



**Behavioral Health Crisis Grant Program
FY 2021 Annual Report**

December 1, 2021

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

MSAR# 11674

Executive Summary	1
Background Information/Problem Statement	1
Mission	2
Membership	2
Overall Goals for the Committee	2
Request for Proposals	2
Number of Grants and Funds Distribution	3
Overall Outcomes by Jurisdiction	3
Programs, Services, and Data	6
Conclusion	22

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.

Background Information/Problem Statement

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 may not always be able to provide effective interventions for these individuals. Increase in demand for services places stress on Emergency Management Systems and EDs. 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. 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.

Additionally, 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.

The workgroup respectfully submits an annual report to the Governor and General Assembly on December 1, 2021, that includes: (1) the number of grants distributed, (2) funds distributed by county, (3) information about grant recipients and programs and services provided, and (4) data from the statewide system of outcome measurements created by MDH.

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 Prevention, Youth, and Victim Services
- 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

In collaboration with Local Behavioral Health Authority (LBHA) Directors, BHA issued a Request for Proposals (RFP) on May 20, 2020. This request was posted on the BHA website and targeted to Local Behavioral Health Authorities (LBHAs), Core Service Agencies (CSAs), Health Departments, and Local Addiction Authorities (LAAs) with the intention of inviting non-profit providers interested in implementing a mobile crisis team, 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 June 19, 2020, BHA received a total of 10 proposals from Baltimore City and Baltimore, Calvert, Carroll, Cecil, Garrett, Harford, Howard, Prince George's, and St. Mary's Counties.

Number of Grants and Funds Distribution

Available funding for FY21 was \$5,908,287. This amount accounts for the FY21 award of \$4,000,000 and \$1,908,287 in unspent FY20 funds. Crisis services programs funded in FY20 were continued in FY21 at a cost of \$3,000,000. With a balance of \$2,908,287, the committee decided to allocate the \$2,000,000 to new programs. The remaining \$908,287 was made available as one-time-only funding for special projects and start-up costs. The review committee agreed to continue to fund the seven programs that were established in FY20 with the intention of providing on-going, multi-year services. As illustrated in the tables below, the Crisis Response Grant Program added five new programs and/or initiatives in Baltimore, Calvert, Harford, Howard, and Prince George's Counties.

Continued Programs from 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		

HB1092 FY21 Awards					
		New	One Time Only	Youth	Adults
Baltimore County	Urgent Care Marketing	\$0	\$55,000		X
Calvert	Crisis Call Hub and Residential Crisis Services	\$382,976	\$444,012		X
Harford	Crisis Center	\$0	\$309,697		X
Howard	Residential Crisis Services	\$810,372	\$87,720		X
Prince George's	Residential Crisis Services	\$806,652	\$11,858		X
TOTAL		\$2,000,000	\$908,287		

Overall Outcomes by Jurisdiction

The overall outcomes for FY21 were significantly impacted by the COVID-19 public health emergency. Providers have reported that they struggled with retaining and recruiting staff. Some services, such as crisis beds were required to reduce capacity by up to 50% to maintain social distancing and safety protocols. Below is a summary of outcomes achieved by the award recipients.

Programs Continued from FY20

- **Baltimore City** increased annual, overnight, mobile crisis service capacity by 639 service hours to provide 24/7/365 access to 117 adults in crisis during FY21. This is a 265.6%

increase from FY20. 63 (54%) of individuals were linked to a crisis residential program (62) and a substance use withdrawal management bed (1).

- **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. In response to the public health emergency, all services were provided through telehealth. 810 individuals received therapy and 718 received telehealth physician visits. 1,528 individuals received services in FY21.
- **Carroll County** received 600 calls for services for FY21. 216 (36%) of the calls were dispatched by 911; followed by 210 (35%) of the calls dispatched by a crisis intervention team, and 51 (8.5%) calls dispatched by mobile crisis. Of the 600 individuals served, 315 identified as female, 281 as male, 1 as transgender, and 3 unknown. 142 were under the age of 18. A Year-Over-Year percent change was not calculated as the program did not launch until the 3rd Quarter of FY20.
- **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 912 individuals served, 253 (22%) self-reported that access to expanded services diverted them from ED visits. The center more than tripled its goal of serving 300 unique individuals and provided 1,078 total in-person crisis visits, not including urgent prescriber appointments. The expansion of the walk-in center saw a 34% increase in unique individuals over FY19 and a 29% increase over FY20.
- **Harford County** established a School Intervention Services (SIS) program dedicated solely to providing mobile crisis response services to Harford County Public Schools. The SIS program assessed 37 new cases and provided 50 face-to-face follow up services, as well as 380 phone contacts. Of the 37 cases of students enrolled in public school, 16 students were between ages 1–12; 20 students were between ages 13–17; and 1 student was 18 years old. 16 students and /or families (43% of cases) engaged in follow up services after their initial contact. The SIS program has helped families connect to treatment providers, services, supports and resources. The SIS program has been able to assist families navigate the incredible challenge of virtual learning, and hesitancy which came with the transition to in-person learning.
- **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 program’s first full year of operation, 470 dispatches served 99 families. 2,014 follow up phone calls with families were made. A Year-Over-Year percent change was not calculated as the program did not launch until the 4th Quarter of FY20.
- **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. Washington County Mobile Crisis Services had 443 new cases and served a total of 666 individuals over the course of 1,496 unique service interventions. This represents an 86% increase in new cases. The highest proportion of crisis service interventions were provided in the form of case consultations and coordination followed by referral to services and resources and natural support. Mobile Crisis Services directly impacted 279 diversions from unnecessary transport to hospital level of care from the community.

New Programs FY21

- **Calvert County** enhanced their Crisis Call Hub. Funding aided in expanding operations providing three shifts-- daytime (7 am - 3 pm), evening (3 pm - 11pm), and overnight (11 pm - 7 am). Each shift consists of a designated hotline dispatcher who will provide warm handoffs to licensed clinicians, crisis counselors, mobile crisis teams, peer support, or facility-based care as necessary. A total of 1,075 calls were received.
- **Howard County** planned on establishing residential crisis services. Due to the pandemic, providers in the county were slow to respond, reporting that safety protocols, reduced capacity, and limited workforce resources prevented them from entertaining new projects.
- **Prince George's County** faced similar challenges to Howard County. The vendor awarded to establish residential crisis services delayed the start of the project. BHA submitted a Corrective Action Plan outlining steps to provide services. The vendor requested an increase in the award which was denied and the vendor withdrew.

One-Time-Only Funding

- **Baltimore County** Urgent Care Marketing Campaign the vendor contracted with a marketing firm for a media package that included a commercial available for internal use in marketing as well as television. The ad ran a minimum of 43 spots per month on WBAL for a six month period. The internet and other social media were used to further market the video.
- **Calvert County** was awarded one-time-only funding to establish residential crisis services (RCS). Due to changing the program model, final approval was not received until late in the third quarter. A consultant was secured to help with policy and procedures and preparations. At the end of the FY21 funding period, Southern Maryland Community Network achieved preliminary accreditation as a Residential Crisis Program.
- **Harford County** also received one-time-only funding for the Klein Family Harford Crisis Center to support residential crisis beds, crisis walk-in services, and outpatient mental health care. This additional funding resulted in an increase of 63.1% more individuals in the Urgent Care Walk-In Center; 62.3% more individuals in the Residential Crisis Bed program; and 56.1% more individuals in the outpatient clinic.

Programs, Services, and Data

The Crisis Response Program provided \$3,000,000 in funding to seven jurisdictions. Slightly over \$1,900,000 was unexpended due to startup challenges, such as hiring qualified staff and the impact of 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

Crisis Response Grant (HB1092)					
Jurisdiction: Baltimore City					
Overnight Expansion Mobile Crisis Team					
	Q1	Q2	Q3	Q4	YTD
NEW CLIENTS	12	22	29	54	117
Total number of services	24	38	58	108	228
In-person	12	22	29	54	117
Consult/Info Only	0	0	0	0	0
New Assessment	12	22	29	54	117
GENDER					
Male	9	15	17	32	73
Female	3	7	10	22	42
Transgender Female	0	0	2	1	3
Transgender Male	0	0	0	0	0
AGE					
18-25	1	2	4	4	11
26-39	5	7	9	17	38
40-59	6	10	13	12	41
60 & above	0	4	3	1	8
RACE					
Asian	0	0	0	0	0
Black/African American	8	14	23	36	81
White	4	7	6	19	36
Hispanic/Latino/Spanish	0	0	0	0	0
American Indian/Alaskan Native	0	0	0	0	0
Pacific Islander	0	0	0	0	0
Mixed Race	0	0	0	0	0
Other/Unknown	0	1	0	0	1
PRESENTING PROBLEM					
Psychiatric Emergency	9	16	25	47	97
Suicidal	2	4	4	5	15
Overdose	0	0	0	0	0
Resource/Housing Crisis	1	1	0	2	4
PRIMARY OUTCOME					
Bed Admission					

Admission to MH Crisis Bed	8	12	12	28	60
Referral - New Outpt Svcs	4	9	12	20	45
Referral - Current Outpt Svcs	0	0	2	1	3
Referral - 211/Hotline	0	1	0	0	1
Referral - Intensive Case Mgt	0	0	0	0	0
Referral - Other Services/Resources	0	1	2	0	3
SOURCE OF REFERRAL					
Police	0	0	0	1	1
Crisis Staff or Hotline	0	0	0	0	0
Family/Friend	0	0	0	0	0
Self	4	2	19	46	71
Mental Health Professional	1	0	3	0	4
School	0	0	1	0	1
Detention Center	0	0	0	0	0
Other	10	30	25	42	107

COVID-19 created several challenges for the Baltimore City Mobile Crisis Services. Overall, the provider saw a decreased number of referrals coming from hospitals. At the beginning of FY21, the provider was unable to enter hospital facilities to assess clients. The provider also limited its crisis beds and detox beds to allow one patient to a room. The provider went from 21 crisis beds to 12 beds, the Detox went from 18 to 9 beds. This decreased number of beds has decreased the provider's ability to do hospital diversion from emergency departments.

In FY21 second quarter, due to COVID-19, staff were only allowed to see clients outside their home or complete assessments by phone or Zoom. This was particularly challenging for the overnight Mobile Crisis Team, because it is difficult to see consumers overnight outside. In an attempt to mitigate the challenges, all client assessments were done by Zoom or telephone. If the client was appropriate for a crisis bed, the mobile crisis team picked up the client outside of the hospital.

Another difficulty was with the safety protocol implemented with the Crisis Residential Unit admission process during FY21, which required all clients to have a recent COVID-19 test to be medically cleared to be admitted to the bed. Nurses carried rapid COVID-19 tests with them on runs, and were able to quickly test clients in the community.

Staff Recruitment was a considerable challenge. The provider continued to struggle with fully staffing all weekday and weekend shifts overnight throughout the year. They advertised and worked on recruitment and retention strategies.

Baltimore County: Urgent Care

The 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. In response to COVID-19, the UCC utilized telehealth to provide screening, assessment, and referral crisis services each

day providing referrals to community-based behavioral health treatment and ongoing care coordination.

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	331	322	298	339	1290	Scheduled	261	222	271	243	997
Canceled	30	46	32	36	144	Canceled	27	19	24	12	82
No Show	102	85	68	81	336	No Show	56	52	48	41	197
Rescheduled	23	10	3	9	45	Rescheduled	13	2	3	1	19
Completed Evaluation	176	181	195	213	765	Completed Evaluation	165	149	196	189	699
<u>Client Age</u>						<u>Client Age</u>					
Child (0–12)	7	12	17	8	44	Child (0–12)	6	15	39	8	68
Teenager (13–17)	10	14	20	35	79	Teenager (13–17)	15	6	11	28	60
TOTAL CHILDREN	17	26	37	43	123	TOTAL CHILDREN	21	21	50	36	128
Trans. Adult (18–21)	12	27	21	19	79	Trans. Adult (18–21)	11	15	19	12	57
Adult (22–64)	132	118	120	132	502	Adult (22–64)	128	107	135	133	503
Elderly (65+)	10	7	8	15	40	Elderly (65+)	3	1	0	7	11
Unknown	5	2	6	4	17	Unknown	2	10	3	2	17
TOTAL ADULTS	159	154	155	170	638	TOTAL ADULTS	144	133	157	154	588
<u>Insurance</u>						<u>Insurance</u>					
Medicaid	51	35	30	58	174	Medicaid	54	35	47	72	208
Medicare	19	6	11	14	50	Medicare	6	10	14	11	41
Other	1	0	5	4	10	Other	3	3	2	1	9
Private Insurance	26	25	41	45	137	Private Insurance	20	16	33	43	112
Uninsured	18	13	12	27	70	Uninsured	14	11	8	18	51
Unknown	86	102	88	63	339	Unknown	69	74	83	43	269
Military	0	0	4	2	6	Military	0	0	1	1	2

Baltimore County provided urgent care services to individuals across the lifespan and connected them to both psychotherapy and physician services. For psychotherapy, a total of 1,290 individuals were scheduled for an appointment with 810 individuals completing the evaluation. 123 individuals were under the age of 18. 997 individuals made an appointment for physician services with 718 completing the evaluation. Of the 997 individuals, 128 were under the age of 18.

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

The program provides for the continuation of existing mobile crisis services 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.

	1st Quarter				2nd Quarter				3rd Quarter				4th Quarter				FY	# served with grant funding
																	Ttl	
Number of Calls for Service	52	59	57	168	51	52	37	140	43	54	52	149	38	44	61	143	600	228
<u>Dispatch By:</u>																		
911 Dispatch	16	22	30	68	19	15	9	43	10	14	16	40	15	23	27	65	216	82
Fire	0	0	0	0	0	0												
Other Crisis Lines	0	0	0	0	0	0												
MCT	1	4	7	12	4	9	4	17	2	2	6	10	6	3	3	12	51	19
OPS	6	15	9	30	15	11	8	34	8	12	14	34	7	6	12	25	123	47
Police/CIT	29	18	10	57	13	17	16	46	23	26	17	66	10	12	19	41	210	80
<u>Type of Dispatch:</u>																		0
New Dispatch	43	46	37	126	36	41	30	107	38	44	32	114	33	37	46	116	463	176
Follow-up Dispatch	9	13	20	42	15	11	7	33	5	10	20	35	5	7	15	27	137	52
<u>Dispatch Area:</u>																		0
Westminster PD	12	8	19	39	12	7	5	24	2	14	7	23	8	9	16	33	119	45
CC Sheriff Office	21	37	27	85	27	35	23	85	26	28	29	83	21	29	34	84	337	128
Taneytown PD	4	3	5	12	2	5	2	9	1	5	2	8	1	1	1	3	32	12
Sykesville/Eldersburg PD	5	0	1	6	2	0	1	3	2	0	3	5	2	3	1	6	20	8
Mt. Airy PD	0	1	0	1	0	0	0	0	2	0	1	3	1	0	0	1	5	2
Hampstead PD	3	1	1	5	0	2	3	5	2	5	2	9	2	0	1	3	22	8
Manchester PD	0	0	1	1	4	2	0	6	2	1	0	3	1	1	1	3	13	5
MSP	5	9	4	18	3	2	2	7	6	1	8	15	2	1	7	10	50	19
CC Community College PD	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	1	0
EOC / 911	0	0	0	0	0	0												
Unknown	0	0	0	0	0	0												
<u>Gender of Client:</u>																		
Female	27	24	33	84	33	25	18	76	22	20	31	73	24	17	41	82	315	120
Male	25	35	24	84	15	27	19	61	21	34	20	75	14	27	20	61	281	107
Transgender	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	1	0
Unknown	0	0	0	0	3	0	0	3	0	0	0	0	0	0	0	0	3	1
<u>Client Age:</u>																		0
Child (1-12 years)	4	6	4	14	8	6	1	15	3	1	5	9	7	2	3	12	50	19
Teenager (13-17 years)	7	9	18	34	11	8	3	22	7	7	6	20	0	5	11	16	92	35

Transitional Adult (18-21 years)	8	2	1	11	2	5	3	10	2	2	4	8	3	0	4	7	36	14
Adult (22-64 years)	30	37	33	100	21	26	28	75	28	39	23	90	24	33	36	93	358	136
Elderly (65+ years)	1	5	2	8	4	6	3	13	2	5	8	15	4	3	6	13	49	19
Unknown	2	0	0	2	5	1	0	6	1	0	6	7	0	1	1	2	17	6
<u>Diagnostic Category:</u>																		
Anxiety Disorder	0	4	4	8	2	5	3	10	1	4	1	6	0	9	3	12	36	14
Bipolar/Related Disorder	4	2	2	8	6	1	3	10	5	9	6	20	0	5	2	7	45	17
Depressive Disorder	10	7	11	28	13	5	5	23	8	8	13	29	11	6	11	28	108	41
Autism Spectrum D/O	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	1	0
Diagnosis due to Medical Condition	0	0	0	0	0	0	0	0	0	0	1	1	0	0	2	2	3	1
Disruptive/Impulse/Conduct Disorder	4	6	6	16	4	3	0	7	3	1	3	7	4	3	4	11	41	16
Dissociative Disorder	0	0	0	0	0	0	0	0	0	1	1	2	0	0	0	0	2	1
Neurocognitive Disorder	1	4	0	5	1	2	1	4	1	1	5	7	1	2	3	6	22	8
Neurodevelopmental Disorder	1	3	2	6	1	3	0	4	0	0	2	2	0	0	0	0	12	5
Not Applicable	4	9	7	20	5	10	4	19	3	7	4	14	1	1	4	6	59	22
Other	1	0	0	1	1	1	0	2	1	0	1	2	0	2	0	2	7	3
Personality Disorder	0	0	0	0	0	1	0	1	1	0	2	3	0	0	1	1	5	2
Schizophrenia/Psychotic Disorder	1	0	2	3	4	2	4	10	3	3	5	11	2	1	4	7	31	12
Substance/Addictive Disorder	15	10	7	32	4	1	2	7	6	12	4	22	5	8	6	19	80	30
Trauma/PTSD	4	0	3	7	0	1	1	2	1	5	1	7	1	3	9	13	29	11
No Diagnosis or Condition	0	0	0	0	0	0	0	0	0	0	1	1	3	0	0	3	4	2
Undetermined	7	13	10	30	6	16	14	36	8	3	6	17	7	3	5	15	98	37
<u>Calls Diverted from ER:</u>																		
Yes	6	0	5	11	1	2	2	5	3	5	13	21	6	5	5	16	53	20
No	9	4	7	20	3	4	8	15	6	6	3	15	6	4	4	14	64	24
N/A	37	10	45	92	47	46	28	121	34	43	36	113	27	35	52	114	440	167
<u>Calls Diverted from EP:</u>																		
Yes	7	3	7	17	4	4	1	9	5	6	16	27	9	8	7	24	77	29
No	5	2	8	15	5	4	8	17	7	10	3	20	4	6	3	13	65	25
N/A	39	9	42	90	42	44	28	114	31	38	33	102	24	31	51	106	412	157

<u>Calls Diverted from Criminal Justice:</u>																			
Yes	0	0	0	0	1	0	1	2	2	1	5	8	0	1	1	2	12	5	
No	1	1	2	4	1	0	0	1	0	2	0	2	1	1	2	4	11	4	
N/A	51	13	55	119	49	52	36	137	41	51	47	139	38	42	58	138	533	203	

Carroll County aligned the hours of the urgent care therapist with mobile crisis services to provide crisis response for 16 hours per day. Thirty-eight percent (38%) of the funding for the mobile crisis comes from this grant. Totals have been adjusted for accuracy. There were a total of 228 calls for services with 82 requiring a 911 dispatch, 80 crisis intervention team responses, and 19 mobile crisis responses. Of the 228 individuals served, 54 were under the age of 18. The most common diagnosis was 41 with a depressive order, 37 recorded as undetermined, and 30 with a substance use disorder. 20 individuals were diverted from the emergency department, 29 from being issued an emergency petition, and 5 from involvement with the criminal justice system.

The Urgent Care position provides support for the Crisis Intervention Team (CIT) program by responding to all referrals completed by CIT trained officers. This includes providing outreach to all behavioral health referrals submitted to the Carroll County Health Department. These referrals are completed by non-CIT-trained officers during a call for service that has a behavioral health component.

Successes over the past year included the team remaining active and providing in-person responses to all COVID-19 screened individuals and families in the community. Challenges for the MCT over the past year have included challenges with staffing, as it has been difficult to recruit and retain staff.

Frederick County: Walk-in Crisis Services

The program expands the previous 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.

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total
Unique Individuals	205	242	182	283	912
Follow-up Services	495	560	534	671	2260
Total Services	751	857	788	1034	3430
Urgent Prescriber Appointments	71	58	67	51	247

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 to include clinicians, navigators, and peer support specialists. The center more than tripled its goal of serving 300 unique individuals and provided 1,078 total in-person crisis visits, not including urgent prescriber appointments. The expansion of the walk-in center saw a 34% increase in unique individuals over FY19 and a 29% increase over FY20. While 56% of the treatment population were under the age of 30, it’s important to note that 25% were under age

18. Individuals between the ages of 30 and 39 were the top age group to receive services at the center. 22% (253 individuals) self-reported they would have gone to the ED if the center was not available.

The staff at Walk-in refer to providers all over the county, connecting individuals with whatever service is most appropriate to their needs. 79% of those who received a referral followed through in making a connection with the needed service. This includes outpatient resources, as well as to Frederick County Health Department for help applying for Medicaid, marriage/couples counseling, legal aid, Heartly House for intimate partner violence situations, both the Religious Coalition and Faith House for shelter resources, Frederick Communication Action Agency for homelessness resources, and of course to area primary care physicians if disconnected from somatic healthcare. The chief complaint or concern was substance use (30%) and suicidal ideation (40%). There were 15% who required referral for urgent medical evaluations – 16 children and 145 adults. 42% of those receiving services at the walk-in center had private health insurance, and 11% were uninsured at the time of their visit.

A review for the Walk-in Center posted online last year reads:

“I loved that it was a walk-in clinic that sees children of all ages without an appointment. They are able to do a very thorough assessment of your child and give a professional recommendation on what steps to take next. If your child is having a mental health crisis and you’re not sure what to do, this place is a life-saver. Your child can receive immediate one on one services vs sitting in the E.R. for hours waiting to be seen. They not only provide an assessment of your child (so you can decide if they need to be admitted to a facility, is it safe for them to come home, do they need to follow up with a professional) they will develop a safety plan with them, coping skills and provide a though counseling session with the child and the parent both. We were sent home with a plan and list of who to call and what to do. They provided more care and guidance in an hour and half than my child received in two weeks prior at another inpatient facility.”

Harford County: School Intervention Services (SIS)

The program establishes an SIS program dedicated solely to providing mobile crisis services to Harford County Public Schools. An SIS clinician will provide onsite intervention, de-escalation, and stabilization for students in crisis, and ongoing support for families.

Performance Measure	Target	Q1	Q2	Q3	Q4	Total
Number of Individuals Assessed in school/home	180	4	15	17	1	37
Telephone Contacts	500	96	142	139	3	380
Number of Individuals referred to treatment	125	8	14	10	1	33
Number of Individuals provided follow up w/in 3 days	137	6	27	16	1	50
Police		0	0	0	0	0
Crisis Staff or Hotline		3	4	2	1	10
Family/Friend		3	12	11	0	26
Self		0	0	1	0	1
Mental Health Professional		3	1	0	0	4
School		0	5	3	0	8
Detention Center		0	0	0	0	0

Other		0	0	1	0	1
-------	--	---	---	---	---	---

SIS provides the following services: community outreach and education on SIS and Harford Crisis Response (HCR) services; networking with providers; assessment of students for mental health or substance use disorders; assessment of the need for emergency services; coordinating care with police, other service providers, and school staff; recommending strategies for behavioral management; developing crisis and safety plans; facilitating referrals to behavioral health, crisis intervention, and community resources; and performance and wellness checks and follow-up care. The School Intervention Specialist (SIS) began services with HCR through the Office on Mental Health/Core Service Agency of Harford County late summer of 2020.

The COVID-19 pandemic continues to present barriers to SIS service delivery. Schools reopened in March 2021, but some students have remained virtual, while others are only attending school in person for a limited number of days. This continues to potentially limit the number of calls and requests for SIS services received from schools and can make accessing students difficult if caregivers fail to respond to contact attempts or have scheduling conflicts. This may also limit the ability to effectively network SIS services and coordinate services with schools. Additionally, SIS dispatches to schools primarily for crisis responses, while follow-up visits are scheduled in homes to limit additional presence in school buildings. This can make scheduling difficult for students who are attending school in-person.

Referring clients for services is also more challenging during the pandemic as many programs are not currently operating or are providing services through telehealth only, and some are difficult to contact. Other services have long waitlists and clients may not be linked with care in a timely manner.

However, as there have been many challenges there have been many successes. In general, families and the public school system have felt supported by the SIS program during this most challenging and unpredictable time. The SIS program has helped families make invaluable connections to treatment providers, services, supports and resources. The SIS program has been able to assist families navigate the incredible challenge of virtual learning, and hesitancy which came with the transition to in-person learning.

Harford County: Crisis Stabilization (New)

The Klein Family Harford Crisis Center (KFHCC) was able to serve many more individuals this year due to assistance from grant funding. As a result of this funding, salaries of several front line supervisors were covered, as well as partial coverage of two outpatient therapists’ salaries. These individuals focused on ways to best serve more patients in each of our service lines within the KFHCC. Specifically over the past year, the KFHCC served 63.1% more individuals in the Urgent Care Walk-In Center; 62.3% more individuals in the Residential Crisis Bed program; and 56.1% more individuals in the outpatient clinic.

The focus of work over the past year has been on strengthening community partnerships with local law enforcement and helping the community better understand how to access care at the KFHCC. Substantial work has been done to educate the community on the proper use of emergency petitions for individuals in need of immediate involuntary intervention versus a

proactive stance on behavioral health treatment before a crisis occurs. A strong partnership with the Office on Mental Health’s Mobile Crisis team has been vital to addressing the behavioral health needs of the community. Over the past year there has been a 15% decrease in the number of behavioral health patients seen in the emergency department.

Finally, Crisis Response Grant funding allowed supervisory staff to ensure operations were running efficiently and effectively which translated into more accurate billing of provided services throughout the KFHCC service lines, as well as appropriately managed provider schedules.

An area that continues to be problematic from a sustainability perspective includes lack of commercial insurances and Medicare recognizing and reimbursing for residential crisis beds. The KFHCC is currently credentialed with CareFirst Blue Cross/Blue Shield and Cigna and is in contract negotiations with Aetna and United Healthcare. Although Medical Assistance reimburses for this level of care, it’s at approximately 50% of the direct cost per day. Residential Crisis Beds are a best practice acknowledged in the literature, unfortunately they are not financially sustainable at this time. The KFHCC is currently exploring other licensure options to expand funding possibilities.

Mid-Shore Region: Mobile Crisis/Youth Crisis Services

The program increases the capacity of Eastern Shore Mobile Crisis Teams (MCT) to provide child and adolescent-specific crisis intervention services support to MCT teams in the Cambridge and Salisbury areas. MCT provides services for children, youth and their families in Caroline, Dorchester, Somerset, Talbot and Wicomico counties. Individualized service plans are created within 5 days of the initial visit. Peer support services are incorporated into this program. Crisis services are available 24/7, 365 days per year.

Caroline, Dorchester, Somerset, Talbot, Wicomico											
	Q1	Q2	Q3	Q4	Total		Q1	Q2	Q3	Q4	Total
1. Total Dispatches:	170	70	136	121	497	16. Focal Issues (at time of discharge):					
Total NEW dispatches	5	7	3	13	28	Anxiety	1	4	9	1	15
Total Follow-up Dispatches	165	63	133	108	469	Child Abuse		3	2	1	6
2. Total Veterans:						Child Behavior	157	57	33	9	256
Of Total New Consumers, How Many Were Veterans:	0	0	0	0	0	Child with Significant Illness	4	3	0	6	13
Of Total New Consumers, How Many Were Non-Veteran:	5	7	3	13	28	Chronic Mental Illness	2	3	0	0	5
3. Presenting Problem (NEW):						Confusion/Dementia	0	0	0	0	0
Mental Health	4	7	3	13	27	Co-Occurring	1	0	0	0	1
Substance Abuse	0	0	0	0	0	Death by Suicide	0	0	0	0	0
Co-occurring	0	0	0	0	0	Death Other Than Suicide	0	0	0	0	0
4. Gender (NEW):						Depression	1	4	1	0	6
Male	4	2	3	6	15	Developmentally Disabled	0	0	1	0	1
Female	1	5	0	7	13	Domestic Violence	0	0	0	0	0

Transgender	0	0	0	0	0	Emergency Petition	0	0	0	0	0
Male Veteran	0	0	0	0	0	Family Conflict	21	15	4	39	79
Female Veteran	0	0	0	0	0	Fatal Accident	0	0	0	0	0
5. Primary Language (NEW):						Financial	0	0	0	0	0
English	5	6	3	13	27	Homeless	0	0	0	0	0
Spanish	0	1	0	0	1	Homicide Violence	1	0	0	1	2
Other	0	0	0	0	0	Marital Conflict	0	2	0	1	3
6. Ethnicity (NEW):						Medical Issues Primary	0	0	0	0	0
African-American	1	0	0	5	6	Runaway	0	0	0	0	0
Caucasian	1	4	3	7	15	Sexual Assault	0	0	0	0	0
Hispanic	0	1	0	0	1	Situational Crisis	0	0	0	0	0
Asian	0	0	0	0	0	Substance Abuse	0	0	0	0	0
Native American	0	0	0	0	0	Suicide Attempt	0	0	0	0	0
Other	0	0	0	0	0	Suicide Ideation	0	0	1	0	1
Declined to Provide	0	0	0	0	0	Other	4	0	0	5	9
Unknown	3	2	0	1	6	17. Internal Referral Services Requested:					
7. Age Range (NEW):						Mobile Crisis Team (MCT) to follow up	160	55	2	218	435
12 and under	1	2	0	4	7	Eastern Shore Operations Center to Follow up	0	0	0	0	0
13–18	3	5	3	9	20	Other	1	0	0	1	2
19–29	0	0	0	0	0	None	1	10	0	12	23
30–39	0	0	0	0	0	18. MCT Outcomes:					
40–49	0	0	0	0	0	At Risk for Safety	0	0	1	0	1
50–59	0	0	0	0	0	Deteriorating Symptoms	1	0	0	1	2
60–69	0	0	0	0	0	In ED	0	0	0	0	0
70–79	0	0	0	0	0	Incomplete or Canceled Dispatch	15	5	0	20	40
80–89	0	0	0	0	0	Stable without Support	1	0	0	1	2
90–99	0	0	0	0	0	Stable with Support	148	61	30	213	452
over 99	0	0	0	0	0	With police	1	0	0	1	2
unknown	1	0	0	0	1	19. Diversion:					0
8. Insurance Status (NEW):						Diverted from ED	3	3	1	5	12
Uninsured	0	0	0	0	0	Diverted from Jail	0	1	0	2	3
Public Mental Health Services (PMHS) MA Only	1	2	2	9	14	20. Referrals Given:					0
PHMS MA/Medicare	0	0	0	0	0	Inpatient Hospitalization	2	0	0	2	4
Medicare	0	0	0	0	0	Intensive Outpatient Program	0	0	0	1	1
Private	0	0	0	1	1	Mobile Crisis Stabilization Services	0	0	0	0	0

Veterans	0	0	0	0	0	Mobile Crisis Team (MCT)	0	0	0	0	0
Unknown	4	5	1	3	13	Outpatient Mental Health Center	6	1	0	0	7
9. Total Dispatches from ESOC	4	11	135	3	153	Outpatient Addictions Treatment	0	0	0	7	7
10. Total Dispatches from Emergency Responders	0	0	0	0	0	Partial Hospitalization Programs	0	0	0	0	0
11. Total Dispatches from Law Enforcement	0	0	0	0	0	Primary Care Physician	0	0	0	0	0
12. Total Follow-Up Phone Contacts Made	627	583	593	293	2096	Psychiatric Rehabilitation Program	1	1	0	2	4
13. Total Urgent Care Referrals	0	0	0	0	0	Residential Addictions Treatment	0	0	0	0	0
14. Total Safety Plans	17	3	10	21	51	Shelter	0	0	0	0	0
15. Interventions Used (Disposition of Case):					0	Targeted Case Management	2	3	0	5	10
Assist with Emergency Petition	0	0	0	0	0	21. Behavioral Health Linkage:					
Behavioral Health Referral	6	1	1	5	13	Linked During Crisis Response Services (CRS) Involvement	1	11	3	12	27
Client Education	116	41	69	25	251	Linked Prior to CRS Involvement	2	7	7	10	26
Client Refused Services	2	0	0	3	5	Not Linked	0	1	1	1	3
Client Unavailable	13	7	1	8	29	Refused Services	1		1	3	5
Contact EMT	0	0	0	0	0	Resources Provided	0	0	0	0	0
Contacted Law Enforcement	2	0	0	2	4	N/A	0	0	0	0	0
Crisis Bed Placement	0	0	0	0	0	22. Case Outcomes:					
Emergency Petition by MCT	0	0	0	0	0	Crisis Bed	0	0	0	0	0
Escort to Hospital				1	1	Deceased	0	0	0	0	0
Family Education	84	23	39	12	158	Emergency Petition	0	0	0	0	0
Grief Support	0	0	0	0	0	Emergency Room/Voluntary	0	0	0	1	1
Non-Behavioral Health Referral	1	0	2	1	4	Inpatient Hospitalization	0	2	0	2	4
Physical Intervention	0	0	0	0	0	No Change	0	1	0	0	1
Safety Plan	17	3	10	9	39	Refused Services	0	0	0	0	0
Stable upon MCT Arrival	83	30	29	118	260	Stable/Improved	2	12	2	16	32
Transport to Hospital	0	0	0	0	0	Unknown/Unable to Contact	2	4	1	5	12
Verbal De-Escalation	8	3	2		3						
Well-Being Check	64	16	29		78						
Other (please specify reason in narrative report)	0	0	0	0	0						

In addition to weekly in-person visits, peer support specialists follow up with the family 1-2 times per week, or more if needed, via phone. Families reported that the peer support specialists were beneficial. The staff participate in the child and adolescent workgroup, regional provider

meetings, and bi-weekly supervision where staff can discuss cases, identify solutions, and determine treatment with Mid Shore Behavioral Health the 1st and 3rd Wednesday of each month (3rd Wednesday focuses on C & A program).

During this fiscal year, Targeted Case Management was the most utilized referral for this program. Teams utilize a warm handoff to providers and follow up with families after the case is closed. The program provided both face-to-face and telehealth visits during the pandemic and continues to offer telehealth visits as an option. The teams have found face-to-face-visits more effective and are the preferred visit type. Some cases were open for up to 6 months due to the difficulty in establishing linkages, which was especially challenging in the midst of the pandemic.

Notable accomplishments for the year include the team’s collaboration with Dorchester County Schools Suicide Awareness for a presentation to the community. In addition, the provider was able to continue with face-to-face-visits during the pandemic. Masks were provided to families who needed them. Funding also helped support staff complete Youth and Co-occurring training provided by University of Maryland.

Washington County: Mobile Crisis Services

The 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.

FY 2021	1st QTR			2nd QTR			3rd QTR			4th QTR			YTD	% served with grant funding				
				Total			Total			Total					Total			
Brand new cases	34	25	31	90	36	38	25	99	41	30	48	119	44	49	42	135	443	177
Number of cases addressed in the month (both new and follow-up cases)	54	34	34	122	59	49	44	152	58	53	68	179	68	78	67	213	666	266
Total number of services provided	130	87	111	328	119	104	107	330	106	115	138	359	138	179	162	479	1496	598
<i>New or full Assessment</i>	25	17	27	69	25	18	18	61	21	20	32	73	70	61	72	203	406	162
<i>Follow-up</i>	41	52	40	133	49	37	32	118	38	40	34	112	9	35	33	77	440	176
<i>Case consult and coordination</i>	64	18	44	126	45	49	57	151	47	55	72	174	54	73	48	175	626	250
M-F 9a-5p	93	50	81	224	55	60	56	171	58	65	89	212	81	87	79	247	854	342
M-F 3p-11p	28	36	26	90	57	34	40	131	36	35	31	102	43	69	69	181	504	202
Sa-Su 1p-11p	9	1	4	14	6	10	11	27	12	13	16	41	13	22	13	48	130	52
CLIENT GENDER																		
Female	24	17	19	60	25	23	23	71	20	22	29	71	35	36	33	104	306	122
Male	29	16	30	75	33	26	21	80	34	27	37	98	31	40	33	104	357	143
Transgender Female	1	1	0	2	1	0	0	1	2	0	1	3	0	0	1	1	7	3
Transgender Male	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Not listed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Unknown	0	0	0	0	0	0	0	0	0	3	1	4	2	2	0	4	8	3
CLIENT'S AGE																		
0-17	6	4	6	16	10	6	3	19	6	3	13	22	7	12	14	33	90	36
0-6	0	0	0	0	0	0	0	0	2	0	0	2	1	0	0	1	3	1
7-12	1	1	0	2	3	2	0	5	2	0	3	5	0	2	7	9	21	8
13-17	5	3	6	14	7	4	3	14	2	3	10	15	6	10	7	23	66	26
18-25	6	3	3	12	3	4	2	9	6	6	10	22	6	7	6	19	62	25
26-39	14	9	10	33	7	12	8	27	8	10	12	30	18	13	9	40	130	52
40-59	15	9	13	37	17	15	13	45	18	6	14	38	14	26	21	61	181	72
60 & above	7	7	11	25	14	14	13	41	14	23	15	52	16	12	13	41	159	64
Unknown	0	2	6	8	8	0	5	13	6	5	4	15	7	8	4	19	55	22
CLIENT'S RACE																		
American Indian/Alaskan Native	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Asian	0	0	0	0	0	0	1	1	0	1	1	2	1	1	1	3	6	2
Black/African American	5	3	7	15	3	3	2	8	6	4	11	21	8	6	6	20	64	26
Hispanic/Latino/Spanish	2	0	0	2	3	1	1	5	2	0	3	5	1	2	0	3	15	6
Mixed Race	3	1	0	4	0	1	0	1	1	0	3	4	1	4	4	9	18	7
Pacific Islander	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
White	30	25	22	77	41	27	29	97	27	33	32	92	36	47	49	132	398	159
Unknown	14	5	5	24	12	17	11	40	22	15	18	55	21	18	7	46	165	66
PRESENTING PROBLEM																		
Conflict	19	13	12	44	14	13	5	32	4	6	13	23	12	18	23	53	152	61
Death (Total of below)	0	0	0	0	0	0	0	0	0	2	0	2	0	0	0	0	2	1
Frequent 911/Hospital Involvement	5	3	5	13	3	7	13	23	8	1	2	11	11	3	4	18	65	26
Miscellaneous	7	6	25	38	19	8	16	43	19	29	28	76	20	24	20	64	221	88
Overdose	0	0	0	0	2	8	2	12	5	0	3	8	6	3	3	12	32	13
Psychiatric Emergency	42	43	46	131	30	39	34	103	47	33	55	135	58	87	79	224	593	237
Resource/Housing Crisis	19	9	6	34	7	12	21	40	11	13	7	31	7	18	17	42	147	59
Suicidal	38	13	17	68	44	17	16	77	12	31	30	73	23	25	15	63	281	112
PRIMARY OUTCOMES																		
EP - Law Enforcement (A)	7	4	3	14	5	4	2	11	4	4	3	11	6	5	3	14	50	20
EP - CIT (B)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
EP - Court/Professional	0	0	0	0	1	0	1	2	0	2	2	4	5	1	0	6	12	5
ER Vol - Behavioral Health (C)	6	0	0	6	3	4	3	10	1	1	5	7	2	7	5	14	37	15
To ER for Evaluation (A+B+C)	13	4	3	20	9	8	6	23	5	7	10	22	13	13	8	34	99	40
ER Vol - Medical	2	3	0	5	0	0	0	0	1	1	2	4	3	2	2	7	16	6
Referral - New Outpt Svcs	1	0	0	1	0	0	2	2	0	1	1	2	2	0	2	4	9	4

Referral - Current Outpt Svcs	0	0	1	1	1	0	2	3	0	0	0	0	1	0	0	1	5	2
Referral - 211/Hotline	1	0	2	3	0	0	1	1	0	0	0	0	0	0	0	0	4	2
Referral - Intensive Case Mgt	2	0	2	4	5	1	1	7	0	0	1	1	0	1	0	1	13	5
Referral - Other Services/Resources	17	3	9	29	24	5	7	36	18	5	8	31	20	43	25	88	184	74
Natural Supports	7	4	12	23	11	4	9	24	6	9	7	22	15	12	14	41	110	44
Safety Plan	0	0	0	0	5	1	2	8	7	3	3	13	3	5	9	17	38	15
Services Declined	1	0	4	5	4	5	0	9	1	3	4	8	6	4	2	12	34	14
CPS or APS	3	2	2	7	0	3	2	5	0	1	6	7	0	0	3	3	22	9
Community Planning/Collaboration	83	71	76	230	60	77	76	213	68	83	96	247	68	93	97	258	948	379
EP OUTCOMES																		
Known Hospitalization	1	2	3	6	3	1	0	4	3	6	3	12	5	2	1	8	30	12
Not Hospitalized	0	0	0	0	0	0	1	1	0	0	0	0	1	1	1	3	4	2
Outcome Unknown	6	2	0	8	2	3	2	7	1	0	2	3	5	3	1	9	27	11
SOURCE OF NEW REFERRALS																		
Police	24	20	21	65	25	18	20	63	26	20	36	82	27	37	34	98	308	123
EMS/Fire	0	0	0	0	4	13	1	18	8	5	3	16	8	2	2	12	46	18
Crisis Staff or Hotline	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Family/Friend	0	1	1	2	0	1	0	1	0	1	1	2	1	0	0	1	6	2
Self	1	1	0	2	0	0	0	0	0	0	1	1	1	2	1	4	7	3
Other service/provider	0	0	0	0	3	2	1	6	4	0	5	9	5	8	4	17	32	13
Mental Health Professional	4	3	7	14	0	0	0	0	2	2	2	6	1	0	1	2	22	9
School	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Detention Center	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	1	0
Other	5	0	2	7	4	4	3	11	1	1	0	2	0	0	0	0	20	8
SERVICES BY DAY OF WEEK																		
Sunday	2	1	3	6	3	5	7	15	5	8	7	20	4	12	6	22	63	25
Monday	20	17	17	54	20	13	23	56	17	14	32	63	10	32	21	63	236	94
Tuesday	31	16	29	76	28	24	16	68	8	31	14	53	30	28	29	87	284	114
Wednesday	29	13	34	76	21	27	20	68	23	24	29	76	24	30	33	87	307	123
Thursday	26	26	16	68	27	16	22	65	20	14	26	60	26	33	37	96	289	116
Friday	15	14	11	40	17	13	15	45	26	19	22	67	34	33	28	95	247	99
Saturday	7	1	1	9	3	6	4	13	7	5	8	20	9	10	7	26	68	27
RESPONSE AREA																		
City	79	39	64	182	49	60	56	165	59	73	77	209				0	556	222
County	51	48	47	146	46	43	49	138	47	42	61	150				0	434	174

For FY21, the Washington County Mobile Crisis Services Program (MCS) focused on providing the best care to community members in crisis within the pandemic context. Extra effort was placed on maintaining relationships with referral sources and all other stakeholders through an ongoing period of logistical and social change due to COVID-19 precautions and restrictions.

A few times this year, staff had to quarantine at home due to possible COVID-19 exposure on the scene of a behavioral health crisis response event. During these quarantine phases, clinicians were still able to respond via phone or video call for law enforcement and community partner requests for collaboration.

Mobile Crisis Service provision continued throughout the year within the limits of coronavirus precaution (i.e. surgical and N95 mask wearing as appropriate and social distancing on scene). In this way, the team continued to be able to respond to active behavioral health related 911 calls and requests for follow up in-person to assist with: assessments and disposition determinations, resource/service referrals, de-escalation and safety planning, support and crisis counseling.

The MCS Program Director focused on community outreach to strengthen Mobile Crisis's community partner network by engaging stakeholders and bolstering the crisis continuum of care in Washington County. Some community meetings previously canceled due to COVID-19 were restarted this year in a virtual format so that the quality of community case coordination returned to its previous functioning.

With the expansion of virtual meeting options, mid-fiscal-year return to regular community engagement levels, and renewed collaborations, MCS was able to reinvigorate some referral volume from law enforcement partners. At end-of-year, referrals and engagement remain lower than desired from law enforcement partners. Both City and County departments remain understaffed and burdened by Covid-19.

Also with virtual meeting options, MCS was able to engage in some new planning and implementation efforts for collaboration with major crisis response partners. There was a newly formed collaboration this year with the county's primary EMS provider, Community Rescue Service (CRS). After a pilot phase, MCS and CRS are establishing best practices for referral processes and most appropriate referrals for Mobile Crisis Services. Ongoing meetings will occur quarterly with MCS and CRS leadership to coordinate cases and improve the collaboration.

Mobile Crisis Services also partnered directly with Peer Recovery Services of the Washington County Health Department. They have developed a standard operating procedure for: requesting Peer response on the scene of an active crisis or 911 call, collaborating on appropriate referrals from EMS/Law Enforcement, and making other referrals to Peers for follow-up.

Conclusion

Funding for the Crisis Response Grant (HB1092 of 2018) provides funds to local jurisdictions to establish and expand community behavioral health crisis response systems. Despite the challenges of COVID-19, Local Behavioral Health Authorities LBHAs demonstrated the need for these funds by increasing and/or enhancing existing services as well as starting new services. The Crisis Response Grant Program added five new programs and/or initiatives in Baltimore,

Calvert, Harford, Howard, and Prince George's Counties. The Crisis Response Program Grant supports crisis efforts in ten jurisdictions.

FY21 was significantly impacted by COVID-19. Jurisdictions reported difficulty launching initiatives as vendors withdrew proposals citing challenges in workforce recruitment and retention. In addition, safety protocols demanded a decrease in bed capacity and face-to-face interaction. Despite these unprecedented challenges, this funding reached 3,736 individuals with a wide array of services including, but not limited to, urgent care, mobile crisis, youth focused, and residential crisis beds.

Under new legislation (HB 108 [2021]), the committee will address the additional requirements for the prioritization of grants, the availability of certain information to the public, ensuring that crisis communication centers establish requirements for enhanced data collection and that crisis services are provided to speakers of other languages in a culturally competent manner.