Thank you for considering implementation of the DataLink program in your jurisdiction. The DataLink program is a joint partnership of the State’s Department of Health and Mental Hygiene (DHMH) and the Department of Public Safety and Correctional Services (DPSCS) to help ensure continuity of care for those individuals with identified mental illness that interact with law enforcement throughout the State. Attached with this letter is an overview of the program that outlines the history, process, schedule and volume of the data transfer. This packet also includes a copy of the Memorandum of Understanding between all parties necessary for implementing DataLink in your jurisdiction.

Within the Memorandum of Understanding for the Establishment of DataLink, item 1 of the Responsibilities sections reads:

1. The Parties are committed to the development and implementation of an interagency electronic system, "DataLink", to identify systematically certain individuals with mental illness in the Detention Center within 24 hours of booking. The initial expense to VO has been funded by MHA. The CSA, DPSCS, and the Detention Center shall be responsible for the costs incurred by their agencies for the implementation of the Data Link.

It is up to the local agencies to determine how they will take receipt of the data and what they will do with it once it is in their possession within the scope of the MOU. The information shared can only be used for clinical and coordination of care purposes. If feasible, the detention center may want to have the data imported into an existing Electronic Health Record (EHR) system. In such a case, these costs would be incurred by the agency itself. At the most basic level, the CSA or local detention center could import the data into an Excel spreadsheet and utilize the data in that manner at no cost whatsoever.

The Mental Hygiene Administration has incurred the cost for the development of this interface by the current Administrative Services Organization (ASO), and, at this time, we do not envision any additional costs for expanding the program to include other jurisdictions. We recognize that the local detention centers and Core Service Agencies (CSAs) have a widely varying level of technical expertise and systems / applications in use at their locations. Because MHA is offering mental health clinical information requested by the criminal justice community and CSAs at no charge, we believe that this is an excellent opportunity for local jurisdictions to improve the continuity of care for individuals detained in their facilities.

To assist with implementation, a subcommittee of the Mental Health & Criminal Justice Partnership (MHCJP) has been formed to advise those jurisdictions that are interested in the program. The Mental Health & Criminal Justice Partnership was created by House Bill 990 in 2005. The group has met regularly to improve services for individuals with mental illnesses who become involved with the criminal justice system. Members of the Partnership include the Division of Corrections, Mental Hygiene Administration, Department of Human Resources, Alcohol & Drug Abuse Administration,
Maryland Judiciary, Office of the Public Defender, Mental Health Association of Maryland, NAMI-MD, On Our Own of Maryland, and other interested parties. To request assistance with implementing this project, please contact the subcommittee chairpersons – Marian Bland (marian.bland@maryland.gov) and Crista Taylor (ctaylor@bmhsi.org).

Again, thank you for your interest in DataLink. Increased sharing of information across systems offers a range of benefits, both for the individual and the agencies working to coordinate their care. Your participation is vitally important as we work to realize the full potential of this initiative.

Sincerely,

Joshua M. Sharfstein, M.D.
Secretary
Department of Health and Mental Hygiene

Gary D. Maynard
Secretary
Department of Public Safety and Correctional Services