



4th Quarterly Report on GBRICS Implementation Progress and 9-1-1 Diversion Opportunities

February 2022

Behavioral Health: System Implementation

Through the state-funded Greater Baltimore Regional Integrated Crisis System (GBRICS) opportunity, the City and the Behavioral Health System of Baltimore (BHSB) anticipate that they will be able to pursue certain of the recommendations of the Gap Analysis report and the requirements of the Consent Decree agreement.

The City shall work with GBRICS to ensure that the following items, which the Collaborative Planning and Implementation Committee (CPIC) has identified as having an immediate priority, are implemented:

- Mobile Crisis Team standards,
- Development of a comprehensive behavioral health call center using care traffic control technology to enhance the accountability of crisis team response and provide increased 911 diversion opportunities, and
- A public awareness campaign that promotes alternatives to calling 911 for a behavioral health crisis (e.g., the Here2Help Hotline)¹.

General Status and Updates: GBRICS²

By building upon the strengths of the current behavioral health system, the GBRICS Partnership intends to achieve its goal by implementing the following components for the region:

1. ***Comprehensive Call Center***: Create a regional, integrated hotline that is supported with infrastructure for real-time bed and appointment capacity and referrals tracking, coordinated dispatching of mobile crisis response plus dashboard reporting.
2. ***Mobile Crisis Teams (MCT) Services***: Expand capacity, set regional standards following national best practices. Once fully implemented, MCT services will increase from 11,500 annual responses to 55,000–60,000 annual mobile crisis responses for the region.
3. ***Open Access Services***: Support behavioral health providers to offer same day walk-in/virtual services for people in immediate need of behavioral health care.
4. ***Community Engagement & Outreach***: Support culture change to increase awareness and use of the hotline as an alternative to calling 911 or using the ED.

¹ Fourth-Year Monitoring Plan, 108

² The Greater Baltimore Regional Integrated Crisis System (GBRICS) partnership's goal is to create a well-functioning behavioral health crisis response system that helps resolve crises quickly for individuals and families, meets people where they are comfortable, and provides appropriate care and support, while avoiding unnecessary police interaction, emergency department (ED) use, and hospitalization. The goal of a well-functioning behavioral health crisis response system will be met through improvements in the behavioral health infrastructure including the expansion of crisis services around the clock. GBRICS is a regional partnership that spans across multiple counties in Maryland and has the full support of Mayor Brandon M. Scott. Mayor Scott spotlighted the partnership in his most recent State of the City Address in early March.

In 2021, BHSB hired four GBRICS staff positions, executed a legal agreement between the 17 hospital partners and BHSB as the Regional Administrative Manager for the project, executed a MOU between all four Local Behavioral Health Authorities (LBHAs) in the region, and supported collaborative stakeholder engagement processes for the GBRICS Council and its committees.

GBRICS Partnership stakeholder engagement is guided by the Community Engagement Committee. In 2021 and early 2022, the committee conducted 25 roundtables with a wide range of stakeholders across the region. Additionally, three focus groups were convened to obtain input from Baltimore area youth ages 14-21. The Community Engagement Committee also provided feedback to support the activities of the communications and marketing consultant. The Council Policy & Advocacy Committee developed the GBRICS Policy Agenda, which includes recommendations for policy reform to sustain behavioral health crisis services. The agenda was adopted by the GBRICS Council in November 2021. A priority of the 2022 General Assembly Legislative session is to secure funding to support the implementation of 988 as the new suicide prevention and behavioral health crisis hotline in Maryland. To that end, GBRICS partner organizations formed the Fund Maryland 988 Campaign to establish a Maryland 988 Trust Fund with dedicated funding for behavioral health crisis services, and the City of Baltimore provided testimony in support of this legislation.

Mobile Crisis Team Standards

The Mobile Crisis Team (MCT) work group developed regional standards to inform the expansion of MCT services and the integration of MCTs within the Comprehensive Call Center in 2021. The work group met over the course of six months in 2021 and consisted of over 50 individuals representing community members, people with lived experience, representatives from service providers in each of the jurisdictions, staff representing the Behavioral Health Administration (BHA) and staff representing local jurisdictions including the Local Behavioral Health Authorities. The standards were developed through creating shared understanding of the goals, best practice research, an Environmental Scan of current mobile response/crisis services, and a review of the standards by stakeholder groups, including BHA. The standards were finalized in February 2022, and BHA announced that it plans to use the standards as a framework for developing statewide crisis system standards.

BHSB began drafting the MCT RFP in November 2021. The RFP for expanded MCT services is expected to be released in March 2022. The MRT standards will be incorporated into competitive procurement for existing MRT services in 2022, ahead of the proposed schedule.

9-1-1 Diversion Opportunities

Since mid-June 2021, the City of Baltimore has been piloting a 9-1-1 Diversion process¹ in

collaboration with a community-based service provider, Baltimore Crisis Response Inc (BCRI), to divert two behavioral health call types to start — “non-suicidal and alert” (psychiatric/abnormal behavior/suicide) and “suicidal and alert” (psychiatric/abnormal behavior/suicide)³. The pilot process has served as a “proof of concept,” a first step in the City’s mission to provide the least police-involved response to behavioral health emergencies.

Data for the period Between June 16, 2021, and February 11, 2022, indicates:

- 1,069 Diversion-eligible instances or instances of attempted diversion.
 - o 398 included BCRI,
 - o 637 included BCFD, and
 - o 447 included BPD.
 - BPD and BCFD figures include co-response.
- 134 incidents were resolved by BCRI without a Police or Fire response.
- 38 callers declined to speak with BCRI.
- 74 calls that were diverted were returned to 911.
- An estimated 13,539 combined BCFD & BPD unit minutes saved by diverted calls

Overall, the results of the diversion pilot thus far are encouraging as they have illuminated the limitations of 911 as currently resourced, but the overall experience has brought a high level of collaboration and partnership between the City, the BPD, BCFD, and BCRI. This interagency approach has led the stakeholders to better understand the opportunities and constraints in each other’s procedures. Based upon a data driven review, the 911 Behavioral Health Diversion Program oversight committee has recommended the inclusion of the 25B03 determinant into the diversion profile. Calls classified as 25B03 (suicidal/non-threatening and alert) by the 9-1-1 specialist will be processed in the same manner as the 25A01 and 25A02 calls.

- 25B03 calls will be transferred to the BCRI counselor via the warm handoff process
- BCRI will provide call intake, screening, and caller support. Calls involving a medical complaint or a situation requiring emergency medical, or police response will be routed back through the 911 call center and the Fire Communications Bureau
- The QA/QI committee will continue internal review and conduct audits of calls resulting in a missed handoff, under triage error, or an extensive delay in waiting for a counselor

Development of a comprehensive behavioral health call center

The Comprehensive Call Center RFP was released in January 2022, with an anticipated launch date for services of October 2022. The original launch date for Call Center services in the GBRICS proposal was January 2022. This timeline underestimated the time needed to collaborate with partners due to the complexity of the transition to 988. The development of an

³ Baltimore City 9-1-1 Specialists take emergency calls for Fire, Police, & EMS. Through the Priority Dispatch Emergency Medical Dispatch Protocols (EMD), 9-1-1 Specialists will interview callers that have accessed the Baltimore City 9-1-1 system for help. After key questions are answered by the caller, the priority dispatch system will categorize the call. If the call is identified as appropriate for referral, the 9-1-1 Specialist will connect the caller through the 911 phone system to a trained mental health clinician at the Here2Help line which is operated by BCRI.

RFP and a plan to transition to a single line for the call center in line with the national launch of 988 was developed in coordination with the other Local Behavioral Health Authorities (LBHAs), the Behavioral Health Administration (BHA) and the national 988 vendor (Vibrant Emotional Health). The Comprehensive Call Center Workgroup played an active role in the design of the new Call Center. The HSCRC approved the use of unspent administrative funds to launch MCT services in 2022 to coincide with the launch of the Call Center (earlier than the originally planned 2023 launch).

BHSB executed a contract with Behavioral Health Link in October 2021 to purchase the state-of-the-art “Care Traffic Control” software, which will support the Comprehensive Call Center and MCTs to respond and coordinate crisis care in real time. The Call Center software will be operational by the launch of the Call Center in October 2022.

Public awareness campaign that promotes alternatives to 911 for a behavioral health crisis

BHSB issued a competitive procurement to identify a communications and marketing firm to conduct market research across the four jurisdictions to better understand barriers to accessing care including crisis response services and determine how best to communicate to the broader public about the value of crisis services with the ultimate goal of increasing awareness and use of these services. Marketing for Change won the bid and started their work in August 2021. The first 6-9 months focus on market research to inform the development of a campaign and marketing plan. We are on target to meet our goal of having a marketing plan by summer of 2022.
