MARYLAND MENTAL HEALTH AND CRIMINAL JUSTICE PARTNERSHIP

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Present: Shanna Bittner-Borel, *Behavioral Health System Baltimore (BHSB)*
              Marian Bland, *Mental Hygiene Administration (MHA)*
              Greg Burkhardt, *Value Options*
              Herb Cromwell, *Community Behavioral Health Association of Maryland (CBH)*
              Sue Diehl
              Jameshia Dixon, *MHA Office of Forensic Services*
              Terry Farrell, *Harford County Core Service Agency*
              Jim Hedrick, *Governor's Office of Crime Control and Prevention (GOCCP)*
              Lisa Hovermale, *Developmental Disabilities Administration (DDA)*
              Gwen Johnson, *Department of Public Safety and Correctional Services (DPSCS)*
              Steve Johnson, *BHSB*
              Dan Martin, *Mental Health Association of Maryland (MHAMD)*
              Tom Martin, *DPSCS*
              Lorie Mayorga, *Maryland Medicaid*
              Alexis Moss, *Maryland Medicaid*
              Linda Raines, *MHAMD*
              Matt Raines, *MHAMD*
              Chuck Rapp, *Maryland Police and Correctional Training Commissions (MPCTC)*
              Crista Taylor, *BHSB*
              Dudley Warner, *MHA*
              Donna Wells, *Howard County Mental Health Authority (HCMHA)*
              Evelyn Young, *DPSCS – Community Supervision*

On Phone: Kate Farinholt, *NAMI Maryland*
              Victor Henderson, *Maryland Department of Disabilities (MDOD)*
              Jessica Honke, *NAMI Maryland*
              Erin Hopwood, *Department of Legislative Services (DLS)*
              George Lipman, *Maryland Judiciary*
              Sharon Tyler, *Maryland Correctional Administrators Association (MCAA)*
              Keith Warner, *Harford County Sheriff's Office*
              Christy Wasilenko, *MHM Services*

Open Discussion with Medicaid Staff
Lorie Mayorga from Maryland Medicaid detailed many of the eligibility rules and procedures in place for incarcerated individuals. There is a general exclusion that prevents otherwise eligible individuals who are serving time for a criminal offense from receiving Medicaid services. An exception to this rule allows such individuals to receive Medicaid services when admitted as an inpatient to a hospital or similar facility.

The goal has long been to suspend Medicaid eligibility during incarceration. The difficulty in that process stems from the managed care delivery system. Most Medicaid recipients are enrolled in HealthChoice, to which the State pays a fixed monthly rate. However, the State does not want to pay capitation rates for people not eligible for services. Currently, a daily automated match against the Medicaid claim system detects whether an active Medicaid person who becomes incarcerated is in managed care. If so, the Department of Health and Mental Hygiene (DHMH) disenrolls the individual from managed care and changes the delivery status to fee for service. Individuals in pretrial detention are left in managed care until final disposition.

Pre-release, DPSCS will identify eligible candidates and help them through the process of applying for Medicaid so coverage can begin quickly upon release. Unfortunately, the disability requirement for individuals between 16-24 years of age is limiting and time consuming. However, it should become much smoother in 2014 when the expansion adult category eliminates the SSA/SRT determination requirement for Medicaid. There is also hope that a streamlined healthcare reform online application system and healthcare navigators and assisters will speed up eligibility determination and reduce advance planning prior to release. (See attached document for more information on these procedures.)

Partnership members felt it would be beneficial to see updated numbers of people identified as eligible during incarceration and how the manual process is working to get them enrolled in Medicaid quickly upon release. Gwen Johnson said those numbers are available, but that no reports have been generated. She will look into whether that data can be collected and report back to the MHCJP.

Several members reported that Health Care Access Maryland (HCAM) is working in Baltimore City and at the Baltimore County detention center to enroll people in health care. They hope to eventually have navigators on site.

There were also questions about Medicaid for people on home detention. These individuals are technically incarcerated and are subject to the same exclusion detailed above.

Departmental Updates
Reentry Stat – Work is still underway to identify specific outcome measures and develop a template to analyze the data. This is a collaborative effort across multiple departments so determining appropriate metrics is somewhat difficult. There is an expectation that the template will be complete by the next Reentry Stat meeting in March. Tom Martin will share the document with MHCJP when it becomes available. The process in general has been a useful way to coordinate efforts across departments and discuss data matching efforts relating to employment, benefits applications, veterans services, housing vouchers, identification processes, etc.

State ID Release Program – This project continues to be an important part of the release process. Roughly 500 individuals are released from DPSCS facilities monthly. During FY14, an average of 221 IDs have been issued each month to people exiting facilities. The goal is to reach

an average of 250 IDs per month. The MVA bus program was only averaging 130 IDs/month. Additionally, new data shows that 80-85 people are using their prison IDs each month to get State IDs from the MVA after being released. Although individuals may choose not to participate in the State ID program pre-release, everyone is at least supposed to leave with a prison ID. However, Sue Diehl voiced concern that some still leave with no identification whatsoever. Tom Martin will look into the issue.

Co-Occurring Disorders Reentry Pilot – This reach-in/reentry program continues. People Encouraging People (PEP) is currently working with around four individuals per week at the Patuxent Institution. Participation is not as high as expected so the Department is really working to increase messaging and training. It was recommended that efforts be focused not just on transition units, but on mental health units as well. Updated totals of eligible and participating individuals were not available at the meeting. Tom Martin will collect the updated numbers and forward them to MHCJP.

Subcommittee Updates
Provider Referral – A new 'Special Conditions for Release' policy is still being developed. It is unclear when that policy will be finalized. Evelyn Young, a former agent for Community Supervision, now supervises agents that work with the mental health court. DPSCS and MHM have discussed ways to decrease missed initial appointments with community mental health providers. A Community Supervision agent is assigned to all individuals leaving prison with a serious mental illness. The agent works to create a release plan and will continue to work to redirect the individual even when they miss their first appointment. (See attached document for more information on this process.) Work is underway to build better relationships and increase buy-in among community providers. It is still anticipated that responsibility for tracking no-shows will transfer from the CSAs to Community Supervision in the near future.

DataLink – The DataLink toolkit is finalized and being circulated to every jurisdiction. It includes a memo from the Secretaries of DHMH and DPSCS, an overview of the program, an MOU template, sample data, and more. The toolkit has been presented to multiple organizations, including MACSA, MCAA, and the interagency forensic council. The program is up and running in Baltimore City and Howard County and progress is being made in Charles, Wicomico, Harford, Montgomery, and Carroll counties. The subcommittee is also working to develop a guide for providers listing contact information of health service administrators and other key individuals in detention centers. Another effort centers on the retention of arrest/booking data in order to evaluate trends and outcomes. To that end, the group is drafting two applications to submit as part of the DHMH and DPSCS Institutional Review Board processes. Judge Lipman indicated that a subcommittee of the Criminal Justice Coordinating Council in Baltimore City is evaluating how to better use data and DataLink.

Crisis Intervention Teams (CIT) – The subcommittee developed a document of proposed essential standards for CIT teams in Maryland. The document details the core elements necessary to implement CIT fully and sustain it over time. Effective CIT programs result in less lethal interventions, better outcomes, increased safety for all involved, and reduced liability.

There must be a partnership between behavioral health and criminal justice at the highest levels in each jurisdiction in order for CIT to become institutionalized as part of the culture. This document takes a broad view when defining behavioral health by including intellectual and developmental disorders. Five jurisdictions currently utilize some form of CIT program (Baltimore City and Montgomery, Harford, Howard and Baltimore counties.) In Harford County, CIT has resulted in a decrease of admissions to both jail and hospitals. All jurisdictions are receiving grants this year from MHA to begin or improve CIT. MHA developed a grid describing concrete steps necessary to implement the core standards. CSAs will be required to complete this document quarterly as a condition of award for their CIT funding. It will assist in gauging progress and providing technical assistance. The subcommittee is also working to organize one or more statewide trainings to sell the value of CIT, receive input from local law enforcement and address any concerns related to cost and training.

Update on the Commission for Effective Community Inclusion of Individuals with Intellectual and Developmental Disabilities
The Commission has expanded its vision beyond police training to include more discussions about CIT. The MHCJP CIT subcommittee Core Elements document was forwarded to the Commission. The group is also looking to bring other first responders into the conversation, including paramedics, firefighters, school personnel, etc. The first Commission report is due on January 9. Community forums are being organized in Catonsville, Silver Spring, Frederick and Easton. Jim Hedrick will forward exact dates and locations when available.

Next Meeting
The full MHCJP will not meet during the legislative session. Subcommittees will meet as needed to continue their work.

Meeting adjourned
Recorded by Dan Martin