

MEMORANDUM

October 6, 2020

TO: Health and Human Services Committee
Public Safety Committee

FROM: Linda McMillan, Senior Legislative Analyst

SUBJECT: Mobile Crisis Team and Crisis Now

PURPOSE: Update and Discussion

Expected for this session:

Dr. Raymond Crowel, Director, Department of Health and Human Services (DHHS)
Caroline Sturgis, Assistant Chief Administrative Officer
Chief Marcus Jones, Montgomery County Police Department (MCPD)
Scott Goldstein, Chief, Montgomery County Fire and Rescue Services (MCFRS)
Dorne Hill, Acting Administrator, DHHS Trauma and Crisis Services
Athena Morrow, Manager, DHHS Adult Forensic Services
Amanda Harris, Chief, DHHS Services to End and Prevent Homelessness
Leslie Graham, Chief Executive Officer, Primary Care Coalition (PCC)
Susan Donovan, Managing Director for Nexus Montgomery

Background

On July 21, 2020, the Council approved a special appropriation for \$592,202 to add six (6) clinical behavioral staff to increase and enhance DHHS Mobile Crisis Team response. Mobile Crisis Teams can respond to emergency and non-emergency calls for people experiencing a behavioral health crisis or in need of conflict resolution. Currently, Montgomery County is only able to deploy one Mobile Crisis Team, which means that response time can be long and there are times when a Team is not available. The Council approved this funding as a first step to create additional Teams. Once additional Teams are available, other goals, including strategies for reducing response times by housing Teams outside of Rockville, and implementing policy and procedure changes so that Mobile Crisis Teams can respond with or without Police as appropriate can move forward.

At the July 9 Joint HHS and PS Committee session, the Joint Committee was briefed on the application of Nexus Montgomery, the County hospitals' partnership, to the Maryland Health

Services Cost Review Commission (HSCRC) for grant funds to implement components of a crisis response system based on the Crisis Now model. Crisis Now is a comprehensive approach that addresses needs from the initial call for assistance through stabilization and referral to treatment services. Four significant components that would be funded through the grant are: (1) establishing a Community Crisis Systems Collaborative; (2) increasing the Mobile Crisis Team to meet 24/7 needs, de-couple it from police response, and introduce peer support into the Team model; (3) create a Restoration Center that would provide stabilization and referral to treatment services and divert people without a medical need from hospital emergency departments; and (4) create a central call center for those seeking crisis services.

Link to July 9 Joint PS and HHS Committee:

https://www.montgomerycountymd.gov/council/Resources/Files/agenda/cm/2020/20200709/20200709_PSHHS1.pdf

At the July session the Executive had announced his intent to convene a Reimagining Public Safety Task Force to examine a broad range of issues regarding not just the Police Department but public safety response. The Task Force has now been convened and has met twice. The information for the Task Force says it will:

- Develop recommendations that reimagine the Montgomery County Police Department and all public safety programs by January 18, 2021;
- Discuss institutional racism in public safety and explore opportunities for reforms in policies and programs that disproportionately impact communities they serve;
- Review police operations that may not be mission focused;
- Reimagine the County response to community needs for health and social services where Police are filling the void; and
- Provide input on the independent and comprehensive, including racial bias, audit of the Police Department.

Link to Reimagining Public Safety Task Force webpage:

<https://www.montgomerycountymd.gov/rps/>

Proposed Agenda for this Session

1. Update on Crisis Now Grant Application

Nexus Montgomery has unfortunately received information from HSCRC that the County's application for Crisis Now will not be funded. Ms. Graham and Ms. Donovan can provide the Joint Committee with feedback they have received regarding the application.

In Council staff's view, the lack of funding could impact the timeline for implementing certain aspects of the framework, such as the Restoration Center and the Call Center, but it does not have to stop progress on moving forward with reforming the crisis response system in fidelity with the Crisis Now framework, particularly with regard to enhancing mobile crisis response.

2. Sequential Intercept Overview

Before the specific update on the Mobile Crisis Team, Council staff has asked Ms. Morrow to provide the Joint Committee with an overview of the Sequential Intercept Model. This is also a SAMHSA framework that the County has been using to develop alternative programs and process for people with mental health or substance abuse problems as they move through, or are deflected from, the criminal justice system. Ms. Morrow will provide an overview of all the Intercepts but will focus on Intercepts 0 and 1 which include mobile crisis response, homeless outreach, and STEER (Stop, Triage, Engage, Education, and Rehabilitation). As the Joint Committee discusses how to enhance mobile crisis response and the Crisis Now framework, STEER provides some lessons learned. STEER connects Peer Recovery Specialists with people who are victims of overdose by coordinating with MCFRS and hospitals. STEER was originally expected to also receive referrals from police officers to deflect people where the underlying cause of a non-violent crime is substance abuse; however, this part of the program has not developed as originally planned.

The Reimagining Public Safety Task Force received a resource report.¹ One chapter of this report (© 1-17) is “Alternative Programs.” The Sequential Intercept graphic is at © 2. The report describes the programs and services available in Montgomery County at each intercept. There are 5 intercepts:

- ✓ **Intercept 0** – Community Services including crisis call lines and crisis services. In Montgomery County efforts such as EveryMind talk and chat, STEER, Homeless Outreach, Safe Spaces, and the Crisis Center are some of the available resources. The Joint MCFRS/DHHS effort to work with high needs callers is also one of these efforts.
- ✓ **Intercept 1** – This is the first interaction with a call to 911 or an interaction with law enforcement. As seen in the graphic, there is crossover between Intercepts 0 and 1. Mobile Crisis Response and Police Crisis Intervention Team trained officers are a part of this Intercept.
- ✓ **Intercept 2** – Initial detention and court hearing. Pre-trial assessment for mental health or substance abuse problems can divert people from jail at this point and to community supervision or diversion programs that include treatment.
- ✓ **Intercept 3** – Jail and Court – If the person is held in jail, in Montgomery County programs like the Crisis Intervention Unit or Jail Addiction Services can help address problems. Specialty courts such as the Drug Court or Mental Health Court are also a part of this intercept.
- ✓ **Intercept 4** – Prison or Jail re-entry efforts. As the person is getting ready to be released, transition planning and warm handoffs to services can be put in place. In Montgomery County the DHHS Clinical Assessment and Transition Services (CATS) worked with 739 people in FY20, 37 of whom were homeless.

¹ <https://www.montgomerycountymd.gov/rps/Resources/Files/reports/RPS-WORKGROUP-REPORT-FOR-TASK-FORCE-FINAL-SEPT-2020.pdf>

- ✓ **Intercept 5** – Community Corrections, Parole, or Probation and return to the community. This can include programs like the Pre-Release Center, outpatient treatment, and also efforts like assistance with expungement of certain charges/convictions that can create long-term barriers.

Also included in the resource report is information on the MCPD resources for responding to individuals experiencing a behavioral health crisis. It is attached at © 18-20. This will generally fall into Intercept 1.

3. Mobile Crisis Team – Overview and Update

At the Joint PS and HHS Committee session in July, there was not time for DHHS to provide a full overview of the current Mobile Crisis Team and its current operations. Council staff has asked Ms. Hill to provide the Joint Committee with an overview of current policies and operating procedures, including how and when it is deployed, the range of calls that the Mobile Crisis Team responds to, and how the Mobile Crisis Team’s current standard of being a joint response with Police developed. The Joint Committee will also be informed about the DHHS Social Worker who works within and in partnership with the Police Department.

The Reimagining Public Safety Task Force resource report section on Best Practices is attached at © 25-34 and includes a listing of resources in the County. An update to this resource listing is attached at © 35-42.

Briefly, the Mobile Crisis Team is available 24 hours a day, 7 days a week by staff at the Crisis Center. When the Team is deployed it includes a Licensed Mental Health Professional along with a second Crisis Center staff member. The Mobile Crisis Team will provide a crisis evaluation, stabilize the crisis, make recommendations regarding treatment and resources, and facilitate hospital evaluations when needed. The Mobile Crisis Team is requested through the Crisis Center. About one-half of the requests for the Mobile Crisis Team come from the police and the other half through a combination of calls from the community and other programs/agencies. The Mobile Crisis Team always responds jointly with the Police. In some instances, the Police may arrive on the scene first and wait for the Mobile Crisis Team and in other instances the Police may join the Mobile Crisis Team when it arrives.

As noted in the July session, preparation for the Crisis Now grant application included a report from RI International that analyzed current capacity and needed resources.

RI International’s capacity model estimates that:

- The County should scale to 8 Mobile Crisis Outreach Teams to have sufficient 24/7/365 coverage.
- Potentially 8,140 people would meet the criteria for a mobile intervention per year.
- Almost 28% of all requests for mobile services are “not run” meaning that a response was not sent to support the person in crisis after the initial request was made.
- As many as 7,621 people a year do not receive this level of care and could benefit from it.
- Because calls are not run, stakeholders and first responders do not request Mobile Crisis Team services and direct the person in crisis to the Emergency Department or 911.

- RI International also noted that “the Crisis Center operates a well-loved Mobile Crisis Outreach Team that has been identified as a strength in the community.”

The Crisis Now model recommends the following for mobile crisis outreach teams:

- Team Includes a licensed and/or credentialed clinician capable of assessing individual’s behavioral health needs.
- Team responds wherever the person in crisis is (home, work, park, etc.) within the service region, without location or timing restriction.
- Team connects individuals needing facility-based care through warm hand-offs and transportation coordination as needed.
- Team provides outpatient follow-up scheduling (not just referral) to support ongoing care
- Team includes certified peer navigators.
- Involvement of law enforcement is limited to only those situations that pose a safety risk.
- Team capacity is sufficient to address estimated need.

Updates/Discussion Issues

What is the status of the hiring of the new positions? Council approved funding in the summer because it can take several months to hire new positions. This meant the position creation and hiring process could begin while other policy and operational issues are under discussion.

Council staff understands that the positions have been created, the position description will be ready in the next few days and the positions should be posted for hiring this week or next. DHHS can provide an update and describe what qualifications they are seeking in these new hires.

How is DHHS planning to meet the goal of improved response time to all areas of the County? Currently, Mobile Crisis Team staff is part of the Crisis Center staff that is based in Rockville. This can result in long response times to some areas of the County. The Council was clear that one of the goals of increasing Mobile Crisis Team resources was to address this issue. Specific concerns about downtown Silver Spring have been raised. DHHS has been reviewing calls for service and there is also a need to improve response time to the Gaithersburg/Germantown area.

How is DHHS planning to revise operational policies to have Mobile Crisis Teams be able to respond both with Police and also without Police depending on the characteristic of the service/response need? One of the requirements of a Crisis Now model is to be able to respond with a strictly behavioral health/public health model without the presence of law enforcement unless they are necessary to protect safety. DHHS has been looking at other models of crisis response that have become part of the discussions, such as the Baltimore County partnership with The Sante Group and the CAHOOTS model from White Bird Clinic in Oregon. Attached at © 21-24 is an outline of these similarities and differences to Montgomery County’s current Mobile Crisis Team response. The outline also notes how expanded Mobile Crisis Team resources can partner with and support other services, such as the Homeless Outreach Teams and MCFRS.

Has DHHS been able to give further consideration to positions (such as peer recovery specialists) that could partner with a clinician to create differently structured Mobile Crisis Teams? The funding approved by the Council is to create six new clinical positions. As was discussed in July, each team must have a clinical position and so by focusing the first funding on clinical positions there is no question that three teams of two can be established; but, the clinical positions could also lead six teams if other positions are brought on. The Crisis Now model discusses having teams that include peer support professionals and other types of positions that bring different skills to a team. This would require additional funding but would leverage the six positions to create six teams.

Should the County be Advocating for Medicaid Funding for Mobile Crisis Services?

The Crisis Now application discusses that the Mobile Crisis Team cannot currently bill for services as the reimbursement codes for mobile services in the community are not within the Maryland Medicaid Fee Schedule. Services provided by Certified Peer Recovery Specialists are also not currently reimbursable. The application proposes advocacy at multiple levels to (1) obtain reimbursement approval by Medicaid/Public Behavioral Health System and other payers, and (2) implement the technology, data collections and policies within DHHS to bill for these services. The application notes that this will take several years.

4. Will the County create the “Community Crisis System Collaborative (CCSC)”?

One of the critical components of the Crisis Now model and of the grant application was the creation of a Community Crisis System Collaborative (CCSC). The CCSC is to include the County departments, hospitals, nonprofit organizations, and the public that are directly involved in crisis care and is meant to build an environment of trust and shared commitment. The application stated that there would be voting representatives from Nexus Montgomery (hospital collaborative), Montgomery County Police Department, Montgomery County Fire and Rescue Services, and Department of Health and Human Services. There would be non-voting seat for EveryMind and two additional hospitals. The CCSC would review progress on established metrics and targets, assess impact on patient outcomes, and discuss and determine resolution to inter-agency implementation challenges. There would be two advisory groups under this steering committee: The Behavioral Health Work Group and the Patient, Family, and Community Advisory Council. This structure is also expected to provide mechanisms for feedback from patients, families, and behavioral health workers. It was proposed that the CCSC would meet at least quarterly.

While the County did not receive the Crisis Now grant, there is no reason that this key component of behavioral crisis response system reform cannot move forward. Council staff recommends that the Joint Committee request a response and plan from the DHHS on what is needed to create this Collaborative and to provide an outline on the deliverables that would have been expected had the grant been approved.

While the Reimaging Public Safety Task Force is not expected to report until January, Council staff believes that the convening of the CCSC should not wait. This structure would have been put in place if the grant was received and it is the logical body to consider

recommendations from the Reimagining Public Safety Task Force once they are made. There is also interest from advocates on the long-term structure for public and consumer input into this system reform and the CCSC is expected to provide this structure.

Council staff suggests requesting a response by November 13 in case there is need for further Joint Committee or Council action.

5. 911 Call-Taking Protocols – Potential for Changes to System without a New Call Center/Crisis Now Grant

It has been previously noted that Chief Jones has reported that his department spends many hours assisting people who are suffering from a behavioral health or substance abuse crisis, including transferring people to emergency departments or to the central processing (booking) unit. The Crisis Now grant would have provided funding to develop call center options. Crisis Now discusses having a call center that acts like “air-traffic control.” While not having the grant funding will impact the ability to plan and create a new call-center, it does not mean that analysis of 911 calls and changes to protocols cannot move forward in an effort to direct more people to non-police crisis response services. Both the Reimagining Public Safety Task Force and the audit include this issue.

The Reimagining Public Safety Task Force resource report’s first chapter is Emergency Communications Center and 311 Data Analysis. The purpose is to provide data that can assist the Task Force in its work to determine community needs and to provide guidance for areas of focus for the independent audit. The resource report says that “the period of analysis is from April 2, 2017 through July 16, 2020. The first date represents the introduction of the current Computer-Aided Dispatch (CAD) system used by the Emergency Communications Center (ECC) for the Montgomery County public safety departments, to ensure consistency with respect to data capture and reporting.”

The following are some of the 911 calls (number and percentage of total) that might involve a person experiencing a behavioral health crisis. Percent is of the total 866,516 calls reviewed. Those classified as mental disorder or suicide/attempt are clear, but many times the person calling may be reporting some type of crime or need but not enough information is provided to allow the call-taker to determine that behavioral health may be an underlying factor.

Disturbance/Nuisance	55,859	6.45%
Check Welfare	34,900	4.03%
Assaults	22,587	2.61%
Mental Disorder	14,462	1.67%
Harassment/Stalking/Threats	12,671	1.46%
Suicide/Attempt	8,293	0.96%

FOCUS AREA FOUR

ALTERNATIVE PROGRAMS

Group Mission: Identify other County departments, non-profit organizations, and other agencies to propose alternative procedures, programs, and policies to be considered by the Task Force.

Group members:

- Group Leader: **Athena Morrow**, HHS/Manager Adult Forensic Services
- Group Members
 - **Ben Stevenson**, Acting Chief, DOCR/Community Corrections Division
 - **James Stowe**, Director, Montgomery County Office of Human Rights
 - **Tiffany Ward**, Chief Equity Officer, Office of the County Executive
 - **Diane Vu**, Director, Montgomery County Office of Community Partnerships
- Additional Contributor
 - **Julian Norment**, African American Liaison, Office of Community Partnerships

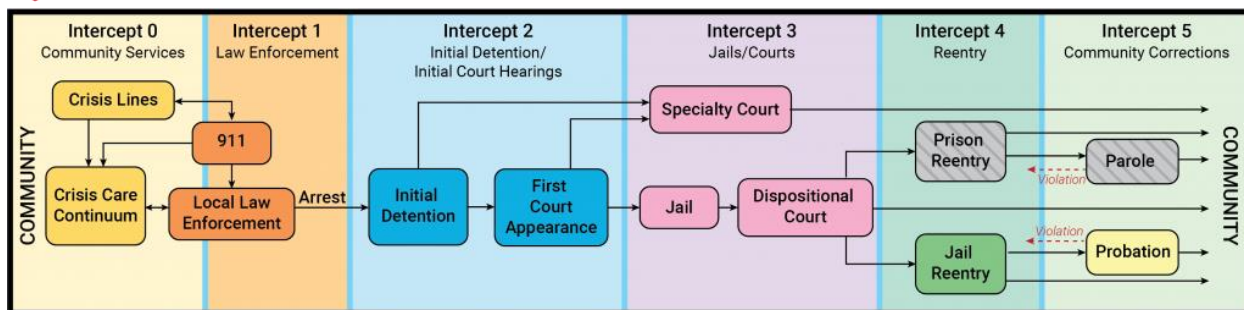
Areas Addressed:

1. What currently exists as alternatives to police/jail in Montgomery County?
2. What are options to reduce the prison population, (e.g. refer individuals to restoration center instead of jails).
3. Explore options for a restoration center.

The Sequential Intercept Model (SIM)

The Sequential Intercept Model (SIM) details how individuals with mental and substance use disorders come into contact with and move through the criminal justice system.

The SIM helps communities identify resources and gaps in services at each intercept and develop local strategic action plans. The SIM mapping process helps identify strategies to divert people with mental and substance use disorders away from the justice system into treatment.



Abreu, D., Parker, T. W., Noether, C. D., Steadman, H. J., & Case, B. (2017). Revising the paradigm for jail diversion for people with mental and substance use disorders: Intercept 0. *Behavioral Sciences & the Law*, 35(5-6), 380-395. <https://doi.org/10.1002/bsl.2300>
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Links:

SAMHSA - <https://www.samhsa.gov/criminal-juvenile-justice/sim-overview>

Mental Health Report:

<https://documentcloud.adobe.com/link/review?uri=urn:aaid:scds:US:47851c38-9f30-4db0-845b-28cd00c6aa6d>

Intercept 0 – Community Services

- Connects people who have mental and substance use disorders with services before they come into contact with the criminal justice system.
- Supports law enforcement in responding to both public safety emergencies and mental health crises.
- Enables diversion to treatment before an arrest takes place.
- Reduces pressure on resources at local emergency departments and inpatient psychiatric beds/units for urgent but less acute mental health needs.

Elements:

- Warm Lines and Hotlines or calls to non-emergency first response lines
- Mobile Crisis Outreach Team
- Peer operated Crisis Response Support
- Substance Use-focused early diversion/deflection

Intercept 0 services in Montgomery County:

Multiple levels of services by public/private providers – see more detail in Work group #5

STEER - This is a team of peers with lived experience who work closely with Fire & Rescue, and the local hospitals to connect victims of opioid overdoses and those with severe Substance Use Disorders with a peer specialist who will support recovery and connect to treatment. *Initially a police deflection initiative, but it did not get supported by the number of referrals*

Street outreach Network - The mission of the Street Outreach Network (SON) is to prevent, neutralize, and manage hostile behavior in the highest-risk youth and communities through the development of positive relationships between youth, community stakeholders, and outreach workers. SON engages with youth through development programs and leisure time activities to redirect antisocial and aggressive behaviors. Street Outreach Staff are being trained and certified in evidence- and culturally-based, trauma-informed curriculums or as Professional Community Intervention Specialists. On average, 80 percent of this program's clients are neither arrested nor suspended from school after participating.

Safe Spaces - The Safe Space offers highest-risk youth access to resources and services to prevent them from engaging in violent or criminal behavior. In addition, this program focuses on improving community safety by strengthening community leadership to address violence, helping to strengthen the sustainability of County gang prevention efforts. Services provided include behavioral health services, grief counseling, job readiness training, and leisure activities

Truancy Prevention Program (TPP) - This is a program started by SAO in 2010. Through positive one-on-one interaction with students, this 10-week early intervention program identifies why children are either not regularly attending school or are not on-time for school. The program not only puts resources in place to support regular and timely attendance, but successfully encourages students to enhance school performance.

School cluster initiatives Multi-Agency group with Health and Human Services, MCPD, MCPS, DJS, and SAO to help solve problems that prevent a child from succeeding in school.

- *Kennedy Cluster* -meets every other Monday during school year.
- *Watkins Mill Cluster* -meets every other Friday during school year.
- *Springbrook/Paint Branch Cluster Project* -meets every other Wednesday during school year.

High School Based Wellness Centers - provide school-based, culturally-based, and trauma- and healing-informed positive youth development services such as after school activities, job readiness, academic support, trauma-informed mental health services, parent support groups, leadership development, truancy reduction, substance abuse prevention, and other health related services. The High School Based Wellness Centers are located at Watkins Mill, Northwood, Gaithersburg, and Wheaton High Schools.

The Identity After-School Program - provides after school programming to serve at-risk Latino youth in middle and high schools.

The Maryland Multicultural Youth Center - provides case management, GED preparation, job readiness development, and after school programs to high-risk youth.

The Crossroads Youth Opportunity Center and the **Upcountry Youth Opportunity Center** - provide a wide array of culturally-based, trauma-informed intervention support services for high-risk youth, youth who seek to exit gang life, youth engaged in juvenile delinquency and criminal activity, and violence prevention services

Speak Up Save a Life - live and now zoom presentations with a medical doctor, a substance abuse counselor, a police officer, a person who is in recovery from opioid abuse, a parent who has lost a child from an opioid overdose, a police officer, and a member of the State's Attorney's office who talks about how to avoid becoming an opioid user.

Choose Respect Program - This is an annual program dealing with helping young people establish respect in dating relationships and avoiding becoming a victim or perpetrator of an offense

Internet Safety Cyber Safety Presentations – The SAO has given hundreds of presentations in Schools, PTA, churches, temples, and wherever asked, to help people avoid being a victim of a cyber-crime or a perpetrator of a cyber-crime.

National examples:

<https://chcsbc.org/get-help/crisis-care-services/>

<https://clermontcountyohio.gov/2017/01/27/mhrb-awarded-100k-grant-to-fund-heroin-response-team/>

<https://whitebirdclinic.org/cahoots/>

<https://www.thesantegroup.org/baltimore-county-crisis-services>

Intercept 1 – Law Enforcement

- Begins when law enforcement responds to a person with mental or substance use disorders.
- Ends when the individual is arrested or diverted into treatment.
- Is supported by trainings, programs, and policies that help behavioral health providers and law enforcement to work together.

Elements:

- Dispatcher Training
- CIT
- Specialized Law-Enforcement Response/joint response with mental health professionals
- Data Sharing

Examples in Montgomery County

Crisis Intervention Team (CIT) – see more detail in Work group #5 report

Restoration Center – this is currently being proposed - see more in separate section below

Truancy Review Board -This is a multi-agency group (States Attorneys’ Office, Police Dept., CPS, HOC, Dept of Juvenile Services, Every Mind, and others) that focuses on diverting parents away from court for failing to send their children to school regularly.

National examples:

<https://www.arlingtonma.gov/departments/police/opiate-outreach-initiative>

<https://coloradosprings.gov/fire-department/page/community-and-public-health-cares>

<https://sonomacounty.ca.gov/Health/Behavioral-Health/Community-Response-and-Engagement/Mobile-Support-Team/>

Intercept 2 – Initial Detention/ Initial Court Hearings

- Involves people with mental and substance use disorders who have been arrested and are going through intake, booking, and an initial hearing with a judge or magistrate.
- Supports policies that allow bonds to be set to enable diversion to community-based treatment and services.
- Includes post-booking release programs that route people into community-based programs.

Elements:

- Screening for MH and SUD
- Data Matching
- Pretrial Supervision
- Post Booking Release

Examples in Montgomery County

Pre-Trial Services Diversion Programs - Alternative Community Services (ACS) / Intervention Program for Substance Abusers (IPSA)

The ACS/IPSA program provide cost savings to the courts, program participants, and the community. IPSA program provides substance abuse education courses for program participants that have been charged with a drug defined offense. ACS and IPSA both require nominal fees for participation. ACS/IPSA provide a pipeline for diversion for the entire Montgomery County criminal justice system. Diversion and deflection remain an effective intervention approach for those who may otherwise not revisit the criminal justice system. A robust diversion program assists DOCR with a reduction in jail beds, as such programs are offered in lieu of incarceration.

The ACS/IPSA diversion programs impact customer and communities by helping promote safer communities, providing participants with substance abuse education and treatment alternatives, provides cost savings by diverting participants away from jail, court, prosecution, and having the stigma of being an convicted offender, assists non-profit community service organizations and Montgomery County Departments with work crew clean-up opportunities, and collects nominal revenue fees for Montgomery County Government. Pre-Trial Diversion programs participants receive excellent customer service through case management services. Case Managers facilitate program success through office visits and regular telephone contact. Case Managers may also coordinate additional mental health and treatment referrals as needed. The ACS/IPSA Diversion programs works closely with courts and Parole and probation to seeks alternatives to incarceration. Cost savings derive from reducing jail bed space and reducing court costs to prosecute low level criminal cases.

The Pre-Trial ACS/IPSA Diversion programs collaborate with the court to screen for potential participants who may benefit from diversion. In FY20, the average daily population for Alternative Community Services is 590 participants, while the Intervention Program for Substance Abusers is: 118 participants. In FY19, Diversion work crews collected 9,423 bags of trash/debris and made 254 trips to the transfer station. Removal of brush and trash creates smooth and uninhibited water-run off and prevents back-ups/clogged drains-this improves the environment. Both ACS and IPSA charge program fees for participation. The ACS fees are \$150.00 and the IPSA fee is \$350.00. In FY19, ACS collected \$243,787 in program participation fees, while the IPSA program collected \$59,072.

Pre-Trial ACS/IPSA achieved positive results in providing services to over 700 clients. Additionally, program fees were collected from participants that totaled more than 300K in revenue. Community Service work was completed by clients that totaled in almost 10K in garbage bags collected and over 250 trips to the transfer station.

The ACS/IPSA Diversion program is supported with evidence-based research and evaluation. Research by Lange, S., Rehm, J., Popova, S., 2011, conducted a systematic search of the literature for studies that assess the effectiveness of post-booking and post-incarceration diversion programs in North America. Research concluded that Diversion programs exist at

multiple levels within the criminal justice process and should be implemented as a system made up of various programs at all criminal justice levels.

Pre-Trial Supervision Unit addresses pretrial justice by providing a system to inform the court of risk associated with defendants presented before the court to have defendant remain in the community prior to adjudication of their offense. Pretrial Services provides recommendations for conditions that mitigate risk and provide supervision to monitor those conditions. Once defendants are placed by the courts to be supervised, Case Managers monitor and provide regular supervision that includes face-to-face office visits, drug/alcohol testing, monitoring of Global Positioning System/Curfew, referrals to mental health and substance abuse services. Pre-Trial Services' Case Managers inform the court of pre-trial compliance and request bond violations for those who fail to comply with their court orders. Pre-Trial Services manages defendants placed in the community who would otherwise be placed in secure confinement. In FY20, the Pre-Trial Supervision Unit has an average daily population of 720 participants.

Pre-Trial Services works in conjunction with the State District and Circuit courts, defense bar (including the Office of the Public Defender) and State's Attorney office to process the flow of defendants through the criminal justice process. Pretrial Services also collaborates with the Department of Health and Human Services for treatment programs. Pre-Trial Services also collaborates with Montgomery County Police Department, the Sheriff's Office, Department of Public Safety and Correctional Services for arrested defendants who may have additional warrants and for victim welfare checks.

SAO Drug policy to not prosecute people for possession of less than 10 grams of marijuana or for distribution of less than 10 grams of marijuana (general policy with certain exceptions in case of violence or sales at a school).

CATS Assessment and Post Booking Diversion – a Health and Human Services team of clinicians located at the Montgomery County Detention Center and working alongside the Department of Correction and Rehabilitation in assessing incoming inmates for risk of self-harm and identifying their behavioral health needs while detained. CATS staff informs Dept of Corrections staff of the mental health needs of the newly received inmate and transitions care to the appropriate mental health or medical staff. Additionally, CATS staff, in conjunction with Pre-Trial Services, assesses incoming inmates for diversion to community-based treatment services and recommends treatment options in lieu of detainment to the Court during the defendant's Bond Review. CATS staff evaluate, on average, 20% of incoming inmates as they are identified with mental health, co-occurring conditions or high risk for self-harm, based on established indicators.

- In FY19 CATS evaluated 2190 inmates and recommended diversions to the community for 819 (38%). Of those, 85% were male, 57% African American, 22% were Caucasian, and 11% were homeless.
- In FY20 (impacted by COVID) CATS evaluated 1802 inmates and recommended diversions to community services for 620 (34%). Of those, 85% were male, 56% African American, 24% Caucasian, and 9% homeless.

National examples:

<http://www.datasciencepublicpolicy.org/projects/criminal-justice/data-driven-justice-initiative/>
<https://ps.psychiatryonline.org/doi/10.1176/appi.ps.68203>

Intercept 3 – Jails/Courts

- Involves people with mental and substance use disorders who are held in jail before and during their trials.
- Includes court-based diversion programs that allow the criminal charge to be resolved while taking care of the defendant’s behavioral health needs in the community.
- Includes services that prevent the worsening of a person’s mental or substance use symptoms during their incarceration.

Elements:

- Treatment Courts for high risk/high need individuals
- Alternatives to prosecution programming
- Jail based programming and health care
- Partnerships with Community based providers of MH and SUD treatment
- Mental Health jail liaisons or diversion clinicians
- Collaboration with Veterans Justice Outreach

Intercept 3 programs in Montgomery County

Montgomery County Correctional facility / Crisis Intervention Unit – intensive mental health services, to include assessment and medication management provided by highly skilled clinicians, for those experiencing acute mental health symptoms and who may not be able to be cleared for general population housing while detained.

Jail Addiction Services – CARF accredited intensive outpatient program providing Substance Used Disorders Treatment to detained individuals. JAS participants are housed in dedicated pods that foster recovery principles and receive services by therapists, peers, correctional specialists, volunteers, and reentry specialists.

Problem Solving Courts:

Mental Health Court - MHC team includes a SAO representative, probation officer, pretrial, public defender/attorney, clinical staff, Judges, and Court staff. This program offers alternatives to clients with mental health and co-occurring disorders, who are charged with an offense.

- District Court – mostly a diversion court with cases dismissed if treatment conditions are met.
- Circuit Court – a post-conviction court supporting successful completion of probation provided clients engage in and complete treatment expectations.

Drug Court - Circuit Court. This program offers alternative sentences to people with substance use disorders who are convicted of offenses, provided they stay in treatment, participate in the counseling, and remain crime free.

Teen Court - Juvenile Diversion program from the Juvenile Court system.

Homeless docket – In planning stage. Will connect homeless individuals charged with minor, non-violent offenses with services to assist with housing, entitlements, and treatment in lieu of prosecution.

Dismissal of cases - Individuals charged with non-violent offenses have an opportunity to have their case dismissed if they complete a Behavioral Health evaluation. The program started in July with 75 offenders taking advantage in the first 6 weeks of the initiative.

National examples:

<http://www.tascosolutions.org/diversion-contact/>

<https://www.mcda.us/index.php/community-initiatives-special-programs/mental-health-court/>

<https://www.mocoalition.org/community-mental-health-liaison>

Intercept 4 – Reentry

- Provides transition planning and support to people with mental and substance use disorders who are returning to the community after incarceration in jail or prison.
- Ensures people that have workable plans in place to provide seamless access to medication, treatment, housing, health care coverage, and services from the moment of release and throughout their reentry.

Elements:

- Transition Planning by the jail on in-reach providers
- Medication and prescription access upon release from jail or prison
- Warm hand-off from corrections to providers increases engagement in services
- Benefits and health coverage immediately following upon release
- Peer support Services
- Reentry Coalition participation



Examples in Montgomery County

DOCR - “Reentry for All” – Correctional staff provide comprehensive services and support to returning citizens as individuals, as members of their families, and as members of the community. Reentry workshops and programs are available to both the pretrial and sentenced populations. Many re-entry needs and discussions on personal experiences and behaviors are available. Workshops and programs are scheduled based on identified Inmate need/interest as well as facilitator availability. Among the services provided are:

- Carey Guides (Curriculum Workbook and Discussions to Support Behavior Change)
- Civil Legal Aid Clinics (Good Samaritan Advocates; Understanding Processes and Policies; Assistance)
- Conflict Resolution and Anger Management (Conflict Resolution Center of Montgomery County)
- Creating Healthy Bonds (Family Services Inc; Parenting Skill and Clinical Support Group)
- Expungements Workshop (Maryland Legal Aid Bureau)
- Financial Literacy (Banking Basics, Understanding Credit, Positive Money Habits)
- Literacy Tutoring (Literacy Council of Montgomery County)
- MVA Clinic (MVA Representative Reviews Individual Driving Records and Reinstatement Requirements)
- Parole and Probation Orientation (DPSCS; Community Supervision Expectations and Procedures)
- Reentry Circles Support Group (Identity Inc; Reentry Discussion Group)
- SMART Recovery for Addictions (Self-Management and Recovery Training) they are returning to

HHS - CATS Reentry – Clinical Assessment and Transition Services/Reentry (CATS) – An HHS team of licensed clinicians based in the Montgomery County Correctional Facility that provides transition and reentry services to those nearing their period of detention and who face behavioral health challenges. The staff complete a thorough needs-assessment and provide linkages to community-based treatment services. Reentry plans are individualized to ensure clients receive their medication upon release to the community and that they are connected to the services they need, including housing, outpatient or residential treatment, entitlements and recovery supports. Staff work under pressure to meet reentry needs with often unpredictable release dates. In FY19 CATS reentry served 750 (79 homeless) clients, in FY20 739 (37 homeless).

National examples:

<https://fortunesociety.org/services-that-build-lives/>

https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/special_populations/criminal_justice.htm

<https://www.middlesexsheriff.org/home/news/mso-open-young-adult-offender-unit>

<https://mha-ne.org/programs-services/honu.html>

Intercept 5 – Community Corrections

- Involves individuals with mental or substance use disorders who are under community corrections' supervision.
- Strengthens knowledge and ability of community corrections officers to serve people with mental or substance use disorders.
- Addresses the individuals' risks and needs.
- Supports partnerships between criminal justice agencies and community-based behavioral health, mental health, or social service programs.

Elements:

- MH training for all community corrections officers
- Specialized Caseloads of people with MH and SUD disorders
- Community partnerships
- Medication Assisted Treatment (MAT)
- Access to Recovery Supports (reduce barriers to employment, housing. Assist with government issued- photo ID, health care coverage, record expungement)

Examples in Montgomery County

Pre-Release and Reentry Services is responsible for the care and custody of male and female adult offenders that reside in a 144-bed correctional facility. The program provides community-based residential and non-residential alternatives to secure confinement for sentenced adult offenders in which they engage in work, treatment, education, family involvement, and other services that prepare returning citizens for release.

The program primarily serves inmates who are within one year of release and who are sentenced to DOCR. In addition, the program also provides re-entry services to Local, State, and Federally sentenced inmates who are within one year of release and who are returning to Montgomery County and the greater Washington Metro area upon release.

The Pre-Release is a community-based program and national work release model that serves as an alternative for those in jail confinement. Since 1972, the PRC has served over 19,779 male and female adults who have been convicted and sentenced, and who are within one year of release. The Pre-Release Center houses over 30% of the County's sentenced population in the community. The Pre-Release center allows sentenced and convicted offenders to address reentry needs prior to their release from DOCR. The Pre-Release Center offers the opportunity for sentenced offenders to receive treatment and life skills programming while participating in the program. PRC Residents are required to work, pay room and board, file state and federal taxes, and address restitution and child support obligations. Each resident works with a case manager and work release coordinator to develop an individualized reentry plan that addresses their specific transitional needs including employment, housing, treatment, family, and medical services. Family members of participants are encouraged to participate in the plan development. The program employs other evidenced-based reentry practices including risk/needs assessments, cognitive behavioral programming, monitored community-based treatment, college/GED/Literacy classes, and a "work first" philosophy. DOCR began a recidivism study within the whole department, which includes the Pre-Release Center.

Expungement Clinics - State Attorney Office works with Legal Aid and the Court system to help people who were charged and not convicted, or convicted of certain offenses, to get their record cleared of the offense. The Clinic helps the person fill out the form to get their conviction removed from their record. Offered clinics at Silver Spring Civic Center, Mt. Calvary Baptist Church (Rockville, Md.), District Court in Rockville, Homeless Shelter (Taft Street).

Medication Assisted Treatment (MAT) provided by private and public providers

Access to outpatient and residential treatment

Specialized probation caseloads for sexual offenders

Long standing collaborations between HHS, DOCR, MCP, FRS and private treatment/service providers

National examples:

<http://transitionsclinic.org/>

<https://dcs.georgia.gov/types-supervision-4>

<https://www.cssbh.org/returning-home-ohio>

https://cabhp.asu.edu/sites/default/files/pfcc-2018-session_16_forensic_assertive_community_treatment_fact.pdf

Restoration Center

The Restoration Center is a proposed crisis assessment and stabilization facility that would operate 24/7/365 as part of an existing crisis response system. It would provide an alternative for first responders to transfer clients in crisis in lieu of hospital EDs or jail. The restoration center would operate under the principles of the Crisis Now Model, ensuring 100% admission to those in crisis, regardless of voluntary or involuntary status and is not limited by racial/ethnic/insurability or other such factors. It would provide a safe and highly specialized location staffed with clinicians and peers trained in de-escalating, assessing, and providing adequate treatment and support services to those experiencing behavioral health crises. Similar models exist throughout the country demonstrating a great degree of effectiveness in preventing revolving door cycles for those in crisis.

Operating a Restoration Center in Montgomery County would offer multiple enhancements to the existing crisis response system that currently is struggling to meet the demand and defaults in overuse of MCPD response, hospital ED, and jails. According to a recent report by RI international (completed in the process of applying for the Nexus “Crisis Now” project) Montgomery County responds to over 15,000 crises each year. This includes over 8000 hospital ED admissions, and 6000 served by the Crisis Center. The gap between existing capacity and estimated needs suggests that more than 10,000 residents receive inadequate or no services during a crisis. The Restoration Center is projected to accommodate approximately 90% of the current crises annually.

At a glance the establishment of a Restoration Center would address the following:

- 24/7/365 operation
- 100% admission of crises involving mental health, substance use disorder, or other type of crisis (will pilot with adults and consider expanding to youth)
- Voluntary and involuntary clients
- MCPD, FRS, and MCOT can drop off a person in crisis and be back on duty within minutes
- Reduces criminalizing of minor infractions - Reduces Central Processing Unit admissions
- Provides alternatives to incarceration and Hospital EDs
- A location equipped to provide multi-axial evaluation and needs-assessment (Psychiatric and Substance Use disorders, medical clearance) - staffed by a multidisciplinary team to include, medical, mental health, addiction specialists providing a range of services by peer specialists and licensed clinicians
- Evidence-based practices to engage clients (trauma-informed care, harm-reduction, etc.)
- Peer specialist services
- De-escalation and engagement in comfortable, safe setting
- Crisis stabilization – 30% estimated not ready for discharge after 23 hours – sub-acute stabilization for 2.5 days
- Serve as entry point into the system of care, regardless of the identified needs of the individual in crisis

- MCPD, FRS, MCOT and individuals can drop off clients in crisis without cumbersome admissions process and be able to return to duty swiftly
- Discharge planning and referrals to next level of care (many options, depending on clinical need, for example, Residential Crisis Services, Emergency Petition to hospital ED or MH Certification to residential MH bed, Residential or Outpatient Substance Use Disorder treatment to include MAT, homeless services, entitlements, emergency supports, liaison and advocacy to various systems , including criminal justice programs, etc.)

Examples of similar models across the country:

Behar County, Texas Restoration Center - <https://chcsbc.org/location/the-restoration-center/>

A comprehensive service delivery system operating under the Crisis Now model, providing, outreach, crisis response, and stabilization. Has been in operation for over two decades

Maricopa County, Arizona- Crisis Now Model — <https://www.crisisnetwork.org/> Another Innovative Best Practice backed by the National Montgomery County, MD OIT Strategic Plan 20. In this model, police bypass the emergency room with no calls, no referrals, and no rejections. This program has generated a reduction of 45 cumulative years of psychiatric boarding, creating a savings to hospitals of \$37 million in avoided costs/losses. It has further reduced potential State acute care inpatient expenses by \$260 million.

Core Elements of “Crisis Now” include:

1. Regional or statewide crisis call centers coordinating in real time.
2. Centrally deployed, 24/7 mobile crisis.
3. Short-term, “sub-acute” residential stabilization programs.
4. Essential crisis care principles and practices, including an “air traffic control” model that connects and ensures timely access to data. Some crisis call-center hubs in the country use this model, which applies technology similar to that used with air traffic control, offering real-time connection to GPS-enabled mobile teams, ensuring true system-wide access to available beds and outpatient appointment scheduling. These exceptional practices help to enable a whole, integrated crisis system of care.

Risk-Need-Responsivity Model

<https://documentcloud.adobe.com/link/review?uri=urn:aaid:scds:US:d9102dd4-008a-424e-ae64-de5d89e04e56>

This is an evidence-based model of addressing the needs of the offender population with an aim toward reducing recidivism and enhancing quality of life, public safety, and successful integration in a pro-social context. It is a Criminal Justice-specific model with the premise that a system of care ought to devote the majority of its resources to those highest at risk of



reoffending, those with the most acute needs, that if unaddressed may lead to recidivism, such as substance use disorders, among others. Currently, in Montgomery County, there is scarce capacity in offering services to address criminogenic factors.

Youth alternatives to arrest and incarceration

Diversion programs are alternatives to initial or continued formal processing of youth in the juvenile delinquency system. The purpose of diversion programs is to redirect youthful offenders from the justice system through programming, supervision, and supports. Diversion programs are typically designed to provide youth with experiences that are different from traditional juvenile justice experiences. Diversion decisions and activities usually occur at the earliest stages of involvement in the juvenile justice system; however, diversion initiatives can be put in place at later stages of justice processing with the primary goal of reducing costly out-of-home placements. Research has shown that many youth in the juvenile justice system are there for relatively minor offenses, have significant mental health issues, and end up in out-of-home placement or on probation by default.

The structure and operation of diversion programs vary, but the overall goals are typically the same, namely, to address delinquent behavior informally in the community in an effort to prevent subsequent offending. Some diversion programs are established to provide specialized programs to better meet the needs of youth with mental health and/or substance abuse concerns. Typical services provided for youth and families in diversion programs include one or more of the following, which are listed under the various intercepts above:

- Screening and assessment
- Education and tutorial services
- Victim awareness classes and activities
- Service-learning programs
- Substance use education and counseling
- Job skills training
- Mental health treatment
- Crisis intervention
- Family counseling
- Parenting skill development
- Supports for rebuilding family relationships
- Quality recreation and organized sports programs

Questions for the task force to consider

1. Rates by race/ethnicity for traffic offenses that can result in arrest or a sentence including jail by police district.
2. Rates for citations or arrests by race/ethnicity for misdemeanors or non-violent felony by police district.
3. Number/Percent of adults who are cited or arrested and are diverted from the Court system into a program that would result in the charge being dropped/nolle pros.
4. Need for deflection during intercept 1 – see TASC deflection document attached.
5. Service gaps and disparities for the undocumented / immigrant community.
6. Gaps in resources post-conviction (employment, housing, entitlements, health insurance, etc.).
7. Document the changes in jail intake and prosecutions comparing pre-COVID policies to post-COVID policies. If current policies have resulted in reducing these numbers with no apparent impact on public safety should they be continued? Conversely, has the reduced use of a program like the Pre-Release Center impacted successful job placement and re-entry planning?
8. What barriers did STEER face as a deflection model that resulted in low numbers of deflections?
9. Discrepancy between the numbers of MCP officers receiving CIT training and those actually responding to incidents involving MH issues.
10. Explore MCP “on the job” training and mentoring by senior officers after completing basic training.
11. Multiple diversion and alternative programs, but lacking programs and services to address criminogenic factors – ie. implement Risk Need Responsivity Model and address criminal thinking.

Additional Information - links

Redefining Policing with our Community:

<https://documentcloud.adobe.com/link/review?uri=urn:aaid:scds:US:f3941294-764c-41b3-89a8-bb449777eb3e>

The Effectiveness of Criminal Justice Diversion Initiatives in North America: A Systematic Literature Review:

<https://documentcloud.adobe.com/link/review?uri=urn:aaid:scds:US:681454b9-223c-4afb-80fe-ac9fe0fc6e5d>

School to Prison Pipeline in Montgomery County:

<https://documentcloud.adobe.com/link/review?uri=urn:aaid:scds:US:8eb0e406-a9ff-49c2-869f-ea28a3d4aafe>

Peers Support Brief:

<https://documentcloud.adobe.com/link/review?uri=urn:aaid:scds:US:51aa6ac3-e2a9-49fb-9a34-4b2b08ca2266>

TASC Deflection Framework Tool:

<https://documentcloud.adobe.com/link/review?uri=urn:aaid:scds:US:257821b7-f7d6-4135-bb60-5231af57381c>

Positive Youth Development:

<https://documentcloud.adobe.com/link/review?uri=urn:aaid:scds:US:99a73cac-d21c-4b04-aaa8-22b84edfd596>

Police Reform Across US:

<https://www.prainc.com/wp-content/uploads/2020/08/PoliceReformAcrossUS508.pdf>

Juvenile Diversion Guidebook:

<https://documentcloud.adobe.com/link/review?uri=urn:aaid:scds:US:c2f87856-5b6e-4b51-825c-85f129950829>

the Chief of Police. The Chief of Police can either agree with the recommendation or make his own recommendation. If the Chief sustains the recommendation, the officer will receive a Statement of Charges.

After the officer receives the Statement of Charges, the officer can accept a traditional hearing board if the recommended punishment is less than 24 hours or if the officer waives the right to the alternative hearing board. The traditional hearing board consists of members chosen by the Chief and must include an officer of the same rank as the officer subject to discipline. The Chief is not bound by the decision of the traditional board and may issue a different discipline; however, the officer will have a right to be heard on the change. If the Chief is unpersuaded by the officer, the officer may appeal the final decision to the Circuit Court for Montgomery County. Instead of choosing a traditional hearing board, the officer has the option to proceed before an alternative hearing board which consists of one member appointed by the Chief, one appointed by the FOP, and one paid neutral arbitrator. The decision of the alternative hearing board is final. The Chief is bound by the decision of the alternative hearing board and does not have an appeal right. The officer, however, has the option to appeal an unfavorable decision of the alternative hearing board to the Circuit Court for Montgomery County.

MOU between Montgomery County State’s Attorney’s Office and Howard County State’s Attorney’s Office.

<https://www.montgomerycountymd.gov/SAO/mediacenter/memorandum.html>

LEOBR—Law Enforcement Officer’s Bill of Rights, Maryland Annotated Code, Public Safety §§3-101 et seq

<https://documentcloud.adobe.com/link/review?uri=urn:aaid:scds:US:7e833eac-744e-4976-9f6b-10ab7095c7bd>

7. Montgomery County Police Response to Individuals Experiencing Behavioral Health Emergencies (including mental illness and drug abuse) and MCPD’s Crisis Intervention Team.

Presenter/Lead: Beth Tabachnick, Therapist II, Crisis Intervention Team Clinician, MCDHHS/MCPD

Background - MCPD Crisis and Support Section is within the MCPD’s Field Services Bureau/Special Operations Division, responsible for providing specialized services in key service delivery functions, necessary for health and safety of County residents.

The key functions/services of the Crisis Response and Support Section Functions are:

- Dedicated Crisis Intervention Team services, including a Licensed Clinician
- Autism/Intellectual Development Disorder Outreach
- MCPD peer Support

Crisis Intervention Team-MCPD-Based Clinician

- MCPD CIT Clinician is a co-responder with MCPD officers in encounters with individuals with mental illness and substance abuse
- Contractual position funded through COPS Grant in April 2015
- County-funded full-time position assigned (full time) to MCPD-CIT
- Conducts specialized training
- Serves as clinical liaison between law enforcement and behavioral health providers

CIT Training is an Integral Component of the MCPD Training and Education Programs

- MCPS is committed to train 100% of officers in CIT/Mental Health First Aid (MHFA)
- CIT Training-40 hours didactic/experiential curriculum (4-6x/yr.)
- MHFA standard internationally recognized 8hr curriculum
- 736 active decentralized CIT officers trained in MHFA
- CIT is a training prerequisite for the MCPD TASER program

CIT Training Subject Areas include:

- Trauma Informed Policing
- Traumatic Brain injury
- De-escalation
- Substance Abuse Disorders
- Psychiatric Disorders
- Psychotropic Medications
- Dementia/Alzheimer's
- Intellectual Development Disorder/Autism Spectrum
- Cultural Competency
- Local/Community Resources Awareness

CIT Alignment with President's 21 Policing Best Practices-Pillars 4 (Community Policing and Crime Reduction) and 5 (Training and Education):

- Multi-disciplinary Teams-MCPD-CIT embedded and dual response to potentially critical incidents and crisis negotiations
- Training – CIT, MHFA, Inservice, Behavioral Health Disorders, Substance Abuse Disorders

Montgomery County Crisis Center

- 24/7 Telephone/Hotline – logged 37,761 Calls and 4,669 Walk-Ins in Summer 2020

- Total Referrals in FY 19: 1,954
- Total Schools Referring: 206

Areas identified for further discussion/brainstorming:

- Staffing and operational resource needs for MCPD training programs.
- Cultural competency/bias training needs for officers. How do you train against institutional/structural racism in the police force?
- What influences the MCPD Academy’s development of its curriculum outside of legal and accreditation mandate?
- How are critical incident processes evaluated?
- Further discussion of the recommended 21st Century policing practices with a closer focus on the core work/functional areas of MCPD, including enforcement, community engagement, crime, accountability, supervision, recruitment, and training
- Examine how MCPD polices, programs, and practices align with the recommended practices for policing equity in the 21st Century Policing Report.
- Should certain skills such as de-escalation, community profiling and racial profiling be factored into multiple training elements?
- What new policies, programs, approaches would exemplify the best policing practices?
- Specialized training for Police Dispatchers/Call Center personnel alongside police officers?
- What activities currently performed by MCPD officers could be undertaken by non-police County employees with adequate training?
- MCPD IAD critical incident review investigative process.
- Bridging the critical incident review process outcome and training.
- How can the LEOBR be revised to allow a more comprehensive internal investigation and more accountability?
- In light of the County Executives top recommendation in his transition report on improving community safety there must be an intentional effort to ensure Reimagining Public Safety prioritizes the support and strengthening for Community ownership of public safety so that Community becomes an active partner in all Community Safety efforts which helps to improve equity policies as well as improve relationship of law enforcement with the Community. This is owned by the Community and guides whatever strategy the County puts forward.

Montgomery County Crisis Center Mobile Crisis Team

BALTIMORE COUNTY Mobile Crisis Team:

Similarities	Differences
<ul style="list-style-type: none"> • Create a partnership with mental health and police systems. • Develop an accessible, coordinated and comprehensive system of psychiatric emergency services. • Fill service gaps identified in the emergency system. • Appropriately divert persons who have mental illness from the 911 emergency system and hospital emergency departments. • Link frequent mental health consumers to the mental health system. • Reduce police time on calls associated with mental health consumers. • Increase disposition and treatment options for police officers responding to crisis calls. 	<ul style="list-style-type: none"> • They are not 24/7 • Crisis Center does not have an Adult in-Home Crisis support model. We do have it currently for children through Care and Connections grant. • Crisis Center is a part of CIT. We train the police officers, now all officers, and correction officers. Crisis Center has a therapist embedded in the police department. • CIT team and Crisis Center collaborate on cases and approaches to high risk clients • Crisis Center clinicians use engagement skills to work with resistant clients and make continued attempts to assess the clients and get them to appropriate services. Baltimore stops engagement if client is not agreeable to services

<ul style="list-style-type: none"> • Increase overall treatment satisfaction for mental health consumers. • Address the behavioral health needs of consumers in Baltimore County. • 	
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CAHOOTS:

Similarities	Differences
<ul style="list-style-type: none"> • Mobile Crisis 24/7 • Team approach • Provides same services such as crisis counseling, suicide prevention, assessment and intervention, resources and referrals, etc 	<ul style="list-style-type: none"> • CAHOOTS consider themselves to be a mobile mental health clinic. MCT will connect clients to OMHC including our own center-based clinic, offering urgent appts with our psychiatrists. • CAHOOTS Team consist of medic (nurse or EMT and crisis worker. See themselves an alternative to police intervention. When the call come in to 911 if there seems to be no need for law enforcement because there are no legal issues or extreme threat of violence or risk then police are not involved. • Provides services such as assessing urgent medical needs, transportation

	<p>to services and/or treatment. MCT will call paramedics as needed for medical situations.</p> <ul style="list-style-type: none">• Services such as grief and loss, substance abuse, housing crisis, first aid and non-emergency medical care. MCT supports those experiencing grief and loss during critical incidents and refers to other providers for ongoing support. Housing crisis is managed at our center and through partner services.• Dispatch through police-fire-ambulance communication Center• Do not respond to violence or life-threatening emergencies. MCT responds to all situations.• Crisis Center clinicians use engagement skills to work with resistant clients and make continued attempts to assess the clients and get them to appropriate services. Cahoots stops engagement if client says no• 12-hour shifts. MCT is 8 or 10 hour shifts.
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Recommendations:

- A thought is we might consider proposing a partnership with already available services. The Homeless outreach providers and FRS seem appropriate to create these teams. The CAHOOTS model says that the vehicle is not an ambulance but unmarked car. This is what was spoke of on our Crisis Now Call.

FOCUS AREA FIVE

BEST PRACTICES

Group Mission: Research and propose best practices for the intersection for health, social services, and crisis response system.

Group members

- Group Leaders
 - **Dorné Hill**, LCSW-C, Acting Administrator for Crisis and Trauma Services, Montgomery County Department of Health and Human Services
 - **Amanda J. Harris**, MSW, MPP, Chief of Services to End and Prevent Homelessness, Montgomery County Department of Health and Human Services
- Group Members
 - **Thomas Didone**, Assistant Chief, Montgomery County Police Department
 - **Dorcus Howard Richards**, Assistant Chief & Executive Officer, Office of the Fire Chief, Fire and Rescue Services
 - **BB Otero**, Special Assistant to the County Executive
- Additional Contributors
 - Numerous guest and subject matter experts from within each County Department

Areas Addressed

- Identify crisis response mechanism: mental health, homelessness, child welfare, youth diversion, domestic violence, etc.
- Identify options for creating sustained support and integrated case management from crisis to intervention to prevention.
 - Such as neighborhood violence centers to support domestic violence calls.

Current Crisis Services in Montgomery County

Behavioral Health Services

Montgomery County Police Department (MCPD)

- CIT (Crisis Intervention Team) behavioral health trainings for decentralized officers and a unit of dedicated officers assigned full time



- Embedded licensed therapist (DHHS)
- Autism, Intellectual Disability and Dementia Unit
- Pre-Booking Diversion and Referrals to Mental Health Court
- Review of the Emergency Evaluation Petitions/Police Reports related to Mental Health by CIT therapist
- Assist specialized investigative units (e.g.: firearms, Special Victims Investigative Division (SVID), financial crimes, Animal Services) with co-response and evaluation of individuals with indicators of a behavioral health crisis
- Peer support officers to address mental health/Stress Management (doctoral level psychologists providing mental health and trauma services to officers and their immediate families in a confidential setting)

Fire and Rescue Services (MCFRS)

- Peer support to address mental health
- Transportation of clients who are in Crisis
- Provide medical intervention for acute situations
- Therapist embedded MIH- Mobile Integrated Health

Department of Health and Human Services (DHHS)

- CIT – teach classes
- Mobile Crisis Team
- Homeless street outreach- Pathways to Housing
- **Victim Assistance and Sexual Assault Program (VASAP)**- 24/7/365 days sexual assault outreach volunteers after rapes/sexual assaults and physical DV assaults including attempted strangulations. Written as part of Code Orders MCPD.
- **Abused Persons Program (APP) and VASAP** therapists provide suicide intervention assessments including hospitalizations
- **APP and VASAP** Psychiatrists provide evaluation/medication/assessment and hospitalizations for suicide intervention/interruption
- **VASAP** provides consultation on sexual violence to MCPS teachers, HHS nurses, school guidance counselors, principals, etc.

Homelessness

Department of Health and Human Services

- **APP** offers a domestic violence shelter (BAK) for victims escaping high lethality, rape/sexual assault victims, and adult human trafficking victims.
- **APP, BAK case managers, and VASAP** Victim Assistants and Therapists work within DHHS system of services to prevent homelessness offering coordination, assistance to clients navigating obtaining shelter and housing, assisting clients not to lose housing after they acquire this benefit.

Child Welfare

Montgomery County Police Department

- **Treehouse and other Child Advocacy Centers (CAC)** – SVID works directly with the Treehouse CAC, or another CAC when the victim resides outside Montgomery County, to help facilitate forensic interviews, provide counseling and therapy, and obtain medical evaluations and follow-ups.
- **Child Welfare Services (CWS)** – SVID works with Child Welfare Services to co-investigate alleged incidents of child physical and sexual abuse.
- **Shady Grove Hospital Forensic Medical Unit and similar hospital units** – When a juvenile victim reports a sexual/physical assault, Shady Grove Forensic Medical Unit and other similar units around the state and country treat the victim’s injuries, while at the same time identifying, preserving, and collecting potential evidence for SVID.
- **U.S. Customs and Border Protection** – When, SVID has reason to believe a suspect intends to flee the country to avoid prosecution, SVID works with the U.S. Customs and Border Protection National Targeting Center to prevent the suspect from leaving the country.
- **Children’s National Medical Center** - When a complex medical case is encountered, Children’s National Medical Center treats and/or reviews the victim’s condition and participates in multi-disciplinary team meeting to provide medical diagnoses and assessments and suggested a course of actions for SVID’s investigation.
- **Archdiocese of Washington** – SVID coordinates with the Archdiocese of Washington to identify victims of sex abuse and locate potential abusers employed both within the Archdiocese and the global Catholic Church and provides services.
- **Maryland Attorney General’s Office** – SVID is currently coordinating with the Maryland Attorney General’s Office to investigate and prosecute incidents of child sexual abuse that reach beyond Montgomery County, involving other jurisdictions within the state.
- **Department of Juvenile Services/RICA/NOYES** – SVID works with the Department of Juvenile Services to charge and detain juveniles accused of sexual assault and abuse on other juveniles.
- **National Center for Missing and Exploited Children (NCMEC)** – NCMEC helps located victims who have run away from their abusers and helps identify victims of pornographic material.
- **Montgomery County Public Schools (MCPS)** – MCPS conducts body safety training for students and helps identify and locate victims of both physical and sexual abuse and assault.
- **Montgomery County Sheriff’s Office** – The sheriff’s office assists with protection order service to remove abusers from the home and keep abusers from contacting victims during and after an investigation.
- **Montgomery County Department of Correction and Rehabilitation** – The Department of Correction and Rehabilitation assists with suspect interviews and intelligence, especially in cases involving criminal street gangs.



- **Montgomery County State’s Attorney’s Office** – In addition to standard prosecutions, the SAO is contacted early in the investigation of complex, serious, or high-profile cases to help coordinate the investigation and improve the chances of a successful prosecution.
- **DOJ/U.S. Attorney’s Office** – These Federal agencies assist with obtaining a provisional warrant (international warrant) for fugitives who have fled or who now reside outside the country.
- **U.S. Marshal Service** – The United States Marshall Service assists with fugitive warrant services and extraditing/transporting an international fugitive from a foreign country to United States soil.
- **Interpol** – SVID files international warrants and red notices (international travel alerts) with Interpol to help located and extradite international fugitives.
- **Crisis Center** – The Crisis Center screens after-hours intake reports for CWS, notifying and coordinating the initial investigation with SVID when appropriate, and routinely assists with emergency shelter and emergency psychiatric needs of victims and their families.
- **VASAP** – Assists with long term victim assistance.
- **Treehouse and other Child Advocacy Centers** – SVID works directly with the Treehouse CAC, or another CAC when the victim resides outside Montgomery County, to help facilitate forensic interviews, provide counseling and therapy, and obtain medical evaluations and follow-ups.
- **Adventist Behavior Health (ABH)** – ABH identifies child abuse and sex assault victims and provides accommodations for victim, witness, and suspect interviews when necessary.
- **University of Maryland SAFE Center for Human Trafficking** www.umdsafecenter.org
- Additionally, MCPD participates in discussions regarding cases and welfare with many of our partner agencies. MCPD frequently collaborates with MCPS. MCPD participates in Multi-Disciplinary Team (MDT) meetings with our partner agencies (Treehouse, SAO, Child Welfare Services, Shady Grove Forensic Medical, and may include HHS, SONS). MCPD also participates with the SAO and Children’s Hospital to review cases. MCPD participates in Multi-Disciplinary Team (MDT) meetings, Internet Crimes Against Children (ICAC) Task Force, and facilitates meetings regarding the sex offender registry between Parole & Probation, DOCR, etc.

Fire and Rescue Services

- Specific protocols for pediatric patients including designation of specific receiving facilities for pediatric trauma, sexual trauma, and other incidents requiring specialists.
- 100% QA review of every child treated by EMS, especially at MCPS locations
- Pilot program to share data with MCPS about children involved in or witnesses of traumatic incidents
- Mandatory reporter to Child Protective Services (CPS)
- Participate in pediatric fatality review task force

Department of Health and Human Services

- All therapists are mandated reporters of child abuse to Child Welfare's Protective Services.
- BAK therapists also report, expanding body of reports for children who witness domestic violence.
- VASAP, through a grant, pays part of the salary for a Tree House Victim Advocate who assists child welfare clients.

Youth Diversion

Montgomery County Police Department

- Montgomery County Police case screener is a professional staff position. In 2019, this individual reviewed more than 2,000 reports. MCPD reviews reports authored by partner agencies, including Maryland National Capital Park Police, Gaithersburg City Police, etc. These reports are then sent to the Department of Juvenile Services, Substance Abuse Screening for Adolescents (SASCA), Teen Court, or juvenile traffic. All first-time drug and alcohol offenses go to SASCA, if the juvenile is in a vehicle at the time, they also attend a drug/alcohol class through Teen Court. Teen Court also takes shoplifting cases under \$1500, second degree assaults, some weapons charges, and trespassing. If a juvenile does not complete the diversionary program, the case is sent to DJS.
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Domestic Violence

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- ***Montgomery College*** Works with security and faculty to ensure student safety along with the victims of domestic violence and to assist with suspect identification.
- ***Montgomery County Department of Correction and Rehabilitation*** Domestic violence victim notification.
- ***Vine*** Nation's leading victim notification network. It allows survivors, victims of crime, and other concerned citizens to access timely and reliable information about offenders or criminal cases in U.S. jails and prisons.
- ***Montgomery County Department of Health and Human Services*** Protects the community's health and safety of at-risk children and vulnerable adults and addresses basic human needs including food, shelter, and clothing.
- ***Adult Protective Services*** Provides professional services to reduce risk factors and promotes protection of the health, safety, and welfare of endangered vulnerable adults.
- ***Child Protective Services*** Takes calls and investigates reports of suspected child abuse and neglect to ensure the safety of children.
- ***Montgomery County Sheriff's Office*** Provides protective orders, serves protective orders, provides standby services, interviews victims, and assists victims with the application for protective services.
- ***Montgomery County State's Attorney's Office Victim advocates.*** Works to ensure successful prosecution of domestic violence, elder abuse cases, etc.



- ***Pro bono Counseling Services*** Provides access to volunteer license mental health professionals.
- ***Treehouse Child Advocacy Center of Montgomery County*** Is dedicated to reducing trauma and promoting healing for child victims of physical abuse, sexual abuse, and neglect.
- ***AARP*** MCPD provides education for seniors through AARP.
- ***Teen Dating Violence*** Under the Governor’s Family Violence Council, is teen violence dating awareness. Provides education and services referrals. Education and outreach.
- ***Montgomery County Coalition for the Homeless*** Helps transform lives by preparing and serving hot meals, organizing and completing landscaping projects, holding a collection drive, and other meaningful projects.
- ***Safestart*** Provides counseling for children who have been exposed to violence in their families.
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- ***Shady Grove Hospital Forensics Unit*** Provides free medical services, testify in court cases, provide documentation, physical evidence recovery kits, and sexual assault recovery kits.
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- ***Trauma Services: Abused Persons Program (APP) and Victim Assistance and Sexual Assault Program (VASAP)*** are the State of Maryland designated comprehensive domestic violence and sexual assault /rape crisis center programs. The two programs offer a comprehensive array of services to both domestic violence, rape/sexual assaults/homicide surviving family members and other violent and general crime victims:
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 - Therapy for crime victims of all ages includes individual, family, and group counseling services. Tele-Health services during pandemic (telephone, MSTEAMS, and exploring Zoom Health).



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- **Maryland Coalition Against Sexual Assault** Advocates for compassionate care and accessibility for survivors of sexual crimes and accountability for all offenders

Areas identified for further discussion/brainstorming

Intervention

- Crisis Now Model
- CAHOOTS
- Bethesda Now
- Police- CIT therapist – CRRS- expansion
- Fire Rescue – Mobile Integrated Health team – expansion
- Ability for Fire Rescue to use other venues
- Integration of Mobile Crisis Team and CIT with Fire Rescue to collaborate- Law and policy needs to be addressed
- Safe Centers
- Center for Victims of Crime- neighborhood model and/or centralized model

Prevention

- Marketing and promotion of current and new initiatives and programs
- Expansion of Mental Health First Aid
- Expansion of Crisis Intervention Team training across public safety

- Promoting self-care
- Education about Behavioral Health and Homelessness (NAMI, EveryMind)
- Ongoing Educational Campaigns for targeting Domestic Violence, bystander intervention on sexual assaults, has been utilized by VASAP using small grant funds
- Social Marketing/Media Interventions Campaign on substance use prevention (target substances: (Alcohol, Marijuana, Opioids) Target audiences: Adolescents and Adults (Collaboration Council)
- Dare To Be You (DTBY)- is a multilevel prevention program aimed at high-risk families with children ages 2–5. The program is designed to lower children’s risk of future substance abuse and other high-risk activities by improving aspects of parenting that contribute to children’s resiliency. (Family Services, Inc.)

Sustained Support Services

- Follow-up after the Crisis Intervention on all fronts
- Assertive Community Treatment Model – with a homeless and mental health platform
- Aftercare or gaps in resources when the crisis is over
- What to do about disengaged populations and how does state and local policy get in the way- right to self-determination for both substance use and mental health, self-neglect, “substance use hold” in other places,
- Do Emergency rooms override psych evaluation? – potential holds
- If not the hospital Emergency Room or another place? Restoration center? ER is not always conducive to recovery
- Guardianship for vulnerable adults- is the threshold right?
- Criteria for Adult Protective Services, overlap with DV
- Inpatient Mental health beds – are there enough? Particularly for folks with comorbidity

Current Crisis Services In Montgomery County

Behavioral Health services:

Montgomery County Police Department

- CIT (Crisis Intervention Team)- behavioral health trainings for decentralized officers and a unit of dedicated officers assigned full time
- Embedded licensed therapist (DHHS)
- Autism, Intellectual Disability and Dementia Unit
- Pre Booking Diversion and Referrals to Mental Health Court
- Review of the Emergency Evaluation Petitions/Police Reports related to Mental Health by CIT therapist
- Assist specialized investigative units (eg: firearms, SVID, financial crimes, Animal Services) with co-response and evaluation of individuals with indicators of a behavioral health crisis
- Peer support officers to address mental health/Stress Management (doctoral level psychologists providing mental health and trauma services to officers and their immediate families in a confidential setting)

Fire and Rescue Services

- Peer support to address mental health
- Transportation of clients who are in Crisis
- Provide medical intervention for acute situations
- Therapist embedded MIH- Mobile Integrated Health

DHHS

- CIT – teach classes
- Mobile Crisis Team-
- Homeless Integrated Behavioral Health Outreach team: Operated by Pathways to Housing and targets people experiencing homelessness with substance use or co-occurring disorders. The team includes a nurse, peer specialist, addictions specialist, and social worker.
- **VASAP**- 24/7/365 days sexual assault outreach volunteers after rapes/sexual assaults and physical dv assaults including attempted strangulations. Written as part of Code Orders MCPD.
- **APP and VASAP** therapists provide suicide intervention assessments including hospitalizations
- **APP and VASAP** Psychiatrists provide evaluation/medication/assessment and hospitalizations for suicide intervention/interruption
- **VASAP** provides consultation on sexual violence to MCPS teachers, HHS nurses, school guidance counselors, principals etc...

Homelessness

DHHS

- **APP** offers a domestic violence shelter (BAK) for victims escaping high lethality, rape/sexual assault victims and adult human trafficking victims

- **APP, BAK case managers and VASAP** Victim Assistants and Therapists work within DHHS system of services to prevent homelessness offering coordination, assistance to clients navigating obtaining shelter and housing, assisting clients not to lose housing after they acquire this benefit

Child Welfare

Montgomery County Police Department

- **Treehouse and other Child Advocacy Centers** – SVID works directly with the Treehouse CAC, or another CAC when the victim resides outside Montgomery County, to help facilitate forensic interviews, provide counseling and therapy, and obtain medical evaluations and follow-ups.
- **Child Welfare Services** – SVID works with Child Welfare Services to co-investigate alleged incidents of child physical and sexual abuse.
- **Shady Grove Hospital Forensic Medical Unit and similar hospital units** – When a juvenile victim reports a sexual/physical assault, Shady Grove Forensic Medical Unit and other similar units around the state and country treat the victim’s injuries, while at the same time identifying, preserving, and collecting potential evidence for SVID.
- **U.S. Customs and Border Protection** – When, SVID has reason to believe a suspect intends to flee the country to avoid prosecution, SVID works with the U.S. Customs and Border Protection National Targeting Center to prevent the suspect from leaving the country.
- **Children’s National Medical Center** - When a complex medical case is encountered, Children’s National Medical Center treats and/or reviews the victim’s condition and participates in multi-disciplinary team meeting to provide medical diagnoses and assessments and suggested a course of actions for SVID’s investigation.
- **Archdiocese of Washington** – SVID coordinates with the Archdiocese of Washington to identify victims of sex abuse and located potential abusers employed both within the Archdiocese and the global Catholic Church, provides services.
- **Maryland Attorney General’s Office** – SVID is currently coordinating with the Maryland Attorney General’s Office to investigate and prosecute incidents of child sexual abuse that reach beyond Montgomery County, involving other jurisdictions within the state.
- **Department of Juvenile Services/RICA/NOYES** – SVID works with the Department of Juvenile Services to charge and detain juveniles accused of sexual assault and abuse on other juveniles.
- **National Center for Missing and Exploited Children (NCMEC)** – NCMEC helps located victim’s who have run away from their abusers and helps identify victims of pornographic material.
- **Montgomery County Public Schools (MCPS)** – MCPS conducts body safety training for students and helps identify and locate victims of both physical and sexual abuse and assault.
- **Montgomery County Sheriff’s Office** – The sheriff’s office assists with protection orders service to remove abusers from the home and keep abusers from contacting victims during and after an investigation.
- **Montgomery County Department of Corrections** – The Department of Corrections assists with suspect interviews and intelligence, especially in cases involving criminal street gangs.
- **Montgomery County State’s Attorney’s Office** – In addition to standard prosecutions, the SAO is contacted early on in the investigation of complex, serious, or high-profile cases to help coordinate the investigation and improve the chances of a successful prosecution.
- **DOJ/U.S. Attorney’s Office** – These Federal agencies assist with obtaining a provisional warrant (international warrant) for fugitives who have fled or now reside outside the country.

- **U.S. Marshal Service** – The United States Marshall Service assists with fugitive warrant services and extraditing/transporting international fugitive from a foreign country to United States soil.
- **Interpol** – SVID files international warrants and red notices (international travel alerts) with Interpol to help located and extradite international fugitives.
- **Crisis Center** – The Crisis Center screens after hours intake reports for CWS, notifying and coordinating the initial investigation with SVID when appropriate, and routinely assists with emergency shelter, and emergency psychiatric needs of victims and their families.
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- **Adventist Behavior Health (ABH)** – ABH Identifies child abuse and sex assault victims and provides accommodations for victim, witness, and suspect interviews when necessary.
- **University of Maryland SAFE Center for Human Trafficking** www.umdsafecenter.org
- Additionally, MCPD participates in discussions regarding cases and welfare with many of our partner agencies. MCPD frequently collaborates with MCPS. MCPD participates in Multi-Disciplinary Team (MDT) meetings with our partner agencies (Treehouse, SAO, Child Welfare Services, Shady Grove Forensic Medical, and may include HHS, SONS). MCPD also participates with the SAO and Children’s Hospital to review cases. MCPD participates in Multi-Disciplinary Team (MDT) meetings, Internet Crimes Against Children (ICAC) Task Force, and facilitates meetings regarding the sex offender registry between Parole & Probation, DOC, etc.

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 - **Montgomery County Domestic Violence Coordinating Council:** The Domestic Violence Coordinating Council (DVCC) was established by the Montgomery County Council in 2006 with the mission of reducing the incidence of domestic violence and creating a safe community for families to live free of abuse. The nineteen member board is comprised of six public members, two representatives from non-governmental or non-profit domestic violence service or advocacy organizations and eleven agency representatives of the County and State government who coordinate efforts relating to domestic violence prevention and safety. The DVCC supports initiatives including Choose Respect Montgomery, a teen dating violence and sexual assault prevention initiative, that hosts an annual event and public service announcement contest, offers educational programs in MCPS classes and for community groups, and supports programs for athletes. The DVCC also focuses on legislative programs and policy, victim services, and offender programs and policy.
 - **Montgomery County Family Justice Center**
 - Client Assistance Services - Client Assistants provide victims with support and resources in a non-judgmental manner. Client Assistants also work with victims to create Safety Plans to protect themselves and their children.
 - Counseling - On-site therapists are available to respond to the emotional needs of victims and provide tools and support during the healing process. Counseling is also available for children who witness domestic violence.

- Career Counseling - A Career Coach is available at the Center to provide employment and job skills counseling.
- Basic Needs Services - Client Assistants provide victims with referrals to agencies that can directly assist with shelter, food, clothing and other basic needs.
- Legal Advice and Representation - Attorneys provide pro bono legal assistance for Protective Orders and family law matters.
- Immigration Legal Services - Attorneys provide direct legal immigration services to foreign-born victims and their families.
- Video Conference Protective Order Program - Client Assistants help with completing Protective Order Petitions, and the hearings for Temporary Protective Orders can be held at the Center using a video conferencing system.
- Law Enforcement and Criminal Services - Police Detectives and staff from the State's Attorney's Office assist victims seeking to file criminal charges.
- **Montgomery County Sheriffs Office** Provide protective orders, serve protective orders, provide standby services, interview victims, and assist victims with the application for protective services.
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