

*Mental Health and Criminal Justice Partnership
Progress Report August 2010*

COMPREHENSIVE ACTION

Secured passage of legislation in 2005 (HB 990) requiring the Department of Health & Mental Hygiene (DHMH), the Department of Public Safety and Correctional Services (DPSCS) and the Department of Human Resource (DHR) to convene a workgroup of interested stakeholders to make recommendations on actions to break the cycle of rearrest and reincarceration for individuals with mental illness who become involved with the criminal justice system.

HB 990 in 2005, HB 1594 in 2006, HB 281 in 2007 and budget language in 2008 have required specified reporting from the three agencies to the Legislature regarding implementation of workgroup recommendations. In addition, the Governor's StateStat program requires reporting by the DPSCS and the Motor Vehicle Administration and the Mental Health Association of Maryland continually monitors agency progress.

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

EXPEDITED BENEFITS AND BENEFITS RESTORATION

Medicaid

Secured passage of legislation in 2005 (HB 990) to require suspension rather than termination of Medicaid benefits for incarcerated individuals. Mandate tied implementation of suspension to DHMH's ability to secure a new Medicaid eligibility system, which is still pending.

DHMH/Medicaid is currently working with DPSCS to accomplish benefits suspension for certain jail and state hospital clients by disenrolling the client temporarily from an MCO and putting the client in a fee-for-service category during incarceration, which would maintain Medicaid eligibility. The client will be re-enrolled in the MCO upon release, without eligibility interruption. That procedure will be done for individuals whose incarceration or hospital stay does not extend past their Medicaid redetermination period.

DHMH and DPSCS are also working together to expedite Medicaid benefits for individuals sentenced to a longer term of incarceration, whose eligibility has expired and cannot be suspended.

A Memoranda of Understanding (MOU) was signed by DPSCS and DHMH in May 2009 to permit data sharing between those two agencies. DHMH has entered into a contract with an information technology vendor to facilitate data sharing. DHMH has also indicated that DPSCS may be able to obtain Medicaid eligibility information using the mental health services claims system. DPSCS will transition to a new vendor for their electronic health records on July 1, 2010 and will attempt to view DHMH claims after the transition is complete.

Social Security

Memoranda of Understanding (MOUs) have been negotiated between DPSCS/DHR and DPSCS/SSA to expedite the application processes prior to release for Medicaid, the Primary Adult Care Program and SSI/SSDI. Staffing challenges have impeded full implementation of these MOUs.

Secured passage of legislation in 2006 (HB 1594) and budget language in 2008 to require DPSCS reporting of implementation of the aforementioned MOUs.

Outcomes for the Public:

A limited number of individuals have had benefits granted at the time of release. DPSCS and DHR staffing limitations have hindered efforts to increase application processing. Difficulty implementing electronic sharing of information between DHMH and DPSCS has delayed Medicaid suspension.

Next Steps:

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

Continue to seek effective strategies and resources to enhance case management, discharge planning and training (including SOAR training for SSA benefits and PAC training for Primary Adult Care benefits) so that adequate, informed staffing exists to assist individuals with mental illness in prisons, jails and state hospitals who need to have applications for benefits completed prior to release.

DATA SHARING

Secured passage of legislation in 2007 (HB 281) requiring MHA and each county Core Service Agency to develop a plan to enter into an agreement with local detention centers to establish a data sharing initiative (Datalink) to enable the sharing of public mental health system treatment information with detention centers with appropriate client consent.

Several MOUs have been drafted between MHA, Core Service Agencies, and Local Detention Centers. The MOUs have been signed by DHMH and DPSCS but are awaiting signature in three additional counties.

Once the MOUs are fully executed, DPSCS will provide sample files to MHA's administrative services organization (ValueOptions) for their matching process. While that is occurring, DPSCS will work with their Electronic Health Record vendor in discussion with ValueOptions to set up an interface for the receipt of the authorization data. The interface is not expected to be fully operational until early 2011.

Next Steps:

Continue to work through the Partnership to establish procedures to obtain client consent for the Baltimore City Datalink.

Monitor implementation and, if successful, expand to additional counties.

30 DAY MEDICATION SUPPLY

Secured passage of legislation in 2007 (HB 281) to require a 30-day medication supply for prison inmates who have mental illness and are returning to the community.

Secured budget language in 2008 requiring DPSCS to report on efforts to meet the medication supply mandate. As a result, DPSCS now has a standardized release process that includes steps to ensure that medication is ordered in a timely fashion and is provided to the release coordinator for delivery to the individual.

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

Secured passage of legislation in 2010 (HB 1335/SB 761) to require local detention centers to provide a 30-day supply of psychiatric medication upon release (with prescription option) to inmates who have mental illness and have been sentenced to a term of at least 60 days. The legislation becomes effective October 1, 2010.

Outcomes for the Public:

Increased access to medication upon release.

Next steps:

Ensure prison and jail compliance with the legislative mandate, including tracking method used (prescription versus actual supply).

Assist ex-offenders in filling prescriptions provided by local detention centers.

EXPEDITED OUTPATIENT MENTAL HEALTH VISITS

Secured passage of legislation in 2007 (HB 281) to expedite outpatient appointments in community mental health centers or clinics for inmates returning from the prison system to the community.

Secured budget language in 2008 to require DPSCS and DHMH to report number of appointments secured.

Worked through the MHCJP to develop a collaborative process and detailed referral form involving prison treatment staff, community mental health providers and mental health Core Service Agencies to guarantee a psychiatrist appointment within 30 days of release date.

Participated in a training session for all staff involved.

Outcomes for the Public:

Implementation has been slow and a limited number of individuals has benefited from the new process due to staffing challenges. Over 80% of individuals for whom an appointment is secured fail to appear for their visit.

Next Steps:

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

Continue to seek effective strategies and resources to identify eligible clients, identify willing providers, and enhance staffing to assist individuals who need an outpatient appointment. Examine the possibility of increased provider rates, home visits or mobile treatment services.

Identify and eliminate barriers to decrease the “no show” rate.

PERSONAL IDENTIFICATION CARDS

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

The MVA reported during a January 2008 legislative briefing that there were significant obstacles to implementing such procedures, especially regarding proofs of residency.

SB 446 was introduced in 2008, to require the Commissioner of Corrections to issue an ID to all inmates upon release, but the bill did not pass. The O’Malley Administration made the issue a priority and in Spring 2008 the MVA agreed to accept alternative proofs of residency for this population, which must be produced at the MVA branch office.

In October 2008, the MVA agreed to begin a pilot using its mobile van to visit the Brockbridge Correctional facility on a monthly basis in order to facilitate provisions of an MVA issued State ID for up to 50 inmates per month. Those individuals are drawn from the region, not just the institution. The pilot expanded in April 2009 to include the Maryland Correctional Institution – Jessup and the Metropolitan Transition Center.

Secured passage of legislation in 2009 (SB 186) requiring the Commissioner of Corrections to issue an ID to all inmates upon release (re-introduction of SB 446 of 2008). The ID issued by DOC will serve as temporary proof and will allow the individual to obtain an MVA issued State ID at an MVA branch free of charge, provided the individual has all other necessary proofs and visits the MVA branch office within a reasonable time period.

MVA and DPSCS are both required to submit monthly ID issuance data to the Governor through StateStat.

Outcomes for the Public:

An average of 100 individuals per month receive an MVA issued State ID as a result of the mobile van pilot.

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

An average of 108 individuals per month is exchanging a DOC ID for an MVA issued State ID at an MVA branch.

Next Steps:

The Mental Health Coalition and MHCJP continue to request that Governor O'Malley include funding in the MVA budget to expand the number of mobile vans available to visit prisons, jails and State hospitals.

Monitor implementation of the mobile van pilot.

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

DIVERSION/CRISIS RESPONSE SERVICES

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

Conducted a preliminary survey/analysis of the availability of these services in each of Maryland's 24 jurisdictions.

Secured budget language in 2008 to require that the Maryland Health Care Commission (MHCC) examine crisis response services in its mental health services needs assessment, including a comprehensive assessment of services in each county and strategic recommendations regarding needs moving forward.

Outcomes for the Public:

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

Next Steps:

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

Advocate for expansion of these services with the Governor's Office, General Assembly and DHMH officials.

Develop a coordinated strategic plan among the member organizations of the Maryland Mental Health Coalition to expand mental health crisis response services.

PROFESSIONAL TRAINING/CONTINUING EDUCATION

Secured passage of legislation in 2005 (HB 990) to require a workgroup report with recommendations, resulting in a report that called for training for police, correctional officers and mental health providers.

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

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

Identified eight new training objectives for each professional listed above, to improve understanding of and response to behavioral health issues. The PCTC approved the objectives in December 2009, allowing related courses to count toward the required minimum training hours.

Next Steps:

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

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

HOUSING

Hosted a housing forum in November 2009 with the Mental Hygiene Administration's Transformation Office. National experts from the GAINS Center and the Technical Assistance Collaborative discussed best practices for housing for ex-offenders with mental health issues.

Next Steps:

Continue to identify opportunities to expand emergency and permanent housing.

Establish collaborative relationships with local housing authorities and housing programs.