



**Behavioral Health Crisis Grant Program FY2022
Annual Report**

December 1, 2022

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

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Executive Summary

Health-General Article §7.5–208 in the Annotated Code of Maryland requires the Maryland Department of Health (MDH) to establish a Behavioral Health Crisis Grant Program (Program) to provide funds to local jurisdictions to establish and expand community behavioral health crisis response programs and services. The Program shall award competitive grants to local behavioral health authorities to establish and expand behavioral health crisis response programs and services 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 on discharge.

MDH, Behavioral Health Administration (BHA) respectfully submits to the Governor and, per § 2–1257 of the State Government Article, to the General Assembly the annual report for the most recent closed fiscal year 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) Outcome data reported under the statewide system of measurement.

Background (Overview)

The growth in the number of individuals experiencing mental health and substance use-related crises has resulted in a significant increase in demand and utilization of services from emergency departments (EDs), placing stress on the Emergency Management Systems and EDs across Maryland. Health-General Article § 7.5–208 in the Annotated Code of Maryland sets up the behavioral health crisis response grants for the provision of providing behavioral health crisis services.

The Program provides funding to some jurisdictions for implementing behavioral health crisis services and programs, diverting individuals from EDs to community-based services, and connecting them to treatment and support services. The Program prioritizes programs that provide services 24 hours, 7 days a week for mobile crisis response programs that provide assessments, intervention, stabilization, follow-up, and referral. A workgroup composed of BHA staff and other identified stakeholders guides the disbursement of grant funding to jurisdictions for establishing crisis services. Appendix I lists the workgroup membership and goals.

Number of Grants Distributed

The Crisis Response Grant Program distributed a total of \$5 million dollars to fund ten grant programs across ten jurisdictions in Maryland in Fiscal Year (FY) 2022. The funded programs provide various crisis services, including mobile crisis response, urgent care, walk-in centers, and crisis beds for adults and youths.

Funds Distribution by County

The funds distributed by counties are as follows:

1. Baltimore City received \$849,144 to support mobile crisis services to adults.
2. Baltimore County received \$304,855 to provide support for urgent care services to adults and youth.
3. Calvert County received \$382,976 to support the Crisis Call Center and five residential crisis beds for adults.
4. Carroll County received \$373,171 to support mobile crisis services for youth and adults.
5. Frederick County received \$863,830 to support walk-in crisis services for youth and adults.
6. Harford County received \$111,000 for school-based mobile crisis services.
7. Howard County received \$810,372 to support ten crisis beds for adults.
8. The Mid Shore Region received \$413,000 to support mobile crisis services for youth.
9. Prince George's County received \$806,652 to support eight SUD observation chairs for adults.
10. Washington County received \$86,000 for mobile crisis services for adults.

Grant Recipients, Programs, and Services

An overview of programs and services provided through the grants distributed in FY 22 showed the impact of the COVID-19 pandemic on program outcomes resulting in low utilization of services by the population, low retention and recruitment of new staff by providers, reduction in crisis beds, including a reduction in the capacity of up to 50% to maintain social distancing and safety protocols.

MDH continues to work with experts and stakeholders to develop an accurate system for resident reporting statewide outcomes disaggregated by race, gender, age, and zip code. Below is a summary of programs and services, and known outcomes achieved by the award recipients.

I. Baltimore City

The Mobile crisis service Program provides 24 hours /7 days a week, 365 days- all year access to adult crisis services. Two hundred twenty-nine adults received services in FY 22, representing a 98% increase from FY 21.

II. Baltimore County

The County provides urgent care services to individuals across the lifespan with connections to psychotherapy, physician, licensed clinical therapists, and psychiatrist services. In psychotherapy, 1,294 individuals had scheduled appointments, with 763 completing the evaluation. One hundred eighty-three individuals were under the age of 18. In addition, 931 individuals made an appointment for physician services, with 619 completing the assessment. Of the 931 individuals, 152 were under the age of 18.

III. Calvert County

The County utilized its funding to enhance its mobile crisis response call center, support residential crisis services, and hire a nurse care coordinator. in FY22. The call center received 1,838(752 females, 519 males) calls, with 571 individuals reporting unknown access to care and 878 declining care services. One thousand five hundred individuals called seeking help for a psychiatric emergency, and 932 received referrals to outpatient care.

The funding for residential crisis services supported a- six (6) bed residential crisis facility, resulting in 44 individuals receiving residential crisis care, with more than 140 services and diverting 43 individuals from hospitalization. The long-term strategy is to incorporate the service into the fee-for-service system. The nurse care coordinator provided aftercare planning by developing partnerships with other agencies, allowing quicker access to nursing and psychiatric assessments.

IV. Carroll County

The Crisis Response Grant supports the operation of the crisis call center in the County. In FY22, the call center received 552 calls for mobile crisis services, dispatched through 911, the crisis intervention team, the operations center, and the mobile crisis team. The center served 600 (300 females, 245 males, and eight unknown individuals).

V. Frederick County

The Crisis Walk-in Center in the County is supported to provide services to adults and youth in mental health or substance use crises through a mix of staff professionals, which includes clinicians, navigators, and peer support specialists. The center served over 1,300 unique individuals in FY 22, with 40% under the age of 18 and 56% under the age of 25. Four hundred eleven individuals self-reported that they would have gone to the ED if the center was not available. Also, in FY 22, the center achieved CARF accreditation for three years.

VI. Harford County

The County established a School Intervention Services (SIS) program dedicated solely to providing mobile crisis response services to Harford County Public Schools with funding received. The SIS program assessed 37 new cases with 380 phone contacts. Of the 37 cases, 16 students were between ages 1–12; 20 students were between ages 13–17; and one student, 18 years old, enrolled in public school. In addition, 16 students/families engaged in follow-up services. A primary outcome was the continued care connecting families to treatment providers, services, supports, and resources.

VII. Howard County

The County is working to implement adult residential crisis services. The procurement of a vendor for the service has occurred. In collaboration with the vendor staff, hiring and onboarding will happen in the coming year.

VIII. Mid-Shore Region

The 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. Crisis services are available 24/7, 365 days per year. In FY22, Three hundred sixty dispatches, including new crisis visits, follow-up, and 24-hour post-crisis visits, to 46 youths(31 between 13 and 18) in crisis occurred. In addition, the center made more than 1,728 follow-up phone calls to families. Key case outcomes include 32 reported as stable/improved, five admitted to a hospital, and one required an emergency petition.

IX. Prince George's County

The County is working to implement an 8-SUD Bed Crisis Stabilization program. Activities ongoing to support the implementation are identifying and securing a location, staff, and other logistics, such as the procurement of a vendor. Three currently recognized vendors raised concerns about the deficit associated with implementing the program as defined in the COA/SOW because the funding allocated is inadequate for the program in its current state. Prince George's County will continue collaborating with residential crisis providers to source additional funding for a Crisis Stabilization Center Program.

X. Washington County

The County provides Mobile Crisis Services through a community partner network. The program provided Mobile Crisis Services to 355 new cases and 539 other individuals, over 843 unique Crisis service interventions such as case consultations, coordination, referral to services, and resources. Mobile Crisis Services resulted in 231 diversions-from unnecessary transport to hospital level of care from the community. 11% of all services provided involved ED transport (voluntary medical, voluntary behavioral health, or Emergency Petitions from any source), resulting in 231 diversions-from hospital level of care in the community.

Conclusion

COVID-19 continues to present a challenge for the Program impacting some initiatives more than others. Some Jurisdictions reported difficulty launching initiatives because vendors withdrew proposals citing challenges in workforce recruitment and retention. Nevertheless, the program hopes to expand its impact and services in the coming years.

Appendices

Appendix I:

The Behavioral Health Crisis Response Program Grant Workgroup

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

Membership

The initial representatives of 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.

Appendix II:**Number of Grants and Funds Distribution**

Jurisdiction	Provider	Service Population	Type of Service	Award Amount
Baltimore City	Baltimore Crisis Response, Inc.	Adults	Mobile Crisis	849,144
Baltimore County	Affiliated Sante Group	Adults and Youth	Urgent Care	304,855
Calvert	HD, LBHA, and SMCN	Adults	Call Center and 5 Residential Crisis Beds	382,976
Carroll County	Carroll County Health Department	Adults and Youth	Mobile Crisis / Urgent Care serves youth and adults	373,171
Frederick County	Mental Health Association of Frederick County	Adults and Youth	Walk-in Crisis for youth and adults	862,830
Harford County	Core Service Agency	Youth	SIS Mobile Crisis / Youth Crisis	111,000
Howard County	Health Department	Adults	10 Crisis Beds	810,372
Mid Shore	Affiliated Sante Group	Adults and Youth	Mobile Crisis / Youth Crisis	413,000
Prince George's	Hope House	Adults	8 SUD Observation Chairs	806,652
Washington County	Way Station	Adults	Mobile Crisis	86,000
			Total	5,000,000