



Maryland's Behavioral Health and Public Safety Center of Excellence

STRATEGIC PLAN

September 2023



**MARYLAND CRIME RESEARCH
AND INNOVATION CENTER**

About MCRIC

This document was prepared by the Maryland Crime Research and Innovation Center (MCRIC) at the University of Maryland. The Maryland Crime Research and Innovation Center engages in research to inform local, state, and national crime reduction strategy and policy through data-driven scholarship by conducting rigorous interdisciplinary basic and applied research, developing and evaluating innovative criminal justice strategies aimed at reducing crime in the state, leveraging cross-agency networks to foster data integration, and actively engaging in translational science through wide and varied dissemination of research. MCRIC leverages the broad range of expertise at the University of Maryland to engage in innovative research and interdisciplinary projects to enhance community safety and inform data-driven decision making. MCRIC works with a variety of partners including communities and community-based organizations, police and practitioners, lawmakers, academic peers, and industry, to promote data sharing, exchange knowledge and best practices, and develop new approaches.

About the Project

This is the final strategic plan for Maryland's Behavioral Health and Public Safety Center of Excellence. This work was funded by the Maryland Governor's Office of Crime Prevention, Youth, and Victim Services (GOCPYVS). The views and conclusions contained in this document are those of the authors and should not be interpreted as representing the views or policies of the GOCPYVS, or the University of Maryland. Earlier versions of this strategic plan were delivered to project sponsors in December 2022, March 2023, April 2023, and June 2023.

Authors

Bianca Bersani, Ph.D., (Principal Investigator)

Associate Professor, Department of Criminology and Criminal Justice, University of Maryland, College Park. Director, Maryland Crime Research and Innovation Center (MCRIC)

Meghan Kozerra, M.A.

PhD Candidate, Department of Criminology and Criminal Justice, University of Maryland, College Park. Research Analyst, Maryland Crime Research and Innovation Center (MCRIC)

Lauren Porter, Ph.D., (Co-Investigator)

Associate Professor, Department of Criminology and Criminal Justice, University of Maryland, College Park

Erin Artigiani, MA

Deputy Director for Policy, CESAR: Center for Substance Use, Addiction & Health Research, University of Maryland, College Park

Research Assistants

Lydia Becker

Graduate Student, Department of Criminology and Criminal Justice, University of Maryland, College Park.

Serena Bujtor

Undergraduate Student, Department of Criminology and Criminal Justice, University of Maryland, College Park

Numerous people contributed to the development of the document:

Comprehensive Readers

Johnny Rice II, DrPH, MSCJ

Chair and Associate Professor, Department of Criminal Justice, College of Behavioral and Social Sciences, Coppin State University. Research Fellow, Bishop L. Robinson Sr. Justice Institute

Sabrina Taylor, PhD, LGPC, CRC, CVRC, CWIP

Chair, Department of Psychology, Counseling, and Behavioral Health
Undergraduate Rehabilitation Services Program Coordinator

Area Specific Readers

Maureen Boyle

Chief Quality and Science Officer, American Society of Addiction Medicine

Jen Corbin

Director of the Anne Arundel County Mental Health Agency's Crisis Response System

Melissa S. Morabito, PhD

Professor, School of Criminology and Criminal Justice, University of Massachusetts - Lowell.

Stephanie Hutter-Thomas, PhD

Research Program Director for the Buprenorphine Implementation Research & Community Health (BIRCH) Project, West Virginia University School of Medicine, Department of Behavioral Medicine & Psychiatry. Founder & CEO, Appalachian Recovery Concepts, L.L.C.. Co-Investigator, Mountain Maryland Forward Project, University of Maryland CESAR

Oregon Center on Behavioral Health and Justice Integration (OCBHJI)

Chris Thomas, MS

Center Director

Jo Pedro-Frye, MS

Behavioral Health and Justice Specialist

Ridg Medford

Behavioral Health and Justice Specialist

Kim Miller, BS, CADC II

Behavioral Health and Justice Specialist

List of Abbreviations

ACO	Accountable Care Organizations
ACT	Assertive Community Treatment
BHA	Behavioral Health Administration
BHPS-CoE	Behavioral Health and Public Safety Center of Excellence
BJA	Bureau of Justice Assistance
BJMHS	Brief Jail Mental Health Screen
CCAR	Connecticut Community for Addiction Recovery
CCBHC	Certified Community Behavioral Health Clinics
CDC	Centers for Disease Control and Prevention
CESAR	Center for Substance Use, Addiction & Health Research
CJS	Criminal Justice System
CIT	Crisis Intervention Training
CITCE	Crisis Intervention Team Center of Excellence
CMHS	Correctional Mental Health Screen
CO	Correctional Officer
COD	Co-occurring Disorders
CPRS	Certified Peer Recovery Specialist
CRIT	Crisis Response and Intervention Training
CRT	Crisis Response Team
CSG	Council of State Governments
DSM	Diagnostic and Statistical Manual of Mental Disorders
ED	Emergency Department
EMS	Emergency Medical Services
EMT	Emergency Medical Technician
ESIC	Eastern Shore Information Center
FACT	Forensic Assertive Community Treatment
GOCPYVS	Governor's Office of Crime Prevention, Youth, and Victim Services
HIFA	Health Insurance Flexibility and Accountability
ICAT	Integrating Communications, Assessment and Tactics
IDD	Intellectual and Developmental Disabilities
LBHA	Local Behavioral Health Authority
LE	Law Enforcement

LEAD	Law Enforcement Assisted Diversion
MABPCB	Maryland Addiction and Behavioral Health Professionals Certification Board
MAT	Medication Assisted Treatment
MCIN	Maryland Criminal Intelligence Networks
MCRIC	Maryland Crime Research and Innovation Center
MDCSL	Maryland Community Services Locator
MOU	Memorandum of Understanding
MOUD	Medications for Opioid Use Disorder
NAMI	National Alliance on Mental Illness
NCLS	National Conference of State Legislatures
NIH	National Institutes of Health
OCBHJI	Oregon Center on Behavioral Health and Justice Integration
OIT	Opioid Intervention Team
OOCC	Opioid Operational Command Center
OOOMD	On Our Own of Maryland, Inc.
PAARI	Police Assisted Addiction and Recovery Initiative
PHQ-9	Patient Health Questionnaire
PMHC	Police-Mental Health Collaborations
PTSD	Post-Traumatic Stress Disorder
PRA	Policy Research Associates
SAMHSA	Substance Abuse and Mental Health Services Administration
SID	System Identification
SIM	Sequential Intercept Mapping
SNAP	Supplemental Nutrition Assistance Program
SMI	Serious Mental Illness
SUD	Substance Use Disorder
TANF	Temporary Assistance to Needy Families
TCUDS V	Texas Christian University Drug Screen 5
WRAP	Wellness Recovery Action Plans

Executive Summary

Note: All statistics and scientific studies are referenced in the main document.

People with behavioral health needs are disproportionately represented in the criminal justice system and have a high rate of repeat interaction with public safety and health systems. **IN MARYLAND**, justice-involved individuals report high rates of behavioral health needs. A 2016 report found that nearly 40% of people in Maryland jails had a current mental health disorder and 1 in 4 suffered from a serious mental illness. More than two thirds (69%) have a substance use disorder. Roughly a third have a co-occurring mental health and substance use disorder. Data are lacking on the prevalence of intellectual and developmental disabilities in Maryland, but *Activating Change* states that nationwide people with disabilities are three to four times more likely than people without disabilities to be incarcerated. As a result, although people with disabilities comprise only 20% of the U.S. population, they account for 40% of those in jail.

In 2020, a Maryland State Summit on Behavioral Health and the Justice System made clear that “Maryland has an impressive array of legislation, programs, and exemplary practices at both the state and county levels that address the needs of justice-involved individuals with mental or substance use disorders” but at the same time lacks a “central entity charged with collecting and disseminating evaluation data and information to promote expansion of programs and guide state priorities. To meet this need, during the 2021 legislative session, the General Assembly enacted [Senate Bill 857](#) establishing the Maryland Behavioral Health and Public Safety Center of Excellence (BHPS-CoE) within the Governor’s Office of Crime Prevention, Youth, and Victim Services (GOCPYVS). On April 13, 2021, Governor Larry Hogan signed the bill into law.

The statute established the BHPS-CoE’s **purposes** to include: (1) act as a statewide information repository for behavioral health treatment and diversion programs related to the criminal justice system, (2) lead the development of a strategic plan to increase treatment and reduce the detention of justice-involved individuals with behavioral health disorders, (3) provide technical assistance to local governments for developing effective systems of care that prevent and minimize involvement with the justice system for individuals with behavioral health disorders, (4) facilitate local and/or regional planning workshops using the Sequential Intercept Model, (5) coordinate with the Maryland Department of Health and the Behavioral Health Administration to implement and track the progress of creating an effective systems of care related to individuals involved in the justice system, and (6) identify and inform any relevant stakeholders of federal funding available through the center to carry out its mission.

In 2022, the BHPS-CoE began the process of developing the strategic plan that would guide the center’s efforts in the initial years. The strategic plan is aimed at translating the above mentioned purposes into concrete priorities, objectives, and action steps for the center to undertake. This planning process included partnering with the Maryland Crime Research and Innovation Center (MCRIC) at the University of Maryland in July 2022 to lead the development of the strategic plan. MCRIC assembled a multidisciplinary team from within the University of Maryland and contracted topic experts from Coppin State University. The multi-year statewide strategic plan draws on the recommendations of the Annual State Sequential Intercept Model Summit 2020 report and other related documents.

The BHPS-CoE focuses on the intersection of behavioral health and public safety. Behavioral health is a broad term that includes serious mental illness (SMI), substance use disorder (SUD), and intellectual and developmental disabilities (IDD). Public safety refers to the well-being and protection of everyone in the community including individuals with a history of justice-system (i.e., police contact through corrections and reentry) involvement and those at risk for justice-system involvement.

The BHPS-CoE Strategic Plan 2023 outlines **seven priority areas** with goals and action steps that provide a roadmap to carry out the mission of the center. Action steps are classified as “in progress,” “immediate,” and “forthcoming.” Actions were prioritized based on the following criteria:

- Feasibility given the resources (e.g., data, personnel) currently available;
- Necessary prerequisite to provide the infrastructure or obtain information to meet the needs of the stated priorities and guide forthcoming actions;
- Availability of reliable and valid evidence to support the implementation of actions; and
- Value alignment with the BHPS-CoE’s mission and guiding principles.

Throughout the plan, we use the term “jurisdiction” to refer to Maryland’s 23 counties and Baltimore City, recognizing that these county/city designations include multiple smaller jurisdictions within them. Our identified priority areas are as follows:

➤ Identify and Assess Local Resources for Justice-Involved Persons with Behavioral Health Disorders (Mental Health Disorders, Substance Use Disorders, and/or Intellectual and Developmental Disabilities) through Localized Sequential Intercept Model Mapping.

The Sequential Intercept Model (SIM) was developed to help communities identify ways to address the disproportionate number of people with behavioral health issues in the criminal justice system across six key “intercepts” at which people with behavioral health needs come into contact with and flow through the criminal justice system. By engaging in the SIM process, jurisdictions assess resources and determine critical service gaps; identify opportunities to divert individuals from justice system involvement into alternative treatment services; forge partnerships between different agencies, organizations, and jurisdictions; introduce practitioners to evidence-based practices; enhance relationships across systems and agencies; and create customized plans for community change. The BHPS-CoE will facilitate local-level SIM at the request of jurisdictions and in partnership with local-level stakeholders with jurisdiction expertise, promote the sustainability of SIM by providing continued technical assistance following SIM and for re-mapping efforts, and monitor and report on statewide SIM progress.

➤ Build Community-based Crisis Response Team (CRT) Programs.

Crisis Response Team (CRT), also known as Crisis Intervention Team, programs leverage collaborative community partnerships and intensive training to respond to individuals in crisis. This community-based approach brings together law enforcement, mental health providers, emergency services, advocates, and others to improve outcomes of behavioral health crisis incidents. Whereas there are core elements of CRT that should be widely adopted, jurisdictions should complement these efforts to meet the needs of their specific challenges (e.g., homelessness, trauma, suicide) and populations experiencing behavioral health crisis (e.g., transition age youth, veterans). The BHPS-CoE will facilitate the adoption, expansion of

coverage, and sustainability of CRT through technical assistance and access to mental health and crisis intervention training; disseminate information on best practices; and monitoring training progress across the State; promote CRT partnerships by working and convening local stakeholders across the State to support communication and foster collaboration; and track ongoing developments in the use of alternatives to law enforcement responses to crisis calls.

Coordinate Within and Across Systems to Minimize Disruptions in the Continuum of Care.

A continuum of care refers to a comprehensive range of services provided through the criminal justice and public health systems that evolve as individuals progress through the systems and transition through different levels of care. Coordination within and across systems will minimize disruptions and delays in accessing services by prioritizing community-based treatment and harm reduction strategies and investing in prevention and peer services. These efforts take place at the state and local levels including promoting statewide policies, supporting direct service provision, training and supporting behavioral health specialists including peer mentors and service providers, and assisting in the expansion of the local workforce and potential employers to achieve full coverage.

Support the Development of Formal Screening Processes to Identify Candidates for Diversion.

Whereas the high prevalence of individuals with behavioral health issues in the criminal legal system is known, many agencies lack the resources to accurately identify who and how many people under their care have behavioral health needs. This greatly limits the ability to respond to these needs. Unfortunately, behavioral health issues are under-identified in part because screening in criminal justice settings is inconsistent and incomplete. The BHPS-CoE will support the development of screening processes to accurately and swiftly identify those with behavioral health needs who come in contact with the criminal justice system, develop protocols for appropriate timing and number of intervention points to administer screeners, facilitate training and provide technical assistance for selecting and administering screeners, and support data and analysis to understand the scope and patterning of behavioral health issues in Maryland's criminal justice system.

Promote Comprehensive and Consistent Data Collection, Management, and Integration.

Improving cross-system data collection, management, and integration is essential for a myriad of reasons including (but not limited to): identifying the service population (especially high-utilizers/ frequent fliers), informing client-level decisions and diversion, analyzing trends and patterns in service utilization and delivery over time, justifying the development and expansion of programs, and measuring individual and program outcomes and success. In order to promote a comprehensive behavioral health and public safety data infrastructure, the BHPS-CoE, in partnership with the appropriate advisory boards and area experts, must first develop standardized protocols that detail *what* data should be collected, *how* data should be collected, *who* is responsible for collecting these data, and *where* data integration can and should take place (BHPS-CoE or other organizations to be determined, e.g., BHA, independent agency).

➤ **Support Data-Driven Decision Making.**

Justice-involved persons with behavioral health disorders are served in multiple systems. Building a comprehensive data system to support data-driven decision making begins with linking data across systems. Linking longitudinal data from multiple systems can provide answers to questions about policy and program effectiveness *and* create client-level service/treatment records to improve continuity of care for justice-involved persons with behavioral health disorders. By partnering with researchers from Maryland colleges and universities, the BHPS-CoE can leverage a network of interdisciplinary experts to navigate complex data systems, analyze behavioral health and public safety trends, evaluate program/policy outcomes, and assess performance metrics.

➤ **Facilitate Communication and Information Dissemination about Opportunities and Best Practices Across Jurisdictions, the State, and the Nation.**

The BHPS-CoE will function as the State's clearinghouse for information regarding behavioral health, public safety, and their intersection. The BHPS-CoE is positioned to streamline and strengthen communication between and across agencies, organizations, and jurisdictions to leverage existing capacity and knowledge building, identify opportunities for collaboration and scaling of promising programs, and create a community of cooperation that promotes shared learning and a commitment to a safer and more supportive State. This work involves efforts including establishing standard language to facilitate shared understanding and collaboration, creating translational documents to share emergent strategies and evidence-informed approaches occurring locally and nationally, and developing a website to function as the centralized hub for accessing timely information and developments.

To facilitate the achievement of the BHPS-CoE's priorities, we highlight **four key goals** for 2023. These goals will enable center staff to develop collaborations with experts, practitioners, and people with lived experience and begin to identify current resources and gaps in services and provide recommendations for addressing them in future years.

➤ **Develop a comprehensive Behavioral Health and Public Safety Center of Excellence website.**

A key role of the BHPS-CoE is to facilitate communication within and across agencies, organizations, and jurisdictions across the State. To do this effectively and efficiently, the BHPS-CoE should develop a comprehensive website during the next fiscal year. This website would be separate from the general GOCPYVS website, though linked on that page. We envision this website as a "one-stop shop" to accessing information on SIM, CIT, emergent evidence-informed and evidence-based practices, and innovative strategies occurring in Maryland, and to house links to other state and local resources. The website will be dynamic and evolve as new information and areas of interest emerge.

➤ **Complete the hiring process for the BHPS-CoE staff, prioritizing the need for behavioral health specialists.**

Significant attention in the early years of the BHPS-CoE will be directed to facilitating SIM at the jurisdiction level. The BHPS-CoE will be the primary facilitators of this effort which will require personnel to be trained to facilitate SIM but also time devoted to education and outreach efforts to promote the

benefits of SIM, connecting with local stakeholders, agencies, and organizations to participate in SIM, and to provide ongoing technical support to those jurisdictions engaging in the SIM process. This trust building process will require a full staff to support continued and constant efforts particularly in the early years as the process builds momentum across the State.

➤ Identify all current and relevant sources of data in Maryland on behavioral health and justice involvement at the state and jurisdiction levels.

With the goal of supporting the development of comprehensive data infrastructures, the BHPS-CoE will need to engage early on in an effort to identify current sources and types of information collected, as well as coverage periods, for behavioral health and justice involvement data. Building an understanding of current data efforts will allow for the BHPS-CoE to work with stakeholders to establish protocols for data collection and governance across agencies and jurisdictions (e.g., use the System Identification (SID) numbers), to effectively use data to draw insights to promote public safety and inform decision making, and to evaluate programs.

➤ Identify all current agencies, working groups, task forces, and advisory groups in Maryland aimed at the intersection of behavioral health and public safety.

Meeting the needs of individuals experiencing a behavioral health crisis and reducing their interactions with the justice system are key concerns in Maryland as is evidenced by the variety of organizations aimed at addressing this challenge. To capitalize on the strength of these efforts, the BHPS-CoE should conduct a comprehensive review of existing workgroups, task forces, advisory groups, and partnerships to document mission, membership, current objectives, and status (active and inactive) to leverage accumulated knowledge; identify points of opportunity and potential redundancy; and develop a communication platform for ongoing collaboration.