Pretrial, Screening, Mental Health and Reentry Services Available at
Maryland’s Local Detention Centers – Survey of November 2017

Maryland Correctional Administrators Association (MCAA) and Maryland Alliance for Justice Reform (MAJR) cooperated to survey local detention centers in November 2017 for an up-to-date report as to what pretrial, screening, mental health and reentry services are currently available at the centers.

Findings are intended to assist the Maryland General Assembly, the Governor’s Office, and other policy makers to determining the scope of financial and other support that may be needed for new or improved county programs. While Baltimore City has not responded, all 23 counties in Maryland have returned their survey.

A copy of the survey is attached to this summary (see Attachment A). County-by-county results are also presented in alphabetical order in and are available online. Specific verbatim responses are available as an Excel spreadsheet to State leaders who request them by sending an email directed to survey@ma4jr.org.

Executive Summary

- **Pretrial supervision programs, with risk screening, have been shown a cost effective and safe alternative to jail** for people awaiting trial who are not a threat to public safety or likely to fail to appear for their court date. *Evidence-based programs can cut failures-to-appear by more than half.* See U.S. Bureau of Justice Assistance sponsored study – *Risk-Based Pretrial Release & Supervision Guidelines (2015).* However, only 13 of 23 (57%) Maryland counties offer substantial pretrial supervision; of these, only 10 (43%) make use of evidence-based risk-assessment tools and only one county’s tool (Montgomery) has been formally validated for use on its population.

- **Only 57% of counties currently offer systematic screening for mental illness.** However, most (74%) report that they do have the resources to obtain some type of pretrial treatment if the need is recognized.

- **All but five counties have some staff who have received crisis intervention training (CIT), which can reduce the need for force against inmates and the likelihood of harm from them.** However, only six counties offer recurring CIT training and only seven make it standard for all officers.

- **Most counties (74%) offer some form of re-entry services,** intended to help those returning from prison lead productive lives in their communities and reduce recidivism. Referrals for substance abuse, mental health, or medical assistance are available in the majority of counties. However, *other helpful services such as employment assistance, individual counseling, and mentoring are less common.*
Many counties need financial support in order to initiate or improve systems to reduce unnecessary pretrial detention, to screen for mental illness before trial, to ensure staff trained in CIT, and to more effectively support reentry and reduce the likelihood of recidivism.
Formal Pretrial Supervision Programs

1. a. Does your county now operate a formal pretrial supervision programs (not staffed by state Parole and Probation Division employees)?

11 counties (43%) do not provide pretrial supervision programs. These include: Allegany, Caroline, Cecil, Charles, Garrett, Howard, Queen Anne, Somerset, Washington, and Worcester. Some of these counties receive minimal pretrial support from the state Division of Parole and Probation.

b. If yes to county-run operation, what services does this pretrial supervision program offer?

- 13 counties offer telephone reminders (57%). These include Anne Arundel, Baltimore, Calvert, Carroll, Dorchester, Frederick, Harford, Kent, Montgomery, Prince George’s, St. Mary’s, Talbot, and Wicomico.

- The same 13 counties offer drug and alcohol testing (57%).

- 11 counties (48%) offer GPS monitoring. These include Anne Arundel, Baltimore, Calvert, Carroll, Dorchester, Kent, Montgomery, Prince Georges, St. Mary’s, Talbot, and Wicomico.

- Anne Arundel County uses SCRAM, a remote monitor of alcohol use. Frederick County provides education on the legal process.

c. Is any risk assessment / screening instrument used to make a recommendation to the Courts?

- 10 counties (43%) report the use of risk assessment and screening tools.

  Montgomery County developed an original validated instrument, which was adapted by Baltimore County, St. Mary’s, Wicomico, and Kent County. Calvert and Prince George’s County developed their own tools. Harford County uses the state of Virginia risk assessment tool, which includes a template. Talbot uses the Level of Service Inventory. Anne Arundel uses the American Bar Assessment standard 10-4.

  12 counties report they do not use risk assessment. These include Allegany, Caroline, Carroll, Cecil, Charles, Dorchester, Frederick, Garrett, Howard, Queen Anne’s, Somerset, and Worcester. One county did not respond to this question.

Screening for Person Who Need Mental Health Treatment

2. As to individuals with needs for mental health treatment, does your County have any systematic screening in connection with possible criminal charges?

Pretrial screening for mental health issues occurs in 13 counties (57%): Anne Arundel, Baltimore County, Caroline, Carroll, Cecil, Charles, Howard, Kent, Montgomery, Queen Anne’s, Somerset, Wicomico, and Worcester.
• **Screening by police before charges are filed:** 3 counties (13%): Baltimore County, Howard and Montgomery.

• **Screening in connection with booking:** 11 counties (47%): Baltimore County, Caroline, Carroll, Cecil, Charles, Kent, Montgomery, Prince George’s, Queen Anne’s, Wicomico, Worcester.

• **Screening at pretrial detention intake:** 9 counties (39%): Anne Arundel, Baltimore County, Carroll, Cecil, Charles, Howard, Kent, Montgomery, Somerset.

No systematic mental health screening occurs in 7 counties: Allegany, Dorchester, Frederick, Garrett, Harford, St. Mary’s, and Talbot. Calvert and Washington counties did not respond to the question.

a. **If yes, please state the professional qualifications of the person(s) who perform the above screening:**

The qualifications of mental health screeners are variable. Screeners may have master’s level or medical, or training, or the screener may be a layperson. Screening services may be provided through the police department, the local health department, the medical services vendor, or via detention center officers with training or staff.

b. **If your detention center learns that an inmate’s behavior and/or history suggest that mental health treatment is needed to avert further criminal justice involvement, do you have resources to obtain pretrial treatment?**

17 counties (74%) responded yes. These include Anne Arundel, Baltimore County, Calvert, Carroll, Charles, Dorchester, Frederick, Garrett, Harford, Howard, Montgomery, Queen Anne’s, Somerset, St. Mary’s, Talbot, Washington, and Worcester.

c. **If yes, please describe the available pretrial mental health treatment resource(s):**

Anne Arundel has crisis response staff linked with case managers and outpatient services; Baltimore County has Mental Health Clinicians on-site at the facility (BCDC also has a housing unit designated for the Mental Health pre-trial and those sentenced.) Calvert has mental health staff; Charles offers individual and group therapy and medical screening; Garrett uses the behavioral health unit at the local health department; Harford uses the county Mental Health Department as a resource and maintains a medical contractor; Howard provides psychiatric and mental health services and has a transitions counselor; Montgomery County uses staff of Correctional and Rehabilitation Services; Prince George’s uses their mental health provider and has crisis intervention staff available; Washington has mental health staff at the jail and also uses contractors; St. Mary’s, Talbot, and Dorchester all maintain contractors.

d. **If yes, do you have a system for prompt notification of the Court, state and any defense counsel as to the inmate’s mental condition?**

15 counties (65%) responded yes. These include Anne Arundel, Baltimore County, Calvert, Caroline, Carroll, Dorchester, Frederick, Howard, Montgomery, Queen Anne’s, Somerset, St. Mary’s, Washington, Wicomico, and Worcester.

**Crisis Intervention Training**

3. **As to crisis intervention training (CIT) to reduce the need for force against, or harm from, inmates, does your Detention Center arrange standard training in these practices for any correctional officers?**
All but five counties (Baltimore County, Cecil, Howard, Queen Anne’s, and Somerset) have some CIT-trained staff. Howard County notes that such training is pending, and Calvert County notes that some deputies in special operations (not assigned to the detention center) have such training. Prince George’s County incorporated CIT training several years ago. The training was initially introduced to members of the Emergency Response Team, the Regional Officers and the Medical Staff.

a. If yes, please indicate the extent of such training. Is it:

- **Only for specially designated officers?** Eight counties offer training only to select staff. These include Anne Arundel, Carroll, Dorchester, Garrett, Montgomery, Prince George’s, St. Mary’s, and Washington.

- **Standard for all correctional officers?** Seven counties report that CIT is standard training for all staff. These include Caroline, Charles, Frederick, Harford, Kent, Wicomico, and Worcester.

- **One-time only trainings?** Seven counties report one-time only training. These include Carroll, Dorchester, Frederick, Garrett, Harford, Kent, and Montgomery.

- **Recurring in-service training?** Six counties have recurring in-service CIT training. These include Caroline, Prince George’s, St. Mary’s, Talbot, Washington, and Worcester.

**Local Reentry Programs**

4. As to reentry programs, does your detention center offer local reentry programs?

**17 counties (74%) offer some form of re-entry services.** Those that do include Anne Arundel, Baltimore County, Calvert, Carroll, Cecil, Charles, Frederick, Harford, Howard, Kent, Montgomery, Prince Georges, St. Mary’s, Talbot, Washington, Wicomico, and Worcester.

**Counties that do not** include: Caroline, Dorchester, Garrett, Queen Anne’s, Somerset. Allegany did not respond.

a. If yes, please indicate which of the following services are provided:

- **Information in group setting 30-90 days before release:** 8 counties (35%): Baltimore County, Carroll, Cecil, Frederick, Howard, Montgomery, Prince George’s, and Washington.

- **Information in group setting 91-180 days or more before release:** 6 counties (26%): Baltimore County, Carroll, Cecil, Charles, Howard, and Montgomery.

**Specific services offered:**

- **Information including individual counseling and referrals:** 13 counties (Calvert, Carroll, Cecil, Harford, Howard, Kent, Montgomery, Prince George’s, St. Mary’s, Talbot, Washington, Wicomico, and Worcester)

- **Employment referral or other assistance:** 12 counties (Baltimore County, Carroll, Cecil, Frederick, Harford, Howard, Montgomery, Prince George’s, St. Mary’s, Talbot, Washington, and Wicomico)

- **Housing referral or other assistance:** 14 counties (Baltimore County, Carroll, Cecil, Frederick, Harford, Howard, Kent, Montgomery, Prince George’s, St. Mary’s, Talbot, Washington, Wicomico, and Worcester)
- **Family mediation:** 14 counties (Baltimore County, Calvert, Carroll, Cecil, Charles, Frederick, Harford, Howard, Kent, Montgomery, St. Mary’s, Talbot, Worcester, and Wicomico)

- **Medical referral or other assistance:** 15 counties (Anne Arundel, Calvert, Carroll, Cecil, Frederick, Harford, Howard, Kent, Montgomery, Prince George’s, St. Mary’s, Talbot, Washington, Worcester, and Wicomico)

- **Mental health referral or other assistance:** The same 15 counties reported making this service available.

- **Substance abuse referral or related assistance:** 17 counties (Anne Arundel, Baltimore County, Calvert, Carroll, Cecil, Charles, Frederick, Harford, Howard, Kent, Montgomery, Prince George’s, St. Mary’s, Talbot, Washington, Worcester, and Wicomico)

- **Identification card-assistance:** 11 counties (Anne Arundel, Carroll, Charles, Frederick, Harford, Howard, Montgomery, Prince George’s, St. Mary’s, Washington, and Wicomico)

- **Transportation referral or other assistance:** 13 counties (Anne Arundel, Baltimore County, Calvert, Carroll, Cecil, Charles, Frederick, Howard, Montgomery, Prince George’s, St. Mary’s, Talbot, and Washington)

- **Mentoring / similar community support groups:** 5 counties (Anne Arundel, Cecil, Howard, Montgomery, Prince George’s, and Washington)

- **Other:** Examples of other services offered include group sessions on workforce development, a chaplain reentry program, parenting, CPR, a pre-release checklist, and a status review with a case manager (all Anne Arundel); Narcan training (Anne Arundel, Harford, and Prince George’s are working on this); health insurance enrollment (Harford); and a community-based work release program (Montgomery).

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**b. If you provide reentry assistance to inmates completing a state Division of Corrections sentence, how is the transition accomplished?**

- **No such service in connection with inmates completing DOC sentences:** 11 counties have no such service. These include Caroline, Calvert, Cecil, Dorchester, Frederick, Garret, Harford, Kent, St. Mary’s, Wicomico, and Worcester.

- **Memorandum of Understanding with Division of Corrections:** 5 counties have an MOU. These include Anne Arundel, Charles, Howard, Montgomery, and Washington.

- **Modification of sentence from the Court:** Carroll and Prince George’s County were the only affirmative responses.

**c. If your system for reentry of DOC inmates needs improvement(s), what would make it work more effectively?**

Suggestions include:

- Provide information on services provided at the detention center prior to release.
- Provide full information in referral documents to avoid delay in follow-up requests.
- Transfer custody completely to the local detention center.
**Attachment A**

**A SHORT SURVEY FOR LOCAL DETENTION CENTERS IN MARYLAND**

**November 2017**

*Introduction*: Because the Maryland General Assembly and the Governor’s office need to know the scope of any requested financial support for new or improved county programs, this brief survey seeks to gather basic information as to pretrial and reentry services currently available at local detention centers.

Your county and name of person completing survey: __________________________________________________________

Your Detention Center position and email: ________________________________________________________________

1. As to pretrial screening and supervision programs to update information originally collected by the Maryland Pretrial Commission 12/14 final report, please state:

   a. Does your county now operate a formal pretrial supervision programs (not staffed by state Parole and Probation Division employees)?

   Yes  No  Only staffed by P&P employees

   b. If yes to county-run operation, what services does this pretrial supervision program offer?

   ___ Telephone reminders  ___ GPS monitoring  ___ Drug / alcohol testing  ___ Other (Please fill blank as specifically as possible) ________________________________

   c. Is any risk assessment / screening used to make a recommendation to the Courts?

   Yes  No

   d. If yes, what was the source of your instrument? _________________________________________________

   e. If yes and known to you, has your risk instrument been tested / validated for the population of your county?

   Yes  No
2. As to individuals with needs for mental health treatment, does your County have any systematic screening in connection with possible criminal charges

- by police before charges are filed? ________________ Yes ______ No ______

- in connection with booking? ______ Yes ______ No ______

- at pretrial detention intake? ______ Yes ______ No ______

a. If yes, please state the professional qualifications of the person(s) who perform the above screening

____________________________________________________________________________________
____________________________________________________________________________________

b. If your detention center learns that an inmate’s behavior and/or history suggest that mental health treatment is needed to avert further criminal justice involvement, do you have resources to obtain pretrial treatment?

Yes ______ No ______

c. If yes, please describe the available pretrial mental health treatment resource(s):

____________________________________________________________________________________
____________________________________________________________________________________

b. If your detention center learns that an inmate’s behavior and/or history suggest that mental health treatment is needed to avert further criminal justice involvement, do you have resources to obtain pretrial treatment?

Yes ______ No ______

c. If yes, please describe the available pretrial mental health treatment resource(s):

____________________________________________________________________________________
____________________________________________________________________________________

b. If your detention center learns that an inmate’s behavior and/or history suggest that mental health treatment is needed to avert further criminal justice involvement, do you have resources to obtain pretrial treatment?

Yes ______ No ______

c. If yes, please describe the available pretrial mental health treatment resource(s):

____________________________________________________________________________________
____________________________________________________________________________________

d. If yes (as to 2.b.), do you have a system for prompt notification of the Court, state and any defense counsel as to the inmate’s mental condition?

Yes ______ No ______

3. As to crisis intervention training (CIT) to reduce need for force against, or harm from, inmates, does your Detention Center arrange standard training in these practices for any correctional officers?

Yes ______ No ______

a. If yes, please indicate the extent of such training

- only for specially designated officers ______ Yes ______ No ______

- standard for all correctional officers ______ Yes ______ No ______

--- one-time only trainings ______ recurring in-service training

4. As to reentry programs, does your detention center offer local reentry programs?

Yes ______ No ______

a. If yes, please indicate which of the following services are provided:

___ Information in group setting 30-90 days before release
__Information in group setting 91-180 days or more before release
__Information including individual counseling and referrals including (check any that apply)
__Employment referral or other assistance  __Housing referral or other assistance
__Family mediation  __medical referral or other assistance  __mental health referral or other assistance
__Substance abuse referral or related assistance  __Identification card-assistance
__Transportation referral or other assistance  __Mentoring / similar community support groups
__(Other)please insert specific description_____________________________________________________
_____________________________________________________________________________________

b. If you provide reentry assistance to inmates completing a state Division of Corrections sentence, how is the transition accomplished?:
__No such service in connection with inmates completing DOC sentences
__Memorandum of Understanding with Div.of Corrections
__Modification of sentence from the Court
__Other (please specify)__________________________________________________________________
_____________________________________________________________________________________

c. If your system for reentry of DOC inmates needs improvement(s), what would make it work more effectively? (Please specify)__________________________________________________________________________
_____________________________________________________________________________________

Thank you for your assistance in completing this survey! Please return it to:

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Or email to pcaroom@gmail.com
For questions, please phone 443-822-4988