



DEPARTMENT OF HEALTH

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary

May 13, 2021

The Honorable Larry Hogan
Governor
State of Maryland
100 State Circle
Annapolis, MD 21401-1991

The Honorable Bill Ferguson
President of the Senate
Maryland General Assembly
H-107 State House
Annapolis, MD 21401-1991

The Honorable Adrienne A. Jones
Maryland General Assembly
Speaker of the House
H-101 State House
Annapolis, MD 21401-1991

Re: Health-General § 7.5– 208(f) — Behavioral Health Crisis Grant Program

Dear Governor Hogan, President Ferguson, and Speaker Jones:

Pursuant to Health-General § 7.5– 208(f) the Maryland Department of Health respectfully submits the attached annual report for the Behavioral Health Crisis Grant Program.

If you have any questions regarding this report, please contact Director of Governmental Affairs Heather Shek at heather.shek@maryland.gov.

Sincerely,

Dennis R. Schrader
Secretary

cc: Heather Shek, Director, MDH Office of Governmental Affairs
Aliya Jones, M.D., MBA, MDH Deputy Secretary for Behavioral Health
Sarah Albert, Department of Legislative Services (MSAR #11674)



Behavioral Health Crisis Grant Program

FY2020 Annual Report

December 1, 2020

Maryland Code Annotated, Health-General Article § 7.5–208(f)

Larry Hogan
Governor

Boyd K. Rutherford
Lieutenant Governor

Dennis R. Schrader
Secretary of Health

Table of Contents

Executive Summary	1
Background	3
Mission.....	3
Membership	3
Overall Goals for the Committee.....	4
Request for Proposals	4
Programs, Services, and Data	4
Conclusion	15

Executive Summary

On April 14, 2018, House Bill 1092 and Senate Bill 703 were enacted into law as Chapters 209 and 210 of the Laws of Maryland and later codified as Health-General Article § 7.5–208 in the Annotated Code of Maryland. This law requires the Maryland Department of Health (MDH) to establish a Behavioral Health Crisis Grant Program to provide funds to local jurisdictions to establish and expand behavioral health crisis response programs and services (e.g., mobile crisis teams, on-demand walk-in services, crisis residential beds, etc.) that: (i) serve local behavioral health needs for children, adults, and older adults; (ii) meet national standards; (iii) integrate the delivery of mental health and substance use treatment; and (iv) connect individuals to appropriate community-based care in a timely manner upon discharge.

Grant funding for FY20 was capped at \$3,000,000. The committee awarded funds to seven jurisdictions, outlined in Table 1 below.

Table 1: Awarded Grant Funding for FY20

Jurisdiction	Type of Service	Funding Amount	Youth	Adults
Baltimore City	Mobile Crisis Services	\$849,144		X
Baltimore	Urgent Care	\$304,855	X	X
Carroll	Mobile Crisis Services/Urgent Care	\$373,171	X	X
Frederick	Walk-in Crisis Services	\$862,830	X	X
Harford	School Intervention Services	\$111,000	X	
Mid-Shore	Mobile Crisis Services Youth	\$413,000	X	
Washington	Mobile Crisis Services	\$86,000	X	
TOTAL		\$3,000,000		

Baltimore City increased annual service capacity by 2,555 service hours to provide 24/7/365 access to 32 adults in crisis during the last quarter of FY20 (April–June 2020). Nineteen (59%) of individuals were linked to a crisis residential program.

Baltimore County increased annual urgent care hours by 1,460 service hours and expanded the availability and access to licensed clinical therapist and psychiatrist services. Increased access to crisis services through expanded hours and enhanced services resulted in 2,021 individuals receiving services.

Carroll County maintained existing mobile crisis services at 16 hours per day and increased hours of urgent care therapy at the county health department beyond current standard business-hour capacity. Received 262 calls for services during the last two quarters of FY20 (January–June 2020). Ninety-six (37%) calls required a 911 dispatch; 74 (28%) calls required crisis intervention team responses, and 53 (20%) calls required mobile crisis responses. Of the 562 individuals served, 134 were under the age of 18.

Frederick County expanded walk-in capacity by 92%, increasing weekly hours from 48 hours per week to 92 hours per week. In addition to expanded hours, services were enhanced to include

peer support, system navigation, and urgent psychiatric appointments. Of the 705 individuals served, 196 (28%) self-reported that access to expanded services diverted them from ED visits.

Harford County established a School Intervention Services program dedicated solely to providing mobile crisis response services to Harford County Public Schools. Services launched in the second quarter of FY20 and services were provided for 23 students, with 70% (16 students/families) engaged in follow up services. Families saw a decrease in crisis behavior, psychiatric hospitalizations, decrease in need to access law enforcement, prevention of out-of-home placement to include Residential Treatment Center (RTC), decrease in office referrals, detention, and suspension in school, and an increase in overall school and home harmony. Of those students served, 96% were age 12 or under.

Mid-Shore Region increased the capacity of Eastern Shore Mobile Crisis Teams to provide youth-specific crisis intervention services in Caroline, Dorchester, Somerset, Talbot, and Wicomico Counties. In addition to mobile crisis response, the program provides for mobile crisis teams to provide telehealth interventions to youth and families while in route. In the final quarter of FY20 (April–June), services were provided to 12 youth. Of those served, four (33%) were ages 12 or under, the remaining 67% were ages 13–18.

Washington County expanded mobile crisis services to 100 hours per week and added a psychiatric nurse practitioner to serve as a consultant to improve stabilization and improve linkages for ongoing services. A total of 283 new and follow-up cases were addressed for the fiscal year reaching 622 individuals receiving a total of 635 services to include assessments, follow-ups, and consultations. 246 (40%) of the calls were to address psychiatric emergencies followed by 118 (19%) addressing suicidal ideation. 114 (18%) of the individuals served were under the age of 18.

Background

The increase in the number of individuals overdosing on opioids and/or experiencing mental health related crises has caused a significant increase in the use of emergency departments (EDs), which are not always the most effective interventions for this kind of event. Increase in demand for services places stress on Emergency Management Systems and Emergency Departments. The Crisis Response Program Grant provided support and funding to select jurisdictions to divert individuals from EDs to other community-based services to receive care and get connected to treatment and support services.

The MDH Behavioral Health Administration (BHA) is committed to ensuring that individuals in crisis have access to immediate and appropriate care. This includes supporting local jurisdictions with the establishment of walk-in crisis services, the implementation of mobile crisis services, and the expansion of crisis beds. In order to support the continued expansion of crisis services, MDH convened a workgroup to develop a crisis response program to allocate funding to eligible jurisdictions. Jurisdictions who demonstrated a need, as well as capacity to integrate both mental health and substance use services using evidence-based treatment practice for children, adults and older adults, were encouraged to apply.

The workgroup reviewed and discussed the current landscape supporting the delivery of crisis services in Maryland, as well as system infrastructure needs, and barriers that affect the delivery of these services.

Mission

The Behavioral Health Crisis Response Program Grant workgroup was formed to work with BHA and other identified stakeholders to develop a proposal, and subsequently grant funding to certain jurisdictions for the purpose of establishing certain crisis services.

Membership

The initial representatives on this workgroup included the following:

- Deputy Secretary for Behavioral Health
- BHA staff
- Medicaid Behavioral Health Division
- Office of Health Care Financing
- Governor's Office of Crime Control & Prevention
- Center for HIV/STI Integration and Capacity
- Opioid Operational Command Center
- Mental Health Association of Maryland
- The Institute for Innovation and Implementation
- Maryland Coalition of Families
- Local Health Authority representative(s)
- Substance Use Community advocate(s)
- University of Maryland representative(s)

Overall Goals for the Committee

1. Identify jurisdictions and services that reach underserved populations.
2. Identify potential barriers that would hamper individuals in crisis from receiving services.
3. Identify the range of services that would be covered under the recommended funding changes.
4. Identify and recommend specific criteria for the reimbursement of identified services within the Medicaid system.
5. Recommend client and system outcomes to be tracked and monitored on a regular basis.

Request for Proposals

On April 1, 2019 a request for proposals was issued to Local Behavioral Health Authorities (LBHAs), Core Service Agencies (CSAs), Health Departments, Local Addiction Authorities (LAAs), and not-profit providers interested in implementing a mobile crisis team, a walk-in crisis services, or residential crisis beds that establishes and/or enhances the behavioral health crisis services array.

By the proposal submission deadline of May 17, 2019, BHA received a total of 19 proposals from Anne Arundel County, Baltimore City, Baltimore County, Calvert County, Carroll County, Cecil County, Frederick County, Harford County, Howard County, the Mid-Shore Region, Washington County, and Wicomico County.

Programs, Services, and Data

The Behavioral Health Crisis Response Program provided \$3,000,000 in funding to seven jurisdictions in FY20. Slightly over \$1,900,000 was unexpended due to startup challenges, such as hiring qualified staff and the impact of the coronavirus disease 2019 (COVID-19). As part of the program continuation plan, the seven programs will continue in FY21. Unexpended funds will be used to support new projects and one-time only expenses.

Baltimore City: Mobile Crisis Services

The Baltimore City program expands existing mobile crisis services to 24 hours per day from its previous 7:00 a.m. to midnight capacity. The expansion, adding 2,555 hours of mobile crisis services annually, closed a longstanding treatment gap, diverted individuals from hospital EDs, and reduced unnecessary law enforcement involvement. In the last quarter of FY20 (April – June 2020), the program served 32 adults in crises. Nineteen (59%) of individuals were linked to a crisis residential program. Table 2 outlines the dispatches and linkages to care.

Table 2: Baltimore City Mobile Crisis Services Expansion and Linkages to Care

	March	April	May	June	Total
DISPATCHES	9	5	9	9	32
LINKAGES TO CARE (#)					
Crisis Residential Program	5	3	7	4	19

3.7 WMS Program	0	0	0	0	0
Crisis Stabilization Center	0	0	0	0	0
Opioid Crisis Unit	0	0	0	0	0
Medication Assisted Treatment Program	0	0	0	0	0
Other	4	0	0	5	9
REFERRAL SOURCE					
Police	0	0	0	0	0
Homeless Outreach	0	0	0	0	0
Hospital	8	5	9	8	30
# DIVERSIONS FROM ED	0	0	0	0	0
# TREATED W/ NALOXONE	0	0	0	0	0

The Baltimore City provider experienced a number of challenges launching the expanded mobile crisis service. Tragically, the program director for mobile crisis services passed away. In addition, hiring qualified staff to work the overnight shifts was more difficult than anticipated. Finally, when the program launched in March, the COVID-19 emergency reduced the utilization of services. For the last four months of the fiscal year, the provider responded to 32 dispatches. Of those, 28 (78%) were linked to care. For those linked to care, 19 (68%) individuals were linked to a crisis residential program; nine (32%) were linked to “other” care, such as, detoxification, inpatient care, and phone intervention. Of the 32 calls, 30 (83%) referrals originated from hospitals. The remaining two (17%) individuals did not indicate a referral source.

Baltimore County: Urgent Care

The Baltimore County program provides increased staffing and hours of operation at Baltimore County Crisis Response System’s Urgent Care Center (UCC) in Lutherville-Timonium, including transportation to and from UCC appointments. The UCC operates 12 hours per day. The UCC provides screening, assessment, and referral crisis services each day with a focus on warm hand-offs to community-based behavioral health treatment and ongoing care coordination. In addition, it provides face-to-face evaluation by a physician or qualified, licensed clinician before the development of the treatment plan.

The Baltimore County Crisis Response System’s UCC provided urgent care services to individuals across the lifespan and connected them to both psychotherapy and physician services. For psychotherapy, a total of 985 individuals were scheduled for an appointment with 569 individuals completing the evaluation. Of the 569, 108 were under the age of 18. A total of 873 individuals made an appointment for physician services with 580 completing the evaluation. Of the 580 individuals, 97 were under the age of 18. Table 3 provides additional information.

Table 3: Baltimore County Crisis Response System’s UCC Services

Therapist Services						Physician Services					
<u>Total Number of Clients</u>	Q1	Q2	Q3	Q4	Ttl	<u>Total Number of Clients</u>	Q1	Q2	Q3	Q4	Ttl
Scheduled	232	229	259	265	985	Scheduled	210	233	221	209	873

Cancelled	34	30	35	17	116	Cancelled	33	31	39	22	125
No Show	42	49	62	89	242	No Show	18	26	23	53	120
Rescheduled	11	14	20	14	59	Rescheduled	15	19	17	5	56
Completed Evaluation	145	136	142	146	569	Completed Evaluation	144	156	141	139	580
<u>Client Age</u>						<u>Client Age</u>					
Child (0–12)	9	7	21	8	45	Child (0–12)	9	6	20	16	51
Teenager (13–17)	10	17	24	12	63	Teenager (13–17)	11	9	14	12	46
<u>TOTAL CHILDREN</u>	19	24	45	20	108	<u>TOTAL CHILDREN</u>	20	15	34	28	97
Trans. Adult (18–21)	22	20	14	16	72	Trans. Adult (18–21)	22	18	9	11	60
Adult (22–64)	97	84	79	105	365	Adult (22–64)	99	114	95	100	408
Elderly (65+)	7	6	3	3	19	Elderly (65+)	3	9	3	0	15
Unknown	0	2	1	2	5	Unknown	0	0	0	0	0
<u>TOTAL ADULTS</u>	126	112	97	126	461	<u>TOTAL ADULTS</u>	124	141	107	111	483
<u>Insurance</u>						<u>Insurance</u>					
Medicaid	54	42	56	44	196	Medicaid	71	67	59	64	261
Medicare	7	11	6	9	33	Medicare	8	11	13	11	43
Other	0	1	3	0	4	Other	1	1	3	0	5
Private Insurance	34	32	18	14	98	Private Insurance	23	25	13	10	71
Uninsured	14	15	17	14	60	Uninsured	13	17	27	18	75
Unknown	35	35	42	65	177	Unknown	27	35	26	36	124
Veteran's Medication Assistance	1	0	0	0	1	Veteran's Medication Assistance	1	0	0	0	1

Carroll County: Mobile Crisis Services and Urgent Care Therapy (UCT)

The Carroll County program provides for the continuation of existing mobile crisis services at 16 hours per day and increases hours of UCT at the county health department beyond current standard business-hour capacity. The change makes the urgent care therapist a full-time collaborating component of the mobile crisis teams.

Carroll County aligned the hours of the urgent care therapist with mobile crisis services to provide crisis response for 16 hours per day. Forty-three percent of the funding for the mobile crisis comes from this grant. Totals have been adjusted for accuracy. There were a total of 319 calls for services with 112 requiring a 911 dispatch, 74 crisis intervention team responses, and 53 mobile crisis responses. Of the 283 individuals served, 67 were under the age of 18.

Table 4: Carrol County Mobile Crisis Services and UCT

	1st Quarter				2nd Quarter				3rd Quarter				4th Quarter				YTD	Adjusted to 43% to match funding
Number of Calls for Service	54	62	68	184	79	67	58	204	47	47	65	159	61	74	61	196	743	319
<u>Dispatch By:</u>																		

911 Dispatch	0	8	27	35	35	33	29	97	29	17	25	71	20	19	19	58	261	112
Fire	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0
Other Crisis Lines	2	2	0	4	0	0	0	0	0	0	0	0	0	0	0	0	4	2
MCT	27	11	8	46	18	18	13	49	8	12	6	26	2	1	3	6	127	55
OPS	0	3	7	10	14	6	4	24	2	4	12	18	16	10	11	37	89	38
Police/CIT	25	38	25	88	12	10	10	32	8	14	22	44	9	16	19	44	208	89
Gender:																		
Female	30	36	36	102	34	28	7	69	20	19	26	65	21	19	30	70	306	132
Male	24	26	32	82	45	39	8	92	37	28	39	104	26	27	20	73	351	151
Transgender	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	1	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Client Age:																		
Child (1–12 years)	1	2	4	7	11	5	1	17	1	2	9	12	3	4	4	11	47	20
Teenager (13–17 years)	2	5	10	17	23	12	7	42	8	4	17	29	7	9	6	22	110	47
Transitional Adult (18–21 years)	6	5	3	14	8	3	2	13	3	2	2	7	2	5	6	13	47	20
Adult (22–64 years)	33	46	42	121	27	34	37	98	23	35	34	92	29	27	31	87	398	171
Elderly (65+ years)	10	4	6	20	9	4	6	19	7	3	2	12	4	1	3	8	59	25
Unknown	2	0	4	6	1	4	0	5	2	1	1	4	2	1	0	3	18	8

Due to hiring challenges, the urgent care therapist position was vacant during the first two quarters of FY20. In January 2020, the position was filled and the clinician began providing support services to crisis intervention teams (CIT) trained law enforcement, mobile crisis teams (MCT), as well as the community at large. From January 2020 to July 2020, the urgent care therapist provided outreach 90 CIT referrals and 66 Behavioral Health referrals submitted by local law enforcement. The program also provided face-to-face interaction with one individual, primarily supporting services and resources, as a full assessment was not able to be completed. There were no in-person responses the fourth quarter and no referrals for bridging sessions due to COVID-19.

Frederick County: Walk-in Crisis Services

The Frederick County program expands the current walk-in capacity from 48 hours per week (40 hours Monday through Friday and eight hours on the weekend) to 92 hours per week (60 hours Monday through Friday and 16 hours on the weekend). In addition, it provides for the expansion of services to include peer support, system navigation, and urgent psychiatric appointments.

Frederick County Crisis Walk-in Center provides services to adults and youth who are in crisis due to mental health or substance use issues. Services are offered by a mix of staff professionals, including clinicians, navigators, and peer support specialists. The center more than doubled its goal of serving 300 unique individuals. Additional milestones include 86% of its treatment

population were under the age of 25. 196 individuals self-reported they would have gone to the ED if the center was not available.

Table 5: Frederick County Walk-In Crisis Services

	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	Total
Unique Individuals	163	224	217	101	705
Additional Visits	55	50	55	26	186
Total Visits	218	274	272	127	891
Urgent Prescriber Appointments	Not applicable	Not applicable	4 (unique) 2 visits	18 (unique) 62 visits	22 (unique) 64 visits
Total Follow-up contacts	278	395	408	327	1,408

The staff at the Walk-In make referrals to providers all over the county, connecting individuals with the service that is most appropriate to their needs. This includes outpatient resources, as well as to the Frederick County Health Department for help applying for Medicaid, marriage/couples counseling, legal aid, Heartly House for intimate partner violation situations, both the Religious Coalition and Faith House for shelter resources, Frederick Communication Action Agency for homelessness resources, and to area primary care physicians if disconnected from somatic healthcare. The expansion of the walk-in center saw a 4% increase in unique individuals over FY19. Fifty-two percent of their service population was under the age of 18. The chief complaint or concern was substance use (26%) and suicidal ideation (37%).

Harford County: School Intervention Services (SIS)

The Harford program establishes a SIS program dedicated solely to providing mobile crisis response services to Harford County Public Schools. On November 4, 2019, the Harford County Crisis Response Services program added a School Intervention Specialist. The School Intervention Specialist provides behavioral health support and intervention services to students and families of all schools, public and private, located within Harford County. Since November 2019, the SIS has been engaged in providing the following: debriefing of behavioral incidents with school personnel, family engagement in the form of providing coping strategies and appropriate linkage with community supports, follow-up support to families which includes ensuring the family has been able to begin services and are satisfied with the supports received, assisting with soft transfer to hospital ED when needed, identification of needed skills training, providing community education regarding the scope of mobile crisis services, and presentation of skills and proactive procedures to address the challenges of crisis situations. The average length of involvement varies from case to case; however, the range is from one time/one day support up to two months.

The School Intervention Specialist was able to support youth, families, and school personnel in engagement with community resources, support groups, and on-going behavior modification strategies, and coping mechanisms. As a result of the therapeutic interventions families saw a decrease in crisis behavior, psychiatric hospitalizations, decrease in need to access law enforcement, prevention of out-of-home placement, decrease in office referrals, detention, and suspension in school, and an increase in overall school and home harmony.

Services were launched in the second quarter adding 23 new cases and providing follow up services to 16 students/families (70%). Of the 39 cases, 22 students were between ages 1–12 and 11 students were between ages 13–17.

Table 6: Harford County School Intervention Services

	2nd Quarter			3rd Quarter				4 th Quarter			YTD
<u>Number of NEW SIS Clients</u>	2	7	9	7	6	1	14			0	23
<u>Assessments/Visits</u>											
New	2	7	9	7	6	1	14			0	23
Follow-Up	0	6	6	6	4	0	10			0	16
<u>Client Age:</u>											
Child (1–12 years)	1	5	6	1 0	5	1	16			0	22
Teenager (13–17 years)	1	2	3	3	5	0	8			0	11
Transitional Adult (18–21 years)	0	0	0	0	0	0	0			0	0
Unknown	0	0	0	0	0	0	0			0	0

Mid-Shore Region: Mobile Crisis/Youth Crisis Services

The Mid-Shore Region program increases capacity of Eastern Shore Mobile Crisis Teams to provide child and adolescent-specific crisis intervention services in Caroline, Dorchester, Somerset, Talbot, and Wicomico Counties, where there are currently no such services. It also provides for mobile crisis teams to provide telehealth interventions to youth and families while on route.

The program launched in the last quarter of FY20 due to contract discussions between the local behavioral health authority and provider. Once launched, the COVID-19 pandemic presented new challenges until the provider could implement telehealth services. Twelve dispatches and 27 follow-up contacts occurred responding to focal issues, such as, childhood behavior, depression, anxiety, and suicidal ideation. Interventions, such as, client and family education, safety planning, behavioral health referrals, and escorts to the hospital were used.

Table 7: Mid-Shore Region Mobile Crisis/Youth Crisis Services

House Bill 1092 Crisis Services Caroline, Dorchester, Somerset, Talbot, Wicomico									
	April	May	June	Total		April	May	June	Total
1. Total Dispatches:	0	15	22	37	16. Focal Issues (at time of discharge):				
Total NEW dispatches	1	6	5	12	Anxiety	0	2	0	2

Total Follow-up Dispatches	1	9	17	27	Child Abuse	0	0	0	0
2. Total Veterans:					Child Behavior	0	14	21	35
Of Total New Consumers, How Many Were Veterans:	0	0	0	0	Child with Significant Illness	0	2	0	2
Of Total New Consumers, How Many Were Non-Veteran:	1	6	5	12	Chronic Mental Illness	0	2	1	3
3. Presenting Problem (NEW):					Confusion/Dementia	0	0	0	0
Mental Health	1	6	5	12	Co-Occurring	0	0	0	0
Substance Abuse	0	0	0	0	Death by Suicide	0	0	0	0
Co-occurring	0	0	0	0	Death Other Than Suicide	0	0	0	0
4. Gender (NEW):					Depression	0	0	4	4
Male	1	2	4	7	Developmentally Disabled	0	2	0	2
Female	0	4	1	5	Domestic Violence	0	0	0	0
Transgender	0	0	0	0	Emergency Petition	0	0	0	0
Male Veteran	0	0	0	0	Family Conflict	0	2	1	3
Female Veteran	0	0	0	0	Fatal Accident	0	0	0	0
5. Primary Language (NEW):					Financial	0	0	0	0
English	1	5	5	11	Homeless	0	0	0	0
Spanish	0	1	0	1	Homicide Violence	0	0	2	2
Other	0	0	0	0	Marital Conflict	0	0	0	0
6. Ethnicity (NEW):					Medical Issues Primary	0	0	0	0
African-American	0	0	0	0	Runaway	0	0	0	0
Caucasian	1	2	1	4	Sexual Assault	0	0	0	0
Hispanic	0	1	0	1	Situational Crisis	0	0	2	2
Asian	0	0	0	0	Substance Abuse	0	0	0	0
Native American	0	0	0	0	Suicide Attempt	0	0	0	0
Other	0	0	0	0	Suicide Ideation	0	2	1	3
Declined to Provide	0	0	0	0	Other	0	0	0	0
Unknown	0	3	4	7	17. Internal Referral Services Requested:				
7. Age Range (NEW):					Mobile Crisis Team (MCT) to follow up	1	14	19	34
12 and under	1	1	2	4	Eastern Shore Operations Center to Follow up	0	0	0	0

13–18	0	5	3	8	Other	0	1	0	1
19–29	0	0	0	0	None	0	0	1	1
30–39	0	0	0	0	18. MCT Outcomes:				
40–49	0	0	0	0	At Risk for Safety	0	1	1	2
50–59	0	0	0	0	Deteriorating Symptoms	1	0	0	1
60–69	0	0	0	0	In ED	0	0	2	2
70–79	0	0	0	0	Incomplete or Cancelled Dispatch	0	0	1	1
80–89	0	0	0	0	Stable without Support	0	4	4	8
90–99	0	0	0	0	Stable with Support	1	10	15	26
over 99	0	0	0	0	With police	0	0	0	0
unknown	0	0	0	0	19. Diversion:				
8. Insurance Status (NEW):					Diverted from ED	0	3	3	6
Uninsured	0	1	0	1	Diverted from Jail	0	0	0	0
Public Mental Health Services (PMHS) MA Only	0	0	0	0	20. Referrals Given:				
PHMS MA/Medicare	0	1	0	1	Inpatient Hospitalization	0	0	0	0
Medicare	0	0	0	0	Intensive Outpatient Program	0	0	0	0
Private	0	0	0	0	Mobile Crisis Stabilization Services	0	0	0	0
Veterans	0	0	0	0	Mobile Crisis Team (MCT)	0	0	0	0
Unknown	1	4	5	10	Outpatient Mental Health Center	1	4	1	6
9. Total Dispatches from ESOC	1	5	5	11	Outpatient Addictions Treatment	0	0	0	0
10. Total Dispatches from Emergency Responders	0	0	0	0	Partial Hospitalization Programs	0	0	0	0
11. Total Dispatches from Law Enforcement	0	0	0	0	Primary Care Physician	0	0	0	0
12. Total Follow-Up Phone Contacts Made	8	239	344	591	Psychiatric Rehabilitation Program	0	0	1	1
13. Total Urgent Care Referrals	0	0	0	0	Residential Addictions Treatment	0	0	0	0
14. Total Safety Plans	1	6	2	9	Shelter	0	0	0	0
15. Interventions Used (Disposition of Case):					Targeted Case Management	0	0	0	0
Assist with Emergency Petition	0	0	0	0	21. Behavioral Health Linkage:				
Behavioral Health Referral	1	6	2	9	Linked During Crisis Response Services (CRS) Involvement	0	6	0	6
Client Education	0	4	9	13	Linked Prior to CRS Involvement	1	10	0	11

Client Refused Services	0	0	0	0	Not Linked	0	1	0	1
Client Unavailable	0	1	2	3	Refused Services	0	0	0	0
Contact EMT	0	0	0	0	Resources Provided	1	1	0	2
Contacted Law Enforcement	0	0	0	0	N/A	0	1	0	1
Crisis Bed Placement	0	0	0	0	22. Case Outcomes:				
Emergency Petition by MCT	0	0	0	0	Crisis Bed	0	0	0	0
Escort to Hospital	0	0	1	1	Deceased	0	0	0	0
Family Education	1	10	13	24	Emergency Petition	0	0	0	0
Grief Support	0	0	0	0	Emergency Room/Voluntary	0	0	0	0
Non-Behavioral Health Referral	0	1	1	2	Inpatient Hospitalization	0	1	0	1
Physical Intervention	0	0	0	0	No Change	0	0	0	0
Safety Plan	1	6	2	9	Refused Services	0	2	0	2
Stable upon MCT Arrival	1	12	13	26	Stable/Improved	1	13	0	14
Transport to Hospital	0	1	3	4	Unknown/Unable to Contact	0	3	0	3
Verbal De-Escalation	1	1	0	2					
Well-Being Check	0	6	2	8					
Other (please specify reason in narrative report)	0	0	0	0					

Washington County: Mobile Crisis Services

The Washington County program expands mobile crisis response services to 100 hours per week (days and nights until 11:00 p.m. Monday through Friday and late afternoons and nights on weekends). In addition, it integrates psychiatric nurse practitioner services to provide program consultation and direct care stabilization until individuals are linked to ongoing treatment. The program launched at the end of the second quarter of FY20. 622 individuals received a total of 635 services to include assessments, follow-ups, and consultations. 246 of the calls were to address psychiatric emergencies followed by 118 addressing suicidal ideation. 114 of the individuals served were under the age of 18. Table 8 provides additional information.

Table 8: Washington County Mobile Crisis Services

	2nd QTR				3rd QTR				4th QTR				
FY20	---	---	DEC	Ttl	JAN	FEB	MA R	Ttl	APR	MA Y	JUN	Ttl	YTD
TOTAL CASES ADDRESSED IN THE MONTH			10	10	38	59	42	139	42	41	51	134	283

New Cases			6	6	9	34	30	73	29	23	30	82	161
Follow Up Cases			4	4	29	25	12	66	13	18	21	52	122
TOTAL NUMBER OF SERVICES PROVIDED			17	17	52	110	82	244	100	148	126	374	635
New Assessment			6	6	10	35	35	80	33	39	33	105	191
Follow-Up			7	7	11	28	18	57	13	10	52	75	139
Consultation			4	4	31	29	19	79	52	91	39	182	265
Other			0	0	0	18	10	28	2	8	2	12	40
CLIENT GENDER													
Male			3	3	23	62	35	120	33	93	47	173	296
Female			7	7	26	47	47	120	65	54	71	190	317
Transgender Female			0	0	0	0	0	0	0	0	3	3	3
Transgender Male			0	0	0	0	0	0	2	0	0	2	2
Unknown			0	0	2	1	0	3	0	0	1	1	4
CLIENT AGE													
0–17			0	0	3	7	14	24	5	10	18	33	57
7–12			0	0	0	2	5	7	2	5	2	9	16
13–17			0	0	3	5	9	17	3	5	16	24	41
18–25			2	2	0	21	3	24	7	4	10	21	47
26–39			1	1	6	21	22	49	26	48	20	94	144
40–59			5	5	17	28	18	63	15	21	14	50	118
60 & above			2	2	12	27	24	63	45	57	47	149	214
Unknown			0	0	7	6	1	14	1	3	9	13	27
CLIENT RACE													
Asian			0	0	0	0	0	0	0	0	0	0	0
Black/African American			2	2	7	9	3	19	6	18	6	30	51
White			7	7	28	77	69	174	50	77	54	181	362
Hispanic/Latino/Spanish			0	0	1	2	1	4	2	0	0	2	6
American Indian/Alaskan Native			0	0	0	0	0	0	0	0	0	0	0
Pacific Islander			0	0	0	0	0	0	0	0	0	0	0
Mixed Race			0	0	0	8	0	8	0	0	13	13	21
Other/Unknown			1	1	7	0	7	14	40	38	41	119	134
PRESENTING PROBLEM													
Psychiatric Emergency			6	6	15	31	27	73	56	58	53	167	246
Suicidal			1	1	9	35	31	75	11	31	0	42	118
Overdose			0	0	0	0	1	1	1	0	0	1	2
Resource/Housing Crisis			3	3	4	11	5	20	10	17	24	51	74

Frequent 911/Hospital Involvement			4	4	9	15	9	33	4	0	0	4	41
Conflict			2	2	3	15	4	22	9	17	11	37	61
DEATH (TOTAL OF BELOW)			0	0	0	1	0	1	0	0	0	0	1
Medical			0	0	0	0	0	0	0	0	0	0	0
Suicide			0	0	0	1	0	1	0	0	0	0	1
Homicide			0	0	0	0	0	0	0	0	0	0	0
Trauma			0	0	0	0	0	0	0	0	0	0	0
Drug Related			0	0	0	0	0	0	0	0	0	0	0
Miscellaneous (G)			0	0	16	10	13	39	14	26	13	53	131
PRIMARY OUTCOME													
To ED for Evaluation (A+B+C)			0	0	5	11	20	36	5	2	13	20	56
Emergency Petition (EP) - Law Enforcement (A)			0	0	3	8	5	16	3	2	12	17	33
EP - CIT (B)			0	0	0	0	1	1	0	0	0	0	1
ED Voluntarily - Behavioral Health (C)			0	0	2	3	14	19	2	0	1	3	22
EP - Court			0	0	0	0	1	1	0	2	0	2	3
ED Voluntarily - Medical			0	0	0	1	3	4	0	0	0	0	4
Referral - New Outpatient Services			0	0	0	0	3	3	2	2	1	5	8
Referral - Current Outpatient Services			0	0	0	0	1	1	1	1	0	2	3
Referral - 211/Hotline			3	3	1	0	0	1	0	0	4	4	8
Referral - Intensive Case Management			1	1	0	0	0	0	0	0	0	0	1
Referral - Other Services/Resources			7	7	11	29	10	50	16	8	10	34	91
Natural Supports			2	2	3	13	11	27	9	8	10	27	56
Services Declined			0	0	1	2	1	4	1	3	9	13	17
Child Protective Services or Adult Protective Services referral			0	0	0	1	0	1	3	1	4	8	9
Community Planning/Collaboration			3	3	24	45	32	101	60	103	73	236	340
Safety Plan Only			0	0	0	2	6	8	8	11	12	31	47
INITIATOR OF SERVICE													
Police			9	9	32	26	29	87	25	18	23	66	162
Crisis Staff or Hotline			0	0	0	0	0	0	0	0	1	1	1
Family/Friend			2	2	1	1	0	2	2	0	1	3	7
Self			0	0	3	1	0	4	3	1	0	4	8
Mental Health Professional			5	5	11	2	0	13	1	11	4	16	34
School			0	0	0	0	0	0	0	0	0	0	0
Detention Center			0	0	0	0	0	0	0	0	0	0	0
Mobile Crisis Clinician			11	11	42	57	37	136	65	101	91	257	551
Other			0	0	5	3	1	9	5	1	4	10	19

Conclusion

The Administration is committed to expanding programs to address the increasing need for crisis services. The committee has worked to increase the number of services according to budget in both urban and rural areas of Maryland. To improve upon existing efforts, BHA will work to better streamline the data reporting process by developing a uniformed reporting tool. In doing this, the Administration believes that future reports will include additional information on the data elements to illustrate a more complete picture of performance measures and outcomes. Proposals for FY21 have been submitted and evaluated by the committee. Increased funding has allowed for the implementation and/or expansion of five new projects.