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11 Year Review of the Maryland Mental Health and Criminal Justice Partnership

The Maryland General Assembly passed 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. The Mental Health Association of Maryland (MHAMD) 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). Though only mandated by the legislature to meet through September 2006, the dedication and commitment of the individuals and agencies involved is evident in the fact that MHCJP still meets regularly eleven years later to improve services for this population. Current membership includes representatives from state agencies, local correctional facilities, the judiciary, advocacy organizations, providers and more.

Suspension, Restoration and Initiation of Medicaid and Other Benefits

Barriers in accessing needed benefits quickly upon release from jail, prison or state hospitals remains one of the biggest impediments to care continuity for individuals with mental illness that become involved with the criminal justice system. In addition to creating the Workgroup that became MHCJP, HB 990 required implementation of a system for suspending, rather than terminating, Medicaid benefits for incarcerated individuals. However, that mandate was made contingent on the development of a new Medicaid Management Information System (MMIS), which is still pending. As a substitute, DHMH/Medicaid and DPSCS have relied on a hybrid automated/manual process to disenroll Medicaid clients from their managed care organizations (MCO) temporarily, 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.

Unfortunately, this process is ineffective for individuals whose incarceration extends past their Medicaid redetermination period. For those individuals, and for individuals who were not prior Medicaid recipients but are expected to be eligible following their period of incarceration, the goal is expediting the restoration or initiation of benefits upon release. Historically subject to staff shortages and the availability of discharge planning and case management resources at each facility, efforts to accelerate the benefit initiation process received a major boost recently when Maryland Medicaid requested permission from the federal Centers for Medicare and

Medicaid Services (CMS) to provide presumptive eligibility (PE) to individuals leaving jails and prisons. Though temporary, individuals eligible for PE would receive full Medicaid benefits during the temporary period, which would last anywhere from 30-60 days depending on when the PE determination/application is submitted to Medicaid. CMS is expected to respond to the request by January 1, 2017.

A manual MOU process in place for years to coordinate efforts across state agencies and hasten the delivery of benefits upon release from jails or prisons has been discontinued. All eligibility is now determined in real time through Maryland Health Connection, and many staff capacity issues have been addressed through increased automation and additional online tools.

Medication Upon Release

Following issuance of the HB 990 Workgroup Final Report, the Maryland General Assembly enacted legislation in 2007 (HB 281), addressing many of the Workgroup recommendations. A key provision of that bill required that incarcerated individuals with a mental illness be released from prison with a 30-day supply of medication. SB 761 / HB 1335 (2010) extended the practice to local detention centers, requiring a 30-day supply of psychiatric medication upon release to inmates with a mental illness who were sentenced to a term of at least sixty days.

Expedited Outpatient Mental Health Visits

With individuals now receiving a supply of medication upon release, efforts turned to ensuring that individuals with mental illness exiting a jail or prison were quickly linked to needed community mental health services post-release. Working through MHCJP, a detailed referral form was developed through a collaborative process involving prison treatment staff, community mental health providers and local core service agencies, to guarantee an appointment with a community provider within thirty days of the individual's release. Staffing shortages and resource limitations have hindered the effectiveness of this process. Additionally, the "no-show" rate of individuals for whom an appointment has been secured has been high, ranging from more than 70 percent in Baltimore City, where the majority of referrals occur, to 40 percent in other jurisdictions.

MHCJP members have worked tirelessly over the years to eliminate barriers, address the no-show rate and increase collaboration across systems. Strategies have included the use of specialized program review teams and community provider in-reach to assist inmates in developing individual reentry/transition plans, the appointment of a dedicated Community Supervision agent to speak pre-release to those with serious mental illnesses, a 'special conditions for release' policy that includes conditions related to appointments with community providers, and the expanded use of telemedicine and other new technologies.

Data Sharing

Another provision of HB 281 required development of a plan to establish a data sharing initiative (Datalink) in each jurisdiction, allowing for the sharing of public mental health system data across systems to promote the continuity of care for individuals with serious mental illness that interact with law enforcement. An MHCJP subcommittee has made great progress in expanding the program, which works as follows:

The Administrative Services Organization (ASO) that manages Maryland's public behavioral health system (PBHS) receives a daily data file from DPSCS listing those individuals that, in the last 24 hours, have been detained and processed at a local detention center, incarcerated at a state correctional facility, or remanded to the Department of Parole and Probation (DPP). That data is matched to Medicaid eligibility data to identify detainees with recent mental health authorizations and paid Medicaid pharmacy claims. The information is then electronically returned to DPSCS and/or the participating local detention center so that staff can quickly address the medical and mental health needs of the detainee. The data is also shared with the local Core Service Agency (CSA) so they may assist in providing coordinated care for the individual while detained and upon release.

In its efforts to expand the program across Maryland, the MHCJP Datalink Subcommittee has assisted local jurisdictions with implementation details and troubleshooting, developed an instructional toolkit to explain the program and alleviate potential concerns, and worked to coordinate efforts among local partners. Datalink is now completely functional or nearing implementation in fourteen jurisdictions. The subcommittee has just started collecting and reviewing aggregate data, and hopes to use the information to evaluate common characteristics among repeat offenders by cross-referencing data from the DHMH Behavioral Health Outcomes Measurement System (OMS), offer assistance to providers with high levels of client recidivism, and study effective types of care and best practices. The subcommittee is also examining issues related to the sharing of substance use disorder data.

Diversion and Crisis Response Services

The HB 990 Workgroup called for the full implementation of a statewide Crisis Response System (CRS). While all jurisdictions currently have one or more components of a comprehensive crisis system, none has an adequate continuum. As a result, may individuals have no alternative to expensive inpatient treatment in crisis situations when they could be more effectively served with a local mobile crisis team, non-inpatient crisis bed, or readily available urgent care. MHCJP continues to advocate for an expansion of these services. The issue also remains a top priority for the Maryland Behavioral Health Coalition, which included the full implementation of the

CRS as a central provision in its Mental Health and Substance Use Disorder Safety Net Act legislation in [2013](#) and [2014](#).

Another HB 990 Workgroup recommendation was the establishment of Crisis Intervention Teams (CIT) in every jurisdiction. CIT is a law enforcement-based intervention to assist and divert individuals in crisis, resulting in less lethal interventions, better outcomes, increased safety for all involved, and reduced liability. Since 2013, an MHCJP subcommittee has been working to standardize and expand the availability of these programs throughout Maryland. The group has created a document outlining the core standards and elements that should be present in any effective and sustainable program; developed a roadmap of key implementation milestones to help local jurisdictions put the different pieces into place; worked to coordinate efforts among local partners and assist in plan development; organized a series of regional relationship-building forums for law enforcement and behavioral health professionals; surveyed all chiefs and sheriffs throughout the state on CIT awareness, interest and implementation barriers; and held a first-of-its-kind CIT train-the-trainer for a core group of local law enforcement and behavioral health partners, building an expertise and capacity that is allowing for more regional and local CIT training. To date, twelve jurisdictions have implemented CIT and are providing their own training, and law enforcement leadership in eighteen jurisdictions has committed to implementing the program.

Current efforts include planning for a statewide CIT Conference in January 2017 and the development of outcomes measures that can be used to determine the impact of CIT.

Professional Training and Continuing Education

Fostering partnerships and understanding across systems has remained a core focus for MHCJP over the years. The Maryland Police and Correctional Training Commissions (PCTC) have long played a major role in the group's efforts, collaborating with MHCJP to improve behavioral health training for police, correctional officers and parole and probation officers. For each of these professional groups, training objectives were developed to improve understanding of and response to behavioral health issues, curricula meeting these objectives were identified, and a mechanism was created to track usage of the new training modules.

Additionally, over 2,100 public safety professionals across the state have been trained in Mental Health First Aid (MHFA). This world-renowned public health program teaches individuals to identify, understand, and respond to signs of mental illnesses and substance use disorders. The Southern Maryland Criminal Justice Academy and other law enforcement entities have made MHFA a mandatory training; the Anne Arundel County Detention Center and other corrections facilities now include MHFA in their training academies; and the Harford County Sherriff's Department (HCSD) requires MHFA as a new hire orientation training for both sworn and civilian staff, and as a pre-requisite for other training or special team applications. HCSD also offers annual training opportunities for family members. Additionally, all existing Department of Juvenile Service (DJS) employees have been certified in Youth MHFA, and the program is now a part of new-hire training.

Personal Identification Cards

Personal identification is critical to ensuring that individuals being released from incarceration are quickly able to access needed community supports. Accordingly, HB 281 required DPSCS and the Motor Vehicle Administration (MVA) to develop a plan to provide departing inmates with temporary identification cards that would comply with the MVA requirements for the issuance of a state ID. MHCJP has worked for years to overcome significant obstacles to implementing such a procedure, but is now seeing positive results.

In 2008, MVA agreed to begin a pilot using its mobile van to visit the Brockbridge Correctional Facility to provide MVA-issued state IDs for up to 50 inmates each month. The pilot expanded in 2009 to include the Maryland Correctional Institution at Jessup and the Metropolitan Transition Center. Also in 2009, the Maryland General Assembly passed legislation (SB 186) requiring the Commissioner of Correction to issue a DOC ID to all inmates upon release that would allow the individual to obtain an MVA-issued ID at a reduced rate, provided the individual has all other necessary documentation.

In 2012, a new pilot was implemented utilizing bi-weekly data exchanges between MVA and the housing facilities to expand the volume of state IDs issued prior to release. Roughly 500 individuals are released from DPSCS facilities every month. At its best, the mobile van program was averaging 130 state IDs per month. In contrast, the number of state IDs issued monthly via the new program has risen steadily, with recent data showing an average of around 275 per month. Another 80-85 individuals are using their DOC IDs each month to acquire state identification from the MVA following release. The DPSCS-MVA ID process is now recognized as a priority throughout the system, and increased education about the benefits of carrying identification has resulted in a significant decrease in the number of individuals declining a state ID upon release.

Housing

The HB 990 Workgroup identified the lack of decent, affordable housing as a major barrier to successful community integration of people released from correctional facilities, and urged that this issue be prioritized for stakeholder follow-up. MHCJP established a subcommittee in 2009 to begin addressing these concerns. The group hosted two housing forums with the former Mental Hygiene Administration – one in 2009 examining national best practices, and a second in 2010 to explore existing Maryland programs effectively serving ex-offenders. The following strategies were identified as ways to increase housing opportunities:

- Develop a housing registry linked to the Maryland Community Services locator to provide real time information on available housing vacancies
- Work with existing community agencies serving former inmates with mental illness 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 the properties
- Build relationships with housing authorities, landlords and housing managers, and provide incentives, case management and other supports to increase their interest in providing housing for former inmates living with mental illness

Unfortunately, time and resource constraints prevented development of implementation plans for these strategies. Housing difficulties, however, remain some of the largest barriers to recovery for individuals with mental illness – former inmates and otherwise.

Ancillary Activities

Efforts to implement the recommendations from the HB 990 Workgroup have guided the MHCJP agenda over the years. However, the group has also served as an important vehicle by which its members stay informed of and involved in a variety of other initiatives related to the intersection of mental health and criminal justice and broader diversion and reentry issues.

MHCJP members monitored and participated on the legislatively-mandated ***Maryland Task Force on Prisoner Reentry****,* which issued recommendations in late 2011 for improving housing and employment options for ex-offenders. Several of these recommendations have since become law, including legislation in 2013 removing the criminal history checkbox from applications for employment with the state (SB 4), and a bill in 2015 allowing individuals to request that certain nonviolent misdemeanors be shielded from public view three years after completion of their sentence (HB 244).

From 2012 to 2015, MHCJP received regular updates on the joint DHMH/DPSCS ***Co-occurring Disorders Reentry Pilot***. Established pursuant to a federal Second Chance Act grant, the collaborative program sought to enhance in-reach and aftercare services for moderate to high risk offenders in Baltimore City with histories of chronic mental illness and substance use disorders. An evaluation of the program showed remarkable results. Though the total number of participants was lower than expected, the program successfully improved ex-offenders' engagement in health and social services. Prior to Second Chance, 70% of DPSCS inmates who were referred to post-release behavioral health services did not keep their first appointment. In contrast, 100% of Second Chance participants kept their first appointment. Every participant obtained housing post-release, and 93% retained housing until the time of evaluation. The recidivism rate for participants was also lower than non-participants (18% vs. 48%). It is clear that the model works. Unfortunately, the program was discontinued at the end of the grant period, and there seems to be no immediate plans to restart the effort.

MHCJP members were active participants in 2015 justice reinvestment initiative. The ***Justice Reinvestment Coordinating Council*** met multiple times to "develop a statewide policy framework of sentencing and corrections policies to further reduce the state's incarcerated population, reduce spending on corrections, and reinvest in strategies to increase public safety and reduce recidivism." Multiple MHCJP members testified before the body and urged them to consider behavioral health issues when compiling their final recommendations and report.

MHCJP members continue to keep a close eye on the multi-year state effort to integrate publicly-financed mental health and substance use disorder services. With potentially profound consequences related to systems linkages and non-Medicaid service delivery – two areas of critical importance to MHCJP – the ***behavioral health integration*** effort has required close attention to ways in which these changes could effect a variety of MHCJP initiatives.

Other recent topics of discussion have included the interagency ***Reentry Stat*** effort to better connect ex-offenders to community programs, and the 2014 ***Joint Chairman's Report on Treatment and Service Options for Certain Court-Involved Individuals***. MHCJP is also interested in a new ***Local Reentry Initiative*** that seeks to transfer prison inmates, within a year of their release, to a jail in their home jurisdiction.

MHCJP Reach

At its core, MHCJP is a mechanism to enhance collaboration amongst a diverse group of stakeholders in hopes of improving and coordinating services for vulnerable individuals being served by multiple systems. Its efforts over the years have helped to create a system in Maryland that is better able to assist those with mental illness who become involved with the criminal justice system, and those efforts have not gone unnoticed. In addition to providing regular updates to the former ***Maryland Joint Committee on Access to Mental Health Services***, members have highlighted MHCJP successes for numerous national audiences at outlets including the ***National Council for Behavioral Health's Annual Conference*** and webinars sponsored by the ***Substance Abuse and Mental Health Services Administration (SAMHSA)***.

Those looking for more information or to get involved should contact

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