



# MARYLAND Department of Health

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary

February 1, 2018

The Honorable Edward J. Kasemeyer  
Chair  
Senate Budget and Taxation Committee  
3 West Miller Senate Office Bldg.  
Annapolis, MD 21401-1991

The Honorable Maggie McIntosh  
Chair  
House Appropriations Committee  
121 House Office Bldg.  
Annapolis, MD 21401-1991

**Re: 2017 Joint Chairmen's Report (p. 87) – Report on Connecting Individuals Who Are Transitioning from the Criminal Justice System to Health Care**

Dear Chairs Kasemeyer and McIntosh:

Pursuant to the requirements of the 2017 Joint Chairmen's Report (p. 87), please find enclosed a report on connecting individuals who are transitioning from the criminal justice system to health care. Specifically, this report highlights activities undertaken by the Department and the Maryland Department of Public Safety and Correctional Services (DPSCS) and provides a status update on efforts to enroll people leaving the criminal justice system into Medicaid programs.

Thank you for your consideration of this information. If you have questions or need more information on the subjects included in this report, please contact Webster Ye, Deputy Chief of Staff at (410) 767-6480 or [webster.ye@maryland.gov](mailto:webster.ye@maryland.gov).

Sincerely,

Robert R. Neall  
Secretary

Enclosure

cc: Stephen T. Moyer  
Tricia Roddy  
Alyssa Brown  
Debbie Ruppert  
Webster Ye



**Report on Connecting Individuals Who Are Transitioning from the Criminal Justice  
System to Health Care**

Submitted by the Maryland Department of Health  
February 1, 2018

2017 Joint Chairman's Report (p. 87)

## **I. Executive Summary**

Pursuant to the 2017 Joint Chairman's Report (JCR) (p. 86), the Maryland Department of Health Medicaid agency (the Department) respectfully submits this report providing an update on its implementation of programs to ensure the health of criminal-justice involved persons. Specifically, this report highlights activities undertaken by the Department and the Maryland Department of Public Safety and Correctional Services (DPSCS) and provides a status update on efforts to enroll people leaving the criminal justice system into Medicaid programs.

Justice-involved individuals are at increased risk for unmanaged chronic diseases, mental illnesses, and lack of access to prescription medications upon release. Connecting this vulnerable population to health benefits reduces recidivism rates and improves health outcomes. Following implementation of the Department's Hospital Presumptive Eligibility (HPE) Program, the Department decided to explore whether a presumptive eligibility program might help improve access to health care for justice-involved individuals upon release.

The Department submitted a State Plan Amendment (SPA) to the Centers for Medicare and Medicaid Services (CMS) to implement an Inmate Presumptive Eligibility (IPE) model in the state of Maryland on July 17, 2017, which CMS approved. The SPA authorizes state and local correctional facilities to make presumptive eligibility determinations for specified incarcerated eligibility groups prior to release. Presumptive eligibility allows "qualified entities" to temporarily enroll individuals into Medicaid based on basic, self-attested income and demographic information.

Implementation of the IPE Program will occur in two phases. Phase 1, implementation of IPE into Detention Centers, is projected to begin in the second quarter of Calendar Year (CY) 2018. Phase 2, operationalization of the Program in the jails and prisons, will follow. Regulations to implement Phase 1 are currently in sign-off. The Department is committed to the implementation and evaluation of IPE as one element of its comprehensive efforts to transition previously-incarcerated individuals to health care services.

## **II. Introduction**

In partnership with the Maryland Department of Public Safety and Correctional Services (DPSCS), the Maryland Department of Health (the Department) is working to ensure that individuals transitioning out of the criminal justice system have the opportunity to enroll in health coverage through Medicaid. The cornerstone of the Department's strategy is coordination with Local Detention Centers to arrange appointments with Local Health Department (LHD) caseworkers to enable individuals to apply for health benefits prior to release. Legislation in 2005, which authorized the suspension of Medicaid benefits for incarcerated individuals as opposed to full termination of coverage, has also been critical for ensuring continuity of care. The Department has also proactively pursued other opportunities to strengthen its efforts to connect individuals to coverage.

In 2016, the Department participated in the Connecting Criminal Justice to Health Care (CCJH) initiative, a convening of the Urban Institute and Manatt Health Solution. CCJH brought together state-level stakeholders in corrections and health care to develop strategies to provide comprehensive coverage for those involved with the criminal justice system.<sup>1</sup> CCJH allowed the Department to share best practices with other states and counties, most notably Los Angeles County.

More recently, the Department applied for a State Plan Amendment (SPA) to create an Inmate Presumptive Eligibility (IPE) program. IPE allows a person involved in the criminal justice system to access full Medicaid services immediately upon returning to the community, including chronic disease and mental health management, by completing an abbreviated application prior to release. The goal of the program is to enhance continuity of care and improve health outcomes for formerly incarcerated individuals. The first phase of implementation is in the final planning stages and is projected to begin in the second quarter of calendar year (CY) 2018. For Phase 1, the Department has collaborated with 24 LHDs to help people transitioning from detention centers to connect with Medicaid coverage. Once Phase 1 is underway, the Department and DPSCS will assess the resources necessary to expand the Program and enter Phase 2, which will focus on implementation within the overall corrections system to include jails and prisons.

### **III. Background: Incarceration and Health Care**

Nationally, 60 percent of men and 58 percent of women returning to the community from incarceration are still without health insurance 8 to 10 months after release.<sup>2</sup> People involved with the criminal justice system are more likely than the general population to report having chronic conditions or infectious diseases; they are three times as likely to have HIV/AIDS, and approximately 1 in 3 inmates has Hepatitis C.<sup>3,4,5</sup> The U.S. Department of Justice estimates that over half of all prison inmates experience some type of mental health disorder, and approximately 68 percent of inmates meet criteria for substance use disorder.<sup>6,7</sup> The time between release and connection to health care may cause a delay in monitoring chronic conditions or obtaining prescription medications, leading to poor health outcomes; approximately 33 percent of all inmates stop taking prescribed medication following incarceration.<sup>8</sup>

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<sup>1</sup> Urban Institute. Web. *Connecting Criminal Justice with Health Care*. (2016).

<sup>2</sup> Kamala Mallik-Kane and Christy Visher, *Health and prisoner reentry: how physical, mental, and substance abuse conditions shape the process of reintegration*, (Washington, DC: Urban Institute, Justice Policy Center, February 2008), [http://www.urban.org/UploadedPDF/411617\\_health\\_prisoner\\_reentry.pdf](http://www.urban.org/UploadedPDF/411617_health_prisoner_reentry.pdf).

<sup>3</sup> Andrew P. Wilper et al., *The Health and Health Care of US Prisoners: Results of a Nationwide Survey*, 99 Am. J. Pub. Health 666, 668-69 (2009).

<sup>4</sup> Kamala Mallik-Kane and Christy Visher, *Health and prisoner reentry*, op cit.

<sup>5</sup> U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, *Hepatitis C and Incarceration* (2013). <https://www.cdc.gov/hepatitis/hcv/pdfs/hepcincarcerationfactsheet.pdf>.

<sup>6</sup> Doris James and Lauren Glaze, *Mental health problems of prison and jail inmates*, (Washington, DC:US Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, September 2006), <http://www.bjs.gov/content/pub/pdf/mhppji.pdf>.

<sup>7</sup> Jennifer C. Karberg and Doris J. James, U.S. Dep't of Justice, Office of Justice Programs, Bureau of Justice Statistics, *Substance Dependence, Abuse, and Treatment of Jail Inmates*, 2002 (2005).

<sup>8</sup> Wilper, A.P, et al., *The health and health care of US prisoners*, op cit.

Individuals recently released from incarceration also experience a higher likelihood of homelessness, a lower rate of employment, and a high rate of recidivism. Statistics from 30 states (including Maryland) during 2005 to 2010 showed 5-year recidivism at 76.6 percent, with 28.2 percent re-arrested within 6-months and 43.4 percent re-arrested within 1 year of release from a state prison.<sup>9</sup> Poor physical health, diagnosis with a mental health disorder, or diagnosis with a substance use disorder are all linked to increased criminal behavior after release and re-incarceration. Recent research shows that having Medicaid at the point of release reduces recidivism, especially for those with serious mental illness.<sup>10, 11, 12</sup>

#### **IV. Maryland Medicaid and the Justice-Involved Population**

Maryland has 32 adult detention facilities and jails, which housed 11,520 inmates in 2013.<sup>13</sup> Approximately 1 in 42 adults in Maryland face prison sentence or are incarcerated, including approximately 109,000 individuals in 2014.<sup>14,15</sup> To meet the health needs of justice-involved people, Maryland continues to make health care more accessible. In 2005, the General Assembly passed HB 990 (Chapter 82 of the Acts of 2005), which allowed the suspension of Medicaid benefits for incarcerated individuals as opposed to full termination of coverage; however, covered benefits are limited.<sup>16</sup> While incarcerated, Medicaid payment is only available when the inmate is an inpatient for at least 24 hours in a medical institution not under the control of the corrections system. Such institutions include hospitals, nursing facilities or juvenile psychiatric facilities. The purpose of this policy, also known as “inmate exclusion,” is to ensure Medicaid does not pay for care that is the responsibility of state or local governments. The inmate exclusion applies to individuals who are incarcerated or confined in state or federal prisons, jails, detention centers, or other penal facilities.

Most incarcerated individuals are now eligible for Medicaid due to the Affordable Care Act (ACA) Medicaid expansion for adults, which Maryland implemented on January 1, 2014. The ACA expansion allows individuals with incomes up to 138 percent of the federal poverty level (FPL) to qualify for Medicaid benefits. Maryland inmates who were enrolled in a Medicaid managed care organization (MCO) through HealthChoice before they were detained are moved to fee-for-services (FFS) to allow for payment of inpatient care.

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<sup>9</sup> Matthew Durose, Alexia Cooper, Howard Snyder. U.S. Dep’t of Justice, Office of Justice Programs, Bureau of Justice Statistics, Recidivism of prisoners related in 30 states in 2005: patterns from 2005 to 2010 (2014).

<sup>10</sup> Ibid.

<sup>11</sup> Joseph Morrissey, Gary Cuddeback, Alison Evans Cuellar, and Henry Steadman, “The role of Medicaid enrollment and outpatient service use in jail recidivism among persons with severe mental illness,” *Psychiatric Services* 58, no. 6 (2007): 794-801.

<sup>12</sup> Kamala Mallik-Kane and Christy Visher, *Health and prisoner reentry*, op cit.

<sup>13</sup> Todd Minton, et al. U.S. Dep’t of Justice, Office of Justice Programs, Bureau of Justice Statistics, Census of Jails: Population Changes, 1999-2013 (2015). <https://www.bjs.gov/content/pub/pdf/cjpc9913.pdf>.

<sup>14</sup> Maryland Department of Health, Maryland HealthChoice Program 1115 Waiver Renewal Application, p 27-29 (2016).

<sup>15</sup> Maryland Department of Health (2016). *Medicaid for Maryland's Justice Involved Population*. Presentation, Maryland Medicaid Advisory Committee Meeting.

<sup>16</sup> MD. Leg. Assemb. HB 0847. Reg. Sess. 2017.

The Department works in partnership with the Maryland Health Benefit Exchange (MHBE) to ensure that applicants can apply for Medicaid while incarcerated or during pre-release. Applicants can apply for Medicaid in several ways: online, over the telephone, in person, or by mail. The Maryland Health Connection is a single portal for determining Medicaid and Qualified Health Plan (QHP) eligibility for individuals who qualify for coverage on the basis of their modified adjusted gross income (MAGI). Table 1 provides an overview of how eligibility for Medicaid and QHPs changes as a person transitions into and out of the justice system.

**Table 1: Medicaid and QHP Eligibility Changes through Justice System Transitions**

<b>Status</b>	<b>Eligibility</b>
Pending disposition – person awaiting trial or convicted but not yet sentenced	May use Maryland Health Connection to purchase QHP. May be eligible for Medicaid.
Incarcerated	May be eligible for Medicaid (covering inpatient stays only).
Currently incarcerated, will be released in next 60 days	May be eligible for Medicaid (covering inpatient stays only) or QHP. If determined eligible for QHP, coverage will begin on the 1 <sup>st</sup> of the month after release
Formally incarcerated, released in past 60 days	May be eligible for Medicaid (MCO) or QHP. If determined eligible for QHP, coverage will begin on the 1 <sup>st</sup> of the month after enrollment.

The Department, in partnership with DPSCS, deploys a comprehensive strategy to ensure individuals are able to access health care coverage upon release. The cornerstone of the Department’s efforts is the work of DPSCS discharge planners and LHD caseworkers.

DPSCS works within Maryland prisons and jails to ensure that incarcerated individuals have information about how to apply for Medicaid coverage and other benefits. Upon notification from the Department in anticipation of the release of any inmate, DPSCS medical and mental health discharge planners provide counseling regarding available medical benefits, complete required health examinations and assist with the completion of health-related forms in application for Social Security income benefits, Medicaid, Medicare, or any other entitlement program for which the individual may be eligible upon release.

Additionally, LHD staff in 24 counties visit detention centers directly to meet with justice-involved people about enrolling in Medicaid and assist with the application process. Enrollment staff emphasize the benefits of applying for Medicaid even while incarcerated, including the ability to utilize coverage immediately upon release, to access to ancillary MCO benefits, and to maintain continuity of care for chronic conditions. The Department also coordinates with the Baltimore City Parole and Probation office to target follow up for people leaving the Baltimore City Detention Center. Parole officers refer people to the Baltimore City Health Department

(BCHD), schedule appointments for people at the BCHD, and follow up with anyone who misses their appointment.

Monthly data from August 2016 to August 2017 indicates that 1,588 inmates were seen as part of pre-release counseling by LHD caseworkers in 23 counties and 604 were seen at LHDs post-release (Appendix B). Ultimately, of the 2,192 people total, 1,227 enrolled in Medicaid, 47 were referred to Navigators for QHP enrollment, and 918 were not eligible or already had coverage (data does not distinguish between pre-release or post-release eligibility).<sup>17</sup> High rates of turnover at detention centers along with acceleration of inmate release dates due to good behavior may cause a person to miss a scheduled appointment with an eligibility worker, and may explain the gap in those who are eligible versus those that become enrolled.

#### **V. Overview: Inmate Presumptive Eligibility Program**

Presumptive eligibility allows certain “qualified entities” to temporarily enroll individuals into Medicaid using an abbreviated application based on basic, self-attested income and demographic information. Presumptive eligibility enrolls a person in FFS coverage (as opposed to an MCO) and lasts 30 to 60 days from the date an individual submits their application. The presumptive eligibility period ends when either full Medicaid eligibility has been determined or the temporary presumptive eligibility period is over. While eligibility begins on the date that determination is made, a justice-involved individual will only receive benefits upon release, unless there is an inpatient hospitalization during incarceration. An individual can only qualify for presumptive eligibility once within a 12-month period, and only once per pregnancy.

Maryland has had a program for Hospital Presumptive Eligibility (HPE) since October 2014. Under HPE, hospitals can enroll eligible individuals in temporary Medicaid. There is no requirement that the applicant be admitted or be seeking hospital services at the time of an HPE determination.<sup>18</sup> Forty-four hospitals have registered to conduct HPE. As of August 2017, 36 have completed the PE training and can submit applications. Between August 2014 and August 2017, 6,505 applications were submitted—6,204 were approved (95 percent) and 301 (5 percent) were denied. The most common reason applicants were denied HPE was due to the applicant having existing coverage. Seventy five percent of the approved applicants subsequently qualified for full Medicaid benefits after submitting a full application—25 percent of these individuals were completely new to Maryland Medicaid.<sup>19</sup>

Effective July 1, 2017, the Centers for Medicare and Medicaid Services (CMS) approved Maryland’s SPA to permit state and local correctional facilities to make PE determinations. Maryland is one of 5 other states in the U.S. to implement a safety net for these individuals: IPE. Preliminary efforts will focus on phasing in the model in 24 detention centers.

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<sup>17</sup> Howard County did not participate. Kent County reported 0 participants for August 2017; Caroline County has not yet reported any data for August 2017.

<sup>18</sup> Maryland Department of Health. Hospital Presumptive (Temporary) Eligibility Process Presentation to the Maryland Medicaid Advisory Committee. September 24, 2014.

<sup>19</sup> Maryland Department of Health. Hospital Presumptive Eligibility Program Summary. August 2017.



To qualify for presumptive eligibility, individuals must meet a few simple criteria. They must be Maryland residents, be citizens or have a satisfactory immigration status, and meet self-attested income criteria:

- 1) Pregnant or postpartum women with household income less than 264 percent FPL;
- 2) Former foster care adults, age 19 through 26, who phased out of foster care at age 18 within Maryland, within any income level; and
- 3) Adults 19 to 64 years old with income at or below 138 percent FPL.

Eligible non-citizens include lawful permanent residents who have completed the 5-year waiting period and lawfully present pregnant women and children under 21 years old.

Maryland Health Connection is designed to verify a substantial amount of information about an applicant automatically. When this information is not available, an outstanding verification item is created for the applicant. Until this outstanding verification is satisfied, an applicant may not be able to enroll in Medicaid. These policies apply to all individuals seeking Medicaid coverage. However, an inmate may not have immediate access to all documentation required to clear these outstanding verification; for example citizenship and identity paperwork. Establishing an IPE program creates a safety net to ensure immediate access to care upon release through temporary eligibility determination and creates a path to full Medicaid coverage.

Under IPE, a caseworker from a LHD will check the eligibility verification system (EVS) to ensure that the applicant is not already enrolled in Medicaid. If the individual is not currently enrolled, the caseworker will first attempt to enroll the justice-involved person in full Medicaid benefits by assisting them with an application through Maryland Health Connection. If additional verifications are needed, such as for identity or citizenship, which prevents a Medicaid determination from being finalized, the LHD caseworker will assist the inmate with filling out the presumptive eligibility application. This application is a basic worksheet asking about family size, income level, and citizenship status (Appendix A). Completing the IPE application is simple and relies on the self-attestation of the applicant. No additional documentation is required and eligibility for Medicaid will be immediate. Since presumptive eligibility is temporary, an LHD worker will be assigned to the justice-involved individual to continue to work with them upon release. Upon release from a detention center, the assigned LHD worker will follow-up with the individual to continue and finish the full Medicaid application process. The LHD worker can confirm that the applicant is no longer incarcerated and help with referrals to necessary services, including smoking cessation and substance use disorder treatment.

Presumptive eligibility allows for timely access to services after release from incarceration. Most importantly, it is a pathway to longer-term Medicaid coverage, and will be used only as a safety net when an individual is unable submit a full application while incarcerated.

## **VI. Impact**

As a result of the Department's ongoing efforts, including the expansion of Medicaid coverage to childless adults under 138 percent FPL in 2014 and legislative changes in 2005 that enabled individuals to retain their Medicaid eligibility during incarceration, Maryland has made

significant headway in ensuring its justice-involved population is able to access health care coverage in a timely fashion. The shift to use of Maryland Health Connection for eligibility determinations has been critical in increasing timeliness and access. Applicants can now also apply for benefits in a variety of ways, including by phone, online, through a smartphone app, by mail, or in-person. The IPE program presents a unique opportunity to help bridge gaps that remain in the existing eligibility system for a particularly vulnerable population. In tandem with other efforts, IPE provide another resource for justice-involved individuals to gain health coverage as they transition to the community.

Following the implementation of Phase 1, the Department will utilize data from IPE and Medicaid enrollment to support enrollment efforts and facilitate ongoing monitoring and evaluation. The Department will also assess the resources that may be required to operationalize Phase 2.

## **VII. Conclusion**

The Department is dedicated to ensuring that individuals transitioning from the criminal justice system have the opportunity to enroll in health coverage through Medicaid. Maryland continues to make health care more accessible for its incarcerated population by suspending Medicaid as opposed to terminating it upon incarceration (2005), expanding enrollment of Medicaid to childless adults under 138 percent FPL (2014), and most recently to permit state and local correctional facilities the option to determine presumptive eligibility for inmates (2017). Connection to health care is shown to reduce recidivism, but inmates may not have all required information to be found eligible for Medicaid before release. IPE is a resource to fill the gap between release and enrollment in Medicaid to improve health outcomes and coordinate access to medical services and prescriptions. The phased-in approach for the IPE Program will allow LHDs to first establish relationships within the Detention Centers, leading to implementation of IPE Phase 1 during CY 2018, and then broadening this infrastructure to include all of corrections in Phase 2. The Department is committed to continuing to strengthen its efforts to enroll justice-involved individuals in Medicaid and will evaluate the IPE Program on an ongoing basis to ensure individuals who gain temporary coverage go on to apply for full benefits.



# Appendix A: Application for Presumptive Eligibility for Medicaid



STATE OF MARYLAND

**DHMH**

## APPLICATION FOR PRESUMPTIVE (TEMPORARY) ELIGIBILITY FOR MEDICAL ASSISTANCE

PART I – INFORMATION REQUIRED FOR DETERMINATION <small>(Items marked with an * are required for determination.)</small>			
Legal Name:			
First*:	Middle:	Last*:	Suffix:
Family Size*:	Household Gross Monthly Income*:	Maryland Resident?*	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
U.S. Citizen, U.S. National or Eligible Non-Citizen?* <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>If readily available, also tell us the following (optional):</b>			
Are you pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what is your due date?	How many babies are you expecting?	
Other Insurance Coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No	In Foster Care at age 18? <input type="checkbox"/> Yes <input type="checkbox"/> No	Already have Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No	Already have Medicare? <input type="checkbox"/> Yes <input type="checkbox"/> No
PART II – PRESUMPTIVE DETERMINATION: Representative must make the determination based on the REQUIRED information in Part I only and give the applicant an approval or denial notice.			
Eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, select the eligibility group: <input type="checkbox"/> Adult <input type="checkbox"/> Pregnant Woman <input type="checkbox"/> Former Foster Youth <26		
PART III – INFORMATION NECESSARY TO ENTER THIS APPLICATION			
<b>Contact Information</b>			
Home Address:			
City:	State:	Zip Code:	County:
Mailing Address (if different from Home):			
City:	State:	Zip Code:	County:
Phone Number:			
Home:	Work:	Cell:	
<b>Additional Information</b>			
Date of Birth: / /	Social Security Number (optional):	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
PART IV - SIGNATURES			

**Applicant:** By signing, you are attesting that the information you provided for this form is true as far as you know and that you have received a copy of the Approval Notice that lists your Rights and Responsibilities, or a Denial Notice. We will keep your information secure and private.

\_\_\_\_\_  
Signature of Applicant (or legal guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness (or legal guardian)

\_\_\_\_\_  
Date

**Representative:** By signing, you are attesting that you have accurately recorded the information provided by the applicant or someone representing the applicant, made a determination based on that information, and provided the applicant with an Approval Notice that lists their Rights and Responsibilities or a Denial Notice.

\_\_\_\_\_  
Signature of Applicant (or legal guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness (or legal guardian)

\_\_\_\_\_  
Date

**Appendix B: Applicants Seen & Enrolled, from August 2016 – August 2017, by LHD**

<b>LHD Report August 2016-August 2017</b>				
	<b>Total Applicants each month at the Jail as Pre-Release</b>	<b>Total Applicants seen at LHD as Post-Release</b>	<b>Total Applicants Enrolled Monthly</b>	<b>Total Applicants handed off to Navigator</b>
<b>Allegany</b>	36	**	12	**
<b>Ann Arundel</b>	175	**	54	**
<b>Baltimore County</b>	156	14	78	**
<b>Baltimore City</b>	16	217	94	**
<b>Calvert</b>	**	32	23	**
<b>Caroline</b>	**	**	**	**
<b>Carroll</b>	148	48	159	**
<b>Cecil</b>	155	20	141	**
<b>Charles</b>	**	70	56	**
<b>Dorchester</b>	28	28	39	**
<b>Frederick</b>	114	35	65	**
<b>Garrett</b>	146	**	**	**
<b>Harford</b>	37	26	29	**
<b>Howard*</b>	**	**	**	**
<b>Kent</b>	**	**	**	**
<b>Montgomery</b>	173	**	86	**
<b>Prince George's</b>	**	**	11	**
<b>Queen Anne's</b>	71	**	42	**
<b>St. Mary's</b>	115	39	51	**
<b>Somerset</b>	18	**	11	**
<b>Talbot</b>	16	**	**	**
<b>Washington</b>	72	25	75	**
<b>Wicomico</b>	79	**	79	**
<b>Worcester</b>	**	20	106	15
<b>Total</b>	1588	604	1227	47

\* Howard County LHD staff has been working with the Howard County Detention Center to get procedures in place to begin outreach with inmates; anticipated start date September 2017

\*\*Cells with less than 10 enrollees are not reportable.

