

Criminal Justice Coordinating Council



Meeting Minutes April 9, 2024

Opening:

The Criminal Justice Coordinating Council was called to order at 8:07 a.m. on April 9, 2024 by Lauren Phillips.

Voting CJCC Members Present:

Chief Robert McCullough, Honorable Dorothy Wilson, Maria Fields, Walt Pesterfield and James Dills.

Attendees:

Rebecca Young, Lauren Phillips, Captain Douglas Giza, Aimee Bollinger-Smith, Amy Park, Elise Andrews, Tanya Smith, Mark Millsbaugh, Meg Ferguson, Hilary Siakor-Sirleaf, Valkim Johnson, Moses Thuku, Elise Andrews, Chief Deputy James Black, Kevin Ledford, Quiana Harris, Leslie Frost, Jessie Pearre, David Greer, Brittany Jackson, Jennifer Magin and Kelly La Valley.

Welcome Remarks:

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

Update:

JFA Institute was chosen as the vendor for the Pre-Trial Risk Assessment Tool.

Approval of Minutes

Minutes for the February 13, 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:
 - DVCC has an upcoming meeting on May 3, 2024.
 - The Domestic Violence Conference will be on September 20, 2024 at the Hilton Garden Inn, White Marsh.

- Forensic Mental Health Workgroup – Tanya Smith:
 - The last meeting was held on March 13, 2024.
 - The meeting highlighted the Mobile Crisis Team and the additional services that are offered, such as a Peer Support Team for employees.
 - Ongoing issues with offenders at the Baltimore County Detention Center that are waiting to be moved to hospitals. 29 Individuals are still waiting to be transferred to the Maryland Department of Health Hospitals, five of which are extremely acute.

Presentations:

- Overdose Epidemic: Past, Present, Future – Elise Andrews. Opioid Strategy Coordinator:
 - Past:
 - Unintentional Drug and Alcohol-Related Intoxication Crude Death Rates:
 - Since 2015 the crude death rate in Baltimore County has been higher than the state of Maryland.
 - In 2022 Baltimore County was a little below the state of Maryland’s crude death rates.
 - Preliminary data for 2023 shows a little below the state of Maryland’s crude death rates.
 - National crude death rates for Baltimore County are approximately 35 per 100,000.
 - Waves of the Overdose Epidemic:
 - Wave 1: Rise in the early 2000’s
 - Wave 2: Rise in Heroin w/o stimulants in 2010
 - Wave 3: Rise of Fentanyl w/o stimulants in 2013
 - Wave 4: Rise in Fentanyl with Stimulants in 2015
 - Dealing with a Fentanyl and stimulant epidemic.
 - Other Factors of Influence:
 - Supply Driven:
 - Increased prescriptions
 - Fentanyl and fentanyl analogs
 - Demand Driven:
 - Deaths of Despair Theory
 - Connection to manufacturing economy e.g., the highest overdose burdened areas are the Dundalk/Essex areas following the GM and Bethlehem Steel Plant Closures.
 - Linked to increases in suicides and alcohol poisonings
 - Present: Risk and Protective Factors:
 - Risk Factors are associated with higher likelihood of negative outcomes.
 - Individual level:
 - Genetics

- Exposure to substances in utero
 - Family level:
 - Inadequate Supervision
 - Child Abuse
 - Low Parental Education
 - Trauma
 - Generational Use of Elicit Substances
 - Lack of Opportunity
 - Community level:
 - Poverty
 - Violence
 - Racism

- Protective Factors - positive countering events associated with lower likelihood of negative outcomes OR reduced risk factor impact.
 - Community:
 - School Connectedness
 - Extra-curricular Activities
 - Faith-based Activities
 - Hate-crime Laws
 - Family:
 - Parental Involvement
 - Stable Security
 - Financial Security
 - Individual:
 - Positive Self Image
 - Self-Control
 - Social Competence
 - Desire to Maintain Health

- Social Determinants of Health are conditions in the environment where people are born, live, learn, work, play, worship and the age that affects a wide range of health, functioning and quality of life outcomes and risks.
 - Education Access and Quality
 - Health Care and Quality
 - Neighborhood and Built Environment
 - Social and Community Context
 - Economic Stability

- Impact of War on Drugs on SDOH:
 - Laws:
 - 1971 Controlled Substances Act
 - Anti-Drug Abuse Act of 1986
 - Enforcement:
 - Drug offense leading cause of arrest
 - Black people = 13% of population, 24% of drug arrests

People of all races use and sell drugs at similar rates.

- Impact:
 - Drug War Logic permeates housing, employment, health care, education, public benefits
 - Stigma
- Protective Factors are positive countering events associated with lower likelihood of negative outcomes OR reduced risk of factor impact.
- Future: Effective Evidence-Based Interventions:
 - Continuum of Care = Connections Across Services.
 - Harm reduction including naloxone, provision of supplies, building trusting relationships, linkage to treatment.
 - Medications for Opioid Disorder (**MOUD**) including counseling, peer supports, case management, retention in care.
 - Definition of addiction from the American Association of Addiction Medicine:

Treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual's life experiences. It is vital that the treatable, chronic medical disease part of the definition be focused on.
 - Baltimore County Health and Human Services – Amy Park:
 - Baltimore County - Extent of Problem Opioid Use Disorder in the Baltimore County Detention Center Population:
 - Prevalence of opioid use disorder for individuals incarcerated at BCDC was estimated at approximately 30% at time of initial applications for MOUD project funding (data from medical screening intake in 2017-2018).
 - Prior to 2019, medications for opioid use disorder (**MOUD**) were not offered to individuals incarcerated at BCDC (with the exception of pregnant women who entered the facility already maintained on methadone for treatment of opioid use disorder).
 - Initial Implementation of MOUD – Buprenorphine:
 - Substance Abuse and Mental Health Services Administration (**SAMHSA**) Grant.
Awarded in August 2018
Budget period 09/30/18 – 09/29-2021
 - State Opioid Response (**SOR**) Grant.
Awarded in January 2019
Grant funding began 01/01/2019; continued through 09/29/2022
 - SAMHSA Grant Evaluation – Data Collection:
 - Government Performance and Results Act Client Outcomes Measurement Tool.

Completed at intake and at least one follow-up point
Administered by trained staff
35-45 minutes to complete

▪ Information Collected:

Basic demographics
Drug use
SUD diagnosis and treatment
MH diagnoses
Services Received
Living Conditions
Education, Employment, and Income
Legal Issues
Perceived quality of life
Social connectedness

➤ SAMHSA Grant Evaluation Findings:

▪ Mental Health:

From Intake to follow-up fewer program participants reported experiencing mental health symptoms and the average quality of life was improved.

▪ Adverse Events: Definition - Use of force by correctional officers, or attempted or completed suicides incarcerated at BCDC.

MOUD participants had fewer use of force incidents during the evaluation period versus non-enrollees of the MOUD grant.

▪ Recidivism:

Fairly low recidivism rate among MOUD participants at 11% from FY 2019 to FY 2021.

▪ Quality of life:

Respondents indicated that they experienced a higher quality of life at follow-up.

▪ Treatment and recovery:

Persons that were indicated who participated in the initial screening at BCDC were engaged in treatment at higher rates than persons that followed up in the community.

○ Importance of study data:

▪ Indicates that local findings mirror what is occurring nationally.

▪ Understand the benefits of allowing people to engage in MOUD treatment while incarcerated are many and benefits both the individuals and the MOUD Program.

▪ Baltimore County Department of Health Services - Individual and group Evidence-based intervention:

➤ Individual and group evidence-based counseling:

▪ Motivational Interview:

Counselors are trained in and utilize motivational interviewing that focuses on exploring and resolving and the limits.

Centers on motivational processes within the individual that facilitate change.

- Cognitive Behavioral Therapy:
 - Cognitive behavior therapy allows the staff to help people identify ways to solve the issues that they are facing, or to cope with the issues that they are facing.
 - Relapse prevention is a strategy that's inclusive of problem-solving approaches and techniques to identify and manage triggers for substance abuse.
 - Individual counseling is provided at the individual's request.
 - Men's and women's substance use disorder education group
- Relapse Prevention:
 - Relapse prevention group
 - NFS prevention group
 - NA groups
- Peer Recovery Support Services:
 - Evidence-based intervention
 - Promotes hope, empowers participants
 - Supportive rather than directive
- Contingency Management/Motivational Incentive:
 - Evidence -based intervention:
 - Supportive
 - Peer representatives meet and speak to individuals about establishing a wellness plan.
 - Peer services increase self-esteem, self-advocacy and self-management and reduce recidivism. Upon release, transportation is provided to get to treatment, housing or whatever facility they identify as important for them, connect with community resources, access recovery housing.
 - Goal: Increase engagement and retention in MOUD:
 - Decline in engagement and treatment from incarceration to release, for which funding was applied to allow the implementation of this program. It is evidence based and allows the identification of people on the MOUD program, or being released into the community and to connect them with a case manager who helps to make that transition and helps them engage in treatment. They are then offered awards at certain points of treatment.
 - Funding through MDH SOR Grant
 - Response to CSAT-GPRA data
- Case management:
 - SAMHSA-identified Best Practice Impacts:
 - There are currently two case managers working with individuals at the Baltimore County Detention Center.
 - One case manager focuses on helping individuals who are (inaudible) as they leave the facility. Helping individuals to remain linked in treatment which includes: Identifying treatment providers.

Identifying helpful resources in the community.

The second case manager who focuses on everyone that is diagnosed with or at risk of substance use disorder.

- Reduces Recidivism
 - Increases treatment engagement
 - Increases employment and education services
- Trauma, Addictions, Mental Health and Recovery (**TAMAR**):
- Staffed by one social worker, one case Manager and two interns.
 - Manualized and standardized
 - Designed for individuals with mental health conditions, SUD, and history of physical and/or sexual abuse.
- Maryland's Community Justice Treatment Program (**MCCJTP**)
- Program Focus:
 - One full time case manager.
Provides shelter and treatment services to individuals with mental health issues.
 - Staffing:
 - One full-time peer recovery specialist.
Prepares treatment and aftercare plans.
Provides community follow-up after release.
 - Participants:
 - Individuals in the criminal justice system diagnosed with a serious mental health illness and who are at risk of re-institutionalization.
- Baltimore County Department of Health Services: Naloxone Training integrated with all programs/Services:
- Counselors, peers and case managers do training on Naloxone.
 - Naloxone training is available to anyone who would like it.
 - Naloxone is placed in an individual's property so that they have it when they leave the facility.
 - A Naloxone vending machine is available at BCDC.
- Baltimore County Department of Corrections - Substance use Disorder Services- Moses Thuko – Medical Liaison:
- Intake and Referral:
- Upon admission to the Baltimore County Department of Corrections, every incarcerated individual undergoes intake screening within four hours.
 - Approximately 30% of incarcerated individuals have a history of substance use disorder (**SUD**) which includes alcohol, opioids and/or Benzodiazepines.
 - In 2023, 2,187 incarcerated individuals were referred for SUD evaluation.
 - Based on the SUD screening responses by the incarcerated individual options include:
 - Referrals to the Medication Assisted treatment (**MAT**) program are initiated.
 - Withdrawal management

Resource information provided

- Substance Use Disorder Management: Detox and Withdrawal Management for safety of Incarcerated Individuals:
 - Alcohol withdrawal is one of the most dangerous and treatment is started immediately.
 - COWS (opiates) /CIWA (alcohol and benzo evaluation).
 - Initiation of withdrawal/detox protocols based on evaluation and symptoms.
 - Heroin and methadone withdrawal symptoms peak in 36-72 hours, respectively, and may last for 7-10 days and at least 14 days respectively.
 - Alcohol withdrawal symptoms peak in 6-12 hours after individuals cease or decrease alcohol intake and has a significantly higher/mortality rate when compared to opioid withdrawal.
 - Medication Assisted Treatment (**MAT**) Induction and Continuation:
 - Continuation of Opioid Treatment Program medications (Methadone, Buprenorphine or Sublocade)
 - Induction to the MAT program
 - Urine screening
 - Medication management
 - Narcan kit and education

- MAT: (Medication Assistant Treatment) - Leslie Frost - MAT Program Manager:
 - BCDC's MAT program was started on October 1, 2022.
 - At the start there was an average of 25-30 people in the program. As of Friday April 5, 2024 there are approximately 200 people in the program.
 - On July 1, 2023 MedMark began dosing from the BCDC dispensary.
 - As of date of recording in 2023 there was an 80% release plan average, which has been increasing.
 - Work with Project Chesapeake.

- Programs at Baltimore County Detention Center: - Valkim Johnson - BCDC Program Manager:
 - Incarcerated individuals have the option to self-refer to SUD programs:
 - Narcotics Anonymous
 - Striving to Achieve Recovery Together (**START**)
 - Trauma Addiction, Mental Health and Recovery (**TAMAR**)
 - SUD group – men and women
 - Peer Recovery support
 - Release planning for SUD
 - Additional co-occurring support
 - Incarcerated individual has the option to self-refer to MAT:
 - MAT group
 - Group and individual counseling
 - Peer Recovery support
 - Release planning specific to MAT
 - Additional co-occurring support

- Challenges - Captain Giza – K-9 Unit - Baltimore County Detention Center:
 - Illegal use of substances and potential for overdose.
 - Accidental overdose possibility for staff and incarcerated individuals if come in contact with substance(s) such as fentanyl.
 - Preventing and managing diversion in the MAT program.
 - Assaults over drug debts.
 - Assaults to obtain possession of drugs; fights.
 - Staff and incarcerated individuals’ safety at risk with incarcerated individuals under the influence of substances (erratic behavior).
 - Overtime and additional staff assignments for facility searches, incident reports, investigations and staff coverage assigned to MAT detail.
 - Increased medical costs due to new intakes detoxing: medications, hospitals details.

- Baltimore County Detention Center K-9 Unit:
 - Since 09/28/20 until 04/01/2024, the K-9 Unit has intercepted CDS worth \$1,334,350.
 - Charlie, Rue and Sheena have 931 suspected/confirmed finds and 145 criminal complaints filed.
 - 1, 623 Buprenorphine Sublingual Film Strips worth \$1,294,800
 - 5 balls of Marijuana worth \$250
 - .01 grams of Crystal Methamphetamine \$100
 - 31 letters contaminated with Synthetic Marijuana \$31,000
 - 8 letters contaminated with Liquid Heroin worth \$7,200
 - 1 letter contaminated with MDMA (Ecstasy) worth \$1000

- Baltimore County Detention Center’s Re-Entry Programs - Quiana Harris – Re-Entry Coordinator:
 - The Baltimore County Detention Center’s Re-Entry Program is a voluntary program committed to addressing and reducing recidivism, improving public safety through education, employment, healthcare, and improving family relationships.
 - Incarcerated individuals are referred to Re-Entry Services via Town Hall meetings or self-referral.
 - Assist both pre-trial and sentenced incarcerated individuals with re-entry plans.
 - Assistance with applying for community SUD treatment programs.
 - Collaborate with Healthcare Access Maryland to ensure incarcerated individuals have Medicaid coverage prior to release.
 - Host re-entry resource fair to provide information related to SUD treatment, post case management services and peer recovery services.
 - Month re-entry advisory council meeting and stakeholders.

 - Lauren Phillips asked if the drugs that are seized within the facility, are those cases investigated by the Baltimore County Police Department. Captain Giza answered that yes, those cases are turned over to BCPD.

Roundtable Updates:

- Judge Wilson provided an update:
 - Those responsible for the Baltimore County Towson District Court shooting have been arrested and brought into custody by BCPD. Judge Wilson wanted to thank and congratulate the BCPD on behalf of Chief Judge Morrissey on a fast, job well done.
 - Today will be the first Baltimore County Mental Health Court Graduation with two participants. There will be a party to celebrate the graduates and witness their accomplishments.
 - A new program called Schools in the Court will be starting. The first Schools in the Court Program will be launched at the Catonsville District Court. Two high schools tenth graders will come to the court and be given a chance to see what the experience is when sometimes people don't make the wisest decisions. Part of this program will involve a simulated traffic stop where drugs are found in the car and what happens to the individuals involved. The Mobile Crisis Unit will speak about mental health.

- Baltimore County Police Chief Robert McCullough provided updates:
 - April 11, 2024 the Baltimore County Police Department will be officially celebrating the 150th anniversary. Activities are planned at the Public Safety Building all day, starting at 10:30 a.m. Lunch will be served at 12:00 p.m. and a ceremony will then occur around 1:00 p.m.
 - Chief McCullough thanked Judge Wilson on behalf of BCPD, as they take pride in making sure that they bring speedy closures to incidents. Video cameras around Baltimore County help bring closure to incidents.

- Meg Ferguson – Baltimore County Police Department Senior Policy Advisor provided updates on legislative efforts this session:
 - The bills that BCPD asked the County Executive to put forward in Annapolis include:
 - Catalytic Converter thefts that have been an ongoing problem in Baltimore County. BCPD detectives identified a loophole in Maryland's regulation of pawn shop and precious metal secondhand dealers. Automotive dismantlers make \$1,000,000 of business taking catalytic converters from anonymous people and then bringing them to licensed recyclers. The bill expected to pass the general assembly closes the loophole and will require those automotive dismantlers to record who brought the item to them and the VIN number of the vehicle that it was from.
 - The second bill is, making the Glock Switch illegal in Maryland. The Glock Switch is a device that when stuck on the back of a Glock handgun or a version for an automatic rifle, it turns from semi-automatic to fully automatic.
 - A bill was passed about Abandoned boats, which will take some of the antiquated requirements that eliminate the police officers from dealing with boats.
 - The BCPD has worked on criminal justice (inaudible) with the legislative branch and the County Executive's Office concerning juveniles. They have been successful in getting the age where they would be able to charge a juvenile with a crime to under 10 years old. There should be great concern about youth and school violence.

Next Steps:

Adjournment:

- Meeting was adjourned at 9:07 a.m. by Lauren Phillips. Motions were made, seconded and carried. The next meeting will be held on June 11, 2024, at 8:00 a.m., Room #118, Historic Courthouse in Towson, Maryland and via Webex.

Minutes submitted by: Kelly La Valley

Approved by: Lauren Phillips