

Mental Health and Criminal Justice Partnership Progress Report

JULY 2009

COMPREHENSIVE ACTION

Secured passage of legislation in 2005 (HB 990) requiring the Department of Health & 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 recommend actions to break the cycle of rearrest and reincarceration for individuals with mental illness who become involved with the criminal justice system.

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

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.

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.

DHMH/Medicaid is currently working with DPSCS to implement procedures to accomplish benefits suspension for certain individuals by disenrolling the client temporarily from an MCO and putting the client in a fee-for-service category during incarceration, which would maintain Medicaid eligibility. The client will be re-enrolled in the MCO upon release, without eligibility interruption. That procedure will be done for individuals whose prison, jail or State hospital stay does not extend past their Medicaid redetermination period. A Memorandum of Understanding (MOU) was signed by DPSCS and DHMH in May

2009 to permit data sharing between those two agencies for that purpose.

Memoranda of Understanding (MOUs) have been negotiated between DPSCS/DHR and DPSCS/SSA to expedite the application processes 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 received benefits at the time of release. DPSCS and DHR staffing limitations have hindered efforts to increase application processing.

Next Steps:

Continue to advocate for a permanent solution to suspend Medicaid benefits through a new eligibility system. Continue to support an interim process to suspend benefits in the meantime.

Continue to seek effective strategies and resources to enhance case management, discharge planning and training (including SOAR training for SSA 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.

30-DAY MEDICATION SUPPLY

Secured passage of legislation in 2007 (HB 281) to require a 30-day supply of psychiatric medication 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.

Supported legislation in 2009 (HB 1099) that would have required local detention centers (jails) to provide a 30-day supply of medication upon release to inmates who have mental illness and have been incarcerated for at least 120 days. The legislation failed.

Outcomes for the Public:

Increased access to medication upon release.

Next steps:

Ensure compliance with the legislative mandate.

Expand the mandate to local detention centers.

EXPEDITED OUTPATIENT MENTAL HEALTH VISITS

Secured passage of legislation in 2007 (HB 281) to expedite 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 process involving prison staff, community mental health providers and mental health Core Service Agencies to schedule 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 benefited from the new process due to staffing challenges.

Next Steps:

Continue to work with DPSCS, community mental health providers and Core Service Agencies to facilitate arranging outpatient appointments.

Continue to seek effective strategies and resources to identify eligible clients, identify willing providers and enhance assistance to formerly incarcerated individuals.

IDENTIFICATION CARDS

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

In January 2008, the MVA informed a legislative committee that there were significant obstacles to implementing such procedures, especially regarding proofs of residency.

SB 446 was introduced in 2008 to require the Commissioner of Corrections to issue an ID to all inmates upon release, but the bill failed. The O'Malley Administration made the issue a priority. In Spring 2008, the MVA agreed to accept alternative proofs of residency for this population.

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 Corrections to issue an ID to all inmates upon release (re-introduction of SB 446 of 2008). The ID issued by DOC will serve as temporary proof and will allow the individual to obtain a State ID at an MVA branch free of charge, provided the individual has all other necessary proofs and visits the MVA branch office within a reasonable time.

Outcomes for the Public:

Approximately 50 individuals are receiving MVA issued State IDs per month, per facility as a result of the mobile van pilot.

MVA reports that over 600 individuals received IDs at MVA branches in 2008 using alternative proofs of residency.

Next Steps:

Monitor implementation of SB 186 and the mobile van pilot.

The Maryland Mental Health Coalition and MHCJP 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.

Continue to seek effective strategies for MVA to issue State IDs to all individuals prior to release in order to alleviate the burdens of cost and transportation.

DIVERSION/CRISIS RESPONSE SERVICES

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

Conducted a preliminary survey/analysis of the availability of these services in each of 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:

The Mental Hygiene Administration expanded crisis response service capacity in FY 08 in Baltimore City and Montgomery County. Harford County launched a Crisis Intervention Team in Summer 2008.

Next Steps:

Participate in the MHCC needs assessment to ensure adequate attention to the importance of fully implementing community mental health crisis response services.

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.

Established a MHCJP subcommittee in 2007 to advance the training agenda.

Established a collaborative relationship with the Maryland Police and Correctional Training Commission to improve behavioral health training curricula for police officers, correctional officers and parole and probation officers.

Identified several new training objectives for each professional listed above in order to improve understanding of and response to behavioral health issues.

Next Steps:

Continue to work with the Training Commission to increase lesson plans, identify proven curricula and recommend expert trainers.

Consider the introduction of legislation to increase the number of annual training hours required for police officers, correctional officer and parole and probation officers.



The Rotunda
711 West 40th Street, Suite 460
Baltimore, Maryland 21211
410-235-1178

www.mhamd.org

Contact: Lisa Cuozzo x208