

**PRINCE GEORGE’S COUNTY
PRETRIAL RELEASE, WORK RELEASE,
AND DIVERSION PROGRAMS TASK FORCE**

Introduction and Background

As directed by House Bill 1574, The Prince George’s County Pretrial Release, Work Release, and Diversion Programs Task Force first convened on Friday, August 25, 2017. The Task Force is co-chaired by The Honorable Victor Ramirez, State Senator, District 47, and The Honorable Carlo Sanchez, Delegate, District 47B. Members include Prince George’s County Department of Corrections, Director, Mary Lou McDonough; Office of the State’s Attorney, Major Crimes Unit Chief, Angela Beasley; Office of the Public Defender, Deputy District Public Defender Keith Lotridge; and Prince George’s County Health Department, Behavioral Health Division, Public Health Program Chief, Jacqueline Somerville. The Task Force is staffed by the Prince George’s County Department of Corrections, Community Corrections Division Chief, Guy Merritt. As prescribed in HB1574, the Task Force has been tasked to study pretrial release programs, work release programs, and diversion programs in other jurisdictions and determine if such programming would be beneficial to the criminal justice process in Prince George’s County, and what might be required to establish such programs if not currently existing. Based on this information, the Task Force was charged with making recommendations regarding the establishment of a pretrial release program, work release program, and diversion program, within the County.

As directed by the co-chairs in a pre-planning meeting held Friday, July 21, 2017, Prince George’s County Department of Corrections (PGDOC) staff conducted initial research into a comparison of services across a variety of jurisdictions across Maryland, including Anne Arundel County, Baltimore County, Baltimore City, Calvert County, Charles County, Howard County, Montgomery County, and Prince George’s County. These jurisdictions vary considerably in demographics, size, and population density. Despite these differences, all jurisdictions have some form of service provision within all three areas of analysis, with the exception of Prince George’s

PRINCE GEORGE'S COUNTY PRETRIAL RELEASE, WORK RELEASE, AND DIVERSION PROGRAMS TASK FORCE

County. While Prince George's County does not currently have a work release option, it is in the final planning stages for a Community Release Center, which is scheduled to open in early 2018.

The Task Force considered all information but focused on jurisdictions with similar characteristics such as size and density variations. The research showed more commonality with Prince George's County than with jurisdictions adjacent to denser metropolitan areas, such as Montgomery County and Baltimore County. Additionally, these counties are more similar to Prince George's County in terms of jail populations as outlined in the Maryland Department of Public Safety and Correctional Services Chart shown below.

MARYLAND JAIL STATISTICS SUMMARY
SEPTEMBER 2017 TOTAL

	Population Data				Not in Confinement	Awaiting Trial		Sentence Status											Work Release		Home Detention		Monthly Activity			
	Intakes	Departures	Last Day Count	Avg Daily Population		1-60 Days	Over 90 Days	Pre-Sentence Inv	1-90 Days	91-180 Days	181-364 Days	365 Days	366 Days-18 Mos	Over 18 Mos	DOC	Other	Last Day Count	Avg Daily Number	Last Day Count	Avg Daily Number	Avg Weekenders	Mental/Commits	Suicides	Walkoffs	Escapes	
Allegany	142	164	149	160	1	59	20	2	26	17	7	5	4	0	2	7	0	0	2	2	2	0	0	0	0	
Anne Arundel	547	500	811	771	24	294	220	6	76	11	33	47	105	11	2	6	10	10	71	69	46	6	1	0	0	
Baltimore City	1036	1058	2067	2094	0	1128	939	0	0	0	0	0	0	0	0	0	0	2	2	20	12	0	0	0		
Baltimore	912	823	1314	1247	3	573	203	37	94	58	24	80	225	0	13	7	16	17	62	63	29	5	0	1	0	
Calvert	300	299	186	175	6	61	21	0	26	13	4	10	42	2	3	4	21	16	10	7	14	1	0	0	0	
Caroline	93	83	83	70	0	16	4	0	3	8	16	11	14	11	0	0	0	0	1	1	10	0	0	0	0	
Carroll	138	131	248	244	53	75	38	0	28	18	5	22	57	0	5	0	13	16	9	7	5	0	0	0	0	
Cecil	309	237	292	283	9	118	50	0	35	20	15	19	34	0	1	0	51	41	3	3	11	0	0	0	0	
Charles	240	220	332	342	32	90	75	0	46	22	6	16	75	13	9	0	37	37	0	0	14	18	0	0	0	
Dorchester	87	75	131	125	5	57	28	0	6	5	3	12	14	0	0	2	3	4	0	0	6	1	0	0	0	
Frederick	238	239	354	349	21	176	54	0	21	15	30	1	48	6	3	0	50	49	5	5	1	2	0	0	0	
Garrett	52	58	53	57	1	16	4	4	4	11	3	3	4	4	0	0	0	1	0	0	2	0	0	0	0	
Harford	501	463	438	401	10	121	39	0	103	45	36	30	56	1	7	0	22	23	0	0	48	0	0	1	0	
Howard	322	292	336	325	0	65	38	0	15	22	6	19	29	1	2	119	37	37	0	0	10	2	1	0	0	
Kent	29	39	57	51	0	11	9	0	7	1	2	3	4	0	1	19	5	5	0	0	2	0	0	0	0	
Montgomery	476	457	796	751	0	321	192	0	21	7	66	42	128	0	5	14	95	93	4	4	2	31	0	0	0	
Prince George's	837	835	930	937	243	440	417	31	12	15	12	35	44	1	30	0	0	0	68	70	0	4	1	0	0	
Queen Anne's	113	93	123	112	16	43	10	0	24	7	5	7	18	4	0	5	3	3	0	0	8	0	0	0	0	
Saint Mary's	121	110	230	230	8	67	35	3	20	21	7	12	49	15	1	0	14	13	12	9	13	1	0	3	0	
Somerset	44	44	67	60	10	22	12	0	4	0	2	7	8	10	2	0	0	0	0	0	0	2	0	0	0	0
Talbot	69	68	76	75	0	24	7	0	10	1	9	8	15	2	0	0	2	2	1	1	3	0	0	0	0	
Washington	164	148	318	315	15	169	60	1	8	7	12	14	42	5	0	0	1	3	22	22	0	13	0	0	0	
Wicomico	607	559	438	411	0	64	83	1	28	47	49	51	91	1	5	18	14	0	7	0	0	21	0	0	0	
Worcester	235	217	208	197	3	72	27	5	17	16	17	21	25	1	7	0	24	24	0	0	0	2	0	0	0	
Total	7612	7212	10057	9781	460	4082	2605	90	634	387	369	475	1131	88	98	201	418	393	279	265	246	121	3	5	0	

Note: All data are provided by the respective local jurisdictions. Work release may include CARC, LIWO, and DWI for some jurisdictions.

Recommendations:

1. Development of a 24-hour Walk-In Receiving Center/Stabilization Center.

Provide police and other first responders with an option other than over-utilizing the jail or hospitals at their intercept point.

2. Enhance and widen the use of treatment and community service alternatives to incarceration.

Provide greater communication about court diversion options centering on mental health and/or substance abuse treatment in conjunction with community services for a broader range of charges. Use the Montgomery County Maryland Intervention Program for Substance Abusers (IPSA) as a reference for model development.

3. Educate the judiciary on available pretrial options.

Create a schedule for ongoing communication and education to be shared by Courts, Corrections, Health Department, Office of the State's Attorney, Office of the Public Defender and other stake holders.

4. Expansion of Mental Health Court to include Circuit Court cases.

Allow greater access to court-supervised case management within the community.

5. Increase training and collaboration between first responders and community stake holders on available and/or possible diversion options.

Use the Crisis Intervention Team model at the initial intercept point.

6. Increase the number of Assertive Community Treatment (ACT) and/or Forensic Assertive Community Treatment (FACT) teams.

Expand services proven to reduce recidivism or justice involvement among individuals coping with serious and persistent mental illness, which is often the root of their crimes.

7. Expand the use of Veterans Court to include District Court.

Increase the identification of justice-involved veterans through the Veteran's Administration VRSS identification program.

8. Open the Community Release Center to both pretrial and sentenced individuals.

Widen the ability for detainees to move into community corrections options offering greater access to community resources.

9. Examine and update, if needed, risk assessment tools used in the determination of pretrial release and supervision options.

Increase utilization of intake intercept point to reduce daily population at the jail and release those who may be supervised in the community.

10. Develop a strategic plan for greater linguistic and cultural competency within Prince George's County.

Include financial and other incentives to individuals and organizations offering multilingual services.

Pretrial release

In the 2014 Commission to Reform Maryland's Pretrial System Final Report, it was noted that the pretrial jail population in FY2014 accounted for 65.8% of the overall total jail population. The report also showed that the average length of stay awaiting trial, statewide, was 39 days. What needs to be noted in this figure is that this average number includes detainees who are released after just hours or a few days, as well as individuals who may spend many months or even years in pretrial status. In addition, it has been shown that incarcerated individuals experiencing mental illness remain in jail much longer than the general population. Several factors account for this including a lack of stable housing, financial resources, and support systems, which would all make pretrial release an available option.

	Pretrial Release	Work Release	Diversion and Other Alternative Programs
Anne Arundel County	Pretrial assessment and supervision	Weekender Program Work Release Unit	House Arrest Alternative Sentencing Program (Community Service) Problem Solving Courts
Baltimore County	Pretrial assessment and supervision	Weekender Program Work Release Unit	Community Service TASC
Baltimore City DPSCS	Pretrial assessment and supervision	Work Release Unit	Drug Court Mental Health Court Veterans Treatment Court Community Service Program Court Administration

PRINCE GEORGE'S COUNTY PRETRIAL RELEASE, WORK RELEASE, AND DIVERSION PROGRAMS TASK FORCE

Calvert County	Pretrial assessment and supervision	Work Release Unit	Community Service State's Attorney's Office Drug Court
Charles County Sheriff's Office	Pretrial assessment and supervision	Work Release Unit	Alternative Sentencing Unit Family Recovery Court
Howard County	Pretrial assessment and supervision	Weekender Program Work Release	Community Service Program Drug Court
Montgomery County	Pretrial assessment and supervision	Pre-Release Center	Intervention Program for Substance Abusers Drug Court Mental Health Court
Prince George's County	Pretrial Assessment and Supervision	Weekender Program Work Release Center (opening winter 2018)	Drug Court Mental Health Court Veterans Court Reentry Court Community Service Program

In comparison, Prince George's County has experienced a much higher percentage of pretrial defendants. As of October 31, 2017, PGDOC records showed a pretrial and pre-sentence population of just over 90%. The amount of individuals on pretrial release totaled 155. The availability of pretrial release is also subject, in part, to the severity of the charges. On October 31, 2017, 59.29% of inmates incarcerated in Prince George's County were being held on felony charges, and approximately 10% were being held on murder charges. If comparing this data to the 2014 report, this number might be reduced through a reassessment of pretrial assessment tools used by PGDOC. As noted in the report, in Maryland an average of 65.8% of local incarcerated individuals are in a pre-trial status as compared to Kentucky which through the use of updated assessment tools has a pretrial jail population of 43%. The cost of housing an individual at PGDOC is approximately \$135.00 per day. Therefore, even a reduction to the state average of about 65% for Prince George's County would represent an enormous daily savings to the County and the Department of Corrections.

Work Release

One of the greater concerns of the Task Force is the operation of a work release facility as an alternative to jail within Prince George's County. Surrounding counties, and those counties with greater population densities in the community and in the jails, have work release programs. Montgomery County maintained the largest work release population with their Pre-Release Center, which had a daily average of 93 participants in September 2017. Smaller counties such as Cecil and Frederick have fairly robust work release programs based on their overall jail population

numbers. On the other hand, Anne Arundel and Baltimore counties, although more similar in size, have much smaller programs. While Prince George's County does not currently have a work release option, it is in the final planning stages for a Community Release Center, which is scheduled to open in early 2018. . The program's viability is a concern, given the high percentage of pretrial detainees. To address this issue, the Department will work with the Courts to house both sentenced offenders and pretrial individuals who might have otherwise been eligible for pretrial release if not for factors such as a stable county residence and other support within the county. By moving to this method of utilization, PGDOC hopes to maintain higher census counts within the 74-bed facility while allowing participants greater access to employment opportunities and connections to benefits and other community-based services.. This would also allow pretrial individuals to address needs such as mental health, addictions treatment, housing, medical treatment and workforce development opportunities, which are not easily accessed from within the jail.

When the Prince George's County Community Release Center opens in winter 2018, it will house up to 74 individuals: 60 men and 14 women. It will work directly with the Bridge Center at Suitland, a Health and Human Services collaboration scheduled to open in December 2017. This inter-agency collaboration will bring reentry services from a variety of service agencies under one roof. Research has shown that making these services easier to access results in greater and longer involvement for participants post-release, which in turn lowers recidivism rates and future dollars spent on incarceration. In addition, the Community Release Center, in collaboration with the Bridge Center, will track recidivism of individuals referred into both programs. The collaboration will also maintain a shared web-based database (hosted and administered by PGDOC) to track recidivism, along with records of service coordination and utilization.

Diversion

The area which shows the greatest room for enhancement in Prince George's County is in the development and use of diversion options for police, sheriffs and other first responders aside from incarceration or hospitalization. The use of diversion prior to incarceration has become a national trend, and the use of Crisis Intervention Team (CIT) programming in combination with crisis centers allows first responders other options. This type of programming has been documented to save jurisdictions considerable amounts of money, while also providing better treatment. For instance, Bexar County, Texas reported in a National Association of Counties article "Mental Health and Criminal Justice Case Study: Bexar County, Texas" that investing in such programming reduced the cost of divertible interactions from \$2295.00 for jail intake to \$350.00 for diversion service provision through their crisis center .

The success of CIT programming has also been documented in Maryland. For example, Montgomery County has operated a Crisis Center for many years with success. Montgomery

County's CIT program is operated within the police force and has been a viable option to incarceration or hospitalization. With the success of CIT programming, the State has expressed an increased interest in the greater development of such centers, as well as sobering/stabilization centers. In fact, the Governor's Office of Crime Control & Prevention (GOCCP) has earmarked more than \$22 million for sobering centers to be distributed among the state's 24 jurisdictions. While these funds are primarily targeting the opioid epidemic Maryland is experiencing, they represent a sincere effort towards diversion. Given the high co-occurrence of substance abuse and mental health issues, it seems logical that development of any form of diversion center within the County should be equipped to handle all forms of crisis issues.

Prince George's County has begun implementation of a CIT program within police and first responder agencies. The County's Crisis Response System operated by the Affiliated Santé Group has been actively involved in providing a 40-hour training for frontline staff in all County agencies. This first step towards providing police and others with techniques to de-escalate and triage crisis situations has been met with overwhelmingly positive feedback from staff on the street to PGDOC staff utilizing the training within the jail. The impact of such training and networking is, however, limited without development of a viable diversion options such as a walk-in center. In September 2017, the Affiliated Santé Group submitted a proposal to the Maryland Behavioral Health Administration for a 24 hour walk-in Receiving Center with Urgent Care Services. This proposed center anticipates a reduction of time that first responders are out of service when taking individuals directly to the hospital or jail. While the reduction in costs associated with handling each incident creates an immediate savings for the County, it also allows a much quicker response in attending to client needs, and a more coordinated response in management of crisis services among high utilizers..

The expansion of diversion options for the courts is another area where an opportunity exists for improvement through a more collaborative approach towards programming. Currently, PGDOC offers the courts diversion through the Community Service Program. In addition, the Prince George's County Health Department offers a drug diversion program that allows first time offenders to complete a substance abuse education program. After successful completion of the program, participants may expunge charges from their criminal record. Aside from these programs, Prince George's County could implement new options by utilizing a model similar to Montgomery County. For instance, the Intervention Program for Substance Abusers (IPSA) in Montgomery County provides for a greater continuum of options that combine substance abuse education or treatment, drug testing, and community service hours to provide a robust array of options. IPSA eligibility includes individuals on minor drug charges and related acts. For first time offenders and participants in IPSA, participants may expunge the criminal charges. Individuals coming through the program a second time are not afforded that option. Participants cannot have any felony convictions or incarcerations over 30 days within the past ten years.

Additionally, the program accepts individuals currently on probation who have no prior convictions for violent offenses.

Conclusion

Prince George's County has significant resources both in place and planned for the immediate future to address diversion and reentry. The recommendations listed towards the top of this report include many items the County could institute with little or no cost, instead relying on increased partnership and communication amongst county stakeholders. The development of a stabilization center and the increase of community services designed to divert individuals away from justice involvement would represent a significant investment by the County, but may prove to be a better option when weighing the cost of such services against money spent on moving the same population through the criminal justice system.

MEMBERS

The Honorable Victor Ramirez

Co-Chair

Maryland State Senator, District 47
James Senate Office Building, Room 303
11 Bladen St., Annapolis, MD 21401

The Honorable Nicholas E Rattal

Seventh Circuit Court Associate Judge
Courthouse, 14735 Main Street
Upper Marlboro, MD 20772

Ms. Angela Beasley

Chief, Major Crimes Unit
Office of the State's Attorney
Courthouse, 14735 Main Street, Suite
M3403
Upper Marlboro, MD 20772

Dr. Jacqueline E. Somerville,

Public Health Program Chief
Prince George's County Health Department
Behavioral Health Services Division
1701 McCormick Drive, Suite 200
Largo, MD 20772

The Honorable Carlo Sanchez

Co-Chair

Maryland State Delegate, District 47B
House Office Building, Room 206
6 Bladen St., Annapolis, MD 21401

Mr. Keith Lotridge

Deputy District Public Defender
Courthouse, 14735 Main Street, Suite 272B
Upper Marlboro, MD 20772

Ms. Mary Lou McDonough

Director
Prince George's County Department of
Corrections
13400 Dille Drive
Upper Marlboro, MD 20772

Mr. Guy Merritt, NCC, LCPC

Chief, Community Corrections Division
Prince George's County Department of
Corrections
13400 Dille Drive
Upper Marlboro, MD 20772