



Behavioral Health Crisis Grant Program 2023 Report

Health-General Article § 7.5–208(g)

Maryland Department of Health

May 2025

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Executive Summary

The 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 to provide funds to local jurisdictions to develop and expand behavioral health crisis response programs and services that:

1. serve local behavioral health needs for children, adults, and older adults;
2. meet national standards;
3. integrate the delivery of mental health and substance use treatment, and
4. connect individuals to appropriate community-based care promptly upon discharge.

The Maryland Department of Health (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,
4. Data from the statewide system of outcome measurements created by MDH as required in subsection (d)(7)(ii) of Health-General Article § 7.5–208(g) in the Annotated Code of Maryland.

Background

The increasing number of individuals experiencing mental health and substance use-related crises has led to a sharp rise in the utilization of Emergency Departments (EDs) throughout Maryland. This surge has placed a growing burden on the state's Emergency Management Systems and Departments.

Health-General Article §7.5–208 in the Annotated Code of Maryland established the Behavioral Health Crisis Response Grant Program to address this issue. This program provides financial support to local jurisdictions for the implementation and expansion of behavioral health crisis services aimed at:

- Diverting individuals from EDs to appropriate community-based care;
- Ensuring timely access to treatment and support services; and
- Alleviating pressure on emergency response systems.
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Programs that offer 24/7 mobile crisis response services, including assessment, intervention, stabilization, follow-up, and referral to ongoing care, are prioritized.

In February 2019, the Behavioral Health Administration (BHA) convened a workgroup consisting of internal staff and external stakeholders to guide the distribution of grant funds. This workgroup helped define priorities, assess proposals, and ensure alignment with state-wide behavioral health objectives. Details of the workgroup's membership and goals are available in Appendix I.

Grants Distribution

The Crisis Response Grant Program distributes grants to jurisdictions across Maryland. In Fiscal Year 2023, the Program awarded \$5 million to support ten grant programs across ten jurisdictions in Maryland.

These grants funded a range of essential crisis services, including:

- Mobile crisis response
- Urgent care services
- Walk-in crisis centers
- Crisis beds for both adults and youth

These investments strengthen Maryland's behavioral health crisis system and ensure timely, accessible support for individuals experiencing behavioral health emergencies.

Funds Distribution by Jurisdiction

The funds distributed by jurisdiction are as follows and also found in Appendix 2.

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 (Caroline, Dorchester, Kent, Queen Anne's, and Talbot Counties) 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 \$96,404 for mobile crisis services for adults.

Grant Recipients, Programs, and Services

Programs and services funded in FY 2023 continued to show the lasting impacts of the COVID-19 pandemic on program outcomes. Although utilization and outreach improved, many providers reported challenges such as workforce shortages, staff recruitment and retention, and the need to maintain safety protocols.. Below is a summary of outcomes achieved by the award recipients.

I. Baltimore City

The Mobile crisis service Program in the City provides 24 hours / 7 days a week, 365 days- all year access to adult crisis services.

- 319 adults received services in FY 23, representing a 39% increase from FY 22.
- 244 adults between the ages of 26 and 59 represented the largest age group receiving mobile crisis services.
- 261 individuals reported psychiatric issues followed by 43 reporting suicidal ideation.
- 84 individuals were admitted to a crisis bed.
- 145 individuals referred themselves to the service, followed by 141 referrals from hospital emergency departments.

II. Baltimore County

The County provides urgent care services to individuals across the lifespan with connections to psychotherapy, primary care, licensed clinical therapists, and psychiatrist services. For psychotherapy,

- 1,091 individuals had scheduled appointments, with 599 or 55% completing the evaluation, 114 individuals were under the age of 18. In addition,
- 806 individuals made an appointment for primary care services, with 527 or 65% completing the assessment, 120 individuals were under the age of 18.

III. Calvert County

The funding in this county supports a crisis call hub with mobile response.

- The call center received 3,567 calls in the current fiscal year reflecting a 94% increase over FY22.
- The county credits the increase to improved data collection and a successful marketing campaign.
 - 1,862 individuals (52%) identified a psychiatric emergency as their chief complaint.
 - 1,147 individuals (32%) were referred to new outpatient services.

IV. Carroll County

The Crisis Response Grant supports

- 38% of the total funding of mobile crisis response.
- FY23 showed a 75% increase over FY22 with 970 calls for mobile crisis services, dispatched through 911, the crisis intervention team, the operations center, and the mobile crisis team.
- 261 (27%) were new cases plus an additional 182 (19%) in follow-up cases.

V. Frederick County

The Crisis Walk-in Center provides services to adults and youth in mental health or substance use crises through a mix of staff professionals, which includes Crisis Specialists, prescribers, navigators, and peer support specialists.

- ❖ The center served over 1,198 unique individuals with 512 (43%) under the age of 18 and 658 (55%) over the age of 25.
- ❖ Less than 50% reported that their primary concern was suicidal ideation.
- ❖ Additional presenting issues, in addition to thoughts of suicide,
 - youth/adolescent concerns (166),
 - family relationships (94),
 - school advocacy (5),
 - substance use (340),
 - connection to mental health resources (222),
 - financial concerns (15),
 - food insecurity (9), and
 - homelessness (24),
- ❖ 427 (35% of all sessions) individuals self-reported that they would have gone to the Emergency Department if the center were not available.

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. The SIS program

- Assessed 58 students
- Provided 91 face-to-face contacts of which
- 76 of these students were referred for continued treatment (22 to outpatient mental health treatment and 54 substance use treatment.)
- 38 students required a safety plan, and
- two students were emergency petitioned to a hospital
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- Made 410 telephone contacts and 343 follow-up contacts.

The County program set a goal to link a minimum of 50% to on-going care and was able to link 100% to care and 98% did not require an emergency petition.

VII. Howard County

The county program established

- Eight residential crisis beds for the purpose of providing stabilization services for mental health, suicide risk and substance use disorders.
- Individuals presenting in crisis are assessed for safety, plans and resources are provided as needed.
- The program provides a 24/7 staffing ratio as outlined in COMAR 10.63.04.
- 94 individuals (49 (52%) male and 35 (48%) female) were admitted in FY23.
- The average length of stay was 10 days.

VIII. Mid-Shore Region

The region has Eastern Shore Crisis Response Services. In FY23 the program Completed 499 dispatches over the course of 12 months with 35 initial crisis visits were the result of families calling in requesting help.

There were 464 combined routine, follow up and /or crisis visits for youth up to 18 years of age. Of those visits, only 46 visits (less than 10%) resulted in a youth being hospitalized, 7 of those visits required an emergency petition due to safety concerns and /or suicidal ideation. There were 22 additional cases that were diverted from the emergency dept. Multiple interventions are used to stabilize the family and connect them to the needed service. Client education remains one of the top interventions used followed by family education and referrals to urgent care centers. OMHC is one of the main referrals that is utilized by families. Shelter referrals have increased this fiscal year, this is the second highest referral followed by intensive outpatient programs. Upon discharge, the top focal issues are documented upon the youth and family being discharged from the program. Child behavior is one of the main reasons families reach out for services followed by depression and family conflict. Over 50 % of families report the youth is stable or has improved upon discharge from this program. Families are offered services for up to 6 months. Crisis teams engage the family to complete treatment plans and safety plans when needed.

IX. Prince George's County

Prince George's County provided a combination of mobile crisis and urgent care services. Services included assisting with emergency petitions, supporting clients who were hesitant to accept treatment, and providing crucial behavioral health referrals. Safety plans were also implemented for specific cases, ensuring the well-being and security of the clients. A total of 220 therapy assessments were conducted with 218 psychiatric evaluations completed during the year. 267 individuals across the lifespan were evaluated with 71 under the age of 18. Presenting problems included depression and anxiety followed by suicide ideation.

1,649 mobile crisis evaluations were conducted for the same reporting period serving an equal number of men and women. Adult psychiatric crisis was the primary crisis

followed by a lack of resources. Most frequent referrals were made to urgent care (232) and the hospital (180).

X. Washington County

Washington County Mobile Crisis Services (MCS) served a total of 618 individuals over the course of 3,197 unique service interventions. The highest proportion of crisis service interventions were provided in the form of direct follow-up after a crisis incident, short-term follow-up, and stabilization. Following closely behind is case consultations and coordination services. 298 individuals were between the ages of 0-17 which is a 338% increase for the mobile crisis making it the highest age group that MCS has encountered this year. The largest referral source for Mobile Crisis Response is law enforcement with 306 referrals. This is followed by other mental health organizations or professionals (70) and school systems (37) as some of the largest referral sources. No hospitalizations were required.

Conclusion

Under new legislation (HB 129 [2022]), award recipients will connect individuals to appropriate community-based care in a timely manner on discharge. As required for FY 23, one-third of the award will be allocated to mobile crisis response services. Nearly 37% of the FY23 award supported mobile crisis services. In addition, annual progress reports are available to the public upon request. Services supported through this grant remained impacted by COVID-19 early in the fiscal year. Award recipients report challenges with workforce recruitment and retention. Nevertheless, each awarded jurisdiction reported increases in the number of people served. Additionally, there is a notable increase in referral types to include crisis centers, urgent care, outpatient mental health care, intensive outpatient care, and peer support.

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 a proposal, and subsequently grant funding to certain jurisdictions for the purpose of establishing certain crisis services.

Original 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.

Appendix II:

Grants Distribution

Jurisdiction	Award amount	Type of Service
Baltimore City	849,144	Mobile crisis services for adults
Baltimore County	304,855	Urgent care services for adults and youth
Calvert County	382,976	Crisis call center and residential crisis beds for adults
Carroll County	373,171	Mobile crisis services for youth and adults
Frederick County	862,830	Walk-in crisis services for youth and adults
Harford County	111,000	School-based mobile crisis services
Howard County	810,372	10 Residential crisis beds for adults
Mid Shore	413,000	Mobile Crisis in five counties
Prince George's	806,652	Substance use observation and mobile crisis services
Washington County	96,404	Mobile crisis services for adults
	5,010,404	Total

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	382,976
Carroll County	Carroll County Health Department	Adults and Youth	Mobile Crisis	373,171
Frederick County	Mental Health Association of Frederick County	Adults and Youth	Walk-in Crisis	862,830
Harford County	Core Service Agency	Youth	SIS Mobile Crisis	111,000
Howard County	Health Department	Adults	10 Crisis Beds	810,372
Mid Shore	Affiliated Sante Group	Adults and Youth	Mobile Crisis	413,000
Prince George's	iMind	Adults	Mobile Crisis/Urgent Care	806,652
Washington County	Way Station	Adults	Mobile Crisis	96,404
			Total	5,010,404