The National GAINS Center for People with Co-Occurring Disorders in the Justice System

The Maryland Experience: Creative Funding and Cutting-Edge Programs Serve People with Co-Occurring Disorders in Contact with the Justice System

Fall 2004

Since 1991, Maryland's Mental Hygiene Administration (MHA) has taken the lead in creating an intricate patchwork of funds in support of unique programs serving special populations, including individuals with serious mental illnesses, co-occurring substance use disorders, and trauma histories, who may be homeless or incarcerated. Success has been realized largely through creative use of funds, long-term interagency cooperation, and building on achievements. There are four defined goals:

- prevent recidivism to homelessness, detention centers, and psychiatric hospitals
- deliver coordinated services to adults with special needs
- evaluate the effectiveness of interventions
- identify and fund gaps in the provision of services

The efforts have resulted in innovative programs and the creative use of new and existing resources: Maryland Community Criminal Justice Treatment Program (MCCJTP), Byrne Memorial Grant Fund; HUD Shelter Plus Care; Phoenix Project; TAMAR; and TAMAR's Children These are described briefly below.

Maryland Community Criminal Justice Treatment Program

In collaboration with state and local providers, including the Maryland Governor's Office of Justice Assistance; Maryland Correctional Administrators Association; Probation and Parole; and the Alcohol and Drug Abuse Administration, MHA has implemented the MCCJTP across the state.

To participate in MCCJTP, an individual must be:

- 18 years old
- diagnosed with a serious mental illness and/or co-occurring substance use disorder
- incarcerated in a local detention center or on an intensive parole or probation caseload
- homeless
- may or may not have HIV/AIDS

MCCJTP provides incarcerated individuals with co-occurring disorders access to mental health treatment and comprehensive re-entry planning. Individuals participating in MCCJTP receive the same access to community-based treatment, housing, and psychiatric rehabilitation services as people re-entering the community from local or state psychiatric hospitals.

Counties participating in MCCJTP are required to:

- develop an interagency advisory board with representation from community agencies serving the target population—mental health, substance abuse, judiciary, parole and probation, law enforcement, health care, social services, public defender, and consumer
- develop a memorandum of understanding that specifies services each agency will provide
- provide services in the detention center, primarily through case management and linkage to community-based services

MHA funds over $1 million annually to provide case management and psychiatric services beginning in the detention center. County governments and detention centers have also provided funds, and local agencies have provided in-kind services.

Byrne Memorial Grant Fund

In 1996, MCCJTP received $340,922 from the Federal government's Byrne Memorial Grant Fund Program to provide substance abuse services in conjunction with mental health services in seven local detention centers. Most States use Byrne Funds for substance abuse treatment in prisons. Maryland used these funds—within program guidelines—to transition detainees from local jails to the community. Receipt of the award gave MCCJTP recognition within the Governor's Office and generated increased awareness among service agencies of the efforts being initiated on behalf of incarcerated individuals.

HUD Shelter Plus Care

In July 1995, the U.S. Department of Housing and Urban Development (HUD) granted MHA a Shelter Plus Care grant to provide housing for consumers with serious mental illness re-entering the community from jail. Shelter Plus Care provides rental assistance that must be matched with services. The effectiveness of this program is demonstrated by an annual recidivism rate of 4 percent to jail, 1 percent to hospital and 1 percent to homelessness (J. Gillece, personal

communication, 2004). In 2004, 21 out of 23 counties in Maryland participate in Shelter Plus Care.

Phoenix Project

The Phoenix Project was originally funded through a jail diversion grant from the Substance Abuse and Mental Health Services Administration (SAMHSA). The Phoenix Project is a pre- and post-booking jail diversion, treatment, and support program in Wicomico County for women with co-occurring mental and substance use disorders and their children. This project provides housing, when needed, through HUD Shelter Plus Care. As part of the diversion program, a mobile crisis response unit is on call 24/7 to assist police officers when they receive calls that involve individuals with mental and substance use disorders.

TAMAR Project

Originally funded in 1998 through the SAMHSA Women, Co-Occurring Disorders, and Violence demonstration grant, the TAMAR Project (Trauma, Addictions, Mental Health, and Recovery) treats trauma disorders in incarcerated women and provides services for their children through community-based programs. Participants in the program are eligible for housing assistance through HUD Shelter Plus Care. Intensive training on the impact of trauma is provided to correctional staff and community service providers.

As Federal funding ended, MHA continued to fund the pilot project, and expanded into eight counties. The AIDS Administration within the Maryland Department of Health and Mental Hygiene recently partnered with MHA to fund trauma specialists in correctional facilities. The specialists are cross-trained in providing HIV/AIDS outreach and education in tandem with trauma services. Further support for trauma treatment is demonstrated by establishing trauma treatment across the State as the top priority for 2003-2004 by The Correctional Administrators Mental Health and Substance Abuse Committee.

TAMAR's Children

The TAMAR Project demonstrated the need for gender-specific services that included children. In 2001, TAMAR's Children was developed and funded by SAMHSA as part of the CMHS Targeted Capacity Expansion, Building Mentally Healthy Communities Award. In addition to funding from SAMHSA, TAMAR's Children is supported by the Abell Foundation, Open Society Institute, the Department of Justice, HUD Shelter Plus Care through a partnership with Prisoner's Aid of Maryland, and State, city, and private agencies.

TAMAR's Children is a multi-agency collaboration designed to serve pregnant and postpartum women incarcerated in the Baltimore City Detention Center and the Maryland Correctional Institute for Women. A primary goal is to foster secure mother-infant attachments by allowing women to keep their babies. The program also integrates the delivery of multiple support services. TAMAR's Children provides comprehensive inpatient and community-based supports for pregnant and postpartum women who have co-occurring mental and substance use disorders with trauma histories. The women spend six months postpartum in residence at the facility with six months follow-up treatment.

The Maryland experience shows that unremitting commitment, creativity, and building on lessons learned can help individuals with co-occurring mental and substance disorders lead productive lives in the community.

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Lessons Learned

Success in meeting the complex needs of people with co-occurring disorders and justice system involvement can be realized. The Maryland experience recommends the following strategies:

- **Establish strong collaborations between State and local agencies.**
- **Conduct cross-trainings to allow representatives from all systems to build relationships and learn about each other; establish an interagency council; incorporate a memorandum of understanding that commits buy-in from all stakeholders.**
- **Provide in-jail mental health and substance abuse services, including case management.**
- **Initiate re-entry planning immediately upon an individual's contact with the criminal justice system. Interagency discharge planning with consumer involvement in the service plan fosters a successful community transition and peer support assists in the transition. Re-entry planning provides an opportunity to support all needs of the individual.**
- **Incorporate long-term housing support into programs.**
- **Develop culturally sensitive, gender-specific services. Focus on the effects of trauma on women and their children.**
- **Advocate. Involve legislators and community leaders. Successes must be made known. Funding agencies should be approached toward the goal of including the target population in all community services.**