

Sequential Intercept Model Mapping Report for St. Mary's County, Maryland

Final Report
April 2025

Governor's Office of Crime Prevention and Policy
Centers of Excellence



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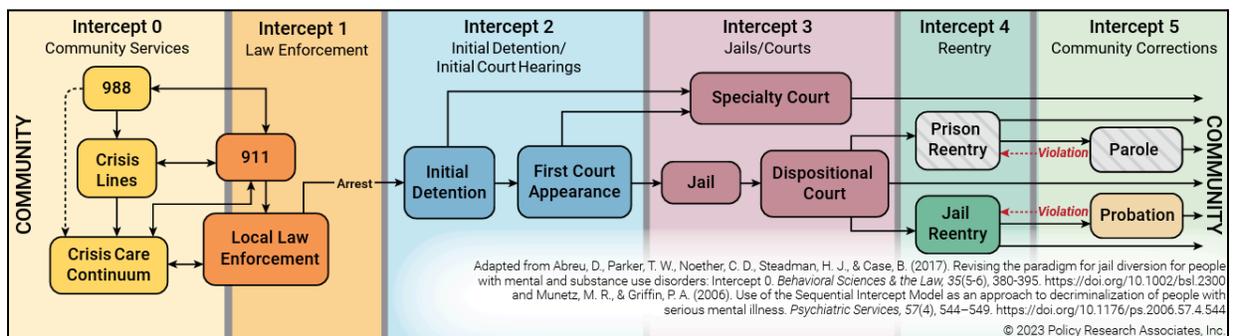
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BACKGROUND

The sequential intercept model (SIM), developed in the early 2000s by Mark R. Munetz, M.D., and Patricia A. Griffin, Ph.D., provides a framework for states and communities to assess resources, identify service gaps, and plan multi-system improvements. It is most effective when carried out by a diverse team of stakeholders, including representatives from behavioral health, law enforcement, pretrial services, courts, jails, community corrections, housing, social services, peers,¹ family members, and many others. The SIM illustrates how individuals with behavioral health needs interact with and flow through the criminal legal system. SIM mapping workshops help communities identify opportunities to connect individuals to services, reduce unnecessary involvement in the legal system, and support reentry after incarceration.

The SIM mapping workshop has three primary objectives:

1. Development of a comprehensive picture of how people with mental illness and co-occurring disorders flow through the criminal legal system along six distinct intercept points: (0) Community Services,² (1) Law Enforcement and Emergency Services, (2) Initial Detention and Initial Court Hearings, (3) Jails and Courts, (4) Reentry, and (5) Community Corrections/Community Support.
2. Identification of gaps, resources, and opportunities for individuals in the target population at each intercept.
3. Development of priorities for activities designed to improve system and service level responses for individuals in the target population.



¹ In this report, “peer” refers broadly to individuals with shared experiences of traumatic stress, substance use, psychiatric illness, or a history of incarceration. “Peer support” includes a range of contexts such as workforce stress, incarceration, psychiatric illness, and substance use. In contrast, the terms “peer recovery specialist” and “peer support services” refer to non-clinical activities defined by State behavioral health regulations for individuals in recovery from behavioral health disorders.

² Community services are provided by civilians and include community resources; preventative and chronic care; and acute and urgent care.

³ This image is included for illustrative purposes only and may not be an exact representation of the local system.

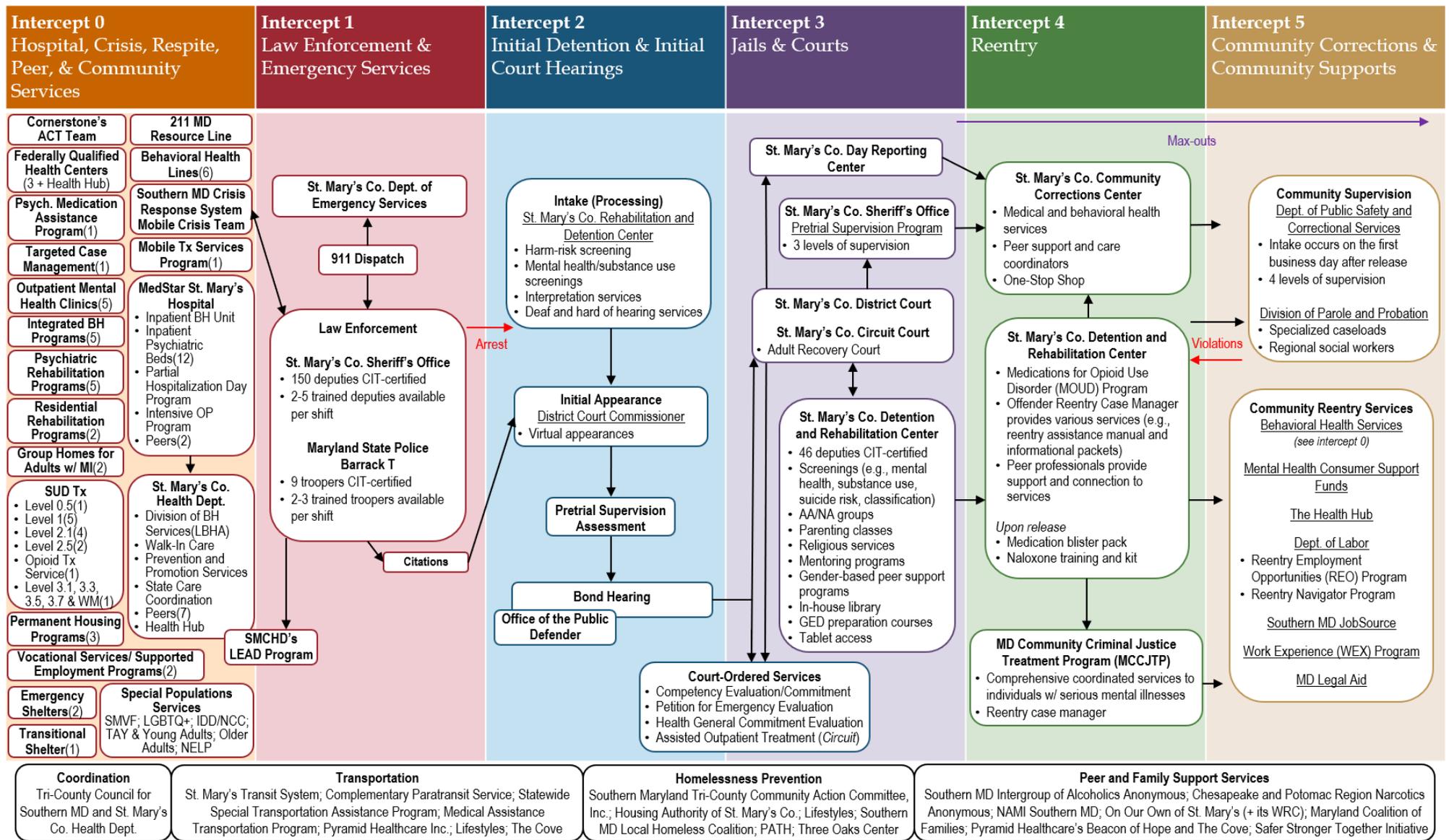
INTRODUCTION

In April 2025, the Centers of Excellence, joined by two trained SIM facilitators, met with a group of stakeholders from the behavioral health and criminal legal systems in St. Mary's County, Maryland, at the St. Mary's Health Department. The Centers of Excellence staff provided a brief presentation on the SIM and facilitated discussions focused on identifying:

- Existing resources for responding to the needs of adults with mental health and substance use conditions who are involved or at risk for involvement in the criminal legal system.
- Gaps in services for systems-involved individuals with behavioral health needs.
- Opportunities for diverting individuals in the target population out of the criminal justice system and connecting them with treatment and other community support services.
- Opportunities for cross-system collaboration and partnerships.

The discussions touched on all the intercepts of SIM. The Centers of Excellence captured information about the resources, gaps in services, and opportunities. Following this discussion, the group reviewed the gathered information and identified short and long-term goals. This process assisted in identifying priorities for community change. At the conclusion of this meeting, the stakeholders in attendance voted on the identified priorities found on page 69.

SEQUENTIAL INTERCEPT MODEL MAP FOR ST. MARY'S COUNTY, MARYLAND



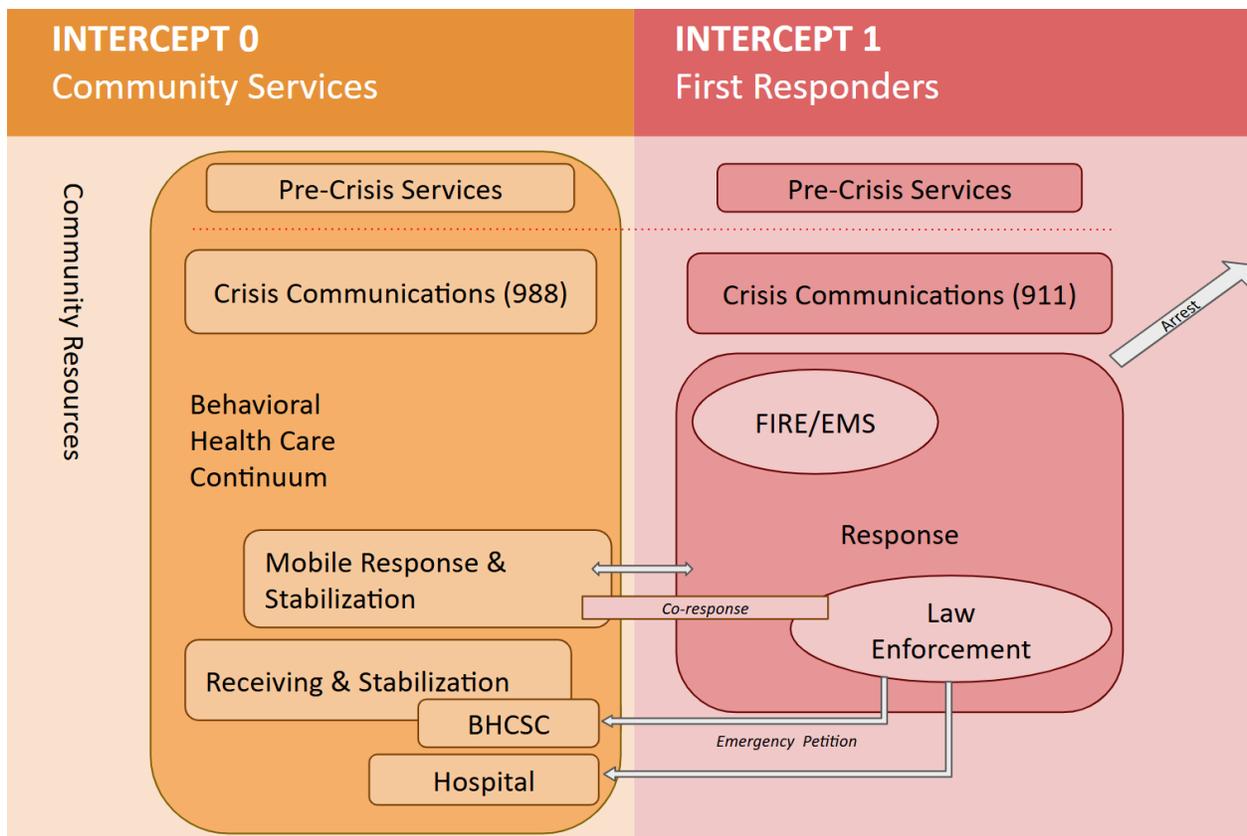


RESOURCES AND GAPS AT EACH INTERCEPT

The focus of this workshop is the development of a sequential intercept model map. Thus, the facilitators work with the workshop participants to identify resources and gaps at each intercept. This process provides contextual information for understanding the local map, as the criminal legal system and behavioral health services are ever-changing. Furthermore, this catalog can be used by planners to expand opportunities for improving public safety and public health outcomes for people with behavioral health conditions, intellectual and developmental disabilities (IDD), and neurocognitive disorders (NCD) by addressing the gaps and building upon existing resources.

Note. *This report includes the resources identified by participants during the mapping workshop. As a result, it may not capture all relevant resources, programs, or organizations present in the community and reflect the status at the time of the workshop, unless otherwise noted.*

⁴ <https://roubler.com/za/wp-content/uploads/sites/52/2020/04/COVID19-Recovery-1.jpg>



INTERCEPT 0 AND INTERCEPT 1

INTERCEPTS 0/1 RESOURCES

Community Resources

St. Mary’s County is a predominantly rural area in Southern Maryland with a population of 113,777 and a significantly lower population density than the state average.⁵ It encompasses the single incorporated town of Leonardstown, Amish and Mennonite communities, several military installations, and four institutions of higher learning. Spanning 358.6 square miles, it is the sixteenth-largest county in Maryland by land area, but much of the county is bordered by three rivers and the Chesapeake Bay. St. Mary’s County shares borders with Westmoreland and Northumberland counties in Virginia and Calvert, Charles, Dorchester, and Somerset counties in Maryland.

⁵ Please refer to 2023 American Community Survey 1-year estimates for additional details.
<https://data.census.gov/profile?g=050XX00US24037>

The county is less ethnically diverse than the state overall: only 4.3% of residents are foreign-born, compared to 17.0% statewide, and the percentage of families speaking a language other than English at home is unavailable due to insufficient sample size. However, several demographic groups are represented at higher rates than the state average, including Veterans (13.2% vs. 6.6%) and families moving into the county from another state (3.3% vs. 2.7%). While the overall poverty rate in St. Mary's County (8.3%) is lower than the state average of 11.1%, the poverty rate among minors (12.0%) is particularly elevated. The county population has increased since 2010 (8.6%), exceeding both the state (6.5%) and national (7.7%) averages; demand for services has increased accordingly.

Coordination: The [Tri-County Council for Southern Maryland](#) is a regional planning and development agency established in 1964 to promote the social and economic growth of Calvert, Charles, and St. Mary's counties. It serves as a forum for addressing regional issues and advancing shared goals. The council also collaborates with Prince George's and Anne Arundel counties and supports federal, state, and local governments in fulfilling their responsibilities more effectively.

The [St. Mary's County Health Department \(SMCHD\)](#) is organized into several major divisions (see Appendix B). Among them, the Behavioral Health Division serves as the Local Behavioral Health Authority (LBHA) for St. Mary's County.⁶ In this role, the division is responsible for planning, managing, and monitoring the county's publicly funded behavioral health services for individuals in Maryland's Public Behavioral Health System (PBHS). These services are available to residents with behavioral health needs who are enrolled in Medical Assistance ("Medicaid"), are Medicaid-eligible, or are uninsured and meet specific income criteria.

Within the Behavioral Health division, four service areas encompass various units, initiatives, and programs that provide a wide range of services. These include: (1) the Health Hub, including the LEAD⁷ program and walk-in crisis counseling initiative; (2) Prevention and Promotion; (3) Harm Reduction; and (4) Care Coordination, including programs for suicide prevention, state care coordination, and care coordination by age (adults; older adults; and child, adolescent, and young adults). To help residents access these services, the health department's website

⁶ Maryland law (Health General § 10-1201) establishes either a Local Behavioral Health Authority (LBHA) or a Core Service Agency (CSA) and Local Addictions Authority (LAA) for non-integrated jurisdictions in every county in Maryland and Baltimore City. As mandated by Health General § 10-1203 and at the direction of the Secretary of the Maryland Department of Health (MDH), these entities report directly to the Behavioral Health Administration (BHA). BHA, housed within MDH, oversees publicly-funded inpatient and outpatient (community) behavioral health services, regulates and licenses all behavioral health programs in Maryland's Public Behavioral Health System, and ensures provider compliance with COMAR 10.63 and state policy.

⁷ Across the country, programs commonly known as "Law Enforcement Assisted Diversion (LEAD)" are also referred to as "Let Everyone Advance with Dignity (LEAD)," reflecting a broader understanding of the role of community-based support in diversion efforts. While individual programs may use different names, the National Support Bureau has adopted both. This report uses local naming conventions when referring to specific programs.

provides a [Behavioral Health Resources](#) page that connects individuals to local services and providers.

In addition to its main office in Leonardtown, SMCHD operates the [Health Hub](#) in Lexington Park, a centralized location offering a wide range of health and wellness services. Operated in collaboration with community organizations, the Health Hub provides mostly free or low-cost services, with no income or insurance requirements. Available services include primary care, medical respite, health insurance enrollment, harm reduction, and crisis counseling. The Health Hub also offers support through financial assistance, employment services, community mediation, expungement clinics, literacy programs, youth mentoring, and day reporting. Housing support services are expected to be added soon. The Health Hub is open Monday through Friday, from 8:00 a.m. to 5:00 p.m.

Advisory Boards and Commissions: Advisory boards and commissions guide the Board of County Commissioners to identify specific local needs and review efforts to address them. St. Mary's County has 56 [committees, boards, and commissions](#), often including representatives from various community organizations and individuals with lived experience.

Community Services: Livable communities include essential features that allow all residents to thrive. The tables detail available resources including transportation (see Table 1), housing (see Tables 2A, 2B, and 2C), and services for special populations (see Table 3), which characterize the community's accessibility and sustainability.

Table 1 <i>Transit Services in St. Mary's County, Maryland</i>		
Type	Service	Local Context
Bus	St. Mary's Transit System (STS)	Ten fixed routes operate across the county, including a route into neighboring Calvert County. As of July 2025, this service is free.
	Complementary Paratransit Program	The ADA Complementary Paratransit Service provides curb-to-curb service within ¼ of a mile of its fixed-route system for individuals with disabilities who cannot access fixed-route service. As of July 2025, this service is free.
	Statewide Special Transportation Assistance Program (SSTAP)	Planned demand routes offer general-purpose transportation for older adults and persons with disabilities. The regular round-trip fare is \$6.00.

Non-Emergency Medical (NEMT)	Medical Assistance Transportation Program	St. Mary’s County Health Department offers a last-resort medical transportation service to and from medical appointments for eligible county residents with Medical Assistance (Medicaid).
	Community Provider	Pyramid Healthcare Inc. (“Pyramid”) ⁸ offers transportation to behavioral health treatment at the Charlotte Hall and California locations.
Specialized	Lifestyles	Lifestyles offers subsidized transportation programs for low- to moderate-income household members to attend medical and employment-related activities and access community and social resources.
	Wellness and Recovery Center (WRC)	The Cove, an adolescent drug-free zone operated by Pyramid, collaborates with Pyramid staff at Beacon of Hope to help connect adults in families associated with the program to transportation services.

Note. [Transit services](#) are available within and beyond the county; access to these services varies by location.

Table 2A <i>Efforts to Prevent or End Homelessness⁹ in St. Mary's County, Maryland</i>		
Type	Purpose	Local Context
Local Coordination	A Community Action Agency (CAA) is a local nonprofit organization that offers a range of services and programs to help individuals living in poverty achieve self-sufficiency and economic mobility. These programs are designed to meet the community’s unique needs and are delivered in collaboration with local partners. CAAs are primarily funded by federal grants, such as the Community Services Block Grant (CSBG), with additional funding from state and local sources.	The Southern Maryland Tri-County Community Action Committee, Inc. (SMTCCAC) coordinates a spectrum of social and economic mobility services and serves as the federally mandated anti-poverty agency for Calvert, Charles, and St. Mary’s counties.

⁸ In 2018, Walden Treatment Center became the first Maryland subsidiary of Pyramid Healthcare Inc., prompting a name change from Walden to Pyramid Walden. It is now known as Pyramid Healthcare Inc.

⁹ “Homeless” is a common term used by many shelters, government bodies, and service providers. The terms “houseless” and “unhoused” have arisen in response to the fact that many people who do not live in traditional houses feel that they do have homes in tent encampments, vehicles, or specific spots for sleeping each night.

	Local housing authorities are dedicated to helping community members access safe, affordable, and well-maintained housing.	The Housing Authority of St. Mary's County (HASMCC) is not accepting applications for the waitlist at this time. Further details can be found in the " Intercepts 0/1 Gaps " section.
Local Resource Promotion	Local organizations connect individuals to housing services and shelter.	The Human Services Division of LifeStyles of Maryland Foundation Inc. ("Lifestyles") provides a single point of access to gain services to support a household's self-sufficiency; case managers are available in the St. Mary's County office to connect clients with available resources, including emergency financial assistance, financial management, homeless prevention subsidies, rehousing subsidies, and gap-filling financial assistance.
	Coalitions and councils coordinate the efforts of multiple local entities.	The Southern Maryland Local Homeless Coalition ¹⁰ coordinates resources and data for Calvert, Charles, and St. Mary's counties.
Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) Outreach, Access, and Recovery (SOAR) Program	The program improves SSI and SSDI application outcomes for adults experiencing homelessness and behavioral health conditions. Through an agreement with the Social Security Administration and the Department of Disability Services, SOAR applicants who are homeless or at risk of homelessness receive an expedited review process, resulting in an 86% cumulative approval rate in Maryland.	A dedicated SOAR staff member, employed by St. Mary's County and funded through the BHA, serves the tri-county region.

¹⁰ St. Mary's County's Local Homeless Coalition participates in the Maryland Balance of State Continuum of Care, which coordinates funding, community partner collaborations, and strategies to prevent and end homelessness in nine counties (Garrett, Allegany, Washington, Frederick, Cecil, Harford, Charles, Calvert, and St. Mary's). More information can be found at <https://www.mdboscoc.org/who-we-are>.

Projects for Assistance in Transition from Homelessness (PATH)	PATH is a grant-funded outreach program for county residents with mental health diagnoses (and possibly co-occurring substance use concerns) who are homeless or at risk of becoming homeless. The program accepts referrals from all sources, including self-referrals, and provides outreach, case management, advocacy, and assistance with housing and SSI/SSDI applications.	PATH staff are employed by the county LBHA, co-located within the harm reduction program at the Health Hub.
Continuum of Care (CoC) Program [24 CFR part 578]	The federal CoC program fosters a community-wide effort to end homelessness. Funds can be used for projects in five key areas: permanent housing, ¹¹ transitional housing, supportive services, homeless management information system (HMIS), and, in some cases, homelessness prevention.	To qualify, participants must have a diagnosis of a serious mental illness and meet HUD criteria for homelessness. St. Mary's County has funding available for up to 11 individuals. Additionally, Three Oaks Center's 16-bed emergency shelter for men has transitioned to a permanent supportive housing program effective July 1, 2025.

Table 2B <i>Shelter Options in St. Mary's County, Maryland</i>		
Type	Purpose	Local Context
Emergency Shelter	Emergency shelters provide temporary, overnight housing.	Three Oaks Center operates multiple emergency shelter programs. <ul style="list-style-type: none"> • The emergency shelter for women with children consists of four townhome units, typically serving six and eight families, depending on family size. • The single women's emergency shelter includes four beds.

¹¹ Permanent housing (PH) is defined as community-based housing without a designated length of stay in which formerly homeless individuals and families live as independently as possible. The CoC Program may fund two types of permanent housing: (1) permanent supportive housing (PSH), which is permanent housing with indefinite leasing or rental assistance paired with services to help homeless people with disabilities achieve housing stability; and (b) rapid re-housing (RRH), a model that emphasizes housing search and relocation services and short- and medium-term rental assistance to move homeless people as rapidly as possible into permanent housing.

		<ul style="list-style-type: none"> ● Upon completion of the TOC Home Renovation Project, an additional emergency shelter will accommodate 4-5 individuals. <p>The Southern Maryland Center for Family Advocacy provides emergency shelter to county survivors of domestic and sexual violence, along with no-cost legal advocacy and representation, case management, and crisis management services.</p> <p>In neighboring Calvert County, Project Echo, a local non-profit organization, provides emergency shelter and supportive housing for individuals and families with a 40-bed capacity.</p> <p>Catholic Charities’ Angel’s Watch Shelter, located in neighboring Charles County, offers low-barrier shelter and support for women and families in Southern Maryland. Referrals come through social services, law enforcement, and other local partners. Also in Charles County, Lifestyles coordinates Safe Nights, a seasonal hypothermia shelter program offered intermittently and sponsored by local faith-based organizations.</p>
Transitional Shelter	Transitional shelters act as temporary residences with maximum stays ranging from six to 24 months.	<p>The Mission operates the New Beginnings program at the Steve L. Kessler Care Center, a privately owned facility in Lexington Park that can accommodate up to 24 adults. Participants must meet specific eligibility requirements, including a commitment to engaging in faith-based activities.</p> <p>Three Oaks Center does not currently operate a formal transitional housing program. However, some of its grant-funded programs, such as Rapid Rehousing, Prevention, and SSVF, offer time-limited financial assistance for housing. These services are available to eligible individuals when suitable housing is identified and funding is available.</p> <p>In neighboring Charles County, Lifestyles supports several short-term housing options:</p> <ul style="list-style-type: none"> ● Robert J. Fuller Transitional House for Men (16 beds for men) ● Martha’s Place (five beds for women and children) ● Gayle’s House (eight beds for women and families who are survivors of domestic violence) ● Haven of Hope (five bedrooms for women and families who are survivors of domestic violence)

		<ul style="list-style-type: none"> • White Plains LifeStyles Center (emergency shelter for homeless elderly individuals and homeless families with children, with plans to expand capacity from 25 to 50 individuals) • Southern Crossing (a 27-unit transitional supportive housing community for individuals and families)
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Table 2C <i>Permanent Housing Options in St. Mary's County, Maryland</i>		
Type	Description	Local Context
Housing Choice Voucher Program (HCV or "Section 8")	The U.S. Department of Housing and Urban Development (HUD) funds the program to provide rental assistance to income-eligible applicants, helping them access suitable housing or pay a portion of the monthly rent where the family currently lives.	The Housing Authority of St. Mary's County (HASMC) is not accepting applications for the waitlist at this time. Further details can be found in the " Intercepts 0/1 Gaps " section.
Public Housing Program	Public housing offers decent and safe rental housing for eligible low-income families, older adults, and persons with disabilities. HUD provides federal aid to local housing agencies that manage housing units and offer affordable rents for low-income residents.	Southern Maryland Tri-County Community Action Committee Inc. owns over 300 affordable housing units designated for low-income community members. In the past year, SMTCCAC provided housing assistance to 423 households, totaling 915 people. In St. Mary's County, these units are located at a single site in Lexington Park.
U.S. Department of Housing and Urban Development VA Supportive Housing (HUD-VASH) Program	The program combines HUD's housing choice voucher (HCV) rental assistance with VA case management and supportive services to help homeless Veterans and their families secure	The Supportive Services for Veteran Families (SSFV) program, operated by Three Oaks Center, serves as a referral and coordination partner for the U.S. Department of Veterans Affairs in connection with the HUD-VASH program. Three Oaks Center supports eligible veterans by providing housing navigation,

	<p>permanent housing. It also provides access to health care, mental health treatment, and other supports to improve their quality of life and maintain housing over time. Unlike the traditional voucher program, applicants with a criminal history or outstanding debt to a housing authority are eligible, though individuals convicted of sexual offenses remain ineligible.</p>	<p>landlord engagement, and case management for those issued HUD-VASH vouchers. Upon discharge from the SSVF program, the VA assumes responsibility for case management for the first 12 months.</p> <p>The local homelessness coalition (LHC) has a total of 54 HUD-VASH vouchers for the Tri-County area, with a varied number of families served at any given time.</p> <p>Voucher recipients may lease housing anywhere within the Tri-County region, as long as the selected unit meets HUD’s Fair Market Rent guidelines and passes the HQS inspection. Three Oaks Center may assist with the security deposit and offer other benefits based on the individual needs of the household.</p>
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Table 3
Programs and Services Designed for Special Populations in St. Mary's County, Maryland

Population	Local Resources
<p>Service Members, Veterans, and Families (SMVF)</p>	<p>Regional Veteran services are primarily coordinated through the Tri-County Council for Southern Maryland (TCCSMD) and the Four County Veterans Collaborative.</p> <ul style="list-style-type: none"> ● TCCSMD’s Veterans Regional Advisory Committee (VRAC) addresses Veterans’ needs in health care, housing, and employment. ● The Four County Veterans Collaborative, a partnership between ServingTogether and Prince George's County Veterans Affairs, connects Veterans in Prince George’s, Calvert, Charles, and St. Mary’s counties with key resources and raises service awareness. <p>The Naval Air Station (NAS) Patuxent River Fleet & Family Support Center provides clinical services to active duty service members, spouses, dependents, and retirees. Services include short-term counseling with same-day or walk-in availability, crisis intervention, assessments, and community referrals. No referral is required. The center also offers prevention services for SMVF and civilians.</p>

	<p>Veterans in St. Mary’s County can access primary care, specialty care, and mental health services through two community-based outpatient clinics (CBOCs): the Charlotte Hall VA Clinic and the Lexington Park VA Clinic, both affiliated with the Washington VA Medical Center in Washington, D.C.</p> <p>Three Oaks Center, through its Southern MD Veterans Initiative, provides case management and limited financial assistance for rent, utilities, deposits, and transportation. Eligible Veterans must have served at least one day of active military service with a discharge other than dishonorable; have very low income; be either imminently at risk of homelessness, newly homeless (within the past 90 days), or homeless and scheduled to be rehoused within 90 days. Referrals can also be made to the Friendship Place Veterans First program in Washington, D.C., which offers rapid rehousing and homeless prevention services for Veterans and their families.</p> <p>The Maryland Department of Labor Division of Workforce Development and Adult Learning oversees several initiatives for the SMVF community. Maryland’s American Job Centers provide job search assistance, training, and employment services tailored to Veterans and transitioning service members. The Disabled Veterans Outreach program offers intensive, individualized employment assistance to Veterans facing significant barriers to employment. Staff also provides specialized intensive employment assistance to eligible Veterans with employment and training needs.</p> <p>Through the Supportive Services for Veteran Families (SSVF) program, providers (e.g., Three Oaks Center in the case of St. Mary’s County) help Veteran families and individuals secure permanent housing. SSVF provides a short, intensive period of case management to link families to benefits and sometimes provides temporary financial assistance with housing or moving expenses. This program is funded by the U.S. Department of Veterans Affairs.</p> <p>The Maryland Department of Health (MDH) Behavioral Health Administration (BHA) oversees Maryland’s Commitment to Veterans program, a statewide initiative that develops Veterans-focused behavioral health policies; offers peer support, referrals, and limited crisis funding; and delivers training and educational resources for providers, peers, first responders, and community organizations.</p>
LGBTQ+	<p>PFLAG (Parents, Families, and Friends of Lesbians and Gays) Southern Maryland (formerly PFLAG Leonardtown) supports LGBTQ+ families through monthly peer-to-peer groups and social events, educates the community on LGBTQ+ issues, and advocates for inclusive policies.</p>

IDD/NCD ¹²	The Arc Southern Maryland operates a residential program that offers supportive housing in over thirty homes in neighborhoods throughout the tri-county region. Individuals participating in the day services ¹³ program have access to a variety of recreational activities, while participants in the community learning program can access day habilitation services integrated into community settings.
Transition-Aged Youth and Young Adults ¹⁴	The Cove/DFZ Youth Clubhouse, operated by Pyramid and grant-funded through the LBHA, offers a free, supportive, drug-free zone for youth aged 12-17 who are either experiencing behavioral health challenges themselves or have a family member who is.
Older Adults	The county’s program for older adults supports individuals with mental illness who require assisted living services. Referrals are typically made when a person’s needs exceed the level of care provided in a residential rehabilitation program (RRP).
Non-English Language Preference (NELP) ¹⁵	<p>Pyramid offers admissions for Spanish-speaking clients at the Charlotte Hall campus; these services are available throughout treatment, including intake and therapy.</p> <p>All government agencies can access interpretation and translation services through LanguageLine Solutions Inc. (866-874-3972), the current contractor, to accommodate diverse language preferences. Additionally, the BHA Office of Suicide Prevention provides grant funding for interpretation services for individuals receiving PBHS services whose first language is not English, including members of the deaf and hard of hearing community.</p>

Supportive Funding: Mental Health Consumer Support, a grant from the Behavioral Health Administration, is a safety net service available to individuals actively engaged in the Public Behavioral Health System. Eligible applicants with mental health disorders, with or without substance use disorders, can request funding to assist with time-limited needs. These may include rental or utility payments to help maintain permanent housing; emergency, one-time items such as clothing or hygiene products; temporary assistance for certain medications or medical equipment; and time-limited transportation to behavioral health treatment. Other eligible expenses include vital records, basic household goods needed to establish permanent

¹² Intellectual and developmental disabilities (IDDs) are differences that are usually present at birth and uniquely affect the trajectory of an individual’s physical, intellectual, and/or emotional development, while neurocognitive disorder (NCD) is a general term describing decreased mental function due to a medical disease other than a psychiatric illness.

¹³ Adult day services are community-based programs that are designed to meet the needs of functionally and/or cognitively impaired adults through an individual plan of care.

¹⁴ Transition-aged youth (TAY) and young adults include individuals ages 16-25.

¹⁵ When considering the language access needs of diverse populations, this report replaces the federal term “limited English proficiency (LEP)” with “non-English language preference (NELP).”

housing, approved educational or employment-related costs, and language interpretive services necessary to access mental health treatment. Ongoing funding requests, such as transportation, must include a sustainability plan that describes how the individual will continue to obtain the service once Mental Health Consumer Support funds are expended.

Behavioral Health Continuum of Care

Prevention and Promotion: The SMCHD Division of Behavioral Health delivers a range of services through several key initiatives with the Prevention and Promotion service area, including the Hub and Spoke program, the Cannabis and Alcohol Coalition, the Opioid Response program, and the Recovery Friendly Workplace initiative. Additional local prevention strategies include a [free online learning course](#) developed by SMCHD as a resource for parents and guardians; the *Go Purple* initiative to end stigma, advocate for treatment, celebrate recovery, and promote harm reduction practices; the *R U OK?* suicide prevention campaign; a problem gambling program supported by a grant from the Maryland Center of Excellence on Problem Gambling; and the *SMART Medicine* initiative, focused on preventing the misuse of prescription medications.

A wide array of harm reduction and behavioral health services is available at both the health department and the Health Hub. These include peer recovery support, infectious disease services, naloxone training and distribution, fentanyl and xylazine test strips, wound care supplies, safer sex and injection items, health screenings, overdose response outreach, and public support groups. Individuals can also access referrals and connections to behavioral health services. Additionally, buprenorphine treatment for opioid use disorder is offered at the Health Hub through a telehealth partnership with Johns Hopkins University.

Although telehealth has expanded access, many individuals face challenges using virtual platforms. To address this concern, TalkBox telehealth booths have been implemented at two local libraries as a private space with reliable internet access for community members to reserve and use for virtual health care visits. The booths are among the first ADA-accessible options to be installed in the country and are equipped with telehealth-ready computer systems.

The health department offers street outreach through the Let Everyone Advance with Dignity (LEAD) program. LEAD provides case management to individuals who have committed low-level offenses stemming from unmet behavioral health needs. The team identifies participants through post-overdose response efforts, deploying two to three times per week to conduct outreach. LEAD also collaborates closely with the harm reduction team and the mobile crisis team to provide comprehensive support. LEAD operates on Monday through Friday from 8:00 a.m. to 5:00 p.m.

Behavioral health is a community effort. Public spaces like shelters, schools, and libraries are ideal locations for outreach efforts, given that individuals often first seek assistance within the community. Community education on the signs and symptoms of mental illness and how to access help can aid in early detection, reduce stigma, and connect individuals to services. For example, the Mental Health Association of Maryland offers a free, evidence-based Mental Health First Aid (MHFA) class each month for Maryland residents, teaching participants how to recognize and respond to the signs of mental illness. Additionally, 211 Maryland (211) operates 24/7 to connect people across the State with referral specialists.

Treatment and Recovery: Treatment and recovery services are traditional (non-emergency) behavioral health services provided in physical and behavioral health settings (see Table 4). The information in the tables below reflect licensure status at the time of the workshop unless otherwise stated.

Table 4 <i>Treatment and Recovery Services in St. Mary's County, Maryland</i>		
Setting	Eligible Diagnoses ¹⁶	Local Context
Federally Qualified Health Centers (FQHCs) ¹⁷ and Look-Alikes ¹⁸	MI, SUD, Co-Occurring	The HRSA search tool confirms one FQHC in Leonardtown and one in Lexington Park as of its most recent update in February 2025, though local reports indicate a second FQHC in Lexington Park. The Health Hub is not an FQHC but offers mostly free or low-cost services, with no income or insurance requirements. Services include primary and specialty care services in addition to other supports.
Hospital	MI, SUD, Co-Occurring	MedStar St. Mary's Hospital , a full-service community hospital located in Leonardtown, operates an inpatient behavioral health unit for ages 16 and older, a partial hospitalization day program, and an intensive outpatient program.

¹⁶ MI denotes mental illness diagnoses. SUD denotes substance use disorder diagnoses. SPMI denotes serious and persistent mental illness. Co-occurring denotes concurrent mental illness and substance use disorder diagnoses.

¹⁷ Federally Qualified Health Centers (FQHCs) are federally funded, nonprofit clinics that deliver primary care services in medically underserved areas and to underserved populations. They provide care regardless of a patient's ability to pay, with service fees based on a sliding fee scale.

¹⁸ FQHC look-alikes operate and provide services consistent with FQHC program requirements, although they are not direct HRSA grantees.

Psychiatric Medication Assistance Program	MI with/without SUD	The Health Hub offers crisis walk-in services that can assist patients with accessing needed psychiatric medications.
Targeted Case Management ¹⁹	SPMI with medical necessity	The TCM program in the county, which is required to be put out for procurement by the LBHA every five years, is offered through Cornerstone for adults and the Center for Children for adolescents.
Assertive Community Treatment (ACT) ²⁰	MI with/without SUD	Cornerstone operates a licensed ACT team with 24/7 on-call availability to serve county adults.
Outpatient Mental Health Clinic (OMHC) ²¹	MI with/without SUD	Five OMHCs serve the county: <ul style="list-style-type: none"> ● Pathways Inc. (“Pathways”) in Hollywood ● Project Chesapeake LLC (“Project Chesapeake”) in Leonardtown ● MEM Scepter Home and Behavioral Health Care LLC (“MEMs”) in Leonardtown ● Vesta Inc. (“Vesta”) in California ● Center for Children in Leonardtown
Mobile Treatment Services (MTS) Program	MI with/without SUD	Cornerstone is licensed to offer mobile treatment services to county residents.
Integrated Behavioral Health (IBH) Program ²²	MI, SUD, Co-Occurring	Five IBH programs operate across the county: <ul style="list-style-type: none"> ● Project Chesapeake in Leonardtown ● MEMs in Leonardtown ● Health Hub in Lexington Park

¹⁹ The Adult TCM program serves adults (18+) with a SPMI diagnosis and medical necessity. Local TCM programs are required to be put out for procurement by the LBHA every five years.

²⁰ Assertive Community Treatment is a multidisciplinary, team-based service delivery model that provides time-unlimited, community-based services for individuals with serious mental illness who experience or are at particular risk for concurrent substance use, frequent hospitalization, homelessness, involvement with the criminal legal system, and psychiatric crises. The primary goal is to help individuals achieve recovery through community treatment, rehabilitation, and support. Referrals are made by reaching out to the team at the contact number listed. An individual participating in the service has access to services during regular business hours and on call 24/7.

²¹ OMHCs employ a medical director who is a psychiatrist or psychiatric nurse practitioner, and multidisciplinary clinical treatment staff representing at least three clinical disciplines, which may include psychologists, professional counselors, marriage and family therapists, art therapists, alcohol and drug counselors, and clinical social workers to deliver an array of outpatient and community-based mental health treatment services. The service array includes, at minimum, individual therapy, group therapy, family therapy, and medication management and may include family psychoeducation or other adjunctive treatment services.

²² For licensure in Maryland, programs must have the capacity to provide outpatient mental health and substance-related (ASAM Level 1) evaluation and treatment services to individuals with mental health, substance use, or co-occurring diagnoses. Programs may also be authorized to provide withdrawal management and/or opioid treatment services.

		<ul style="list-style-type: none"> ● Utopian in Lexington Park ● Pathways in Hollywood
Mental Health Partial Hospitalization Program (PHP) ²³	MI	MedStar St. Mary’s Hospital operates a partial hospitalization day program.
Psychiatric Rehabilitation Program for Adults (PRP-A) ²⁴	SPMI with medical necessity	Five licensed providers offer PRP-A services: <ul style="list-style-type: none"> ● Cornerstone in Leonardtown ● MEMs in Leonardtown ● Pathways in Hollywood ● Step-Up Empowerment Services LLC (“Step-Up”) in Lexington Park ● Vesta in California
Residential Rehabilitation Program (RRP) ²⁵	MI with a priority population diagnosis	The Great Mills and Lexington Park locations of Rock Creek Foundation for Mental Health Inc. (“Rock Creek”) and the Hollywood location of Pathways provide RRP services.
Housing for Individuals Living with Mental Illness (Group Home for Adults with MI) ²⁶	MI	Pathways operates locations in the Great Mills and California communities, and Rock Creek operates locations in the Great Mills and Lexington Park communities.
Vocational Services / Supported Employment Program (SEP)	MI	Pathways in Hollywood and Cornerstone in Leonardtown operate supported employment programs.

²³ Partial Hospitalization Programs, also known as psychiatric day treatment programs, provide short-term, intensive, day or evening individual and group mental health treatment and support services for individuals with acute psychiatric symptoms which require medical supervision and intervention. PHP’s are an alternative to psychiatric inpatient care for individuals who do not require 24-hour care and can safely reside in the community. This level of service is a covered benefit for Medicaid-eligible service recipients only.

²⁴ A psychiatric rehabilitation program (PRP) provides community-based comprehensive rehabilitation and recovery services and supports and promotes successful community integration and use of community resources. Services for the program are provided onsite, offsite, or a combination of both.

²⁵ Residential Rehabilitation Program (RRP) provides housing and supportive services to single individuals. The goal of residential rehabilitation is to provide services that will support an individual to transition to independent housing of their choice. Residential Rehabilitation Programs provide staff support around areas of personal needs such as medication monitoring, independent living skills, symptom management, stress management, relapse prevention planning with linkages to employment, education and/or vocational services, crisis prevention and other services that will help with the individual’s recovery.

²⁶ Group homes provide a home-like, supportive residential environment for individuals living with mental illness. Small group homes serve 3-8 clients, while large group homes serve 8-16 clients. Notably, individuals with a primary diagnosis of developmental disability are not eligible.

State Care Coordination ²⁷	SUD	The St. Mary’s County Health Department provides Maryland State Care Coordination to eligible county residents.
Recovery Residence ²⁸	SUD	Residents must seek certified recovery housing outside of the county. Jude House Inc. oversees Andy’s House, a sober living option with a four-bed capacity that serves as the sole certified recovery residence in neighboring Charles County. Although not a certified recovery residence, Oxford House Surrender is a male transitional house in Lexington Park with a total occupancy of eight.
Level 0.5 (Early Intervention)	SUD	Pathways in is the sole provider of early intervention services.
Level 1 (Outpatient, OP)	SUD	Five providers offer adult outpatient SUD treatment services: <ul style="list-style-type: none"> ● Pyramid in California and Charlotte Hall ● Outlook Recovery LLC (“Outlook Recovery”) in Callaway ● Project Chesapeake in Leonardtown ● MEMs in Leonardtown ● Step-Up in Lexington Park
Level 2.1 (Intensive Outpatient, IOP)	SUD	Residents have four provider options for IOP: <ul style="list-style-type: none"> ● MEMs in Leonardtown ● Project Chesapeake in Leonardtown ● Pyramid with locations in California (offering a co-occurring outpatient program and a specialized gambling addiction program) and Charlotte Hall ● Step-Up in Lexington Park

²⁷ State Care Coordination is a recovery support service designed to improve recovery outcomes for individuals at risk of relapse, and high-cost individuals that utilize publicly funded substance use treatment resources. State Care Coordination provides referrals and community linkages to resources that promote recovery and wellness. Individuals in the program are assisted with gaining access to community/faith-based, somatic, behavioral, social, and other recovery support services that are appropriate to their needs. Services may include recovery assessment, care planning, on-going monitoring, and follow-up.

²⁸ Only certified recovery residences are noted here.

Level 2.5 (High-Intensity Outpatient, HIOP)	SUD	MEMs in Leonardtown and Pyramid’s Charlotte Hall campus are licensed to offer HIOP services.
Opioid Treatment Service (OTP)	SUD	Outlook Recovery in Callaway is the county’s licensed OTP provider.
Level 3.1 (Clinically Managed Low-Intensity Residential) Level 3.3 (Clinically Managed Population-Specific Residential) Level 3.5 (Clinically Managed High-Intensity Residential) Level 3.7 (Medically Managed Residential) Withdrawal Management	SUD	Pyramid is the sole licensed in-county provider of residential treatment. The Charlotte Hall campus is licensed to provide Levels 3.5, 3.7, and withdrawal management services. This location also offers specialized residential treatment for pregnant women. ²⁹ The California campus is licensed for Levels 3.1, 3.3, and 3.5. This location also offers a men’s program. ³⁰

Note. *The American Society of Addiction Medicine (ASAM) criteria define the continuum of care using four whole-number treatment levels (1-4) with decimals to express further gradations of intensity and types of care provided.*

Evidence-Based Recommendations: [Coordinated specialty care for early psychosis](#) is an empirically supported model that utilizes a multidisciplinary team to provide comprehensive care following a first episode of psychosis, including mental health care, vocational and educational support, family education and support, care management, and peer support.

The [collaborative care model](#) addresses common conditions such as anxiety and depression in primary care through screening and immediate access to a behavioral health specialist and a consulting psychiatrist; this model has been empirically shown to improve early identification and treatment outcomes for mental health conditions.

²⁹The Charlotte Hall location holds licenses for 16 beds (3.5 and withdrawal management) and 52 beds (3.5, 3.7, Cert. of Need, and withdrawal management).

³⁰ The California location holds licenses for 16 beds (3.1, 3.3, and 3.5) and 20 beds (3.3 and 3.5).

Urgent and Acute Services: Maryland’s blueprint for a vibrant behavioral health continuum of care includes urgent and acute care services, which offer, in lay terms, someone to contact, someone to respond, and a safe place for help (see Table 5).

Table 5 <i>Urgent and Acute Behavioral Health Care in St. Mary's County, Maryland</i>		
Category	Service	Local Context
Behavioral Health Lines	988 Suicide and Crisis Lifeline	The 988 Lifeline provides 24/7 call, text, and chat with trained crisis counselors who assist individuals experiencing suicidal ideation, substance use issues, mental health crises, or other forms of emotional distress. Community Crisis Services Inc. (CCSI) serves as the primary call center for the county.
	Crisis Response System (CRS) Community Warmline (410-768-5522)	This local line, operated 24/7 by the Anne Arundel County CRS, provides trained phone counselors who support non-emergency situations and connect callers to local resources. CRS staff also coordinate responses to emergency calls and requests for assistance from police, fire, and community agencies. As of June 30, 2025, county coverage by this warmline has ended. All calls are now managed by 988 and the Affiliated Santé Group (“Santé”).
	Southern Maryland Crisis Response System (877-618-0074)	This line, accessible to St. Mary’s and Charles County residents by dialing 988, connects callers 24/7 with trained phone counselors who can link them to local resources. Counselors can also coordinate mobile crisis team responses, as outlined below.
	On Our Own of St. Mary’s Warmline (301-997-1066)	Peers offer support during business hours.
	Southern Maryland Center for Family Advocacy Hotline (240-925-0084)	The Southern Maryland Center for Family Advocacy operates a 24/7 hotline for community members who are experiencing violence at home or have experienced sexual violence. Call-takers connect survivors with access to local programs and provide resources, including legal advocacy, case management, safety planning, and crisis intervention, including emergency shelter.

	Provider Crisis Lines	Cornerstone and Pathways operate 24/7 after-hours call lines for individuals already enrolled in their programs.
Mobile Crisis Response and Stabilization Services	Mobile Response Team (MRT) / Mobile Crisis Team (MCT) ³¹ (877-618-0074)	As of March 1, 2025, the Southern Maryland Crisis Response System Mobile Crisis Team, operated by Santé, provides mobile crisis services to St. Mary's and Charles counties. The team, comprising a trained mental health professional and a peer support specialist, operates weekdays from 8:00 a.m. to midnight. Santé currently has a memorandum of understanding (MOU) in place with the Maryland State Police, and an MOU with the county sheriff's office is expected soon.
	Assertive Community Treatment (ACT) <i>Although not exclusively urgent/acute care, ACT teams can be called out 24/7 for clients.</i>	The Cornerstone ACT team serves high-risk, high-needs individuals across Calvert, Charles, and St. Mary's counties who require intensive care coordination. The team manages a maximum caseload of 100 individuals, with referrals primarily coming from the courts and local service agencies.
Crisis Receiving and Stabilization Facilities	Urgent Care Appointments (Same Day/Next Day)	None available.
	Walk-In Care	St. Mary's County Health Department accepts walk-in clients with mental health or substance use concerns on weekdays from 8:00 a.m. to 5:00 p.m. The Health Hub also provides crisis support services during weekdays from 8:00 a.m. to 4:30 p.m.
	Residential Crisis Services/Beds ³²	None available.
	Substance Use Disorder Crisis Beds	None available.

³¹ Mobile crisis responders provide in-person support to people when they experience a serious mental health or substance use challenge, including a crisis as the person defines it. These teams, which include trained professionals, go to wherever the individual is in the community (e.g., home, school, or other public places). Services are provided to de-escalate the situation, evaluate the individual's behavioral health, stabilize the situation, and make connections to treatment and support services.

³² RCS offers intensive short-term treatment and support in a structured environment for individuals who require 24-hour supervision due to a psychiatric crisis.

	Crisis Stabilization Center	The county is actively planning for a facility that will provide 24/7 admissions for up to 23 hours, serving individuals of all ages who require crisis mental health or substance use stabilization.
Coordination to Other Levels of Care	Inpatient Psychiatric Treatment ³³	MedStar St. Mary's Hospital is licensed for 12 adult psychiatric beds.

First Responders

Organization: St. Mary's County emergency communications (911) for police, fire, and EMS are handled through one public safety answering point (PSAP), which links calls to appropriate dispatchers for the various first responder agencies; a simultaneous dispatch system facilitates specialized assignment as additional information is gathered. All 911 calls are vetted via a comprehensive protocol system for emergency call-taking that includes a structured, standardized script and procedures.

The [St. Mary's County Sheriff's Office](#) serves as one of the two primary law enforcement agencies for the county, with 165 sworn deputies currently employed out of 175 authorized positions. The Maryland State Police has concurrent jurisdiction with the St. Mary's County Sheriff's Office. [Barrack T](#) in Leonardtown currently has an authorized strength of 33 sworn troopers and is staffed at 34. Additionally, St. Mary's College of Maryland operates its own campus police force, while the College of Southern Maryland employs campus security personnel who coordinate with local law enforcement as needed.

The [St. Mary's County Department of Emergency Services](#) provides 911 call-taking and dispatching through the [Division of Emergency Communications](#), which is responsible for the operation of the 800 MHz 10-channel P-25 Phase I Public Safety radio system. The department also provides emergency medical response through the Emergency Medical Services Division.

The county operates 10 EMS companies, each with units staffed 24/7 under the supervision of EMS supervisors. Current estimates indicate that fire services are staffed entirely by volunteers, while EMS personnel consist of approximately 81% volunteers and 19% career staff.

The multi-faceted agency also provides disaster preparedness, mitigation, response, and recovery operations through the Emergency Management Division; enforces animal regulations through the Animal Control Division; and ensures the protection and compassionate care of companion animals through the Animal Services Division.

³³ A level of care in a regulated facility (such as a hospital) that provides psychiatric services to individuals with severe mental health disorders.

Training: Efforts are underway to provide behavioral health and crisis intervention team (CIT) training to first responders in St. Mary's County (see Table 6).

Table 6 <i>Behavioral Health Training for Law Enforcement in St. Mary's County, Maryland</i>	
Type	Local Context
Academy / In-Service	Officers receive training related to mental health, intellectual and developmental disabilities (IDD), emergency petitions, and active listening skills during the academy and yearly in-service sessions. Roll call trainings regularly refresh knowledge of local resources.
Crisis Intervention Team (CIT)	Regional 40-hour CIT trainings include officers, deputies, and troopers from Calvert, Charles, and St. Mary's counties. In St. Mary's County, approximately 150 deputies and 9 troopers have completed CIT training, resulting in 2-5 trained deputies and 2-3 trained troopers available per shift.

Response: The county's computer-aided dispatch (CAD) system identifies and dispatches the closest available Maryland State Police or St. Mary's County Sheriff's Office unit for 911 calls. St. Mary's County is currently finalizing a process to enable the transfer of appropriate 911 calls to the 988 Suicide and Crisis Lifeline. A memorandum of understanding (MOU) is in development, modeled after the MOU used in Prince George's County.

To better serve residents with behavioral health needs, the county has adopted a hybrid approach combining a co-responder model with a referral-based program. A clinician embedded in the St. Mary's County Sheriff's Office rides with an overtime deputy approximately four to six times per month. These ride-alongs typically occur on weekdays during business hours and focus on follow-up for prior service calls related to mental health. High-frequency 911 callers are also referred to the clinician for connection to appropriate services.

A petition for emergency evaluation³⁴ initiates an emergency psychiatric evaluation due to the belief that an individual is a danger to themselves or others; emergency petitions are, by nature, involuntary. Law enforcement is responsible for transporting evaluatees to the nearest emergency facility; county law enforcement transports to MedStar St. Mary's Hospital. In 2024, 666 court-endorsed or provider-initiated emergency petitions were served by either St. Mary's County Sheriff's Office or Maryland State Police. Anecdotal reports from officers suggest this number is rising significantly to 2-3 petitions every 24 hours. At the time of the workshop, 198 petitions had been served, representing a 7.48% decrease compared to 214 petitions served by the same point in 2024.

³⁴ A petition for emergency evaluation may also be referred to as a petition, an emergency petition/EP, or an emergency evaluation petition/EEP). Please refer to Table 7 for a summary of the legal process.

Extreme risk protective orders (ERPOs) are civil court orders, distinct from but often issued in conjunction with EPs, that temporarily require individuals to surrender firearms or ammunition and prohibit them from purchasing or possessing firearms or ammunition. Notably, the local Maryland State Police barrack executed the first ERPO in the state; a subsequent evaluation of the process was conducted by Johns Hopkins University. However, stakeholders report a significant decline in the use of ERPOs in recent years, though the reasons for this trend remain unclear.

Peer Support Services

Several dedicated peer-led organizations provide peer support in St. Mary's County, including the [Southern Maryland Intergroup of Alcoholics Anonymous](#) and the [Chesapeake and Potomac Region Narcotics Anonymous](#). [NAMI Maryland](#) provides education, support, and advocacy for persons with mental illnesses, their families, and the wider community. Its local affiliate, [NAMI Southern Maryland](#), offers free, peer-led support groups for adults and families. [On Our Own of Maryland Inc.](#) (OOOMD) is a statewide peer-operated behavioral health advocacy and education organization that promotes equality, justice, autonomy, and choice about life decisions for individuals with mental health and substance use needs. OOOMD maintains a local chapter called [On Our Own of St. Mary's](#), located in Leonardtown.

Peers are also integrated into various community resources. The health department employs seven peers, while the local hospital employs two. In neighboring Charles County, Jude House Inc. also employs peer staff and hosts a community-accessible Alcoholics Anonymous group.

Statewide, a network of peer-led wellness and recovery centers (WRCs) operates as part of the Maryland Public Behavioral Health System (PBHS). Supported by funding from the Maryland Behavioral Health Administration, these centers offer free resources, social opportunities, and structured activities within a community of peer support. On Our Own of St. Mary's runs a WRC open Tuesday through Thursday from 10:00 a.m. to 6:00 p.m. and Fridays from 10:00 a.m. to 5:00 p.m. Beacon of Hope, a 501(c)(3) nonprofit organization in Lexington Park, offers drop-in and by-appointment recovery community center peer support and continuing care services according to the following schedule: Mondays and Tuesdays from 10:00 a.m. to 7:00 p.m., Wednesdays from 10:00 a.m. to 7:00 p.m., by appointment on Thursdays from 9:00 a.m. to 7:00 p.m., and Fridays from 11:00 a.m. to 10:30 p.m. During those hours, a variety of mutual aid groups facilitated by peer specialists (in person and on Zoom) and 12-step groups are available, as well as on Sundays from 11:30 a.m. to 2:30 p.m. Tele-recovery services are also available during operating hours. Beacon of Hope and The Cove, a companion program for adolescents aged 12-17, offer groups, activities, and workshops designed to promote wellness and recovery. Workshop participants report that The Cove has been instrumental in engaging transition-aged youth and young adults.

Family Support Services

[Maryland Coalition of Families \(MCF\)](#) provides confidential, no-cost peer support for families, regardless of income or insurance. MCF supports and advocates for those who care for individuals with behavioral health challenges. The organization helps families understand their rights, navigate complex systems, and access valuable resources such as support groups, educational workshops, and service referrals.

Data Collection and Sharing

Since many local services are funded through grants, data is primarily collected and maintained for grant management purposes. Most data sharing occurs within the local health department, although the LBHA also engages with external stakeholders.

St. Mary's County implemented WellSky to comply with federal requirements for a homeless management information system (HMIS). This system is utilized by several local entities, including the St. Mary's County Department of Social Services and the LBHA's PATH and CoC programs.

Additionally, the Chesapeake Regional Information System for our Patients Inc. (CRISP) facilitates the secure exchange of health information among participating doctors, hospitals, labs, and other health care organizations. CRISP enhances patient care by reducing duplication, preventing medication diversion, and supporting more efficient, coordinated care for individuals who have not opted out.

The St. Mary's County Sheriff's Office, in collaboration with St. Mary's County Government, has introduced Citizen Connect,³⁵ an interactive public safety portal designed to enhance transparency and accessibility to crime data. Citizen Connect provides residents with a map-based interface that displays incidents occurring as of August 13, 2024, requiring a Sheriff's Office response where a report was filed. The system displays generalized locations rather than specific street addresses to safeguard sensitive information; additionally, certain types of incidents are not included to protect victims' privacy. The tool allows the public to view and analyze law enforcement activity in their area and boasts a 72-hour refresh rate.

³⁵ To explore Citizen Connect, visit www.FirstSheriff.com and click the Citizen Connect link under "Quick Links" on the homepage. Alternatively, you can access it directly here: [Citizen Connect public safety portal](#).

INTERCEPTS 0/1 GAPS

Community Resources

Coordination: Concerns raised during the workshop indicate the critical need to maintain and strengthen partnerships to meet the growing demands on local services. St. Mary's County regularly coordinates with neighboring Calvert and Charles counties, which have proven essential but also add complexity. To keep community development focused on collaboration rather than competition, stakeholders must actively build on existing partnerships. For more information on this necessity, please see the "[Priorities for Change](#)" section.

Advisory Boards and Commissions: The county must balance compliance with state and federal requirements while addressing local needs. To improve their effectiveness, advisory boards and commissions should prioritize transparency and broaden their partnerships. Active participation from a multidisciplinary group, including representatives with decision-making authority who are responsive to the public, can bring transformative change to the community.

Community Services: Gaps in key areas such as transportation, housing, and services for special populations limit both community accessibility and long-term sustainability.

Transportation: Transit remains a persistent challenge in rural communities. While private ride services such as Uber operate in St. Mary's County, they are reportedly expensive and unavailable during overnight hours. Specialized transportation exists but is frequently cost-prohibitive.

Housing: The county faces a shortage of adequate and affordable housing. A freeze in Continuum of Care (CoC) grant funding has disrupted services for homeless individuals and families. Further complicating matters, the Housing Authority of St. Mary's County has operated without an executive director for over two years, a gap that Calvert County has been helping to fill. Meanwhile, the HCV program ("Section 8") waitlist remains closed with no reopening date, limiting the transition from shelters to supportive housing and overwhelming local shelters, which are sometimes forced to refer individuals to Charles County. Across the tri-county region, 600 individuals are currently on the homelessness list, prioritized by county of origin. Despite this need, many HUD-VASH vouchers go unused due to a shortage of affordable housing units, landlord reluctance to participate, and intense competition in the rental market.

Supportive Funding: Maryland Recovery Net (MDRN), funded by the Behavioral Health Administration, supports individuals receiving Maryland State Care Coordination in fee-for-service substance use treatment by covering costs that help achieve recovery goals. MDRN also provides housing funds for qualified residents of certified recovery housing.

However, MDRN-approved housing options are limited. The county often depends on Beacon of Hope to fill these gaps.

Opportunity: The SOAR program offers an expedited path to disability benefits and is a valuable resource in preventing homelessness. Increasing the number of SOAR-trained staff could enhance service capacity. Training should be extended to community members, including behavioral health providers, problem-solving court staff, and volunteers.

Behavioral Health Continuum of Care

Prevention and Promotion: Not everyone who uses drugs is ready for or in need of treatment. For this population, harm reduction services are invaluable. While the community reports successful harm reduction efforts, workshop participants highlight a need for greater commitment to the model from primary care providers. Additionally, staffing shortages continue to challenge the local health department’s ability to maintain a robust harm reduction program.

Treatment and Recovery: Accessing behavioral health services remains difficult due to both limited provider availability and geographic barriers. The Health Resources and Services Administration (HRSA) within the U.S. Department of Health and Human Services has designated geographic and FQHC (facility) health professional shortage areas (HPSA) within the county for both primary care and mental health disciplines.

The number of private practitioners in the county is increasing, but many do not accept Medicaid, which limits access for low-income residents. As a result, even the providers that offer scholarships, such as Recovery Centers of America and Alpas Wellness, are often underutilized, since the health department lacks formal agreements with providers outside Maryland’s Public Behavioral Health System.

Opportunity: The Centers of Excellence are actively supporting recruitment and retention efforts to strengthen Maryland’s behavioral health workforce. A key opportunity lies in partnering with academic institutions to create career pipelines that promote upward mobility and reduce entry barriers for individuals entering high-need behavioral health professions. Additionally, the Substance Abuse and Mental Health Services Administration’s new [Behavioral Health Workforce Career Navigator](#) helps users understand state-specific requirements across a range of behavioral health careers. Conducting exit interviews with departing workforce members can also provide valuable insights to evaluate and address retention challenges.

The lack of certified recovery housing presents a major obstacle for individuals transitioning out of residential treatment. In the absence of other options, providers have reportedly resorted to sending individuals to the local domestic violence shelter, a solution that is neither sustainable nor appropriate. Stakeholders note that while community conversations focus on homelessness, they overlook how the lack of certified recovery housing contributes to housing instability, creating a feedback loop that undermines long-term recovery.

Urgent and Acute Services: Efforts to integrate 988 and 911 services are ongoing. While the county is finalizing a process to enable call transfers from 911 to 988, stakeholders remain uncertain about how the Southern Maryland Crisis Response System Mobile Crisis Team will be included in that process. In the meantime, 911 continues to be used for crisis communications more often than other, more appropriate options.

Although ACT teams are available 24/7 for clients, strict eligibility requirements limit who they can serve. Additionally, insurance barriers further restrict access to needed treatment.

The community lacks sufficient crisis receiving and stabilization facilities. Walk-in services are only available until 5:00 p.m., and without a dedicated behavioral health crisis stabilization center, many individuals must turn to the local hospital or seek care outside of the area. While the county is actively planning for such a facility, progress has stalled since the time of the workshop. Efforts are now underway once again to secure a vendor.

First Responders

Without a stabilization facility, law enforcement officers are often faced with difficult choices when responding to individuals in crisis who are unable or unwilling to seek care voluntarily. Their options are typically limited to transporting the individual to the hospital, making an arrest, or leaving the scene, all of which are suboptimal.

At the same time, law enforcement professionals continue to face significant strain due to increasing call volumes; staffing shortages exacerbate challenges. For example, the local MSP barrack is authorized for 20 patrol officers and 5 supervisors, but currently operate with only 12 patrol officers and 2 supervisors. In spite of capacity concerns, officers are also expected to stay informed about constantly evolving community resources to provide appropriate referrals and warm hand-offs.

Compounding this challenge is the absence of a coordinated system to manage high-need, chronic service users, leaving law enforcement with few effective or sustainable solutions for this population. Currently, the local co-response initiative relies on a single clinician and deputies who volunteer for overtime ride-alongs to support patrol. Although the goal is to deploy co-responder teams 4-6 times per month, staffing limitations often reduce that number

to just 1-2 shifts. There is optimism among law enforcement that the new mobile crisis team (MCT) will help fill this gap, particularly once an MOU is established between the relevant agencies, enabling law enforcement to directly request MCT support.

While MCT can alleviate some of the demand on law enforcement, they are unable to share the load associated with consumer transport. Fire and EMS personnel, on the other hand, are authorized to transport consumers; however, the only allowable MIEMSS-designated facility within the county is MedStar St. Mary's Hospital.

Awareness of available behavioral health resources among first responders remains limited. For instance, while troopers who attended the workshop are now aware of the ACT team, broader outreach and education are needed across all first responder agencies. These efforts should clarify the scope of services provided by behavioral health partners, especially regarding licensed responses and appropriate follow-up care by population (e.g., juveniles, an area where understanding remains notably inconsistent).

Law enforcement also encounters difficulties when attempting to connect consumers to the health care system via the emergency petition (EP) process. Although Sections 10-601 and 10-624 of the Health General Article authorize the use of electronic records for emergency petitions, jurisdictions continue to wait for implementation guidance. Moreover, any changes to the petition form must be approved through the district court.

Opportunity: Anne Arundel County is piloting a strategy to streamline and digitize the EP process, which has the potential to serve as a valuable model for other jurisdictions across Maryland. For St. Mary's County, this presents an opportunity to observe and learn from an innovative approach aimed at improving efficiency, reducing paperwork burdens, and enhancing coordination across sectors.

Peer Support Services

While the county effectively integrates peer professionals across services spanning multiple intercepts, these peer support specialists primarily serve individuals in recovery from substance use, not those living with mental illness. This service gap is rooted in funding limitations, as the public behavioral health system does not fund Medicaid-billable peer services of any type in clinical mental health settings.

Further, while the county relies heavily on Beacon of Hope for peer support, the organization has limited capacity to serve individuals with co-occurring mental health and substance use disorders, providing such support only on a case-by-case basis. Additionally, as Beacon of Hope

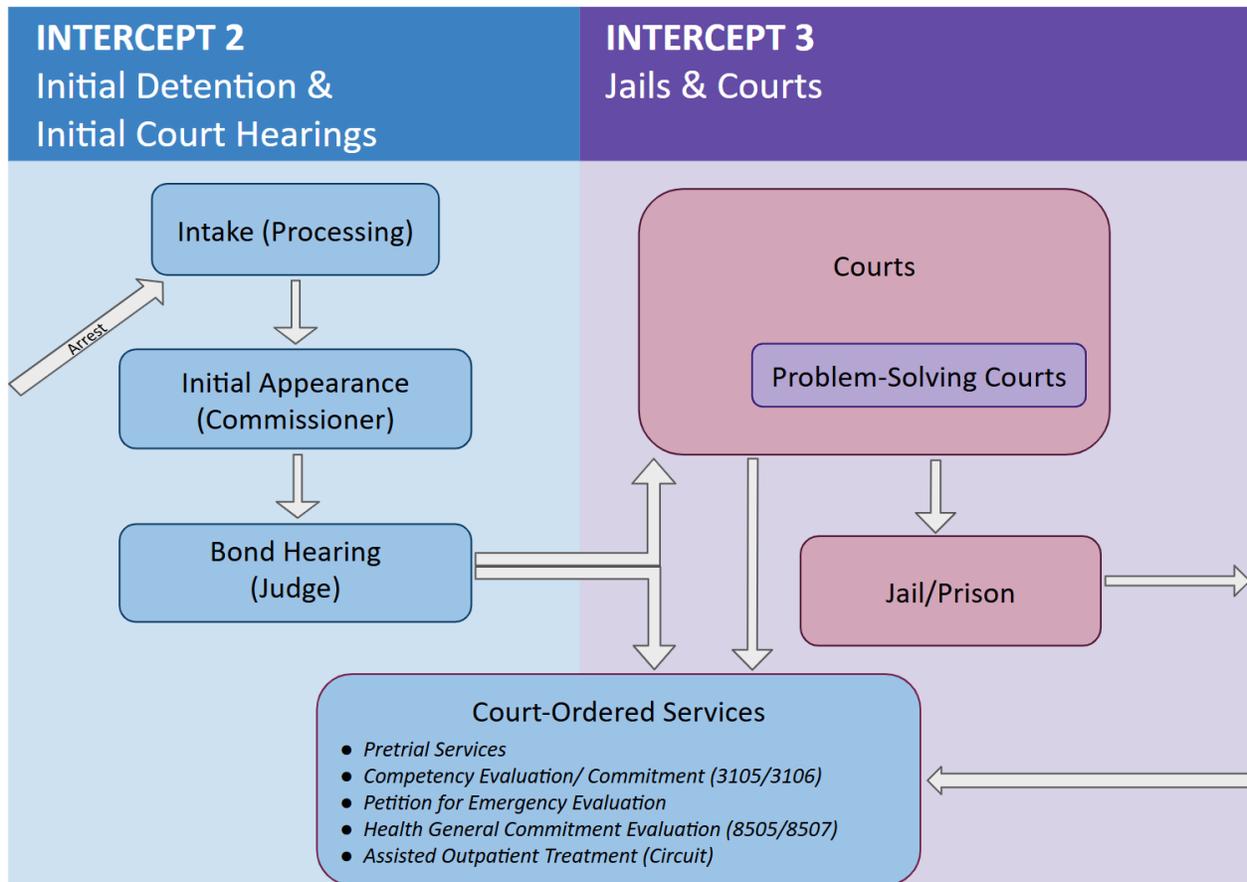
does not offer after-hours care, there are no facilities in the county that provide walk-in after-hours behavioral health supports and services.

Family Support Services

Al-Anon Family Groups host in-person meetings in the county, but the nearest in-person Nar-Anon Family Group meeting is located across state lines in Virginia.

Data Collection and Sharing

Although grant information is technically public, accessing it often requires a Freedom of Information Act (FOIA) request, which can hinder timely and informed community engagement and oversight.



INTERCEPT 2 AND INTERCEPT 3

INTERCEPTS 2/3 RESOURCES

Intake (Processing)

Since 2001, the St. Mary’s County Detention and Rehabilitation Center in Leonardtown, Maryland, has served as a central (arrest) booking system. Once taken into custody, detained persons (“detainees”) are transported to the facility for processing. Detainees are either brought in by the arresting officer or for prior commitment to serve time.

Upon arrival, a booking officer physically searches detainees and conducts a brief medical screening. This initial screening evaluates basic health needs, including but not limited to immediate psychiatric or substance use concerns.

If detainees require more thorough medical attention, the medical department within the detention center may conduct an in-depth evaluation at central booking; this procedure occurs upon request.

If detainees were taking medications before their arrest, the medical department within the detention center may provide necessary medications during central booking.

Although the demand for translation services is relatively low, central booking ensures clear communication by utilizing LanguageLine Solutions Inc. for interpretation needs. The facility also provides video relay services for individuals who are hearing-impaired, along with video interpreting services. Notably, the use of interpreter services has reportedly increased.

Initial Appearance and Bond Hearing

Wait times vary depending on the situation, but an initial appearance before the District Court Commissioner to determine bond conditions must occur within 24 hours of arrest.³⁶ These initial appearances are conducted virtually.

Commissioners may hold an individual without bail, release an individual on bail or surety bond, or grant release on personal recognizance. However, commissioners have limited authority in setting bond conditions. For example, commissioners cannot refer or order individuals to pretrial supervision.

If detainees cannot meet bond conditions or would like a review of their bond conditions, they are scheduled to appear before a judge the next business day. If the commissioner holds a detainee, they remain in the detention center awaiting their bond hearing.

The morning after their initial appearance, detainees are interviewed by the Pretrial Case Coordinator. The coordinator conducts a validated Risk and Needs Assessment using seven key items to determine a defendant's eligibility for supervised pretrial release and the likelihood of success. These include the most serious current offense, current legal status (most serious only), severity of prior convictions (past 10 years), lack of community ties, presence of severe health issues, prior success on release, and age group (17-35, 36+). The coordinator may also document discretionary reasons to adjust the overall risk level up or down.

The assessment results in a Pretrial Release Interview Report, shared with the judge, prosecutors, and defense attorneys at the bond hearing. The judge ultimately decides whether to 1) continue to hold the subject, 2) release the subject with conditions (e.g., supervised pretrial release), or 3) release the subject without supervision or conditions. More information on the outcomes of these decisions can be found in the "[Court-Ordered Services](#)" section. It should be noted that only detainees who are held can be considered for pretrial services.

The Office of the Public Defender (OPD) is responsible for speaking to every detainee before their bond hearing, serving as their initial legal representative. OPD policy requires public

³⁶ MD Rule 4-212(f)(1): <https://www.courts.state.md.us/sites/default/files/import/bailbond/lawchart.pdf>

defenders to prepare to represent all detainees at this stage. If a client does not wish to be represented by OPD, they must explicitly decline public defender services during the bond hearing.

On the morning of the bond hearing, public defenders receive the bond review docket and typically have the opportunity to speak with their clients beforehand, by phone or virtual visitation. However, clients with severe medical or mental health conditions may be unable to meet with the commissioner or have a meaningful discussion with their public defender. Those individuals are provided the appropriate services (e.g., medical care or a competency evaluation).

Court-Ordered Services

Court-ordered services are programs or interventions mandated as part of a legal ruling, typically aimed at addressing the individual's needs or rehabilitation. The types of court-ordered services available in Maryland are summarized in Table 7; additional details on the procedures and processes for each service in St. Mary’s County are described following the table.

Table 7 <i>Court-Ordered Services in Maryland</i>	
Type	Overview
Pretrial services	Pretrial services are programs or agencies that support the criminal legal system by providing supervision, support, and resources to individuals released from custody while they await their trial. The goal of pretrial services is to promote public safety, ensure that individuals return to court for their scheduled appearances, and reduce unnecessary detention of individuals who may be safely managed in the community.
Competency Evaluation	Incompetency to stand trial can be understood as the lack of capacity to understand the nature and objective of proceedings, to consult with counsel, and to assist in preparing a defense; incompetency determinations require a mental disorder or intellectual disability.
Petition for Emergency Evaluation	Sections 10-620 through 10-627 of the Health General Article define the legal process to obtain an emergency evaluation for possible involuntary hospitalization of individuals experiencing a psychiatric crisis. ³⁷ Certain mental health professionals (e.g., physicians, psychologists, clinical social workers) and law enforcement may file an emergency petition without the courts’ approval. However, the courts must grant petitions filed by anyone else

³⁷ §10–620 of the Health-General Article:
<https://mgaleg.maryland.gov/mgawebsite/Laws/StatuteText?article=ghg§ion=10-620&enactments=False&archived=False>

	<p>interested in an individual’s mental well-being. Law enforcement transports petitioned individuals to an emergency facility for rapid evaluation. However, emergency facilities may only keep an individual who is emergency petitioned for up to 30 hours unless a physician or a psychologist completes certificates for involuntary admission.³⁸ Involuntary admission may only be deemed when an individual has a mental disorder, is a danger to themselves or others, is unable or unwilling to be admitted voluntarily, and there is no less restrictive form of care or treatment to meet the individual’s needs.</p>
<p>Assisted Outpatient Treatment (AOT)</p>	<p>Sections 10-6A-01 through 10-6A-12 of the Health General Article authorize (not require) counties to establish assisted outpatient treatment (AOT) programs.³⁹ For counties that do not develop programs independently, the Department of Health must establish a program by July 1, 2026. These programs provide court-ordered treatment for individuals with severe mental illness who meet specific criteria, such as a history of non-compliance with treatment that has led to hospitalization or incarceration. The law outlines the eligibility criteria for AOT, details the procedure for initiating AOT, including court hearings and legal representation for the individuals involved, specifies provisions for training mental health professionals and law enforcement officers on AOT processes and protocols, and allocates funding for the implementation and administration of AOT programs. The law further requires MDH to collect and analyze AOT program data to evaluate programs' impact on reducing hospitalizations and incarcerations while improving adherence to treatment plans.</p>
<p>Health General Commitment Evaluation</p>	<p>Sections 8-505 and 8-507 of the Health General Article allow for court-ordered evaluations and treatment for drug or alcohol use.⁴⁰ These orders are valuable resources for addressing substance use or co-occurring diagnoses, offering specialized support and integrated care for individuals with multiple conditions. These evaluations can be ordered at all stages of the criminal proceedings.</p>

Note. Services highlighted in blue may be ordered during either a bond or court hearing, while those in red can only be ordered in a court hearing. Although not included in Table 7 as a court-ordered service available in Maryland, St. Mary’s County also operates a Day Reporting Program, an alternative to incarceration, described in more detail below.

³⁸ §10–624(b) of the Health-General Article:
<https://mgaleg.maryland.gov/mgaweb/Laws/StatuteText?article=ghg§ion=10-624&enactments=False&archived=False>

³⁹ §10-6A-01 of the Health General Article:
<https://mgaleg.maryland.gov/mgaweb/Laws/StatuteText?article=ghg§ion=10-6A-01&enactments=false>

⁴⁰ Certification Manual: HG § 8-507 Court Ordered Treatment:
[https://health.maryland.gov/bha/Documents/12.18.2017%20MDH%208-507%20Providers%20Manual%20\(5\).pdf](https://health.maryland.gov/bha/Documents/12.18.2017%20MDH%208-507%20Providers%20Manual%20(5).pdf)

Pretrial Services: The Pretrial Supervision Program within the St. Mary’s County Sheriff’s Office was established in 2015 to assess the risk of individuals awaiting trial, support bond and release decisions, and provide an alternative to incarceration. Please refer to the “[Initial Appearances and Bond Hearing](#)” section for more information on the assessment process.

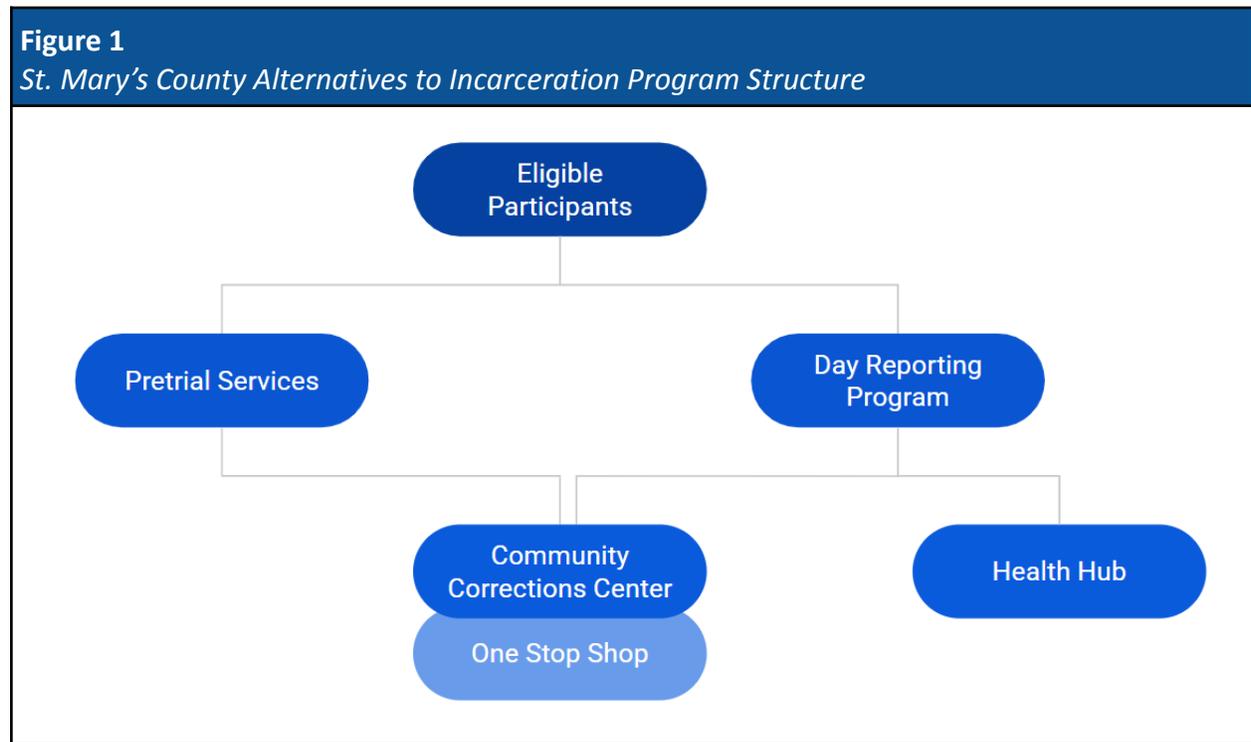
If a judge orders supervised pretrial release during a bond hearing, the defendant is assigned a supervision level (Level 1, Level 2, Level 3), each with specific reporting and compliance requirements (see Table 8). The defendant then meets with a Pretrial Case Coordinator to review the conditions of release and sign a Pretrial Supervision Agreement. If required, electronic monitoring is issued, and any other necessary arrangements are completed. Release is granted only after the defendant’s address is verified. Supervision begins immediately upon release and continues until the case is adjudicated.

Table 8 <i>St. Mary’s County’s Pretrial Supervision Program Levels</i>	
Levels	Conditions of Release ⁴¹
1	<ul style="list-style-type: none"> ● One in-person meeting with the Pretrial Case Manager weekly ● One mandatory drug test and or breathalyzer weekly ● One mandatory phone call check-in weekly ● Special conditions as ordered by the court or required by the Case Manager ● General conditions as stipulated in the Release Agreement
2	<ul style="list-style-type: none"> ● One in-person meeting with the Pretrial Case Manager weekly ● Electronic monitoring, including Personal Tracking Unit (GPS) ● One mandatory drug test and breathalyzer test weekly ● Two mandatory phone call check-ins weekly ● Special conditions as ordered by the court or required by the Case Manager ● General Conditions as stipulated in the Release Agreement
3	<ul style="list-style-type: none"> ● House arrest, including curfew and restrictions on movement ● Electronic monitoring, including Personal Tracking Unit (GPS) and VB Breathalyzer (as needed) ● One in-person meeting with the Pretrial Case Manager weekly ● One mandatory urinalysis and or breathalyzer weekly ● Three mandatory phone call check-ins weekly ● Special conditions as ordered by the court or required by the Case Manager⁴² ● General Conditions as stipulated in the Release Agreement

⁴¹ All levels of supervised pretrial release require no new charges and routine drug alcohol testing.

⁴² Courts may authorize inpatient treatment as a special condition providing a structured alternative that supports treatment, rehabilitation, and community-based accountability while maintaining public safety through monitored supervision.

The county’s pretrial services and alternative sentencing options make up the core alternatives to incarceration. To better understand the structure and options within these programs, see Figure 1. These options represent Path 1 of the county’s three reentry pathways, described in detail in the “[Corrections Reentry Services](#)” section.



The St. Mary’s County Community Corrections Center (CCC), located in Leonardtown, serves as a supportive extension of pretrial and home detention supervision services by offering an innovative, multi-agency program developed through a strong partnership between the St. Mary’s County Sheriff’s Office, the St. Mary’s County Health Department, and St. Mary’s County Public Schools. Originally envisioned years earlier, the CCC was established in 2020 through CARES Act funding and officially opened in May 2021 following a collaborative effort that brought together county and state resources.

The CCC offers vital alternatives to incarceration, particularly for non-violent offenders, by expanding access to behavioral health evaluation and treatment, including services for mental health and substance use disorders. It operates as a separate, supportive space staffed by care coordinators, parole and probation officers, peer support specialists, and other service providers. Care coordinators and peer support specialists are available on-site five days a week, strengthening the center’s ability to connect individuals with critical services. With appropriate consent, care coordinators provide ongoing support during and after incarceration, tracking participants’ progress in both provider settings and in the community through the St. Mary’s

County Health Department Care Coordination Unit in collaboration with external partners, including the community-based treatment providers.

Currently, the Community Corrections Program⁴³ includes 81 individuals on pretrial supervision and 32 in the Day Reporting Program.⁴⁴ Care coordination extends beyond these programs to serve individuals who are incarcerated or participating in community-based alternatives such as residential treatment. These services are especially vital for individuals with behavioral health disorders or those transitioning from the detention center’s substance use disorder treatment programs.

To further its mission to promote equity and rehabilitation, the CCC launched the “One-Stop Shop” case management initiative in 2021. This monthly event streamlines access to essential services by bringing together a wide range of providers under one roof to support individuals receiving pretrial or community (i.e., parole or probation) supervision. The initiative has proven instrumental in delivering wraparound care to justice-involved individuals, many of whom face complex challenges related to mental health and substance use. Participants gain direct access to care coordinators, peer support specialists, and representatives from key agencies such as St. Mary’s County Library, St. Mary’s Health Department, Project Chesapeake, Pathways, Outlook Recovery, and others. Additional partners offer services related to employment, housing assistance, domestic violence support, and mediation, ensuring a holistic approach to stabilization and long-term success.

The Day Reporting Program,⁴⁵ co-located within the St. Mary’s County Health Hub in Lexington Park and the CCC in Leonardtown, is a collaborative initiative between the St. Mary’s County Sheriff’s Office and the St. Mary’s County Health Department. Funded through the Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP), the program is rooted in evidence-based practices that prioritize health care, education, and social support as tools for rehabilitation and crime prevention.

Designed for justice-involved individuals eligible for intensive outpatient treatment and structured daily monitoring, the program offers an alternative to residential incarceration. Eligibility generally requires non-violent offenses, a demonstrated willingness to engage in treatment, and a determination that the individual can be safely supervised in the community. These guidelines are established by the Sheriff’s Office in coordination with the health department and partnering agencies.

⁴³ While the St. Mary’s Community Corrections Center is not a formal program itself, individuals who utilize the center are considered to be participating in a program due to their engagement with these structured services.

⁴⁴ In St. Mary’s County, the Day Reporting Program was formerly referred to as Home Detention.

⁴⁵ The Day Reporting Program is included at this stage of the intercept model due to its connection to the Community Corrections Center, which also supports individuals engaged in pretrial services.

Participants engage in rigorous treatment and rehabilitation plans tailored to address the underlying factors that contribute to criminal behavior. At the Health Hub, participants have access to a wide range of services, including crisis walk-in support, substance use testing, HIV and COVID testing, expanded lab access, connections to school-based health centers offering adolescent mental health services, and social wellness activities provided through various community partners.

Competency Evaluation: Competency dockets are scheduled and held at the respective court. Some individuals are sent to the state hospital for competency restoration. Once they are restored and no longer considered dangerous, they return to the St. Mary’s District Court, where they are heard again.

From there, they may be placed on pretrial supervision and continue to appear for regular check-ins through what the county calls a “mental health docket.” This docket is not a formal court or diversion docket, but rather a status hearing process for individuals who have been found competent to stand trial. All pleas must still be entered in regular court.

The docket serves those who are stable enough to proceed with their case but may still need some form of oversight or connection to services. Individuals are typically identified during bond hearings. The docket takes place once a month on Wednesdays and seeks support through organizations such as On Our Own, Beacon of Hope, and other harm reduction efforts. Additionally, a peer from the LEAD program attends the docket hearings and helps connect individuals to available support services.

Petition for Emergency Evaluation: Emergency petitions can be another entry point to the judicial system. Workshop participants did not provide additional information beyond what is included in the [“First Responders”](#) section.

Assisted Outpatient Treatment: Under the guidance of the Maryland Department of Health (MDH), the St. Mary’s County Health Department will establish the Assisted Outpatient Treatment (AOT) program by July 1, 2026.

Health General Commitment Evaluation: § 8505 evaluations are issued by the courts in St. Mary’s County.

Courts Structure

Court structures vary across jurisdictions in Maryland, with each having different specialized dockets and programs tailored to the community’s needs and the staffing capacity available. This section provides an overview of the court structure in St. Mary’s County (see Table 9), followed by additional information about the specific dockets and programs.

Table 9
St. Mary's County's Court Structure

Court	Specialty Program
District Court of St. Mary's County	N/A
Circuit Court of St. Mary's County	Adult Recovery Court

Note. *The Circuit Court of St. Mary's County also operates a Family Recovery Court and Orphans' Court dockets. While these are not included in the table, they are integral to the county's broader court system. As this workshop focuses on adults with behavioral health needs, please contact the St. Mary's County Circuit Court for more information on these dockets.*

Problem-Solving Courts: In 2009, St. Mary's County established the Adult Recovery Court (ARC) program in the circuit court to address the complex needs of individuals with a significant criminal history driven by substance abuse, repeat DUIs, or those who would otherwise be incarcerated for a current conviction or violation of probation. While most participants also have co-occurring mental health conditions, mental health is not the primary focus for eligibility in the program. The 15-month program aims to reduce recidivism and improve public safety by targeting the root causes of criminal behavior. With close supervision, judicial oversight, and structured treatment, the court provides participants with a meaningful opportunity to recover and successfully reintegrate into the community.

Eligibility for the program includes the following criteria: post-plea determination of drug abuse/dependency, voluntary participation, and residency in St. Mary's County. Ineligibility for the program includes serious mental and/or physical health issues (determined on a case-by-case basis), gang affiliation, violent offenders, sex offenders, drug distribution charges, and assault or weapons offenses unless agreed upon by unanimous consent of the court team.

Participants are typically identified through referrals from attorneys who assess eligibility for the program. Defense attorneys play an integral role both in identifying eligible individuals and serving as part of the interdisciplinary team that guides participants through the program.

The ARC program operates through a collaborative model, consisting of the judge, program coordinator, case manager, representatives from the State's Attorney's Office, Office of the Public Defender, and Parole and Probation. Uniquely, a treatment provider is part of the core team, contributing directly to participant support and decision-making. Three additional representatives who participate regularly include the Administrative Captain, the Administrative Lieutenant, and the Pretrial Services Case Manager Supervisor.

This multidisciplinary approach is grounded in a shared understanding of addiction, recovery, and criminal justice reform, supported by joint training and coordinated decision-making. The team meets regularly to review cases, assess eligibility, and monitor participant progress.

Project Chesapeake serves as the primary provider for initial clinical assessments and connects participants with peer support services. Participants also have access to peer recovery specialists and care coordinators assigned to the CCC, as well as the Health Hub. When higher levels of care are necessary, participants may be referred to inpatient treatment facilities, such as Jude House (located in Charles County) or Pyramid Healthcare. This continuum of care ensures that participants receive the appropriate level of support throughout their recovery journey.

The ARC program is divided into four phases, each with a specific set of requirements for successful completion (see Table 10). As participants progress, they must complete all necessary items and receive approval from the ARC team to move to the next phase. After completing all four phases, participants are eligible for graduation.

Participants are generally required to pay fees for treatment, drug testing, and alcohol monitoring, in addition to any Parole and Probation costs. Participants may be held in a specific phase if new charges are filed or if outstanding fees are unresolved.

Phase	Requirements
1	Minimum of 30 days in the community
2	Minimum of 60 days and successful completion of the prior phase
3	Minimum of 90 days and successful completion of the prior phase
4	Minimum of 180 days and successful completion of the prior phase

Currently, the ARC serves approximately 36 participants, with a capacity to support up to 50 individuals at any given time. This capacity allows the program to effectively manage its caseload while providing personalized, intensive support to each participant. For those who complete the program, sentencing outcomes may be significantly reduced, often resulting in supervised probation. However, failure to complete the program can result in the reimposition of the original sentence or other modified penalties, depending on individual circumstances.

Detention and Corrections

Structure: The St. Mary's County Detention and Rehabilitation Center is located in Leonardtown, Maryland. The detention center was originally opened in 1989 with a rated capacity of 128 beds. In 1998, 62 additional beds were added, and subsequent modifications, including double bunking in certain areas, further increased the facility's capacity to 230 beds. Since 2006, St. Mary's County has evaluated several options to address the evolving needs and identified deficiencies of the facility. In March 2016, a request was submitted for consideration for an alternative plan to the renovation project previously proposed by the Commissioners of St. Mary's County (CSMC).

The newest option, approved by the CSMC, involves a comprehensive Expansion and Renovation project that includes the addition of a 64-bed housing unit to support the female incarcerated population through the year 2030. It also includes the construction of a new medical clinic and infirmary, an expanded laundry area, a new Supervisor/Intelligence Office Suite, a new fire alarm system throughout the facility, upgraded HVAC systems, and a new central control room with a fully integrated and upgraded security system.

Renovation work is still ongoing and nearing completion. Renovation efforts include, but are not limited to, upgrades to the existing medical office suite, Supervisor/Intelligence Office Suite, expanded laundry facilities, installation of air conditioning throughout the facility, improved intercom systems, upgrades to the security control room, replacement of the kitchen floor, and enhancements to the main control room.

Today, the center has a maximum capacity of 321 detainees. In fiscal year 2025, the average daily incarcerated population was 225. This does not include individuals on Day Reporting (Home Detention), which averaged 30 participants in fiscal year 2025. As the facility serves as a central booking site, an average of 70 individuals (walk-throughs) were processed before being released by the District Court Commissioner or committed to the detention center. On any given day, the facility is responsible for supervising over 332 individuals, comprising 225 incarcerated individuals, 30 on Day Reporting (Home Detention), and 77 under Pre-Trial Supervision.

All correctional officers receive eight hours of Mental Health First Aid training along with annual refreshers. Of the 100 correctional officers, 46 are CIT-trained, of which four are CIT-certified Instructors. Additionally, virtual trainings are provided for all staff to help them recognize and respond to incidents throughout the facility.

Bilingual staff are assigned operational posts throughout the detention center to support effective communication with a diverse population. Currently, eight officers speak Spanish, one

is fluent in American Sign Language, one speaks both Albanian and Italian, two speak French, one speaks Portuguese, and one speaks Yoruba.

Services: Services while incarcerated vary across facilities, but they can generally be organized into four different categories (see Table 11); specific information about the services available at the St. Mary’s County Detention and Rehabilitation Center is provided following the table.

Table 11 <i>Detention Services Available in Maryland</i>	
Type	Definition and Examples ⁴⁶
Screenings	<p>Upon entry, screenings refer to the initial evaluations conducted to determine an individual’s physical and mental health status, risk level, and immediate needs upon intake. These screenings play a vital role in ensuring safety, appropriate housing or supervision, and timely access to essential services during custody. They typically include the following:</p> <ul style="list-style-type: none"> ● Medical: Identifies any immediate medical needs, contagious diseases, injuries, or ongoing medical conditions. ● Mental health: Assesses for signs of mental illness, suicidal ideation, or cognitive impairments to determine the need for further evaluation or intervention. ● Substance use: Evaluates for signs of withdrawal, intoxication, or a history of substance use disorders. ● Classification: Determines security level, housing needs/placement, and potential risk to self or others. ● Legal and administrative: Confirms identity, legal status, and any detainers or holds.
Assessments	<p>Assessments refer to comprehensive evaluations conducted after initial screenings to gather more in-depth information about an individual’s medical, mental health, behavioral, and security needs. These assessments help guide treatment plans, housing decisions, and rehabilitative services. Common types include the following:</p> <ul style="list-style-type: none"> ● Medical: Detailed evaluations of existing health conditions, medication needs, and ongoing care plans. ● Mental health: In-depth evaluations of psychiatric conditions, trauma history, and risk for self-harm or suicide. ● Substance use: Determines the severity of substance use disorders and the need for detoxification or treatment. ● Risk and needs: Identify an individual’s risk level for violence, recidivism, or victimization and help inform classification and intervention strategies.

⁴⁶ Not all facilities offer the following examples of services, but this provides an overview of the various types that may be available to support individuals in custody.

	<ul style="list-style-type: none"> Behavioral and social: Examine factors like education level, employment history, family background, and support systems to guide rehabilitation efforts.
Mental Health and/or Substance Use Treatment	In addition to screenings and assessments, facilities offer various mental health and substance use treatment services to support individuals in custody. These may include crisis intervention, psychiatric care, medication management, and individual or group therapy for mental health conditions. Substance use treatment services often include detoxification support, medication-assisted treatment (MAT), ⁴⁷ counseling, and recovery programs. These services aim to stabilize individuals, reduce recidivism, and connect them with continued care upon release.
Other	Other services include vocational training and personal development programs, such as educational classes, job readiness training, and life skills workshops to help individuals gain skills for future employment. Religious services, recreational activities, and reentry programs help support well-being and build a foundation for successful reintegration into the community.

Screenings and Assessments: Upon entry into the St. Mary’s County Detention and Rehabilitation Center, individuals are processed through central booking and undergo an initial prescreening to identify any urgent medical needs. If admitted, they proceed through a staged intake process that begins with a basic screening and advances to a more comprehensive medical assessment conducted by PrimeCare Medical, the facility’s contracted provider for physical and behavioral health services.

Within 24 hours of admission, a medical screening is completed, with referrals made as needed for emergency care, special housing, or additional medical evaluation. A full physical examination is conducted within 14 days.

The intake process does not include formal screening for traumatic brain injury (TBI), intellectual or developmental disabilities (IDD), or Veteran status, though individuals may self-report these conditions. Staff also rely on correctional officer observations, peer reports, and interactions with returning detainees to identify those who may need additional support.

As part of the classification process, individuals receive a detention center ID and undergo a comprehensive assessment to determine appropriate custody level, housing assignment, supervision needs, and service referrals. The facility includes three safety cells and can assign

⁴⁷ While the term “medication-assisted treatment” can be found referenced in laws, regulations, academic literature, the media, and common language, many organizations are retiring the use of the term in favor of “addictions medication” or terms indicating the medications specifically tailored for treatment (e.g., “medications for opioid use disorder”).

single cells when necessary to address acute medical or mental health concerns. The overall classification process is individualized, regularly updated, and informs both institutional management and planning for successful community reintegration.

Mental Health and/or Substance Use Treatment: The detention center operates a comprehensive jail-based medications for opioid use disorder (MOUD) program⁴⁸ launched through a collaborative effort with the local health department and supported by a formal memorandum of agreement with Pyramid Healthcare.⁴⁹ The program provides both induction and maintenance treatment to incarcerated individuals diagnosed with opioid use disorder, offering a clinically managed alternative to self-administered addiction medications. Its primary goals are to reduce recidivism, relapse, detox-related hospitalizations, and fatal overdoses.

Upon intake, all individuals are screened using evidence-based protocols, including the Clinical Opiate Withdrawal Scale (COWS), to determine MOUD eligibility. For those already participating in outpatient MOUD treatment in the community, services may resume during incarceration upon verification from their provider or pharmacy. Eligible participants may receive one of three FDA-approved medications: methadone, buprenorphine (brand name Subutex), and naltrexone (brand name Vivitrol).⁵⁰ Subutex and Vivitrol are procured through a county pharmaceutical contract with Diamond Pharmacy, while methadone is administered via a partnership with Outlook Recovery. Withdrawal management is provided prior to MOUD induction.

All MOUD treatments are administered under close supervision by registered nurses, including a mandatory 15-minute post-dose observation to prevent medication diversion. While resource-intensive, this approach prioritizes safety and treatment integrity. Currently, 44 individuals are enrolled in the MOUD program, with 4 more awaiting placement. Of those enrolled, 9 are female.

The MOUD program is managed by an interdisciplinary team that includes medical and mental health professionals, treatment providers, correctional personnel, reentry specialists, and the individual receiving services. This collaborative approach supports individualized treatment

⁴⁸ The county's MOUD program fulfills the requirement of Sections 9-603 and 9-603.1 of the Correctional Services Article to implement programs for screening, evaluation, and treatment of opioid use disorder, including the provision of medication-assisted treatment.

⁴⁹ Pyramid Healthcare is licensed by the State of Maryland to deliver Level 1 Outpatient Treatment services onsite at the detention center and Level 2.1 Intensive Outpatient Treatment, including MOUD coordination and care management. As part of its role, Pyramid conducts assessments using the American Society of Addiction Medicine (ASAM) criteria to determine appropriate levels of care and treatment recommendations for incarcerated individuals.

⁵⁰ The U.S. Food and Drug Administration has approved three medications for treatment of opioid use disorder: methadone, buprenorphine, and extended-release naltrexone. Subutex is administered sublingually as a single daily dose of buprenorphine; Vivitrol is a monthly injection of naltrexone.

planning, encourages participant engagement in clinical decisions, and fosters participant ownership of recovery.

Two certified peer recovery specialists enhance the program by offering individual and group support, engaging in harm reduction activities, and facilitating warm hand-offs to community providers. Their involvement helps bridge the gap between clinical care and the recovery community, reduces stigma, and improves treatment engagement.

Mental health services at the detention center are provided through a contract with PrimeCare Medical. Staffing includes one full-time mental health clinician (40 hours per week), three hours per week of psychiatric services, and six hours per week from a psychiatric physician assistant or certified nurse practitioner. These professionals are responsible for screening, evaluation, treatment planning, medication management, crisis intervention, and coordination with external agencies. They also facilitate referrals to the Maryland Department of Health and psychiatric hospitals in the state for individuals requiring higher levels of care.

Other: The St. Mary's County Detention and Rehabilitation Center offers a range of educational, personal development, and rehabilitative programs designed to support incarcerated individuals in their growth and successful reentry into the community.

GED instruction is ongoing and available to all individuals who wish to complete their high school education. The program provides structured support and materials to help participants prepare for and pass the GED exam, opening doors to further education and employment opportunities upon release.

A strong partnership with the St. Mary's County Library brings educational enrichment into the facility. A dedicated library within the facility, overseen by a Sheriff's Office volunteer, provides access to GED materials, legal resources, and a wide variety of special-interest books. Correctional officers assist in obtaining legal texts and relevant court case materials. Books, ranging from recreational reading to inspirational and legal resources, are donated at no cost.

The Opportunities for Positive Progression (OPP) program is one of many partners that donate self-help and books written by formerly incarcerated individuals, offering powerful insight and encouragement through shared experience. Additionally, a privately funded female book club within the facility further promotes literacy, inspiration, and peer connection through shared reading and discussion.

The facility also provides a variety of life skills and rehabilitative classes, including Narcotics Anonymous (NA), Alcoholics Anonymous (AA), and parenting classes. These programs offer individuals a space to reflect on their choices, develop coping strategies, and gain the tools needed to break cycles of addiction and improve family relationships.

Religious services and mentoring programs are also available to support moral and emotional development and to build positive connections with community mentors. Gender-based peer support groups further address the specific emotional and social needs of different populations.

There are additional resources in the process of implementation at the detention center. Access to tablets and telehealth visits through the tablet system is forthcoming, which will expand communication and treatment options for detainees.

Mediation services are returning to the facility specifically to assist detainees with navigating issues such as parental rights. Additionally, employment services are expanding to better support reentry planning and workforce readiness.

Peer Support Services

Peer support is embedded at multiple points within intercepts 2 and 3, helping ensure that justice-involved individuals receive recovery-oriented, trauma-informed care during initial detention, court processing, and ongoing supervision.

Peers are included as part of the multidisciplinary team involved in competency evaluation dockets, offering lived experience and emotional support during critical decision-making stages. Peer support is also incorporated into pretrial programming, where it plays a key role in helping individuals navigate the early stages of the legal process.

Additionally, peer support is available to individuals on parole and probation who receive services at the Community Corrections Center. Peers assist individuals in managing court-ordered treatment and maintaining engagement during ongoing supervision.

Peers are also integrated into the Adult Recovery Court, where they provide support based on lived experience, assist with participant engagement, and contribute to individualized recovery planning.

Family Support Services

Within the detention center, a parenting course is offered to help individuals strengthen family relationships and develop essential parenting skills while incarcerated. Additionally, families can support their loved ones by ordering and sending books directly to detainees through Amazon, providing a valuable connection and opportunity for personal growth during detention.

While not the primary focus of the Veteran or criminal justice population, the Family Recovery Court program in the magistrate's division of the Circuit Court serves individuals involved in divorce or custody proceedings. This voluntary program connects participants to treatment services and a multidisciplinary team that includes social services, the courts, and various

partner agencies, helping address the underlying issues affecting family stability. Referrals to Family Recovery Court can come from multiple sources, and the program is designed to provide coordinated care and support for families navigating complex legal and personal challenges.

Data Collection and Sharing

The detention center primarily uses Microsoft Excel spreadsheets as its data collection and sharing tool. Aside from the information detailed in the sections above, workshop participants did not discuss data collection or sharing practices related to initial detention, court hearings, or other jail and court processes during the workshop.

INTERCEPTS 2/3 GAPS

Initial Appearance and Bond Hearing

At the initial appearance before the commissioner, diversion is not an option; the detainee is held or released. Commissioners may occasionally note concerns related to mental health or substance use, but such instances are rare. In most cases, the commissioner must see an individual three times after arrest before considering a temporary commitment.

Court-Ordered Services

Competency Evaluation: There are significant delays in completing evaluations for both incarcerated and non-incarcerated individuals. Additionally, a growing waitlist for placement in the detention center creates major challenges for timely restoration. Statewide, more than 230 individuals committed to MDH remain in detention facilities while waiting for placement; a number that has consistently exceeded 200 for several months. Some have been waiting over 150 days for an available bed. This persistent backlog is a statewide issue, leading to significant delays in transferring individuals to appropriate state-run treatment facilities.

In St. Mary's County, the average wait time for placement in fiscal year 2025 was 51 days. However, individuals awaiting placement at Clifton T. Perkins Hospital Center typically experience longer delays compared to those waiting for admission to Spring Grove Hospital Center. As of July 16, 2025, 10 individuals are currently awaiting placement while housed in the detention center. A major contributing factor to this crisis is the lack of facilities and available bed space. Many individuals who should not be in detention centers are nonetheless confined there, solely due to the unavailability of proper treatment beds.

To address this, the detention center coordinates closely with health department staff to support individuals deemed incompetent and awaiting placement by MDH. Evaluations are conducted promptly in accordance with legal requirements, which mandate reports within seven days of court-ordered evaluations, although extensions may be granted, and individuals are typically seen for hearings within ten days.

Despite these efforts, many detainees are still forced to wait, often for months, for placement in appropriate treatment facilities, further exacerbating the strain on local detention resources and compromising the timely care and treatment they require.

Pretrial Services: Not all pretrial supervision is created equal, and several gaps exist that hinder its effectiveness, especially in small counties with limited resources. One significant challenge is the lack of housing options for individuals experiencing homelessness, which exacerbates difficulties in providing stable and consistent supervision. Without a fixed residence, it becomes harder to maintain contact, ensure compliance with court-ordered conditions, or provide wraparound support.

Maintaining strong relationships with community partners is another hurdle. Staff turnover can disrupt collaboration and coordination, weakening collaboration and impacting service continuity. These transitions in personnel often lead to inconsistencies in service delivery, undermining the overall effectiveness of pretrial efforts.

Financial constraints have become more pronounced since the COVID-19 pandemic. The Community Correction Center's grant funding has gradually diminished, placing it in direct competition with other agencies for limited financial resources. As a result, the ability to maintain and expand pretrial services has been further stretched.

Assisted Outpatient Treatment: The provisions of the AOT bill and its implementation remain unclear, leading to significant concerns from the affected parties, including providers, the judiciary, and other stakeholders, about the potential implications of the new legislation. The county's core service agency, in particular, has expressed apprehension, feeling that there are not enough resources or infrastructure to successfully manage and implement the law's requirements on their own.

However, the health department, as the local behavioral health authority, has made efforts to prepare for the initiative by attending the AOT Symposium held by the Treatment Advocacy Center in April 2025. During the symposium, they learned about the implementation process and networked with other Maryland LBHA representatives as well as partners from across the nation to better understand the challenges and solutions related to the AOT program.

Recommendation: To build a sustainable AOT program, it is essential to follow a strategic and collaborative approach. For detailed guidance, refer to the “[Resources](#)” section, which includes the Treatment Advocacy Center’s comprehensive report outlining key building blocks, foundational components, and practical implementation tips. Key recommendations include securing buy-in from leadership across various sectors to ensure broad support and effective integration. It is also essential to foster a shared understanding of the law and funding landscape to guide program decisions and determine the appropriate level of judicial involvement for efficient court processes. Additionally, establish a robust oversight mechanism to monitor program progress and outcomes, and create clear written policies, procedures, and forms to maintain consistency and transparency. Regular stakeholder meetings should be held to address challenges, share successes, and refine processes. Participants should be well-informed by providing materials that outline their rights and responsibilities. Efforts should also be made to educate stakeholders and the community to build awareness and support for the program. Tracking program data will help assess effectiveness and guide ongoing improvements. Finally, mentor neighboring communities by inviting them to observe your processes and review policies, promoting regional collaboration and expanding the program’s impact.

Health General Commitment Evaluation: Typically, under a standard 8-507 commitment order, individuals are released from the custody of the detention center for treatment placement. However, in recent cases, the court has directed the detention center to continue providing electronic monitoring and case management services, despite the individual no longer being formally committed to its custody. This shift has introduced logistical and jurisdictional challenges, placing additional demands on detention center staff and resources.

Courts Structure

Problem-Solving Courts: Initially, participation in the Adult Recovery Court was tied closely to traditional probation terms. However, with the implementation of the Justice Reinvestment Act (JRA), this process was significantly altered. Under the new model, participants often enter the Recovery Court program post-plea, but before sentencing. Sentencing is deferred to allow participants to engage fully in the program. Some participants are hesitant to enter the program under JRA rules, as even with violations, they may still face required minimum incarceration periods, regardless of their treatment progress.

Although there is an Adult Recovery Court in place, the county does not have a dedicated mental health or Veterans court. The county has attempted to establish a mental health court in the past, gathering all the necessary data, but was unable to move forward due to various challenges, including funding. Currently, individuals with mental health needs are served

through the Adult Recovery Court, which primarily focuses on substance use disorders, meaning mental health issues are addressed only when they coincide with substance use. There is no court specifically dedicated to mental health issues, nor is there a Veterans court, despite the county's belief that there is a significant population of Veterans in need of specialized support.

Detention and Corrections

A critical shortage of correctional officers, currently 18 vacancies, places significant strain on existing staff and compromises facility operations. Transporting detainees to programs remains a logistical barrier due to the need for correctional officers to escort individuals to and from services. This process is both time-consuming and increasingly difficult due to ongoing staffing shortages. Facility movement can also come to a complete halt in the event of a medical emergency, as staff and resources are diverted to respond, often delaying or canceling other scheduled services.

Additionally, the region is designated as a federally recognized Health Professional Shortage Area (HPSA), highlighting a critical deficit of health care providers, including mental health practitioners. This shortage significantly impacts the detention center's ability to deliver adequate behavioral health services. Clinicians are only available Monday through Friday, limiting access to care on evenings and weekends and creating further delays in care.

Even before the COVID-19 pandemic, finding licensed social workers willing and qualified to work within the walls of the facility was a persistent challenge. Since then, these difficulties have worsened due to high levels of burnout and limited incentives for professionals to work in high-stress correctional settings. Efforts to hire a second social worker for in-house support have been unsuccessful, often because candidates lack experience and only hold entry-level licenses.

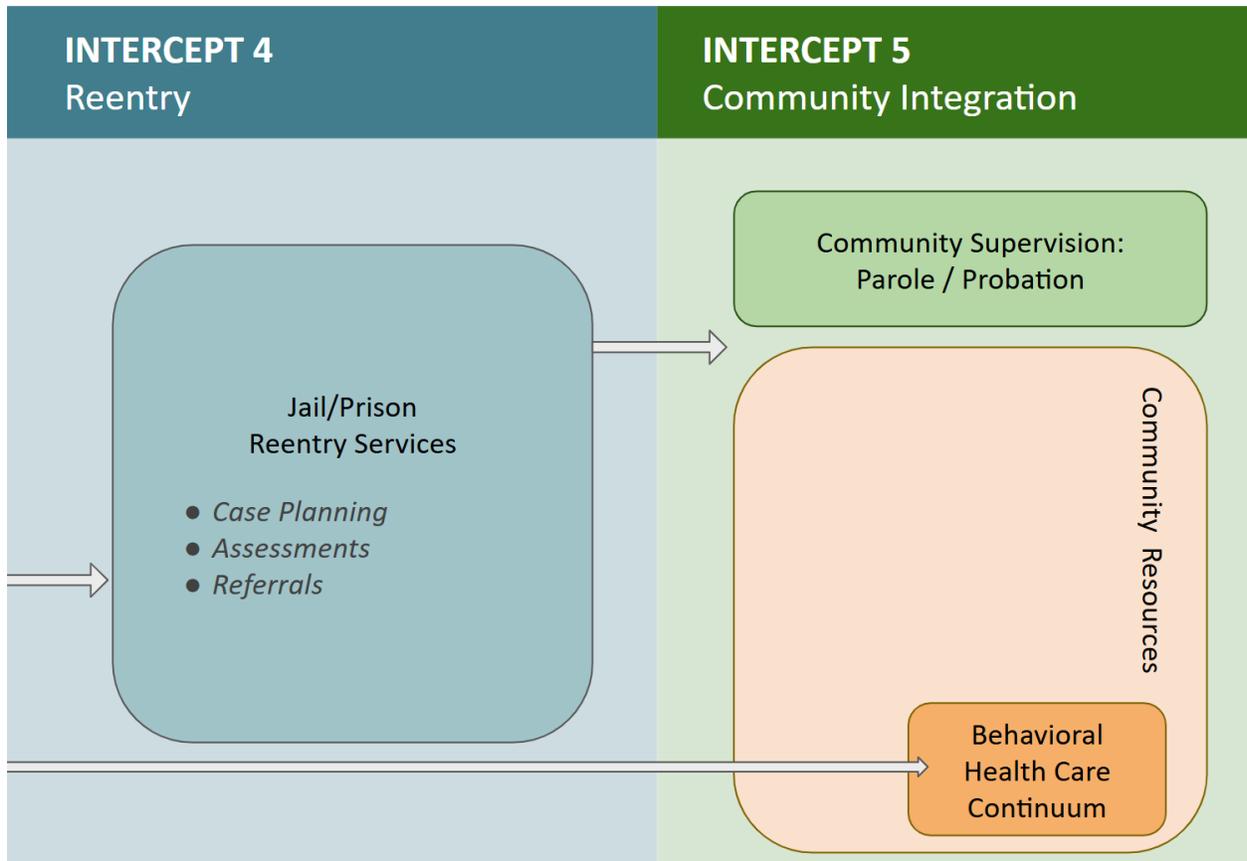
Reliance on a state-contracted provider presents additional obstacles, including low pay rates, poor workforce satisfaction, and negative public reviews highlighting systemic issues. Frequent transitions in staff roles further disrupt the continuity of care, particularly when new personnel are tasked with supporting detainees who have complex, longstanding needs.

Opportunity: Salisbury University's satellite campus presents a valuable opportunity for workforce development, particularly in addressing the local shortage of behavioral health professionals. With a strong social work program and many graduates choosing to remain in the region, the university could serve as a strategic partner in building a more stable pipeline of qualified staff for the detention center. This proximity allows for potential internships, practicums, and early-career placements that benefit both students and the facility. However, while many professionals are initially drawn to work in the jail to gain experience, there is a notable "revolving door" effect; many leave shortly after for positions offering more stable

hours, higher pay, and less demanding environments. To fully leverage this opportunity, efforts must be made to improve retention through competitive compensation, support for early-career professionals, and a clearer path for long-term growth within the correctional behavioral health system.

In addition to staffing constraints, the facility faces physical space limitations. There are not enough program areas or class offerings to meet the diverse needs of detainees across different classification levels, resulting in scheduling conflicts and restricted access to services. These internal challenges mirror broader issues in the surrounding community, including long wait times for essential behavioral health and medical care.

The logistics of administering medications for opioid use disorder (MOUD) present another area of concern. While Suboxone remains the primary medication available, its administration is labor-intensive. Workshop participants note that access to injectable, extended-release medications could significantly reduce the time required for dosing and enhance continuity of care.



INTERCEPT 4 AND INTERCEPT 5

INTERCEPTS 4/5 RESOURCES

Corrections Reentry Services

Services and Referrals: Individuals committed to the detention center access one of three available pathways for reentry into the community (see Table 12). Path 1 includes three court-ordered alternatives to incarceration, which are described in detail in the “[Court-Ordered Services](#)” section. Paths 2 and 3 are initiated within the detention center upon screening and assessments.

Table 12
St. Mary’s County Reentry Pathways

Path	Description of Services and Programs
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1	Pretrial supervision, Community Corrections program, or Day Reporting program ⁵¹
2	In-house reentry services for all incarcerated individuals
3	In-house reentry services with medications for opioid use disorder (MOUD) and case management

Regardless of behavioral health needs, all incarcerated individuals meet with the Classification and Offender Reentry Case Manager Supervisor (CORCMS) to initiate the reentry process anywhere from 0 to 120 days before their scheduled release, if known. A checklist screening identifies necessary services and guides the selection of the appropriate reentry pathway.

Services may include assistance with obtaining vital documents, reactivating health insurance, coordinating health care referrals, connecting individuals to benefits (e.g., Supplemental Security Income, Veterans Affairs services), and facilitating referrals for other basic needs. Health department staff from the LEAD and PATH programs (described in the "[Intercepts 0/1 Resources](#)" section) provide support both before and after release, meeting eligible individuals in the detention center and offering continued engagement upon request.

To facilitate service navigation upon release, individuals receive a reentry assistance manual that includes contact information for key services within the county. Individuals returning to communities outside of St. Mary’s County receive informational packets to support service connection at their destination jurisdiction. Reentry plans may also be shared with parole or probation supervisors.

Some services require partnerships with state and federal agencies. Through a memorandum of understanding (MOU) with the Social Security Administration, the facility is authorized to certify identities, allowing individuals to apply for a replacement card at no cost while still in custody. Birth certificates, which cost \$25, can be billed to the individual’s account or covered by the indigent incarcerated individual fund. Upon release, all individuals receive a detention center ID and a release letter, which qualify them for a free state-issued ID through an MOU with the Motor Vehicle Administration (MVA). Transportation assistance to the MVA is also available as needed.

To support continuity of health care, individuals prescribed somatic or psychiatric medications are dosed before release (if present when medications are dispensed) and discharged with any remaining medications in original blister packs. Individuals may schedule follow-up medical appointments before release or report directly to the Health Hub. Additionally, as part of the

⁵¹ Adult Day Reporting Center programs are highly structured non-residential programs that offer a comprehensive range of services to non-violent adult offenders as an alternative to incarceration.

health department's Overdose Response program, all individuals receive naloxone training and a take-home dose upon release to help prevent overdose deaths in the community.

The detention center utilizes two BHA-funded, LBHA-administered grants to support the clinical component of reentry for individuals with behavioral health needs. The Maryland Community Criminal Justice Treatment Program (MCCJTP)⁵² is a detention center-based program that identifies individuals with mental health needs while they are detained in local detention centers. MCCJTP aims to ensure continuity of care by monitoring post-release compliance and maintaining connections with community-based mental health services to improve mental health outcomes and reduce recidivism. Key services may include mental health screening and assessment, short-term crisis intervention, aftercare planning, and coordination of community treatment and support services by care coordinators and peer recovery specialists. The local program at the detention center applies MCCJTP funds to cover 32% of the cost of the facility's mental health clinician position.

Opportunity: In addition to the clinical services provided to incarcerated individuals at the local detention center, the program's aftercare-planning and coordination component should be explored to facilitate post-release connection to community-based services.

The Substance Abuse Treatment Outcomes Partnership (S.T.O.P.), another BHA-funded, LBHA-administered grant, provides funds to increase access to behavioral health services and supports through the design and implementation of a statewide, integrated crisis system, enhanced care coordination, and the use of technology innovations. St. Mary's County LBHA applies this funding to serve pretrial correctional individuals, pre-release correctional individuals, and members of the general incarcerated populations within county-managed correctional facilities.

The detention center contracts with Pyramid Healthcare to provide clinical services within the detention center that can facilitate a successful transition to community-based services. Pyramid clinicians conduct pre-screening/intake support for incarcerated individuals with authorization for residential treatment. These pre-screenings are accepted by other local providers, minimizing duplication. Pyramid clinicians and peer recovery specialists also work

⁵² MCCJTP operates in all Maryland jurisdictions except Montgomery County and Baltimore City, assisting local detention centers in addressing the comprehensive behavioral health needs of justice-involved individuals. In collaboration with the LBHAs/CSAs, the program provides both clinical treatment and case management services. Each participating jurisdiction partners with experts from agencies that provide behavioral health services, case management, and legal counsel services. Additionally, input is sought from a broad range of stakeholders, including representatives from detention centers, judiciary, parole and probation, law enforcement, social services, consumer advocates, and the community.

with detention center case management staff as appropriate to support reentry planning efforts.

Supervision: The Department of Public Safety and Correctional Services (DPSCS) oversees community supervision operations to ensure individuals reentering the community comply with conditions established by the courts and the Maryland Parole Commission.⁵³

The Parole and Probation Training Unit within the Maryland Police and Correctional Training Commission is committed to preparing agents and monitors to deliver services that are professional, ethical, lawful, and respectful. Training emphasizes sensitivity to client needs and alignment with both legal standards and the public interest. While the Maryland Correctional Training Commission requires mandated parole and probation staff to complete 18 hours of in-service training annually to maintain their certification, leadership from the Department of Parole and Probation has established a higher standard. Mandated staff are required to complete 40 hours of Commission-approved in-service training each year (see Table 13).

Table 13 <i>In-Service Training for Parole and Probation Staff in St. Mary's County, Maryland</i>	
Type	Context
Defensive Tactics	Provides non-custody staff with the skills and confidence to use defense techniques if required to protect themselves from physical harm.
Field & Agent Safety	Reviews safety policies and procedures related to community supervision activities.
CPR/First Aid	Offers both theoretical knowledge and hands-on instruction in CPR and basic first aid techniques.
Justice Reinvestment Act (JRA)	Covers policies and procedures related to assessments, case planning, graduated sanctions, earned compliance credit, collections, and accounting in accordance with the JRA.
De-Escalation and Behavioral Health	Educates staff on recognizing signs of escalation and using verbal techniques to de-escalate conflict. Includes training on identifying behavioral health issues (e.g., depression, anxiety, and substance use) and understanding stigma and other barriers to care. Also addresses special topics, including suicide and considerations for older adults.

⁵³ In addition to supervising parolees, probationers, and those on mandatory release from correctional facilities, community supervision staff also conduct pre-sentence, post-sentence, special court, pre-parole, and executive clemency investigations and supervise individuals who've been court-ordered into the Drinking Driver Monitor Program. A Community Supervision Enforcement Program monitors offenders on home detention and operates the Warrant Apprehension Unit to bring in offenders who have violated the terms of their supervision.

In St. Mary's County, individuals assigned to community supervision following incarceration are required to complete an in-person intake at the Leonardtown Field Office on the first business day following release. The intake process includes fingerprinting and photographing, signing of all required documents, and assignment to a supervised agent. During intake, the agent reviews the 10 standard supervision conditions used statewide, along with any special conditions imposed by the court. This process typically takes 1 to 1.5 hours.

Supervision agents in St. Mary's County carry an average caseload of 140 individuals. At the time of the workshop, participants reported a total of 611 active cases.⁵⁴

Supervision is categorized into four levels, ranging from low (for individuals with no prior history and no present disorders) to high. GPS-based home monitoring is generally reserved for mandatory releases and parolees. Monthly check-ins are typically conducted face-to-face, either in the field or at the office. In response to the COVID-19 pandemic, DPSCS introduced flexible protocols, allowing individuals to check in virtually using state-issued cell phones when appropriate.

Through the Justice Reinvestment Initiative, the Division of Parole and Probation is striving to dispel the historically adversarial understanding of supervision. Supervisors complete mandated training on mental health and substance use disorders and provide referrals to the community for resources and graduated sanctions when permitted by the court, with the ultimate goal of successful termination of supervision. While the DPSCS Division of Corrections has long employed social workers, the Division of Parole and Probation has only recently begun embedding social workers within its operations. These professionals support agents by helping connect individuals under supervision with needed services and resources.

Community Reentry Services

Supportive Funding: As discussed in the "[Intercepts 0/1 Resources](#)" section, the Mental Health Consumer Support grant provided by the Behavioral Health Administration serves as a safety net resource for individuals actively participating in the Public Behavioral Health System.

Behavioral Health Services: Multiple agencies offer community-based behavioral health care for residents, including systems-involved individuals who are experiencing mental health or substance use disorders. These services are detailed in the "[Intercepts 0/1 Resources](#)" section.

⁵⁴ The DPSCS Division of Parole and Probation also maintains specialized caseloads based on offense type, including sexual offenses, domestic violence, drug-related cases, interstate compact cases, pretrial services investigations, and the Violence Prevention Initiative (focused on individuals under the age of 30).

Individuals exiting incarceration or participating in the Day Reporting Center may choose to seek care at the Health Hub (described in the "[Intercepts 0/1 Resources](#)" section). The Health Hub offers immediate access to a psychiatric team providing short-term behavioral health care, bridge medications, buprenorphine, psychiatric prescriptions, case management, and care coordination. Services at the Health Hub are available regardless of insurance status and are offered at no cost, except for medication dispensing fees.

Professional Development: The U.S. Department of Labor’s Reentry Employment Opportunities (REO) program, authorized under Section 169 of the Workforce Innovation and Opportunity Act (WIOA) of 2014, provides federal funding to support formerly incarcerated adults and systems-involved youth and young adults. The program aims to develop strategies and partnerships that support effective state and local reentry workforce initiatives, ultimately improving employment outcomes for this population. In St. Mary’s County, WIOA services are administered through the Southern Maryland JobSource, the region’s designated American Job Center. The St. Mary’s County JobSource location in California operates Monday through Thursday from 9:00 a.m. to 12:00 p.m. and 1:00 p.m. to 4:00 p.m., and Friday from 9:00 a.m. to 12:00 p.m.

Statewide, the Maryland Department of Education Division of Rehabilitation Services (DORS) and the Maryland Department of Labor offer a variety of workforce supports, including job training, coaching, resume assistance, access to employment opportunities, and education services such as GED preparation.

To further strengthen workforce access for justice-involved individuals, the Maryland Department of Labor has launched the Maryland Reentry Navigator program. This initiative connects returning residents with employment opportunities, skill-building programs, credentialing resources, and other local reentry support services. One reentry navigator is assigned to serve the entire Southern Maryland region, including St. Mary’s County. Navigators across the state collaborate regularly to promote coordination, reduce service silos, and co-host job and resource fairs. Additional materials, including a program flyer, a navigator contact list, and a calendar of job and resource fairs, can be found in the "[Resources](#)" section.

Legal Assistance: Maryland Legal Aid (MLA) offers comprehensive civil legal assistance to low-income residents, serving all 24 jurisdictions from 12 offices across Maryland. MLA offers assistance in a range of civil legal matters, including child custody and family law, housing and eviction prevention, public benefits, bankruptcy and debt collection, and criminal record expungement to help remove barriers to housing, employment, and custody. Residents of St. Mary’s County are served by MLA’s Southern Maryland Office, located in Charles County.

In addition, community partners at the Health Hub offer complementary legal services, including community mediation and expungement services through a local law firm. These services help support successful reentry by addressing legal challenges that often serve as barriers to stability and opportunity.

Housing: Housing options for county residents are outlined in the “[Intercepts 0/1 Resources](#)” section.

Transportation: As noted in the “[Intercepts 0/1 Resources](#)” section, public transit is available both within the county and to surrounding areas; however, access to these services varies.

Additional transportation options exist for systems-involved individuals. County programs assist individuals receiving pretrial services with transportation to and from court hearings. Pretrial services and law enforcement also offer assistance with transportation home from planned releases on a case-by-case basis.

Peer Support Services

Workshop participants emphasized that St. Mary’s County has made consistent efforts to integrate peer support specialists at each intercept point in the system, recognizing their value to the broader community. One key resource is Pyramid Healthcare’s Beacon of Hope program, which provides reentry support focused on meeting individuals’ basic needs, including cell phones, transportation, clothing, and temporary housing. Because these peer support services are voluntary and not court-ordered, peer professionals are able to engage individuals more organically, meeting them where they are on their personal recovery journeys.

Family Support Services

As detailed in the “[Intercepts 0/1 Resources](#)” section, family and community members have access to peer support through organizations such as the Maryland Coalition of Families. When possible, pre-parole investigators engage family members to explain supervision conditions and involve them in the reentry process. The inclusion strengthens family support systems, helping returning citizens maintain stability and reduce the risk of supervision violations.

The Safer Stronger Together initiative is a cross-agency effort to support families engaged with multiple systems, including the Department of Human Services, the Department of Public Safety and Correctional Services (DPSCS), and the Department of Juvenile Services (DJS). This initiative focuses on investing in young people, strengthening families, empowering communities, and enhancing public safety. Through this initiative, agencies collaborate with a Family Navigator to coordinate services for families involved in more than one system. Simultaneously, local community action boards help identify public safety priorities and guide the allocation of public

funds to address those concerns. Overall, Safer Stronger Together aims to streamline interagency collaboration, promote community-led solutions to safety and wellness, and expand opportunities in communities most impacted by system involvement.

Data Collection and Sharing

No data collection and sharing strategies for intercepts 4 and 5 were reported during the workshop.

INTERCEPTS 4/5 GAPS

Corrections Reentry Services

Services and Referrals: Reentry case management is time-consuming, as connecting individuals to support and services often involves lengthy and complex application processes. Detention center staffing for these services is limited, with only two case managers providing case management and reentry planning for the entire incarcerated population, and one Offender Reentry Case Manager focused primarily on mental health-related support. Many reentering individuals in need of care coordination remain underserved, a common issue reported across jurisdictions statewide. Individuals released on probation while receiving treatment frequently encounter insurance disruptions, since coverage is terminated after 30 days of incarceration. Case managers play a critical role in helping individuals secure new coverage, but the process is time-intensive and further strains already limited capacity.

Unplanned releases are a well-documented challenge across the state. These unexpected releases limit the time available to coordinate essential services, making it harder to support successful reintegration, increasing the risk of recidivism, and reducing the likelihood that individuals receive timely, appropriate assistance.

Opportunity: The county may benefit from utilizing targeted case management (TCM) to address some of the challenges with unplanned releases, especially given the broad eligibility for TCM. Individuals can self-refer or be referred by non-professionals such as family members, and services can follow participants for several years.

Stakeholders across the state report increasingly frequent delays in receiving Social Security cards. For individuals in custody under pretrial supervision, these delays are compounded by uncertainty around when benefits should be activated. This confusion makes it even more difficult to obtain vital documents, further hindering access to essential services during reentry.

Opportunity: Innovative collaboration strategies to expand state ID access exist across the country. The U.S. Department of Transportation’s [Leading Practices Toolkit Concerning Government-Issued Identification for Formerly Incarcerated Individuals](#) offers examples of interagency strategies, including DMV services inside correctional facilities and mobile DMV units; some of these examples are implemented at a local level and are even self-funded.

Supervision: All jurisdictions can improve reintegration outcomes by increasing coordination among correctional reentry services, community-based reentry programs, and community supervision. Enhanced partnership ensures a smoother transition from incarceration to the community, promotes continuity of support, and increases access to essential resources, ultimately reducing the risk of recidivism.

Workshop participants report that while parole and probation staff value their strong partnership with the Department of Labor, coordination with the Department of Corrections has declined. This weakening relationship stems from the discontinuation of regular monthly meetings between the two agencies, which previously supported consistent communication and alignment of services.

Opportunity: Facilitating continuity of care before release is best practice, but implementation is difficult without careful coordination. Courts can support this process by imposing special conditions that empower supervision agents to verify whether individuals adhere to their reentry plans.

Staffing shortages result in heavy caseloads. To address capacity concerns, these supervision positions are now continuously open.

Legal counsel is not permitted to accompany clients to supervision intake appointments, a policy that may hinder clients’ full understanding of the conditions they are expected to follow. The Office of the Public Defender (OPD) has expressed concern that this restriction can lead to confusion among clients, many of whom may struggle to comprehend the terms of supervision on their own. As a result, some clients may unintentionally violate the conditions, not out of willful non-compliance but due to a lack of clarity at the outset.

Opportunity: Peers can bridge this significant gap, ensuring clients understand their supervision conditions.

Community Reentry Services

Workshop participants identify a need for enhanced communication and engagement to ensure that reentering residents are connected to all available community resources. Although not the target population of the workshop, participants specifically note a lack of programming for juveniles.

Behavioral Health Services: Individuals reentering the community who need SUD services often rely on the Health Hub for treatment. Although MedStar St. Mary's Hospital supports the use of addiction medication for opioid use disorder, access at the Health Hub remains limited due to low adoption of harm reduction approaches among primary care providers. This reflects a broader challenge in maintaining continuity of pharmacological care across settings such as inpatient care, detention, and reentry.

Residents with primary mental health concerns, and the care teams that support them, face challenges as a result of gaps in available treatment options. Some individuals who are discharged from inpatient psychiatric care to residential treatment face a shortage of suitable placements, as transitional residential beds are increasingly occupied by residents requiring longer-term stays. Efforts by the county to address these shortages through requests for proposal (RFPs) have struggled, largely due to the competitive local housing market. Stakeholders note that providers often choose to open facilities in nearby Charles County instead. This issue has intensified since the COVID-19 pandemic, which enabled many local residents in the commuter-heavy county to sell their homes and relocate as remote work became more common.

Professional Development: Navigating employment resources can be difficult due to varying eligibility requirements, which are often tied to specific funding sources. This variation complicates efforts to broaden access and expand eligibility for services. Budget reductions have further limited the availability of Workforce Innovation and Opportunity Act (WIOA) services administered through the Southern Maryland JobSource.

The local labor market has become increasingly competitive, partly due to a surge of former federal employees entering the workforce. This heightened competition extends to sectors traditionally more accessible to individuals reentering the community.

According to the Department of Labor staff, fewer than half of eligible participants follow through with available programs. Many individuals prioritize immediate job placement, which is often not feasible given the structure of most services. In response, staff have introduced initiatives such as reentry boot camps to improve engagement. However, participation remains low when the benefits are not immediate. For example, the [Maryland Federal Bonding Program](#), designed to incentivize employers to hire qualified job seekers who have certain risk factors

(including but not limited to a history of arrest, conviction, or incarceration), often meets resistance due to its complex and time-consuming process.

Persistent transportation barriers (discussed in the “[Intercepts 0/1 Gaps](#)” section) further complicate access to apprenticeships and employment, creating a feedback loop that limits opportunities for successful reentry.

Housing: Housing remains a critical gap across intercepts and presents unique challenges depending on individual needs. As outlined in the “[Intercepts 0/1 Gaps](#)” section, affordable housing is a persistent issue affecting many county residents. Lack of access to safe and suitable living conditions undermines reentry success and limits connection to essential community resources and support services. Judges emphasize that warm handoffs to transitional housing are crucial to prevent unnecessary incarceration and promote a smooth transition back into the community. However, transitional housing options are severely limited in the county and remain scarce statewide.

Mandatory release cases present an additional challenge. By law, the Department of Corrections must release individuals at the end of their sentences, even if they are released to a status of homelessness.

Compounding the issue, many individuals with mental health conditions are blacklisted from shelters due to past behavioral issues. In such cases, support professionals rely on community partnerships in an effort to secure stable housing. Unfortunately, for many of these individuals, the detention center becomes a de facto home, offering structure, shelter, and medication management. While some may receive care at a state psychiatric facility, many return to the detention center following discharge, continuing a cycle of instability and recidivism.

Transportation: St. Mary’s County’s transportation challenges are detailed in the “[Intercepts 0/1 Resources](#)” section.

Peer Support Services

Peers play a vital role in supporting individuals under supervision by providing meaningful one-on-one engagement. Their involvement allows parole and probation officers to concentrate on higher-level supervision responsibilities, particularly given their high caseloads. When service gaps emerge, peers are often better positioned than supervisors to identify needs and make timely connections to appropriate resources.

Peers affiliated with the health department’s Recovery Friendly Workplace initiative also help address professional development gaps by supporting individuals navigating employment and recovery challenges.

However, stakeholders note a significant barrier: the lack of accurate or up-to-date contact information for individuals reentering the community. This often results in missed opportunities to offer peer support during a critical period of transition.

Family Support Services

Family support plays a critical role in the reentry and reintegration process for individuals involved in the justice system. Families often provide essential emotional support and practical assistance with navigating services, securing housing, accessing employment, and managing transportation. During the reentry period in particular, family involvement can offer much-needed stability and motivation as individuals transition back into the community. When families are actively engaged, individuals are more likely to remain in treatment, comply with court conditions, and avoid recidivism. Strengthening family involvement at every stage of the justice system contributes to improved long-term outcomes for individuals and the broader community.

Data Collection and Sharing

The Standards for Privacy of Individually Identifiable Health Information (“Privacy Rule”) establishes a set of national standards for implementing the Health Insurance Portability and Accountability Act of 1996 (HIPAA). A key purpose of the Privacy Rule is to define and limit the circumstances in which an individual's personal health information (PHI) may be used or disclosed by covered entities, including health care providers. As a result, obtaining data related to follow-through on health care appointments is often difficult for reentry professionals, as HIPAA regulations limit the sharing of health information outside of authorized channels.

Stakeholders report a desire for enhanced information sharing to support trauma-informed victim services for community members desiring timely status notifications, an issue discussed in more detail in the [“Parking Lot”](#) section of the report.



PRIORITIES FOR CHANGE

At the conclusion of the workshop, participants are asked to identify a set of priorities, followed by an opportunity for each participant to cast three distinct votes to rank the priorities. The top three priorities are highlighted in bold text.

1. **Advocate for reform to support the repurposing of existing structures to fill critical community gaps. (15 votes)** Repurposing existing buildings to provide shelter and housing for individuals and families can offer a cost-effective and environmentally sustainable solution to housing shortages. This strategy, known as adaptive reuse, presents numerous advantages, including reduced construction costs, accelerated project timelines, and the revitalization of underutilized or abandoned properties. Furthermore, adaptive reuse can increase the availability of housing in areas with existing infrastructure, fostering neighborhood stability and revitalization. To maximize the potential of adaptive reuse in addressing urgent housing and services gaps, planners and policymakers must deploy a multi-pronged strategy to overcome key barriers. Recommended actions include:
 - Conduct comprehensive rezoning efforts to evaluate land use and development patterns and allow for the simultaneous rezoning of multiple properties at once.
 - Amend zoning regulations and ordinances to permit diverse land uses, modify density requirements, and eliminate exclusionary zoning practices such as single-family-only districts.
 - Leverage state-level initiatives and policies, including the [Housing Expansion and Affordability Act](#), the [Just Communities Act](#), and the [legal requirement associated with local comprehensive plans](#) as defined by the Maryland Code, Land Use Article.

- Promote community engagement and advocacy to build widespread support for reform initiatives.

As Maryland jurisdictions pursue zoning and regulatory reform to enable adaptive reuse, they must also anticipate and plan for potential regulatory challenges. For example, [House Bill 0577](#) (cross-filed with [Senate Bill 1107](#)), which requires the Department of Housing and Community Development (DHCD) to establish a new statewide certification process for homeless shelters, could restrict certain efforts related to expanding shelter capacity in the tri-county area. Stakeholders must remain engaged at both state and local levels to ensure that well-intended policies do not create new barriers to urgently needed solutions.

2. **Increase collaboration and information sharing across the tri-county region. (13 votes)** To improve outcomes at the intersection of behavioral health and the criminal legal system, St. Mary's, Charles, and Calvert counties must strengthen cross-jurisdictional and cross-agency collaboration and information sharing. Enhanced coordination, especially in the areas of transportation and data sharing, is essential to streamline services, reduce systemic inefficiencies, and ensure individuals receive timely, appropriate care. Currently, inconsistent data-sharing practices across county lines make it difficult to track individual progress, identify service gaps, and allocate resources effectively. Siloed systems often result in fragmented care and missed opportunities for early intervention. In contrast, robust, real-time data sharing enables agencies to coordinate responses more effectively, supports informed decision-making, and improves outcomes for individuals in crisis. This level of integration also promotes fiscal accountability, uncovers patterns of need, and drives the development of more targeted and responsive programs. Effective cross-agency collaboration depends not only on shared data systems but also on mutual understanding of protocols and organizational perspectives. Strong working relationships, formalized through memoranda of understanding (MOUs) and aligned operational protocols, are critical to sustaining collaboration over time. The Tri-County Council for Southern Maryland is uniquely positioned to advance this collaborative vision. As a regional planning and development agency serving Calvert, Charles, and St. Mary's counties since 1964, the Council can convene diverse stakeholders, align regional strategies, and champion data-driven solutions. With its established partnerships across county and state lines, the Council can serve as a central coordinating body for initiatives that improve information exchange and enhance regional transportation systems. By leveraging the infrastructure and convening power of the Tri-County Council, the region can build a more unified, responsive system. Through enhanced collaboration and integrated data sharing, particularly in transportation and service coordination, Calvert, Charles, and St. Mary's counties can collectively improve outcomes, use resources more effectively, and better serve the complex needs of their shared population.

3. **Streamline grants management to reduce the burden of applying, complying, and collaborating.** (12 votes) Streamlining grants management is essential to reducing the administrative burden on applicants, grantees, and collaborators. Simplifying the application and compliance processes allows organizations to focus more on delivering services and achieving outcomes rather than navigating complex bureaucratic requirements. By improving clarity, reducing duplicative reporting, and enhancing coordination across agencies, grant systems can become more accessible, especially for smaller, community-based, or under-resourced organizations. This approach encourages broader participation, fosters collaboration, and ensures that funding reaches those best positioned to meet community needs efficiently and effectively. Achieving this will require intentional system-level changes, including cross-agency alignment, modernization of grant platforms, and active engagement with grantees to identify operational challenges and barriers. To move this priority forward, several specific recommendations should be implemented. First, standardizing application requirements by creating uniform templates and documentation across funding sources will help reduce redundancy and confusion. Next, modernizing grant portals through investment in user-friendly, centralized digital platforms will enable streamlined submission, tracking, and reporting. Providing technical assistance, such as training, tools, and support, especially to smaller organizations, will help them navigate the grant process and stay compliant. Additionally, reducing the reporting burden by aligning reporting cycles and content across agencies and allowing flexible reporting formats when possible will ease administrative challenges. Engaging stakeholders regularly by soliciting feedback from grantees and applicants will help refine processes and eliminate unnecessary barriers. Finally, designing grant structures that incentivize collaboration will encourage partnerships and shared accountability among providers.

4. **Expand transportation tri-county, especially after hours, and to treatment services.** (10 votes) Limited transportation is a persistent barrier for individuals seeking behavioral health treatment or involved with the criminal legal system. Many residents seek services across county lines due to limited local options, but the lack of reliable, coordinated transportation between St. Mary's, Calvert, and Charles counties restricts access, especially after hours. St. Mary's County, for example, offers limited public transportation options as detailed in the "[Community Resources](#)" section. Transportation barriers are particularly burdensome to individuals with behavioral health conditions and those reentering the community after incarceration. The transportation challenges can be described as the 5 A's: affordability, accessibility, applicability, availability, and awareness. Improving regional transportation options, before, during, and after involvement with the legal system, is vital for equitable access to care. A tri-county approach, emphasizing cross-county collaboration, data sharing, and coordinated dispatch systems, can support shared transportation strategies that improve access to services, reduce no-show rates, and enhance crisis response efficiency.

Reliable transportation helps individuals attend court hearings, probation check-ins, counseling appointments, job interviews, and preventive community services. This effort aligns with the broader priority of increasing collaboration and information sharing across the tri-county region. Federal funding is available to support transportation initiatives, and additional resources can be found through the Rural Health Information Hub, including guidance for designing and sustaining rural transportation programs in the [Transportation to Support Rural Healthcare](#) topic guide and the corresponding [Rural Transportation Toolkit](#).

5. Expand the workforce for qualified professionals in behavioral health. (8 votes) Expanding the workforce of qualified behavioral health professionals is essential to meeting the growing mental health and substance use needs of diverse populations. This includes psychologists, psychiatrists, social workers, licensed counselors, peer support specialists, and other clinicians trained to provide evidence-based, culturally competent care. A shortage of providers limits access to timely treatment, increases burnout among current professionals, and worsens disparities in care, particularly in underserved communities. Investing in education, training, recruitment, and retention is key to building a sustainable workforce. Efforts should include developing career pipelines, supporting loan repayment and scholarship programs, and offering ongoing training to enhance clinical skills. The need is especially urgent in correctional settings, where individuals face disproportionately high rates of mental illness, substance use disorders, and trauma. Despite this elevated need, correctional facilities often struggle to recruit and retain qualified behavioral health staff. Contributing factors include a rigid, high-stress environment; stigma and misconceptions about working with incarcerated populations; safety concerns; and the challenge of balancing therapeutic and custodial responsibilities. Furthermore, few training programs expose students to correctional settings, limiting interest and preparedness among new professionals. Addressing these barriers requires targeted strategies: partnering with academic institutions to create internships and residencies in corrections, offering financial incentives such as hazard pay, loan forgiveness, and relocation support, and providing strong professional supervision to reduce burnout. Expanding the behavioral health workforce is critical not only for improving access to care but also for advancing equity and rehabilitation, especially within correctional systems where provider shortages have severe consequences. Strategic investment in workforce development will strengthen care delivery, support justice-involved individuals, and enhance the overall behavioral health system.
6. Increase access to peer support services by expanding services into parole and probation. (8 votes) The term “peer” broadly refers to individuals with shared lived experiences. Peer support is a mutually beneficial relationship in which individuals offer assistance, empathy, and guidance grounded in those shared experiences. In the behavioral health context, this may include personal or caregiving experiences related to trauma, substance use, psychiatric

illness, or any combination of these challenges. In Maryland, the terms “peer recovery specialist” and “peer support services” refer to regulated non-clinical activities designed to support individuals in recovery from behavioral health disorders. While often associated with community-based services (Intercept 0 of the Sequential Intercept Model), peer support roles exist across all six intercepts. The Substance Abuse and Mental Health Administration (SAMHSA) GAINS Center for Behavioral Health and Justice Transformation outlines these opportunities in its resource, [Peer Support Roles in Criminal Justice Settings](#). Integrating peer professionals appropriately across the intercept continuum acknowledges that lived experience with behavioral health challenges is not the same as lived experience with criminal legal system involvement. Recovery peers provide critical support at early intercepts, while forensic peers bring essential insights rooted in justice involvement. Forensic peers who are also in long-term recovery offer a unique and necessary perspective for individuals with both justice system involvement and behavioral health needs. These roles are not interchangeable, as each reflects distinct lived experiences, even though the populations they serve often overlap. For jurisdictions seeking to expand peer support services into parole and probation, the National Council for Wellbeing provides valuable guidance in its publication, [Peer Support Services and Community Supervision Examples](#), which highlights models of community supervision that successfully incorporate peer recovery support. Regardless of the intercept or initiative, jurisdictions are encouraged to include peer support professionals early in planning processes. Centering individuals with lived experience helps ensure that services are consumer-driven, recovery-oriented, and more responsive to community needs.

7. Develop diversion programming situated later within the criminal legal system. (3 votes)
 Diversion can occur at multiple points throughout the criminal legal process. These efforts intend to integrate a public health approach into public safety strategies, reduce over-incarceration, mitigate the harmful effects of justice-system involvement, or, in many cases, achieve a combination of these goals. Diversion programs generally fall into three broad categories and can be further subdivided based on the timing of intervention within the process (see Table 14).

Table 14 <i>Diversion Programming</i>	
Category	Overview
Early Diversion ⁵⁵	Community-first programs adopt a public health approach by redirecting individuals to community providers, community resources, and peer support.

⁵⁵ Early diversion, in this context, refers to programs that occur before the prosecutor initiates prosecution.

	Law enforcement diversion occurs before referral to prosecution and includes pre-arrest, pre-booking, deflection, and post-arrest programs.
	Pre-filing diversion programs take place after referral for prosecution but before formal charges are initiated
Pre-Plea Diversion	These programs occur after a prosecutor initiates prosecution but before any adjudication of guilt. Prosecutors may agree to dismiss or reduce the charges upon successful completion of the program.
Post-Plea Diversion	These programs are implemented after a plea is entered or before sentencing. A court may dismiss or vacate the conviction, reduce the charges, or impose a lesser sentence in exchange for successful program participation.

Note. This table illustrates the American Bar Association’s Criminal Justice Standards on Diversion©, approved by the ABA House of Delegates in August 2022. For more information, see https://www.americanbar.org/groups/criminal_justice/resources/standards/diversion/.

The ABA’s *Diversion Standards* offer comprehensive guidance on the development, implementation, and evaluation of diversion programs. St. Mary’s County’s existing early diversion, community-first programming (e.g., LEAD) is well aligned with national recommendations that encourage jurisdictions to “adopt earlier diversion opportunities to mitigate economic, familial, voting-related, and social harms that result from criminal interventions, especially in communities of color, while also mitigating systemic harms, like over-criminalization and over-incarceration.” The later in the criminal legal process a diversion opportunity is offered, the greater the risk of incarceration and the likelihood of collateral consequences. Therefore, the development of a later program (e.g., pre-plea or post-plea) should be viewed as complementary to, not a replacement for, early diversion efforts. To ensure that any new programming is grounded in evidence-informed or evidence-based practices, stakeholders should carefully assess existing gaps in the current diversion landscape, desired outcomes for proposed programs, and potential impacts on the target population.

8. **Secure emergency funding. (3 votes)** Sustainable emergency funding is essential for local jurisdictions, providing a critical financial safety net to respond to, recover from, and mitigate the impacts of crises and hardships affecting the community. These funds support a range of needs, including direct assistance to households and organizations, maintenance and repair of critical infrastructure and publicly-owned facilities, and the fulfillment of other identified local priorities. Without adequate and reliable funding, stakeholders are limited in their ability to protect their communities and build long-term resilience. Ongoing uncertainty in the state and local funding landscape reinforces the urgency of preserving, expanding, and ensuring the long-term sustainability of essential programs and services. To

address these challenges effectively, community stakeholders must work across sectors to align policies, reduce competition for limited resources, and establish shared priorities that support strategic, long-term planning. Collaboration and coordination are key to securing and deploying emergency funding in a way that strengthens community infrastructure and promotes equitable outcomes.



QUICK FIXES/LOW-HANGING FRUIT

While most priorities identified during a sequential intercept model mapping workshop require significant planning and resources to implement, quick fixes are priorities that can be implemented with minimal investment of time and little, if any, financial investment. Nonetheless, quick fixes can significantly impact the trajectories of people with behavioral health needs in the justice system.

1. The workshop created several opportunities for immediate resource sharing and connection. To start, St. Mary's Health Department materials were available at the check-in table, giving participants easy access to public health information as they entered.

Inside the room, information about the proposed Pascal Stabilization Center was shared, allowing participants to engage directly with staff and explore available services in real time.

Additionally, participants learned about opportunities to support literacy and healing by donating books to the detention center. One example highlighted a partner-led initiative in which one group curated a list of books relevant to families with lived justice experience, while another group provided the books, offering both practical support and a meaningful connection point for affected families.

2. The workshop also created opportunities to provide updates and clarify information on ongoing collaborative efforts, resource coordination, and recent developments involving key community partners. For example, participants provided an update regarding the MOU in development to formalize the process for 911 transfer to 988 and coordination between law enforcement and the new mobile crisis team, as described in the ["Intercepts 0/1 Resources"](#) section.

The local behavioral health authority addressed the confusion surrounding a major county provider, Pyramid Healthcare Inc. (“Pyramid”). Formerly known as Walden Treatment Center and later Pyramid Walden, Pyramid continues to offer a full continuum of services for substance use treatment.

Further, representatives clarified that through LBHA grant funding, Pyramid operates Beacon of Hope and The Cove/DFZ Youth Clubhouse, two programs that are open to the public and subject to the request for proposal (RFP) process.



PARKING LOT

Some gaps identified during the sequential intercept model mapping are too large or in-depth to address during the workshop. Given the importance of these concerns, however, they are included in the report to inform future strategic planning at the local and statewide levels.

1. Develop a coordinated, well-resourced statewide response to address Maryland’s growing mental health crisis. Maryland is facing a growing statewide mental health crisis that is affecting all jurisdictions, from densely populated urban centers to rural communities. One of the most critical issues is the lack of inpatient bed capacity, which significantly contributes to long waitlists for competency restoration and delays in essential treatment. This shortage places a heavy burden on local jails, emergency rooms, and law enforcement, who often serve as de facto mental health providers. Across the state, resources are stretched thin, and jurisdictions consistently report insufficient funding, staffing, and infrastructure to meet the rising demand for services. Mental health programs and services remain fragmented and underdeveloped, leaving many individuals without access to timely, appropriate care. The situation requires a unified and well-resourced statewide response to address systemic gaps and ensure that all Marylanders can receive the mental health support they need.
2. Enhance transportation options for individuals with behavioral health needs before, during, and after involvement with the criminal legal system to promote equitable access to services and support. St. Mary’s County offers limited public transportation options as detailed in the “[Community Resources](#)” section. However, many services require payment, and their accessibility varies significantly by location. Transportation barriers pose significant challenges to individuals with behavioral health conditions, especially those reentering the community following incarceration. These barriers can be described as the 5 A’s: affordability, accessibility, applicability, availability, and awareness. Expanding transportation

services to ensure 24/7 accessibility for all purposes, including access to treatment services, community programs, court hearings, counseling, probation meetings, and job interviews, is critical to supporting successful reentry and long-term recovery. Reliable transportation enables individuals to easily access community prevention services, attend court hearings, and attend crucial appointments post-release, such as probation meetings, counseling, and job interviews. Federal funding for transportation initiatives is available; programs can also seek support from the community and private foundations. The Rural Health Information Hub provides resources and information focused on developing, implementing, evaluating, and sustaining rural transportation programs in the [Transportation to Support Rural Healthcare](#) topic guide and the corresponding [Rural Transportation Toolkit](#).

3. Align housing policy across the continuum to preserve, expand, and ensure long-term affordability. Addressing the shortage of affordable housing requires synchronization of the housing continuum. Consistent and sustainable progress depends on cohesive planning that combines strategies focused on preserving and increasing supply while ensuring future affordability. Effective approaches include streamlining regulations, leveraging public funding, fostering community partnerships, and exploring innovative housing models. Experts suggest various components of a national housing strategy to increase affordability, some of which can be explored at the state and local levels as well. Local jurisdictions have opportunities to prioritize stabilization, preservation, and rehabilitation of affordable housing within their zoning ordinances. While maintenance can be costly, it is generally more cost-effective than new development and helps guarantee the long-term availability and affordability of the local housing stock. Additionally, communities can accelerate supply by pursuing modular construction and encouraging development near transit hubs to improve access to employment opportunities.
4. Invest in workforce development and retention to strengthen behavioral health and public safety services statewide. Workforce development and the availability of qualified personnel remain significant challenges both in the county and across Maryland, particularly in the behavioral health and public safety sectors. There is a critical shortage of trained mental health professionals, including clinicians, case managers, and peer support specialists, which limits the capacity to provide timely and effective care. This shortage is compounded by high turnover rates, burnout, and difficulties in recruiting staff to work in underserved or rural areas. In the public safety arena, law enforcement officers and first responders often lack specialized training to address complex behavioral health crises, further straining the system. Without a well-supported and adequately staffed workforce, efforts to improve mental health services and community safety are hindered, underscoring the urgent need for targeted investment in workforce development, training programs, and retention strategies throughout the state.

5. Develop a unified statewide data system to improve information sharing and coordination across behavioral health and public safety sectors. Challenges with data collection and sharing present a significant barrier to effective behavioral health and public safety responses, both in the county and statewide. Currently, fragmented and incompatible systems hinder timely access to critical information, making it difficult for providers, law enforcement, and court systems to coordinate care and track individuals’ treatment progress across jurisdictions. This lack of integration leads to duplication of efforts, gaps in service delivery, and delays in decision-making. There is a clear need for a unified statewide technology system that facilitates seamless information sharing, improves cross-jurisdictional treatment coordination, and supports data-driven policy and resource allocation. By creating a centralized platform accessible to all relevant stakeholders, Maryland can enhance communication, reduce administrative burdens, and ensure that individuals receive more consistent and continuous care regardless of where they enter the system.

6. Address youth incarceration in adult facilities. Maryland law requires that minors as young as 14 be automatically charged as adults for 33 offenses (including misdemeanors), placing the state among those with the highest rates of youth charged as adults. When arrested, most of these minors are sent to adult jails, where federal “sight and sound” separation requirements are often violated or lead to de facto solitary confinement. Data clearly illustrates the scope of the problem. Although federal law prohibits minors from spending more than six hours in adult detention without judicial approval, in Maryland, many remain for over 30 days, some for more than a year. Due to repeated violations of federal standards, Maryland has been removed from a national compliance analysis as a statistical outlier. Corrections officials across the state have long advocated ending the practice of housing minors in adult facilities, citing two key concerns. First, despite separate juvenile units in some facilities, full separation from adults is nearly impossible. Second, adult jails lack the educational and therapeutic programming offered by the Department of Juvenile Services, leaving minors with little to no access to schooling or trauma-informed therapy programs and other rehabilitative services. While agencies and stakeholders differ on the preferred path forward, there is a broad consensus on the need for legislative action.⁵⁶

⁵⁶ [Senate Bill 222](#), introduced in the 2021 General Assembly, would have aligned the state law with the federal law; the bill failed in the House after passing in the Senate. The Department of Juvenile Services reintroduced it in the 2022 session as emergency legislation under [House Bill 877](#); while it passed in the House, it failed in the Senate. In 2023, the Department of Juvenile Services introduced and withdrew [Senate Bill 704](#). Proposed in 2025, neither [Senate Bill 0827](#) nor cross-filed [House Bill 1107](#) received a committee vote.

7. Enhance strategies to support trauma-informed victim services, including timely status notifications. [CP §11–104](#) requires the prosecuting attorney's office (i.e., the State's Attorney's Office) to mail or deliver the [notification request form](#) described in CP § 11–914(10) to the victim or their representative.⁵⁷ The form allows a victim or their representative to receive advance notice of each court proceeding in the case, any plea agreement, and their rights to submit a victim impact statement. The prosecuting attorney must also keep victims or their representatives informed about the terms of any plea agreement, judicial actions, and other proceedings that affect the interests of the victim or their representative, including bail hearings, changes in pretrial release, dismissals, nolle prosequi, setting of charges, trials, dispositions, and post-sentencing court proceedings. This statute also references that even if the form is not completed, the prosecuting attorney may still provide case updates upon request from the victim or their representative. However, this form only applies to circuit court cases. Victims in the district court must notify the prosecuting attorney directly if they wish to receive updates. Additional notifications may be available through the Victim Information Notification Everyday (VINE) system.⁵⁸ The Maryland State Board of Victim Services is aware of ongoing issues with victim notification and the use of the notification request form. The Board is working with stakeholders to revise the form's instructions and improve coordination and processes among local and state agencies.
8. Advance Maryland's implementation of the SNAP Fraud Prevention Framework to strengthen detection, security, and victim reimbursement efforts. The Supplemental Nutrition Assistance Program (SNAP), the cornerstone of the U.S. Department of Agriculture (USDA) nutrition assistance programs, is the largest component of the domestic hunger safety net. It provides millions of individuals and families with benefits to help supplement their food budgets and access healthier food. SNAP fraud can occur when recipients violate program rules or when criminals use high-tech methods, such as card skimming and cloning, to steal benefits. To combat this, the USDA partnered with select state agencies to develop the SNAP Fraud Framework, a collection of strategies, tools, and best practices designed to strengthen fraud prevention, detection, and investigation. In Maryland, the Department of Human Services leads statewide efforts to implement this framework. Supported by a 2020 SNAP Fraud Framework Implementation Grant, the state has launched initiatives, including an integrated fraud detection system and enhanced security features for EBT cards. In 2023,

⁵⁷ Maryland law specifies additional notification requirements for agencies (e.g., the Department of Corrections, the Maryland Department of Health, the Division of Parole and Probation, the Department of Juvenile Services, etc), depending on sentencing.

⁵⁸ The Maryland Department of Public Safety and Correctional Services (DPSCS) has announced a new version of Victim Information and Notification Everyday (VINE®). For a brief summary and links to resources, see [GOCPP's VINE webpage](#) and [DPSCS's VINE webpage](#).

Maryland became the first state to receive federal approval for a comprehensive plan to reimburse victims of SNAP benefits fraud. Despite this progress, fraud tactics continue to evolve. Local jurisdictions play a vital role by engaging in outreach and education efforts, helping recipients recognize scams and protect their benefits.

RESOURCES

LOCAL RESOURCES

Community Services

- Arc Southern Maryland: <https://arcsomd.org/what-we-do/residential-program/>
- Behavioral Health Resources: <https://smchd.org/behavioral-health/>
- Charlotte Hall VA Clinic: <https://www.va.gov/washington-dc-health-care/locations/charlotte-hall-va-clinic/>
- Friendship Place Veterans First: <https://friendshipplace.org/programs-outreach/veterans-first/>
- Housing Authority of St. Mary's County (HASMHC): <https://www.stmaryshousing.org/>
- Lexington Park VA Clinic: <https://www.va.gov/washington-dc-health-care/locations/lexington-park-va-clinic/>
- LifeStyles of Maryland Foundation Inc. ("Lifestyles"): <https://lifestylesofmd.org/>
- MedStar St. Mary's Hospital: <https://www.medstarhealth.org/locations/behavioral-health-at-medstar-st-marys-hospital>
- Opioid Education Course For Parents and Guardians: https://rise.articulate.com/share/FZE_maaB-164NGPq_3aduTrZyk_TWeZi#/
- Oxford House Surrender: <http://www.oxfordvacancies.com>
- Naval Air Station (NAS) Patuxent River Fleet & Family Support Center: <https://www.navymwrpaxriver.com/programs/42d3564f-f32f-4c35-b044-99bd253e3ff5>
- PFLAG (Parents, Families, and Friends of Lesbians and Gays) Southern Maryland: <https://www.pflagsomd.org/>
- Southern Maryland Center for Family Advocacy: <https://www.smcfa.net/>
- Southern Maryland Tri-County Community Action Committee, Inc. (SMTCCAC): <https://www.smtccac.org/Default.aspx>
- St. Mary's County Committees, Boards, and Commissions: <https://www.stmaryscountymd.gov/boards/>
- St. Mary's County Health Department (SMCHD): <https://smchd.org/>
- St. Mary's County Health Hub: <https://hub.smchd.org/>
- STS Transit: <https://www.stmaryscountymd.gov/dpw/sts-transit/>
- Tri-County Council for Southern Maryland: <https://tccsmd.org/>
- Three Oaks Center: <https://threeoakscenter.org/>
- Three Oaks Center's Southern MD Veterans Initiative: <http://threeoakscenter.org/veterans>

First Responders

- Maryland State Police Barrack T:
<https://mdsp.maryland.gov/Organization/Pages/FieldOperationsBureau/BarrackTLeonardtowntown.aspx>
- St. Mary's County Department of Emergency Services Division of Emergency Communications: <https://www.stmaryscountymd.gov/ES/Communications/>
- St. Mary's County Sheriff's Office: <https://www.firstsheriff.com/>

Peer Support Services

- Chesapeake and Potomac Region Narcotics Anonymous:
<https://www.cprna.org/our-areas/meetings/tri-county-of-southern-maryland-area/>
- On Our Own of St. Mary's: <https://sites.google.com/view/onourownofstmarys/>
- NAMI Southern Maryland:
<https://www.nami.org/affiliate/maryland/nami-southern-maryland/>
- Southern Maryland Intergroup of Alcoholics Anonymous:
<https://www.somdintergroup.org/wwsearch.html>

Courts

- St. Mary's County Adult Recovery Court:
<https://www.stmaryscountymd.gov/SAO/AdultRecoveryCourt/>
- St Mary's County Adult Recovery Court Candidate Application:
<https://www.stmaryscountymd.gov/docs/application-for-candidates.pdf?202404261119>

STATE RESOURCES

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<https://mce.md.gov/Reentry>
- Maryland Department of Veterans Affairs. (n.d.). *Veterans*.
<https://veterans.maryland.gov/>
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<https://insurance.maryland.gov/Consumer/Pages/Health-Coverage-Assistance-Team.aspx>
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<https://www.sheppardpratt.org/care-finder/assertive-community-treatment-act/>
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<https://stateofreform.com/news/2022/12/maryland-launches-new-program-to-help-reduce-suicides-for-veterans/>

NATIONAL RESOURCES

Assisted Outpatient Treatment

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Brain Injury

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<https://www.nashia.org/cj-best-practice-guide-attachments-resources-copy>

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⁶¹ Keya House is a four-bedroom house for adults with mental health and/or substance use issues, staffed with peer specialists.

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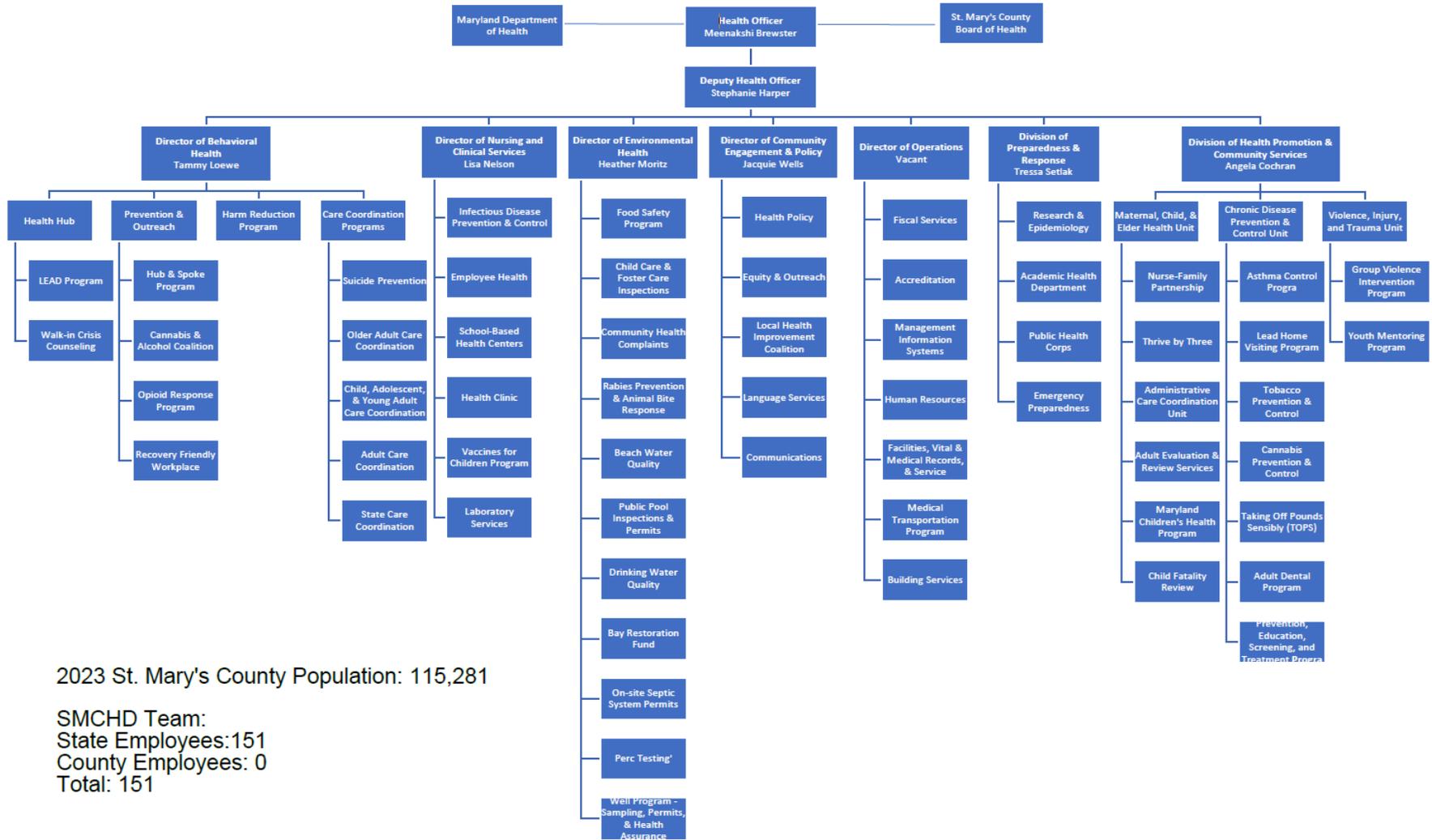
APPENDIX A

Workshop Agenda

Time	Item	Lead
8:15 a.m. - 8:30 a.m.	Registration	Planning Group
8:30 a.m. - 8:45 a.m.	Welcoming and Opening Remarks	Planning Group
8:45 a.m. - 9:00 a.m.	Overview of Sequential Intercept Model (SIM)	COE
9:00 a.m. - 10:00 a.m.	Intercepts 0/1 Resources and Gaps	Facilitators
10:00 a.m. - 10:15 a.m.	Break	All
10:15 a.m. - 11:15 a.m.	Intercepts 2/3 Resources and Gaps	Facilitators
11:15 a.m. - 11:30 a.m.	Break	All
11:30 a.m. - 12:30 p.m.	Intercepts 4/5 Resources and Gaps	Facilitators
12:30 a.m. - 1:30 p.m.	Lunch	All
1:30 p.m. - 2:00 p.m.	Review Gaps, Low-hanging Fruit, and Parking Lot	Facilitators
2:00 p.m. - 3:00 p.m.	Identify Priorities	COE
3:00 p.m. - 3:30 p.m.	Voting on Priorities for Change	All
3:30 p.m. - 4:00 p.m.	Next Steps/Adjournment	COE

APPENDIX B

St. Mary's County Health Department Organizational Chart



2023 St. Mary's County Population: 115,281

SMCHD Team:
 State Employees: 151
 County Employees: 0
 Total: 151

Updated: 7/26/2024