

Criminal Justice Coordinating Council



Meeting Minutes October 8, 2024

Opening:

The Criminal Justice Coordinating Council was called to order at 8:03 a.m. on October 8, 2024 by Lauren Phillips, Assistant Deputy Administrative Officer for Public Safety.

Voting CJCC Members Present:

Chief Robert McCullough, Honorable Dorothy Wilson, Walt Pesterfield, Mark Millspaugh and Scott Shellenberger were present.

Attendees:

Rebecca Young, Lauren Phillips, Aimee Bollinger-Smith, Elise Andrews, Tanya Smith, Joy Roberts, Chinelo Osakwe, Ari Blum, Meg Ferguson, David Greer, Brittany Jackson, Jennifer Magin, Della Leister, Amy Park, Chief Deputy Sheriff James Black and Kelly La Valley were present.

Welcome Remarks:

Lauren Phillips, Assistant Deputy Administrative Officer for Public Safety, welcomed and thanked the members for attending.

Updates:

Mrs. Phillips updated the council that the Pre-Trial Risk Assessment Tool has been implemented as of October 1, 2024 and is up, running and going very well. The Tool will be used for approximately one year and a vendor was secured to validate the Tool to identify any issues.

Approval of Minutes

Minutes for the June 11, 2024 meeting were presented. Motions were made, seconded and carried to adopt the minutes for both meetings

Committee Reports:

- **Domestic Violence Coordinating Council – Aimee Bollinger-Smith:**
 - The Domestic Violence Conference was held on September 20, 2024 at the Hilton Garden Inn, in White Marsh and it was a big success.

- Committee members will meet on November 1, 2024 to hear a presentation by Maryland Network Against Domestic Violence on their initiative to “help 25% of domestic violence shelters in the US become pet friendly by 2025”.
- **Forensic Mental Health Workgroup – Tanya Smith:**
 - No new updates.
 - Next meeting will be held in November 2024.

Presentations:

- **Behavioral Health Crisis Stabilization Centers, Overview and Implementation – Ari Blum, LCSW-C – Department of Health, Bureau of Behavioral Health:**

▶ **AGENDA**

- Introduction
- BC Crisis Response System
- Regulations & Services
- Facility Images
- Dyer Care Center, Clinton, MD
- **BALTIMORE COUNTY’S CRISIS RESPONSE SYSTEM:**
 - Operations Center (Hotline & Warmline)
 - Mobile Crisis Teams
 - In-Home Intervention
 - Urgent Care Center
 - Critical Incident Stress Management
 - Community Outreach & Training
 - 911 Call Center Clinician
- **CRISIS SERVICES DATA:**
 - FY 2024:
 - Calls to the Operations Center – 14,136
 - Mobile Crisis Response – 2,433
 - Urgent Care Center – 828
 - Diversions – 430
 - ▲ 80% of callers are resolved on the phone
- **MARYLAND REGULATIONS:**
 - New Service:
 - Centers for Medicare & Medicaid Services (CMS) approval state plan amendment for BHCSC services (This amendment proposes to include coverage for the mobile crisis team service and the behavioral health crisis stabilization center service within the state's Other Diagnostic, Screening, Preventive and Rehabilitative Services benefit).
 - Effective May 1, 2024

- Requirements:
 - 24/7/365
 - Staffed with psychiatrist or psychiatric NPs, RNs, licensed clinicians & Peers.
 - Serve individuals for up to 23 hours and 59 minutes.
 - Accept all referrals
 - Separate entrances for first responders and walk-in referrals.

- **BHCSC SERVICES:**
 - Each Individual Receives:
 - Physical health assessment (medical professional)
 - Psychiatric evaluation (psychiatrist, psychiatric NP or PA)
 - Clinical assessment (licensed mental health professional)
 - Time to decompress
 - Treatment planning and referrals
 - Social Engagement
 - Optional Services:
 - Food, Shower, Laundry

- **DYER CARE CENTER BUDGET – \$6 MILLION ANNUALLY:**
 - Dyer Care Center – Clinton, Maryland

 - **MONTHLY EXPENSES:**
 - Salary and Wages: 212,408
 - Registry Services: 45,836
 - CIO Consultant: 7,000
 - Marketing Consultant: 12,000
 - Employee Benefits: 53,102
 - Onboarding/Training: 8,250
 - Travel: 1,000
 - Licensure:
 - **SUBTOTAL – Personnel Expenses – 339,596**
 - Office Occupancy: 4,484
 - Supplies: 27,280
 - Insurance: 3,255
 - Telephone: 3,150
 - IT Costs: 25,230
 - Other Expenses: 2,000
 - Professional Fee: 28,350
 - **NET OPERATING EXPENSES – 433,344**
 - EHR, Billing System: 26,001
 - Admin Allocation Expenses: 39,001
 - **TOTAL EXPENSES: 498,346**

- **DYER CARE CENTER STAFFING – 37.64 FTEs:**

- Dyer Care Center Staffing:

○ POSITION:	FTE:
• Chief Medical Officer	0.04
• Medical Director	0.25
• Customer Service Specialist	1.00
• Nurse Manager	1.00
• Office Coordinator	1.00
• Program Director	1.00
• VP	0.15
• Eligibility Specialist	1.00
• NP/Psych Worked	1.40
• Milieu Specialist/BHT	4.20
• Clinicians	4.20
• Nurses Only	4.20
• Shift Supervisors/MHP	4.20
• LPN	4.20
• Peer Support Specialist	8.40
• Transportation Specialist/Peer	1.40
TOTAL: 37.64	

- **DYER CARE CENTER TIMELINE:**

- **ARCHITECTURE, PROJECT OVERSIGHT, FACILITY EQUIPMENT & CONSTRUCTION COST \$4 MILLION:**

- Service Agreement Signed – August 2022
- Construction Permits Submitted – September 2022
- Community Engagement Meetings – December 2022
- Demo/Construction Start – February 2023
- Substantial Construction Complete – February 2024
- Walk-Through/Punch List – March 2024
- Pilot Licensure App Submitted – April 2024
- State Regulations Released – May 2024
- Provisional License Acquired – August 2024
- Facility Opened – September 2024

▪ PRESENTATION DISCUSSION AND QUESTIONS:

- Are the centers allowed to give out PRN (as needed) medications? Yes, as needed medications are available.
- Is the Baltimore County Crisis Stabilization Center model based on the Prince George's County model? The Prince George's County model is generally the same model and it follows the same regulations.
- How was the new Center in Prince George's County funded? There was a grant from the Health Services Cost Review Commission (HSCRC).
- Does the Center's building have security? What are the regulations on having or not having security? The regulations are quiet on security. The building does have a guard, but it is very minimal security. The model does not build in security. It is not meant to be a secure facility.
- When does the 24-hour clock begin? It begins when the triage process starts.
- Are there other criteria for first responders to drop off individuals and if there aren't, is there a concern that a facility this size will be over whelmed? Population wise it could happen, but it generally does not.
- Do they welcome law enforcement bringing in individuals that otherwise may be brought to a detention facility? Yes, they are welcomed, the idea is that they are never bringing the wrong person.
- Across the country, are there models where the local hospitals or national hospital chains are supporting the Center's in communities? Maybe, it is not totally clear. The idea of keeping people out of hospitals is highly attractive, but the hospital systems have not invested in doing it themselves. Regulations preclude hospitals from building the centers on their grounds.
- In December 2024 Meg Ferguson and the Baltimore County Police Team will be putting together case studies so that the CJCC can understand individuals that are being served by BCPD's team, that there also may be other alternatives for. Is the study focused on adults only? It is still in the discussion phase and that has not been decided yet.
- What is the number of individuals that are being served by the Prince George's County facility? The Center has only been open for a few weeks and it has served approximately 25 individuals.
- The Center is now only serving adults, as they don't have places to serve adults and juveniles separately.
- Is the Prince George's County's Center Medicaid reimbursable? Yes, it is Medicaid reimbursable, but it is available to anyone regardless of insurance status.
- At hour 23 of an individual's stay and follow up still needs to occur what happens? There are some people who will not leave at hour 24, as there may still be more specifics to work out in terms of their care. There is also availability to bundle different services at one location. The role of the staff at the Center is to get a plan together to transition individuals
- Do the case managers follow-up on care with each individual? Yes, each individual is followed up on.
- The Center's must take both voluntary and involuntary patients.
- Would each individual's information be inputted into the system so that it may be useful if the person was to enter the system again? Yes, the data can be shared.
- What is the Baltimore County Center's status? There should be a final draft in the next two weeks and then suggestions, edits and comments will be made, then a week or two after a final draft will be presented.

- Does a Center address any substance abuse issues? Yes, it addresses across the behavioral health continuum.
- Can this Center be ordered by the Courts as a diversion program? Yes.
- Where do you think that a Center like this will be located in Baltimore County? If you put the Center in the middle of Towson, you could serve 97% of Baltimore County within a 30-minute drive, and serve Baltimore City. If it was located in Catonsville you would only be able to serve 2/3's of the county, Baltimore City, Howard County, Anne Arundel County and parts of Carroll County. If it was located in the Essex/Dundalk area, you would be able to serve a little bit more than 2/3's of the county, which would include, some of Anne Arundel County, some of Harford County and Baltimore City. If you want to serve most of the citizens of Baltimore County you would choose the greater Towson area. If you are recognizing the medical systems, other insurances and not checking I. Ds at the door you would serve more people by locating it on the West side of Baltimore County. If located on the East side of Baltimore County you will serve the smallest population, but it will have a big impact.
- Has a study been done on where the Center would most be needed? Yes, from the data from Mobile Crisis, the largest number of crisis calls come from the East side of Baltimore County.
- Will the report from the Center's consultant include recommendations on locations, size etc.? Yes.
- Are there any unintended consequences as a result of a Center of this kind? The consequences have been positive so far.
- There would be worry about not having a magnetometer at the main door of one of these Centers. Many of the Center's do not have such equipment, but they have pads that are placed against the wall or placed against the pillar, where a staff member could literally hold up the pad and if the person needs to, they can hit the pad.
- Under Maryland Medicaid rules, it covers retroactive coverage. So, any services that are provided, if the connection of uninsured people, people with Medicaid or persons who are under insured with Medicaid, is executed properly, a revenue stream with this population can be achieved.
- Work on getting hospital benefit money.

Roundtable Updates:

- Elise Andrews, Opioid Strategy Coordinator for Baltimore County stated that one of the big challenges in concert with the Medications for Use Disorder Program in the Baltimore County Detention Center is, getting people properly medicated before release and then getting them connected in the community. A challenge to the program is the consistency of the medication. When individuals have been medicated and they are released, they may not be able to get another dose. The aforementioned, challenges the effectiveness of the program, which may lead to self-medicating. Please be forthcoming with any suggestions on how to improve the program.

Next Steps:

- The next CJCC meeting will be held on December 10, 2024. The topic for December will continue with Mental Health Challenge Solutions. Meg Ferguson and the Baltimore County Police Department Team will be presenting. Joy Roberts and the GSRI (Government Reform & Strategic Initiatives) Team will present the process resource map that will identify any gaps in the system that can be discussed.

Adjournment:

- Motions were made, seconded and carried for adjournment. Meeting was adjourned at 8:54 a.m. The next meeting will be held on December 10, 2024, at 8:00 a.m., Room #118, Historic Courthouse in Towson, Maryland.