.maryland.gov/employment/wdfedbondingflyer.pdf>
- Maryland Department of Labor. (2024). *Transitioning home*.
<https://www.labor.maryland.gov/employment/wdtransitioningflyer.pdf>
- Maryland Department of Public Safety and Correctional Services. (n.d.) *Reentry resources*. <https://mce.md.gov/Reentry>
- Maryland Department of Veterans Affairs. (n.d.). *Veterans*.
<https://veterans.maryland.gov/>
- Maryland Insurance Administration. (n.d.). *Health Coverage Assistance Team*.
<https://insurance.maryland.gov/Consumer/Pages/Health-Coverage-Assistance-Team.aspx>
- Maryland Judiciary. (2022). *Petition for Emergency Evaluation (Maryland Code, Health General Article § 10-620 et seq.)*.
<https://www.courts.state.md.us/sites/default/files/court-forms/courtforms/joint/ccdc013.pdf/ccdc013.pdf>
- Maryland Legal Aid. (2023). <https://www.mdlab.org/>
- Maryland Reentry Navigator program:
<https://labor.maryland.gov/employment/wdtransitioningflyer.pdf>
- NAMI Maryland. (2024). <http://namimd.org/>
- On Our Own of Maryland Inc. (2024). <https://www.onourownmd.org/s/>
- Parents' Place of Maryland. (2026). <https://www.ppmmd.org/>
- Sheppard Pratt. (2023). *Assertive community treatment (ACT)*.
<https://www.sheppardpratt.org/care-finder/assertive-community-treatment-act/>
- Sklar, J. (2022). *Maryland launches new program to help reduce suicides for veterans*. State of Reform.
<https://stateofreform.com/news/2022/12/maryland-launches-new-program-to-help-reduce-suicides-for-veterans/>

NATIONAL RESOURCES

Assisted Outpatient Treatment

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

Brain Injury

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

Competence Evaluation and Restoration

- Finkle, M., Kurth, R., Cadle, C., and Mullan, J. (2009). Competency courts: A creative solution for restoring competency to the competency process. *Behavioral Science and the Law*, 27, 767-786.
<http://onlinelibrary.wiley.com/doi/10.1002/bsl.890/abstract;jsessionid=5A8F5596BB486AC9A85FDFBEF9DA071D.f04t04>
- Policy Research Associates. (2023). *Competence to stand trial*.
<https://www.prainc.com/competence/>
- Policy Research Associates. (2020). *Quick fixes for effectively dealing with persons found incompetent to stand trial*.
<https://www.prainc.com/wp-content/uploads/2020/09/ISTRebrand-508.pdf> Original work published 2007)

Crisis Care, Crisis Response, and Law Enforcement

- Abt Associates. (2020). *A guidebook to reimagining America's crisis response systems*.
https://www.abtassociates.com/files/Projects/PDFs/2020/reimagining-crisis-response_20200911-final.pdf
- Bureau of Justice Assistance. (n.d.). *Police-mental health collaboration toolkit*.
<https://bja.ojp.gov/program/pmhc>

- Cordico. (2023). *Wellness apps*. <https://www.cordico.com/>
- Center for American Progress. (2020). *The community responder model: How cities can send the right responder to every 911 call*.
<https://www.americanprogress.org/issues/criminal-justice/reports/2020/10/28/492492/community-responder-model/>
- Crisis Intervention Team International. (2019). *Crisis intervention team (CIT) programs: A best practice guide for transforming community responses to mental health crises*.
<http://citinternational.org/Sys/Store/Products/20523>
- International Association of Chiefs of Police. (n.d.). *One Mind Campaign: Enhancing law enforcement engagement with people in crisis, with mental health disorders and/or developmental disabilities*. <https://www.theiacp.org/projects/one-mind-campaign>
- International Association of Chiefs of Police. (2016). *Improving police response to persons affected by mental illness: Report from March 2016 IACP Symposium*.
<https://www.theiacp.org/sites/default/files/all/i-j/ImprovingPoliceResponsetoPersonswithMentalIllnessSummaryGuide.pdf>
- National Association of State Mental Health Program Directors. (n.d.). *Crisis Now: Transforming crisis services*. <https://crisisnow.com/>
- National Association of Counties. (2010). *Crisis care services for counties: Preventing individuals with mental illnesses from entering local corrections systems*.
https://www.uwgb.edu/UWGBCMS/media/bhttp/files/Crisis_Care_in_CJ.pdf
- Open Society Foundations. (2018). *Police and harm reduction*.
<https://www.opensocietyfoundations.org/uploads/0f556722-830d-48ca-8cc5-d76ac2247580/police-harm-reduction-20180720.pdf>
- Optum. (2015). *In Salt Lake County, Optum enhances jail diversion initiatives with effective crisis programs*.
https://www.optum.com/content/dam/optum3/optum/en/resources/white-papers/8782_GOV_SLCCountyJailDiversion_Final_HR.pdf
- Policy Research Associates and the National League of Cities. (2020). *Responding to individuals in behavioral health crisis via co-responder models: The roles of cities, counties, law enforcement, and providers*.
<https://www.prainc.com/wp-content/uploads/2020/03/RespondingtoBHCrisisviaCRModels.pdf>
- R Street. (2019). *Statewide policies relating to pre-arrest diversion and crisis response*.
<https://www.rstreet.org/wp-content/uploads/2019/10/Final-187.pdf>
- Substance Abuse and Mental Health Services Administration. (2014). *Crisis services: Effectiveness, cost-effectiveness, and funding strategies*.
<https://store.samhsa.gov/product/Crisis-Services-Effectiveness-Cost-Effectiveness-and-Funding-Strategies/sma14-4848>

- Substance Abuse and Mental Health Services Administration. (2019). *Tailoring crisis response and pre-arrest diversion models for rural communities*. https://store.samhsa.gov/product/Tailoring-Crisis-Response-and-Pre-Arrest-Diversion-Models-for-Rural-Communities/PEP19-CRISIS-RURAL?referer=from_search_result
- Substance Abuse and Mental Health Services Administration. (2020). *National guidelines for behavioral health crisis care: Best practice toolkit*. <https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf>
- Urban Institute. (2020). *Alternatives to arrests and police responses to homelessness: Evidence-based models and promising practices*. <https://www.urban.org/research/publication/alternatives-arrests-and-police-responses-homelessness>
- Vera Institute of Justice. (2020). *Behavioral health crisis alternatives: Shifting from policy to community responses*. <https://www.vera.org/behavioral-health-crisis-alternatives>

Housing

- Alliance for Health Reform. (2015). *The connection between health and housing: The evidence and policy landscape*. https://www.allhealthpolicy.org/wp-content/uploads/2017/01/Health-and-Housing-Toolkit_168.pdf
- Community Solutions. (2023). *Built for Zero*. <https://community.solutions/built-for-zero/the-movement/>
- Corporation for Supportive Housing. (2022). *Guide to the frequent users systems engagement (FUSE) model*. <https://www.csh.org/fuse/>
- Corporation for Supportive Housing. (2022). *NYC frequent user services enhancement – ‘fuse’ initiative – evaluation report*. https://www.csh.org/wp-content/uploads/2014/01/FUSE-Eval-Report-Final_Linked.pdf
- Corporation for Supportive Housing. (2014). *Housing is the best medicine: Supportive housing and the social determinants of health*. http://www.csh.org/wp-content/uploads/2014/07/SocialDeterminantsofHealth_2014.pdf
- Economic Roundtable. (2013). *Getting home: Outcomes from housing high cost homeless hospital patients*. <http://economicrt.org/publication/getting-home/>
- Substance Abuse and Mental Health Services Administration. (2015). *TIP 55: Behavioral health services for people who are homeless*. <https://store.samhsa.gov/product/TIP-55-Behavioral-Health-Services-for-People-Who-Are-Homeless/SMA15-4734>

- Urban Institute. (2012). *Supportive housing for returning prisoners: Outcomes and impacts of the Returning Home-Ohio pilot project*. <https://www.urban.org/research/publication/supportive-housing-returning-prisoners-outcomes-and-impacts-returning-home-ohio-pilot-project>
- Substance Abuse and Mental Health Services Administration. (n.d.). *Homelessness programs and resources*. <https://www.samhsa.gov/homelessness-programs-resources>
- State of Hawaii Office on Homelessness and Housing Solutions (OHHS). *100,000 Homes: Housing First self-assessment*. <https://homelessness.hawaii.gov/wp-content/uploads/2015/10/Housing-First-Self-Assessment-Tool-FINAL1.pdf>
- U.S. Department of Housing and Urban Development. (2024). *Continuum of Care Program*. https://www.hud.gov/program_offices/comm_planning/coc

Information Sharing/Data Analysis and Matching

- American Probation and Parole Association. (2014). *Corrections and reentry: Protected health information privacy framework for information sharing*. <http://www.appa-net.org/eweb/docs/APPA/pubs/CRPHIPFIS.pdf>
- Council of State Governments Justice Center. (2010). *Information sharing in criminal justice-mental health collaborations: Working with HIPAA and other privacy laws*. <https://csgjusticecenter.org/publications/information-sharing-in-criminal-justice-mental-health-collaborations/>
- Data-Driven Justice Initiative. (2016). *Data-driven justice playbook: How to develop a system of diversion*. <https://www.naco.org/resources/data-driven-justice-playbook>
- Legal Action Center. (2020). *Sample consent forms for release of substance use disorder patient records*. <https://www.lac.org/resource/sample-forms-regarding-substance-use-treatment-confidentiality>
- Substance Abuse and Mental Health Services Administration. (2019). *Data collection across the sequential intercept model: Essential measures*. <https://store.samhsa.gov/product/data-collection-across-the-sequential-intercept-model-sim-essential-measures/PEP19-SIM-DATA>
- Substance Abuse and Mental Health Services Administration. (2018). *Crisis intervention team (CIT) methods for using data to inform practice: A step-by-step guide*. <https://store.samhsa.gov/product/Crisis-Intervention-Team-CIT-Methods-for-Using-Data-to-Inform-Practice/SMA18-5065>

- The Council of State Governments Justice Center. (2011). *Ten-step guide to transforming probation departments to reduce recidivism*.
<https://csgjusticecenter.org/publications/ten-step-guide-to-transforming-probation-departments-to-reduce-recidivism/>
- The People’s Law Library of Maryland. (n.d.). *Legal Services Directory*. Thurgood Marshall State Law Library.
<https://www.peoples-law.org/directory?combine=&county=69&services=All>.
- Urban Institute. (2013). *Justice reinvestment at the local level: Planning and implementation guide*.
<https://www.urban.org/sites/default/files/publication/24076/412930-Justice-Reinvestment-at-the-Local-Level-Planning-and-Implementation-Guide-Second-Edition.PDF>
- Vera Institute of Justice. (2012). *Closing the gap: Using criminal justice and public health data to improve identification of mental illness*.
<https://www.vera.org/publications/closing-the-gap-using-criminal-justice-and-public-health-data-to-improve-the-identification-of-mental-illness>

Information/Services for Incarcerated Individuals

- U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance. (2023). Guidelines for managing substance withdrawal in jails.
https://www.cossup.org/Content/Documents/JailResources/Guidelines_for_Managing_Substance-Withdrawal_in_Jails.pdf
- NAMI California. (2020). *Arrest guides and medication forms*.
<https://namica.org/resources/arrest-guides-medication-forms/>
- NAMI California (2020). *Inmate mental health information forms*.
<https://namica.org/resources/inmate-mental-health-information-forms/>
- R Street. (2020). *How technology can strengthen family connections during incarceration*.
<https://www.rstreet.org/wp-content/uploads/2020/09/Fina-No-203-Family-connections-in-incarceration.pdf>
- National Institute of Corrections. (n.d.). *Thinking for a Change*.
<https://nicic.gov/resources/resources-topics-and-roles/topics/thinking-change>
- Urban Institute. (2018). *Strategies for connecting justice-involved populations to health coverage and care*.
https://www.urban.org/sites/default/files/publication/97041/strategies_for_connecting_justice-involved_populations_to_health_coverage_and_care.pdf

Mental Health, Behavioral Health & Co-Occurring Disorders

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

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

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

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

Mental Health First Aid

- Gorman, C. D. (2022). *Mental Health First Aid: Assessing the evidence for a public health approach to mental illness*. Manhattan Institute. <https://media4.manhattan-institute.org/sites/default/files/Gorman-Mental-Health-First-Aid.pdf>
- Illinois General Assembly. (2013). *Public Act 098-0195: Illinois Mental Health First Aid Training Act*. <http://www.ilga.gov/legislation/publicacts/fulltext.asp?Name=098-0195>

- National Council for Mental Wellbeing. (2023). *Mental Health First Aid*.⁶¹ <http://www.mentalhealthfirstaid.org/cs/>
- Mental Health First Aid. (n.d.). *Mental Health First Aid for Public Safety*. Sheppard Pratt. <https://www.sheppardpratt.org/files/resources/mental-health-first-aid-public-safety-on-e-pager.pdf>

Peer Support/Peer Specialists

- Center for Psychiatric Rehabilitation. *The impact of Covid-19 on peer support specialists: Findings from a national survey*. <https://cpr.bu.edu/research/effects-of-the-covid-pandemic-on-peer-specialists/>
- George, K. (2022). *Peer support specialists: Connections to mental health care*. National Conference of State Legislatures. <https://www.ncsl.org/news/details/peer-support-specialists-connections-to-mental-health-care>
- Mental Health Association of Nebraska. (2024). *MHA reentry programs: Honu Home*.⁶² <https://mha-ne.org/programs-services/honu.html>
- Mental Health Association of Nebraska. (2024). *Programs and services: Keya House*.⁶³ <https://mha-ne.org/programs-services/keya.html>
- Mental Health Association of Nebraska. (2024). *Programs and services: The REAL Referral Program*.⁶⁴ <https://mha-ne.org/programs-services/real-program.html>
- Philadelphia Department of Behavioral Health and Intellectual Disability Services and Achara Consulting Inc. (2017). *Peer support toolkit*. <https://dbhids.org/peer-support-toolkit/>
- Policy Research Associates. (2020). *Peer support roles across the sequential intercept model*. <https://www.prainc.com/resource-library/peer-support-roles-sim/>
- Poremski, D., Kuek, J. H. L., Yuan, Q., Li, Z., Yow, K. L., Eu, P. W., & Chua, H. C. (2022). The impact of peer support work on the mental health of peer support specialists. *International Journal of Mental Health Systems*, 16(51). <https://doi.org/10.1186/s13033-022-00561-8>
- Smart Recovery USA. (2025). Meetings. <https://smartrecovery.org/meeting>

⁶¹ Mental Health First Aid is a skills-based training course that teaches participants about mental health and substance-use issues.

⁶² Honu Home is a peer-operated respite for individuals coming out of prison or on parole or state probation.

⁶³ Keya House is a four-bedroom house for adults with mental health and/or substance use issues, staffed with peer specialists.

⁶⁴ The REAL Referral Program works closely with law enforcement officials, community corrections officers, and other local human service providers to offer diversion from higher levels of care and to provide a recovery model form of community support with the help of trained peer specialists.

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

Pretrial/Arraignment Diversion

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

Procedural Justice

- American Bar Association. (2016). *Criminal justice standards on mental health*.
https://www.americanbar.org/content/dam/aba/publications/criminal_justice_standards/mental_health_standards_2016.authcheckdam.pdf

- Chintakrindi, S., Upton, A., Louison, A.M., Case, B., & Steadman, H. (2013). *Transitional case management for reducing recidivism of individuals with mental disorders and multiple misdemeanors*.
<https://ps.psychiatryonline.org/doi/full/10.1176/appi.ps.201200190>
- National Institute of Justice. (2011). *Program profile: Hawaii Opportunity Probation with Enforcement (HOPE)*.⁶⁵
[https://crimesolutions.ojp.gov/ratedprograms/49#:~:text=Hawaii%20Opportunity%20Pr obation%20with%20Enforcement%20\(HOPE\)%2C%20or%20Hawaii%20HOPE,use%2C%20Recidivism%2C%20and%20incarceration.](https://crimesolutions.ojp.gov/ratedprograms/49#:~:text=Hawaii%20Opportunity%20Pr obation%20with%20Enforcement%20(HOPE)%2C%20or%20Hawaii%20HOPE,use%2C%20Recidivism%2C%20and%20incarceration.)

Racial Equity and Disparity

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

Reentry

- Antenangeli, L., & Durose, M. R. (2021). *Recidivism of Prisoners Released in 24 States in 2008: A 10-Year Follow-Up Period (2008–2018)* (NCJ 256094). U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.
<https://bjs.ojp.gov/library/publications/recidivism-prisoners-released-24-states-2008-10-year-follow-up-period-2008-2018>
- Community Oriented Correctional Health Services (COCHS). (2014). *Technology and continuity of care: Connecting justice and health [nine case studies]*.
<https://cochs.org/files/health-it-hie/nine-case-studies.pdf>
- Reentry Coordination Council. (2022). *Coordination to reduce barriers to reentry: lessons learned from COVID-19 and beyond*.
<https://www.justice.gov/opa/press-release/file/1497911/download>
- Substance Abuse and Mental Health Services Administration. (2017). *Guidelines for the successful transition of people with behavioral health disorders from jail and prison*.
<https://store.samhsa.gov/product/Guidelines-for-Successful-Transition-of-People-with-Mental-or-Substance-Use-Disorders-from-Jail-and-Prison-Implementation-Guide/SMA16-4998>

⁶⁵ HOPE is a community supervision strategy for probationers with substance use disorders, particularly those who have long histories of drug use and involvement with the criminal legal system and are considered at high risk of failing probation or returning to prison.

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

Screening and Assessment

- American Society of Addiction Medicine (ASAM). (2023). *ASAM Criteria: Free paper-based ASAM criteria assessment interview guide*.
<https://www.asam.org/asam-criteria/criteria-intake-assessment-form>
- Desmarais, S. L., & Lowder, E. M. (2019). *Pretrial risk assessment tools: A primer for judges, prosecutors, and defense attorneys*. Safety + Justice Challenge.
<https://www.safetyandjusticechallenge.org/wp-content/uploads/2019/02/Pretrial-Risk-Assessment-Primer-February-2019.pdf>
- Multi-Health Systems (MHS). (2004). *Level of Service/Case Management Inventory (LSCMI) brochure*.
https://www.assessments.com/assessments_documentation/LSCMI_Tech_Brochure.pdf

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

Sequential Intercept Model

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

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

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

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

Training

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

Transition-Aged Youth

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

Transportation

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

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

Trauma and Trauma-Informed Care

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

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

Veterans

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

APPENDIX A

Workshop Agenda

Time	Item	Lead
8:30 a.m. - 8:45 a.m.	Welcoming and Opening Remarks	Planning Group
8:45 a.m. - 9:00 a.m.	Overview of the Sequential Intercept Model	Centers of Excellence
9:00 a.m. - 10:00 a.m.	Intercept 0 and 1: Resources and Gaps	Facilitators
10:00 a.m. - 10:15 a.m.	Break	All
10:15 a.m. - 11:15 a.m.	Intercept 2 and 3: Resources and Gaps	Facilitators
11:15 a.m. - 11:30 a.m.	Break	All
11:30 a.m. - 12:30 p.m.	Intercept 4 and 5: Resources and Gaps	Facilitators
12:30 p.m. - 1:30 p.m.	Lunch	All
1:30 p.m. - 2:00 p.m.	Review of Gaps, Low-Hanging Fruit, and Parking Lot Items	Facilitators
2:00 p.m. - 3:00 p.m.	Identify Priorities	Centers of Excellence
3:00 p.m. - 3:30 p.m.	Vote on Priorities for Change	All
3:30 p.m. - 4:00 p.m.	Next Steps and Adjournment	Centers of Excellence

entire page
should be completed,
signed and dated.

APPENDIX B

Sample Emergency Petition



☐ CIRCUIT COURT ☐ DISTRICT COURT OF MARYLAND FOR

Howard County
City/County

Located at

Court Address

Case No.

In the Matter of

PETITION FOR EMERGENCY EVALUATION

(Maryland Code, Health-General Article § 10-620 et seq.)

The Petitioner, _____, requests that this Court order an
emergency evaluation of _____ and
in support of this Petition states as follows:

1. Petitioner: Address _____
Cell Phone/Pager # _____ Home Phone _____ Work Phone _____
Relationship to or interest in evaluatee _____
2. Evaluatee: Address _____ DOB _____
Sex _____ Race _____ Ht. _____ Wt. _____ Hair _____ Eyes _____ Complexion _____
Driver's License No. _____ Other _____
3. If not Petitioner, name of spouse, child, parent, or other relative, or other individual interested in the evaluatee:
Name _____ Relationship _____
Address _____
Home Phone _____ Work Phone _____
4. A petition for emergency evaluation of the evaluatee was filed previously on _____
and was ☐ granted ☐ denied. Date(s) _____
5. The evaluatee has been hospitalized in the past at the following facilities:

Where	Where	Diagnosis
When	Where	Diagnosis

6. The evaluatee currently is receiving psychiatric treatment from:

Name	Address	Phone
Name	Address	Phone

7. The evaluatee has been prescribed the following medication for his/her mental disorder: _____
8. The evaluatee ☐ is ☐ is not taking the medication as prescribed OR ☐ I do not know whether the evaluatee is taking medication as prescribed.
9. The evaluatee is demonstrating the following behavior that leads me to conclude that he/she currently has a mental disorder: _____

10. The evaluatee presents a danger to the life or safety of the evaluatee or others because: _____

11. The evaluatee has access to the following firearms/weapons: _____

I hereby certify and declare under the penalties of perjury that the matters and facts stated in this Petition are true to the best of my knowledge, information, and belief.

TO THE PETITIONER: You may be required to appear before the Court. If an evaluation is ordered, it would be helpful if you could accompany the evaluatee to the emergency facility and provide facility authorities with all information that is pertinent to this Petition. A petitioner who, in good faith and with reasonable grounds, submits or completes the petition for emergency evaluation is not civilly or criminally liable for submitting or completing the petition.

If applicable,
this should be
completed

ENDORSEMENT AND ORDER

In the matter of the emergency evaluation of _____
(Case No. _____), the Petitioner having presented to the Court and the Court having reviewed the Petition and considered all pertinent data presented, the Court:

- ☐ Finds probable cause to believe that the named individual (evaluee) has shown the symptoms of a mental disorder and presents a danger to the life or safety of the evaluee or others and, therefore, ORDERS that any peace officer take into custody and transport the evaluee to the nearest emergency facility, for examination by a physician within six hours after arrival at the facility and, if in the physician's opinion necessary, for emergency care and treatment; provided that the facility may not keep the evaluee for more than 30 hours under this Order but is not precluded from voluntary or involuntary admission in accordance with Maryland Code, Health-General Article.
- ☐ Denies the Petition, finding no probable cause.

Date

Judge

Maryland Code, Health-General Article §§ 10-622 and 10-624 provide as follows:

A. Duties of Peace Officer

1. Caution to Petitioner. A peace officer shall explain to a physician, psychologist, clinical social worker, licensed clinical professional counselor, clinical nurse specialist in psychiatric and mental health nursing, psychiatric nurse practitioner, a licensed clinical marriage and family therapist, or a health officer or designee of a health officer, who presents a petition to the peace officer:
 - a. the serious nature of the petition; and
 - b. the meaning and content of the petition.
2. Delivery to Facility. A peace officer shall take an evaluee to the nearest emergency facility if the officer has a petition that:
 - a. has been endorsed by a court within the last 5 days; or
 - b. is signed and submitted by a physician, psychologist, clinical social worker, licensed clinical professional counselor, clinical nurse specialist in psychiatric and mental health nursing, psychiatric nurse practitioner, a licensed clinical marriage and family therapist, or a health officer or designee of a health officer, or peace officer.
3. Documentation of Delivery. A peace officer shall complete a Return of Service by Peace Officer form (CC-DC 27) and have an agent for the emergency facility sign the form.
4. Remaining with Evaluee.
 - a. After a peace officer takes an evaluee to an emergency facility, the officer need not stay unless, because the evaluee is violent, a physician asks the officer's supervisor to have the officer stay.
 - b. A peace officer shall stay until the officer's supervisor responds to the request for assistance.
5. Return of Service. A peace officer shall file a completed return of service with the Court issuing the Endorsement and Order immediately after an evaluee is delivered to an emergency facility or immediately after expiration of the five-day period for taking the evaluee into custody.

B. Duty of Supervisor. A supervisor shall allow a peace officer to stay with a violent evaluee.

C. Duties of Emergency Facility

1. Documentation of Delivery. An agent of the emergency facility shall sign the Return of Service by Peace Officer form completed by a peace officer transporting an evaluee to the facility.
2. Examination. If a physician asks that a peace officer stay, a physician shall examine the evaluee as promptly as possible to determine whether the evaluee meets the requirements for involuntary admission. In any event, a physician shall examine an evaluee within six (6) hours after an officer brings the evaluee to the facility.
3. Release or Admission. Promptly after an examination, an evaluee shall be released unless the evaluee:
 - a. asks for voluntary admission; or
 - b. meets the requirements for involuntary admission.
4. Detention Period. An emergency evaluee may not be kept at an emergency facility for more than thirty (30) hours.

CERTIFICATION BY PEACE OFFICER

I am a ☐ sheriff, ☐ deputy sheriff, ☐ State police officer, ☒ county police officer, ☐ municipal or other local police officer, or ☐ Secret Service agent who is a sworn special agent of the United States Secret Service or Department of Homeland Security authorized to exercise powers delegated under 18 U.S.C. § 3056.

As to _____ (evaluate), I have personally observed the ☐ evaluatee or ☐ evaluatee's behavior and, based on the ☐ observation or ☐ other information, have reason to believe that the evaluatee has a mental disorder and presents a danger to the life or safety of the evaluatee or others. Pursuant to Maryland Code, Health-General Article § 10-622, I have transported the evaluatee to _____ (emergency facility) for evaluation.

Date and Time

Peace Officer

Howard County Police Dept

Department

I.D. No.

CERTIFICATIONS BY OTHER PERSON QUALIFIED UNDER HG § 10-622 AND PEACE OFFICER

I am a ☐ physician, ☐ psychologist, ☐ clinical social worker, ☐ licensed clinical professional counselor, ☐ clinical nurse specialist in psychiatric and mental health nursing, ☐ psychiatric nurse practitioner, ☐ a licensed clinical marriage and family therapist, ☐ health officer or ☐ designee of a health officer. I have examined _____ (evaluate). Based on ☐ the examination or ☐ other information, I have reason to believe that the evaluatee has a mental disorder and presents a danger to the life or safety of the evaluatee or others and, in accordance with Maryland Code, Health-General Article § 10-622, have completed the attached Petition for Emergency Evaluation and have requested a peace officer to take into custody and transport the evaluatee to the nearest emergency facility for evaluation by a physician. The peace officer explained to me the serious nature, meaning, and content of the petition and I asked the officer to proceed.

Date and Time

Physician or other Qualified Person under HG § 10-622

License No.

I have explained to the Petitioner the serious nature of the petition and the meaning and content of the petition.

Date

Peace Officer

Department

I.D. No.

* See examples on
next 2 pages

CERTIFICATION BY PEACE OFFICER

I am a ☐ sheriff, ☐ deputy sheriff, ☐ State police officer, ☐ county police officer, ☐ municipal or other local police officer, or ☐ Secret Service agent who is a sworn special agent of the United States Secret Service or Department of Homeland Security authorized to exercise powers delegated under 18 U.S.C. § 3056.

As to _____ (Evaluatee), I have personally observed the ☐ Evaluatee or ☐ Evaluatee's behavior and, based on the ☐ observation or ☐ other information, have reason to believe that the Evaluatee has a mental disorder and presents a danger to the life or safety of the Evaluatee or others. Pursuant to Maryland Code, Health-General Article § 10-622, I have transported the Evaluatee to _____ (emergency facility) for evaluation.

Date and Time

Peace Officer

Department

ID Number

**CERTIFICATIONS BY
OTHER PERSON QUALIFIED UNDER HG § 10-622 AND PEACE OFFICER**

example of done incorrect

I am a ☐ physician, ☐ psychologist, ☐ clinical social worker, ☒ licensed clinical professional counselor, ☐ clinical nurse specialist in psychiatric and mental health nursing, ☐ psychiatric nurse practitioner, ☐ a licensed clinical marriage and family therapist, ☐ health officer or ☐ designee of a health officer. I have examined _____ (Evaluatee). Based on ☐ the examination or ☐ other information, I have reason to believe that the Evaluatee has a mental disorder and presents a danger to the life or safety of the Evaluatee or others and, in accordance with Maryland Code, Health-General Article § 10-622, have completed the attached Petition for Emergency Evaluation and have requested a peace officer to take into custody and transport the Evaluatee to the nearest emergency facility for evaluation by a physician. The Peace Officer explained to me the serious nature, meaning, and content of the Petition and I asked the officer to proceed.

11/7/25 1900

Date and Time

[Signature]

Physician or other Qualified Person under HG § 10-622

License No.

must be signed

I have explained to the Petitioner the serious nature of the Petition and the meaning and content of the Petition.

Date

Peace Officer

Department

ID Number

CERTIFICATION BY PEACE OFFICER

I am a ☐ sheriff, ☐ deputy sheriff, ☐ State police officer, ☐ county police officer, ☐ municipal or other local police officer, or ☐ Secret Service agent who is a sworn special agent of the United States Secret Service or Department of Homeland Security authorized to exercise powers delegated under 18 U.S.C. § 3056.

As to _____ (Evaluatee), I have personally observed the ☐ Evaluatee or ☐ Evaluatee's behavior and, based on the ☐ observation or ☐ other information, have reason to believe that the Evaluatee has a mental disorder and presents a danger to the life or safety of the Evaluatee or others. Pursuant to Maryland Code, Health-General Article § 10-622, I have transported the Evaluatee to _____ (emergency facility) for evaluation.

Date and Time

Peace Officer

Department

ID Number

**CERTIFICATIONS BY
OTHER PERSON QUALIFIED UNDER HG § 10-622 AND PEACE OFFICER**

I am a ☐ physician, ☐ psychologist, ☒ clinical social worker, ☐ licensed clinical professional counselor, ☐ clinical nurse specialist in psychiatric and mental health nursing, ☐ psychiatric nurse practitioner, ☐ a licensed clinical marriage and family therapist, ☐ health officer or ☐ designee of a health officer. I have examined _____ (Evaluatee): Based on ☐ the examination or ☐ other information, I have reason to believe that the Evaluatee has a mental disorder and presents a danger to the life or safety of the Evaluatee or others and, in accordance with Maryland Code, Health-General Article § 10-622, have completed the attached Petition for Emergency Evaluation and have requested a peace officer to take into custody and transport the Evaluatee to the nearest emergency facility for evaluation by a physician. The Peace Officer explained to me the serious nature, meaning, and content of the Petition and I asked the officer to proceed.

11/20/2025 1:50pm

Date and Time

Physician or other Qualified Person under HG § 10-622

License No.

I have explained to the Petitioner the serious nature of the Petition and the meaning and content of the Petition.

11/20/25

Date

Hall
Peace Officer

HCPD
Department

3160
ID Number

Example
done
correctly

APPENDIX C: Return of Service by Peace Officer (Form CC/DC 27)

☐ CIRCUIT COURT ☐ DISTRICT COURT OF MARYLAND FOR _____
City/County

Located at _____ Case No.: _____
Court Address

IN THE MATTER OF THE
EMERGENCY EVALUATION OF: _____

**RETURN OF SERVICE
BY PEACE OFFICER**

I HEREBY CERTIFY that on the _____ day of _____, 20____,

☐ I took into custody the Emergency Evaluee, _____
Name

and transported him/her to _____
Emergency Facility

at _____ o'clock _____ M.

☐ I could not locate and transport the above listed Emergency Evaluee to an emergency facility
within five (5) days of the Court's Endorsement and Order.

Officer's Signature

Officer's Printed Name and ID Number

Law Enforcement Agency

RECEIPT

The Emergency Evaluee was transported to the emergency facility on the date and time indicated
above.

Signature of Agent for Emergency Facility

Agent's Printed Name

CC/DC 27 (Rev. 2/95) RETURN OF SERVICE MUST IMMEDIATELY BE FILED WITH THE
COURT.

Petition for Emergency Evaluation
(Health-General Article §§ 10-622 et seq.)

The person making this petition is: _____

The person alleged to be in need of emergency evaluation is: _____

Additional Information Continued:

This page is optional.