

Mental Health and Criminal Justice Progress Report

November 2011

COMPREHENSIVE ACTION

Secured passage of legislation in 2005 (HB 990) requiring the Department of Health and Mental Hygiene (DHMH), the Department of Public Safety and Correctional Services (DPSCS) and the Department of Human Resources (DHR) to convene a workgroup of interested stakeholders to make recommendations on actions to break the cycle of rearrest and reincarceration for individuals with mental illness who become involved with the criminal justice system.

HB 990 in 2005, HB 1594 in 2006, HB 281 in 2007 and budget language in 2008 have required specified reporting from the three agencies to the legislature regarding implementation of workgroup recommendations. In addition, the Governor's StateStat program requires reporting by DPSCS and the Motor Vehicle Administration (MVA). The Mental Health Association of Maryland (MHAMD) continually monitors agency progress.

Led the effort to establish and staff the HB 990 Workgroup which has been formalized as the Maryland Mental Health and Criminal Justice Partnership (MHCJP). The MHCJP has over 40 active members representing State agencies, local correctional facilities, the judiciary, advocacy organizations and providers.

EXPEDITED BENEFITS AND BENEFITS RESTORATION

Secured passage of legislation in 2005 (HB 990) to require suspension rather than termination of Medicaid benefits for incarcerated individuals. Mandate tied implementation of suspension to DHMH's ability to secure a new Medicaid eligibility system, which is still pending.

To achieve this suspension of benefits, DHMH/Medicaid has been working with DPSCS on a process to un-enroll the client temporarily from an MCO, placing them in a fee-for-service category during incarceration. This maintains Medicaid eligibility and provides for re-enrollment upon release without any eligibility interruption. This process not only prevents interruption of Medicaid coverage, it also saves DHMH from paying capitation to an MCO during the individual's incarceration.

This process is ineffective for individuals whose incarceration extends past their Medicaid redetermination period. For those individuals, the goal is expediting benefits upon release. DHMH and DPSCS have developed an expedited eligibility process for the Primary Adult Care (PAC) program that facilitates the prompt enrollment in the PAC program upon release to facilitate continuity of care. This process provides next day access to pharmacy benefits while the client completes the process of enrolling in a Managed

Care Plan, which can take from 10 to 28 days. This expedited process is for emergency cases only. All other cases can take up to 45 days to process.

A Memoranda of Understanding (MOU) was signed by DPSCS and DHMH in May 2009 to permit data sharing between those two agencies. DHMH has since provided online access to MMIS eligibility screens for over 40 DPSCS staff, and the agencies are collaborating in a daily exchange of inmate data so that DHMH can more readily identify those clients that have been incarcerated.

Memoranda of Understanding (MOUs) have been negotiated between DPSCS/DHR and DPSCS/SSA to expedite applications prior to release for Medicaid, the Primary Adult Care Program and SSI/SSDI. Staffing challenges have impeded full implementation of these MOUs.

Secured passage of legislation in 2006 (HB 1594) and budget language in 2008 to require DPSCS reporting of implementation of the aforementioned MOUs.

Outcomes for the Public:

A limited number of individuals have had benefits granted at the time of release. DPSCS and DHR staffing limitations have hindered efforts to increase application processing. Difficulty implementing electronic sharing of information between DHMH and DPSCS has delayed Medicaid suspension.

Next Steps:

Continue to advocate for a permanent solution to suspend Medicaid benefits through a new Medicaid eligibility system.

Continue to seek effective strategies and resources to enhance case management, discharge planning and training (including SOAR training for SSA benefits and PAC training for Primary Adult Care benefits) so that adequate, informed staffing exists to assist individuals with mental illness in prisons, jails and state hospitals who need to have applications for benefits completed prior to release.

DATA SHARING

Secured passage of legislation in 2007 (HB 281) requiring MHA and each county Core Service Agency to develop a plan to enter into an agreement with local detention centers to establish a data sharing initiative (Datalink) to enable the sharing of public mental health system treatment information with detention centers with appropriate client consent.

ValueOptions (VO) has been helping to resolve data/IT issues between the systems of the various departments involved. They are currently in the testing phase and implementation in Baltimore City is under way. In addition to Baltimore, five other jurisdictions have installed the Arrest Booking System (ABS) portion of the Offender Case Management System (OCMS) that is necessary to participate. The goal is for every jurisdiction to transition to the new system, but funding and other transition issues are barriers for the local jurisdictions.

Next Steps:

Monitor implementation of Datalink in Baltimore City and, if successful, push for expansion to additional counties.

30-DAY MEDICATION SUPPLY

Secured passage of legislation in 2007 (HB 281) to require a 30-day medication supply for prison inmates who have mental illness and are returning to the community.

Secured budget language in 2008 requiring DPSCS to report on efforts to meet the medication supply mandate. As a result, DPSCS now has a standardized release process that includes steps to ensure that medication is ordered in a timely fashion and is provided to the release coordinator for delivery to the individual.

Secured passage of legislation in 2010 (HB 1335/SB 761) to require local detention centers to provide a 30-day supply of psychiatric medication upon release (with prescription option) to inmates who have mental illness and have been sentenced to a term of at least 60 days.

Outcomes for the Public:

Increased access to medication upon release.

Next steps:

Ensure prison and jail compliance with the legislative mandate, including tracking method used (prescription versus actual supply).

Assist ex-offenders in filling prescriptions provided by local detention centers.

EXPEDITED OUTPATIENT MENTAL HEALTH VISITS

Secured passage of legislation in 2007 (HB 281) to expedite outpatient appointments in community mental health centers or clinics for inmates returning from the prison system to the community.

Secured budget language in 2008 to require DPSCS and DHMH to report number of appointments secured.

Worked through the MHCJP to develop a collaborative process and detailed referral form involving prison treatment staff, community mental health providers and mental health Core Service Agencies to guarantee a psychiatrist appointment within 30 days of release date.

Participated in a training session for all staff involved.

Outcomes for the Public:

Implementation has been slow and a limited number of individuals has benefited from the new process due to staffing challenges. The “no show” rate of individuals for whom an appointment is secured has been high, ranging from more than 70% in Baltimore City, where the majority of referrals occur, to 40% in other jurisdictions.

Next steps:

The Provider Referral committee is working to eliminate barriers and increase the percentage of ex-offenders who keep their scheduled appointment with a community mental health provider.

Data from Baltimore City has indicated no clear difference in individuals that keep their appointments and those that do not. Discussions focused on increasing in-reach to inmates are ongoing with the Deputy Director of Special Programs for the Department of Parole and Probation.

PERSONAL IDENTIFICATION CARDS

Secured passage of legislation in 2007 (HB 281) to require the MVA and DPSCS to report to the General Assembly with a plan to ensure that all inmates leave prison with a temporary State identification card (ID) that will enable them to access needed community supports.

The MVA reported during a January 2008 legislative briefing that there were significant obstacles to implementing such procedures, especially regarding proofs of residency. The O'Malley Administration made the issue a priority and in spring 2008 the MVA agreed to accept alternative proofs of residency for this population, which must be produced at the MVA branch office.

In October 2008, the MVA agreed to begin a pilot using its mobile van to visit the Brockbridge Correctional facility on a monthly basis in order to facilitate provisions of an MVA issued State ID for up to 50 inmates per month. Those individuals are drawn from the region, not just the institution. The pilot expanded in April 2009 to include the Maryland

Correctional Institution – Jessup and the Metropolitan Transition Center.

Secured passage of legislation in 2009 (SB 186) requiring the Commissioner of Correction to issue an ID to all inmates upon release. The ID issued by DOC serves as temporary proof and allows the individual to obtain an MVA-issued State ID at an MVA branch free of charge, provided the individual has all other necessary proof and visits the MVA branch office within a reasonable time period.

MVA and DPSCS are both required to submit monthly ID issuance data to the Governor through StateStat.

Outcomes for the Public:

In FY 2011, the MVA Mobile Van issued a total of 1,573 pre-release IDs. MVA reports that over 600 individuals received IDs at MVA branches in 2008 using alternative proofs of residency. An average of 108 individuals per month exchange a DOC ID for an MVA issued State ID at an MVA branch.

Next Steps:

Continue to request that Governor O'Malley include funding in the MVA budget to expand the number of mobile vans available to visit prisons, jails and State hospitals.

Monitor implementation of the mobile van pilot. Continue to seek strategies for MVA to issue State IDs to all individuals prior to release, to alleviate cost and transportation burdens.

DIVERSION/CRISIS RESPONSE SERVICES

Secured passage of legislation in 2007 (HB 281) to require MHA to develop a plan to ensure that 24/7 mental health crisis response services linked to local law enforcement are available in communities throughout the State.

Conducted a survey/analysis of the availability of these services in Maryland's 24 jurisdictions.

Secured budget language in 2008 to require that the Maryland Health Care Commission (MHCC) examine crisis response services in its mental health services needs assessment, including a comprehensive assessment of services in each county and strategic recommendations regarding needs moving forward.

Outcomes for the Public:

MHA expanded crisis response service capacity in FY 2008 in Baltimore City and Montgomery County. Harford County launched a CIT program in Summer 2008.

Next Steps:

Advocate for expansion of these services with the Governor's Office, General Assembly and DHMH officials.

Develop a coordinated strategic plan among the member organizations of the Maryland Mental Health Coalition to expand mental health crisis response services.

PROFESSIONAL TRAINING/ CONTINUING EDUCATION

Secured passage of legislation in 2005 (HB 990) to require a workgroup report with recommendations, resulting in a report that called for training for police, correctional officers and mental health providers.

Collaborated with the Maryland Police and Correctional Training Commission (PCTC) to improve behavioral health training curricula for police, correctional officers and parole and probation officers.

Identified eight new training objectives for each professional listed above, to improve understanding of and response to behavioral health issues. The PCTC approved the objectives in December 2009, allowing related courses to count toward the required minimum training hours.

Collaborated with the Commission to identify and approve curricula meeting the new objectives. Created a mechanism to track usage of these training modules.

Additionally, the federal mental health transformation grant has underwritten the cost of Mental Health First Aid (MHFA) training for corrections, parole and probation, and law enforcement personnel throughout the State.

Next Steps:

Ensure curricula is available which addresses the newly established behavioral health training objectives.

Continue work to ensure all new recruits and existing personnel receive appropriate training. The

Training subcommittee is working with PCTC and MHAMd to conduct four regional MHFA "Train the Trainer" programs .

HOUSING

Established an MHCJP subcommittee in 2009 to advance the housing agenda.

Hosted two housing forums with MHA's Transformation Office – one in 2009 examining national best practices and a second in 2010 with existing Maryland programs that are effectively serving ex-offenders.

Identified the following strategies to increase housing opportunities:

1. Developing a housing registry that is linked to the Maryland Community Services locator to provide real time information on available housing vacancies.
2. Working with existing community agencies serving former inmates with mental illnesses to increase the pool of available housing by securing free

or low cost housing and partnering with DHR, DOC and other community partners to rehabilitate housing stock secured.

3. Building relationships with housing authorities, landlords and housing managers; and providing incentives, case management and other supports to increase their interest in providing housing for former inmates living with mental illness.

Next Steps:

Develop implementation plans for the identified housing strategies.

Additionally, MHCJP members are monitoring and participating in the Maryland Task Force on Prisoner Reentry, chaired by DPSCS Secretary Gary Maynard. The Task Force has identified several possible initiatives related to employment and housing, including records shielding, Ban the Box, and a series of recommendations aimed at relaxing prohibitive Public Housing Authority policies based on criminal backgrounds.

MENTAL HEALTH & CRIMINAL JUSTICE PARTNERSHIP

The Mental Health & Criminal Justice Partnership (MHCJP) was created by House Bill 990 in 2005. The MHCJP has been meeting to improve services for individuals with mental illnesses who become involved with the criminal justice system. Members of the Partnership include advocates, state and local government agencies, service providers, the Maryland judiciary, and other interested parties.

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