



Behavioral Health Crisis Response Grant Program 2024

Health-General Article § 7.5–208

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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 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. Number of grants distributed,
2. Funds distributed by County,
3. Information about grant recipients and programs and services provided, including 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 in the Annotated Code of Maryland.

Introduction and Overview

The increase in individuals facing mental health and substance use crises has led to a significant rise in the demand for services, particularly in emergency departments. The 2023 National Survey on Drug Use and Health (NSDUH) Annual National Report indicates that 22.8% of adults aged 18 and older—approximately 58.7 million people—experienced mental illness. Additionally, 5.0% (about 12.8 million people) had severe suicidal thoughts, 1.4% (around 3.7 million people) made a suicide plan, and 0.6% (about 1.5 million people) attempted suicide within this age group. For youth aged 12 to 17, 4.5 million experienced a major depressive episode, and nearly one in five also struggled with a substance use disorder—furthermore, 3.1% of the general population (approximately 8.9 million people) misused opioids (SAMHSA, 2023).

In Maryland, there has been an increased demand for urgent and acute mental health and substance use treatment services, driven by the growing number of individuals experiencing various behavioral health crises.

Health-General Article §7.5–208 in the Annotated Code of Maryland established the Behavioral Health Crisis Response Grant Program to address these issues. This program funds behavioral health crisis services to divert individuals from emergency departments to community-based services. It also seeks to provide behavioral health treatment alternatives to engagement in the criminal justice system. The grant prioritizes programs that work to establish and expand behavioral health crisis response services.

Program Implementation and Outcomes

In Fiscal Year 2024, the Behavioral Health Crisis Response Grant awarded \$5,010,404 to ten jurisdictions. These funds were utilized to support a variety of crisis services, which include:

- Adult Mobile Crisis services
- Urgent Care Services
- Crisis Call Center
- Youth and Adult Mobile Crisis
- Walk-in Crisis Services for Youth and Adults
- School-based Mobile Crisis Services
- Adult Crisis Beds
- Youth Mobile Crisis
- Adult Substance Use Disorder (SUD) Observation Chairs

Appendix I, " Funds Distribution by County, " provides details of the funds distribution by jurisdiction and the respective amounts.

Grant Recipients and Programs and Services Provided

Baltimore City

Baltimore City was allocated \$849,144 for FY24 to support mobile crisis services for adults, available 24 hours a day, seven days a week.

Program Outcome: In FY24, the program provided services to 188 diverse adults, including 56% males and 42% females. Among the recipients,

- 15% were aged 18-25,
- 36% were aged 26-39,
- 40% were aged 40-59, and
- 7% were aged 60 or older.

The racial demographics were as follows

- 52% identified as Black/African American,
- 11% identified as White/Caucasian,
- 2% identified as Hispanic/Latino/Spanish, and
- 35% were unknown or chose not to specify their race.

Additionally, 107 individuals self-referred to the mobile crisis services, 69 were referred by hospital emergency departments, and 12 were referred by friends or family members.

Baltimore County

Baltimore County received \$304,855 to support urgent care services for youth and adults. The County has a program that provides psychotherapy through licensed clinical therapists and psychiatrists.

Program Outcome: The program offered psychotherapy services to 828 individuals at the Urgent Care Center. Of these, physicians assessed 42%, while therapists assessed 57%. Furthermore, 32% of those assessed were enrolled in treatment.

The age demographics of those served were as follows:

- 8% were aged 0-12
- 12% were aged 13-17
- 10% were aged 18-21
- 60% were aged 22-64
- 7% were aged 65 or older

In addition, 1,326 referrals were made, with follow-up calls conducted within three business days.

Calvert County

The County received \$382,976 to support the Crisis Call Center.

Program Outcome: In FY24, the call center received 1,964 calls. Of these, 12% identified a psychiatric emergency as their primary concern, and 39% were referred to outpatient services. Of the total calls, 62% came from females, 34% came from males, 3% were unknown, and less than 1% were from transgender males.

The age demographics of the callers were as follows:

- 10% of callers were aged 10-17
- 18% were between 18-25, 32% were 26-39
- 23% were 40-59
- 16% were 60 years or older

The racial demographics were as follows:

- 19% of identified callers were Black or African American,
- 76% were White
- 2% were of mixed race
- 1% were Hispanic or Latino
- less than 1% were Asian

Carroll County

The County received \$373,171 to support mobile crisis services for youth and adults.

Program Outcome: During FY24, mobile crisis services were provided to 212 new cases. Of these, 57% of clients were female and 43% were male. The most common issue reported in Carroll County was a psychiatric emergency. Most referrals came from police (56%) and crisis hotlines (27%).

The age demographics of the callers were as follows:

- 5% were aged 13-17,
- 4% were 18-21,
- 70% were between 22 and 64, and
- 19% were 65 or older.

The racial demographics were as follows:

- 90% of the individuals were white,
- 5% were Black or African American,
- 4% were Hispanic or Latino, and
- 1% were Asian.

Frederick County

The County received \$863,830 to support walk-in crisis services for youth and adults. The Crisis Walk-in Center offers mental health and substance use crisis services through a team of professionals, including crisis specialists, prescribers, navigators, and peer support specialists.

Program Outcome: The center served 1,332 unique individuals, reflecting an 11% increase from FY23.

Of those served,

- 53% were female,
- 45% were male, and
- 2% were of unknown gender.
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Additionally, 33% of individuals served were under the age of 18, 26% were aged 25-39, 32% were aged 40-59, and 8% were aged 60 or older.

In terms of racial demographics,

- 56% identified as White,
- 14% as Black/African American,
- 13% as Latino,
- 7% as mixed race, and
- 2% were Asian.

Harford County

The County received \$111,000 to fund school-based mobile crisis services. A School Intervention Services program was established to provide Harford County Public Schools mobile crisis response.

Program Outcome: The program assessed 58 students, 70% connected to ongoing care. None of the students evaluated required an emergency petition, and 100% of those with a substance use disorder were linked to treatment.

Howard County

The County received \$810,372 to support eight residential crisis beds that offer stabilization services for individuals experiencing mental health issues, suicide risk, and/or substance use disorders.

Program Outcome: In FY24, these crisis beds were utilized by 174 individuals, with 142 new admissions. Most of these individuals (151) were referred from hospitals; 14 were referred by mental health professionals, six were self-referred, and two were from other sources.

The largest age groups receiving these services were:

- 25-34 years (51 individuals),
- 35-44 years (38 individuals), and
- 18-24 years (23 individuals).

Additionally, 56% of those served were male, and 44% were female.

Regarding race,

- 50% of the individuals identified as Black or African American,
- 43% as White, and
- 6% as other races or mixed races.

The Mid Shore Region

The Mid Shore Region received \$413,000 to support mobile crisis services for youth in five counties:

- Caroline County
- Dorchester County,
- Somerset County,
- Talbot County, and
- Wicomico County.

Crisis teams engage with families, develop treatment and safety plans when needed, and offer stabilization services for up to six months.

Program Outcomes - There were 145 routine, crisis, and follow-up visits for youth up to age 18. The most commonly used interventions during these visits were family and client education for 34% of individuals and skill building for 10%. Eighty-six cases were diverted from the emergency department, and only 3% required hospitalization.

The demographics of the youth served were as follows:

- 45% were male, and
- 55% were female.

Of those served,

- 36% were 12 or younger, while
- 64% were 13 or older.

The racial breakdown included,

- 43% Caucasian,
- 29% Black or African American,
- 3% Hispanic or Latino, and
- 25% Other/Unknown.

Prince George's County

The County received \$806,652 to enhance mobile crisis and urgent care services. This program includes:

- Assisting with emergency petitions
- Supporting clients who are hesitant to accept treatment
- Providing essential behavioral health referrals

Additionally, safety plans were implemented for specific cases to ensure the well-being and security of clients.

Program Outcome: In FY24, 2,747 individuals received services through the CRS-CRT program. The majority of referrals came from

- family and friends (36%),
- crisis hotlines (18%), and
- law enforcement (7%).

Among those served,

- 49% were female,
- 46% were male, and
- 5% were categorized as other or unknown.

Among those served,

- 16% of those served were aged 0-15,
- 18% were aged 16-24,
- 27% were aged 25-39,
- 20% were aged 40-64, and
- 8% were aged 65 or older.

Of the individuals served,

- 61% identified as Black/African American,
- 18% identified as Other/Unknown,
- 7% identified as mixed race,
- 6% identified as white/caucasian,
- 5% identified as Latino/Hispanic,
- 1% identified as Asian, and
- less than 1% identified as American Indian/Alaska Native.

Washington County

The County received \$96,404 for mobile crisis services for adults.

Program Outcome: In Fiscal Year 2024, 1,831 individuals (729 new) received services, reflecting an 86% increase from Fiscal Year 2023. During this period, 5,643 unique service interventions were provided, representing a 76% increase from 3,197 interventions in FY23.

Mobile Crisis Services responded to:

- 265 individuals aged 0-17, making up 36% of the services provided, the largest proportion among all age groups.
- 7% were aged 18-25, 35% were aged 26-39, 9% were aged 40-59, and
- 7% were aged 60 or older.

Demographically,

- 58% of those served were female,
- 41% were male, and
- 1% identified as transgender.

Regarding race,

- 64% of individuals were White,
- 20% were Black/African American,
- 4% identified as Hispanic/Latino/Spanish, and
- 10% were of Mixed Race.

Most referrals came from Law Enforcement (56%), followed by family and friends (22%).

Conclusion

MDH continues to collaborate with jurisdictions and providers to enhance equitable access to high-quality crisis services across the entire continuum of care. The goal is to ensure that individuals have resources available, such as someone to call (the 988 hotlines), someone to respond (mobile crisis teams), and a safe place to stabilize (Walk-in Centers, Urgent Care, and Behavioral Health Crisis Stabilization Centers).

In May 2024, revised regulations governing the Mobile Crisis Team and Behavioral Health Crisis Stabilization Center services were adopted. These regulations expand access and improve the quality of crisis services provided, allow for Medicaid reimbursement, and promote financial sustainability.

Additionally, in FY24 BHA awarded over \$13 million in grant funding to 19 jurisdictions to support the development and implementation of enhanced crisis services programming beyond the current funding. These funds will be used to support the development and implementation of pilot programs for Behavioral Health Crisis Stabilization Centers (BHCS) and Mobile Crisis

Teams (MCT), in preparation to become licensed programs eligible for reimbursement through Maryland Medicaid and with state funding under the public behavioral health system for furnished services. The programs funded by these awards will operate as part of the statewide Behavioral Health Continuum of Care which seeks to provide integrated, comprehensive, and equitable behavioral health crisis services to support all people in preventing a crisis, when experiencing a crisis as they define it, and following a crisis - regardless of geographic area, insurance status, or legal status.

Furthermore, BHA is establishing a new Urgent and Acute Care Data System to improve data collection and streamline reporting. This initiative will enhance BHA's ability to analyze data and evaluate the effectiveness of these services.

References

Substance Abuse and Mental Health Services Administration. (2023). *Highlights for the 2023*

National Survey on Drug Use and Health. Retrieved from

<https://www.samhsa.gov/data/sites/default/files/NSDUH%202023%20Annual%20Release/2023-nsduh-main-highlights.pdf>

Appendix I . Number of Grants and Funds Distribution

Jurisdictions	Grant Allocation	Service Provided	Number Served
Baltimore City	\$849,144	Adult Mobile Crisis	188
Baltimore County	\$304,855	Urgent Care Services	828
Calvert	\$382,976	Crisis Call Center	1,964
Carroll	\$373,171	Youth and Adult Mobile Crisis	212
Frederick	\$862,830	Walk-in Crisis Services for Youth and Adults	1,332
Harford	\$111,000	School-based Mobile Crisis Services	58
Howard	\$810,372	Adult Crisis Beds	174
Midshore	\$413,000	Youth Mobile Crisis	145
Prince George's	\$806,652	Adult SUD Observation Chairs	2,747
Washington	\$96,404	Adult Mobile Crisis Services	1,831
TOTAL	\$5,010,404		

Baltimore City	Distribution	Percentage Served
Age Distribution	18-25	15%
	26-39	36%
	40-59	40%
	60 or older	7%
Race Distribution	Black/African American	52%
	White	11%
	Hispanic/Latino	2%
	Asian	
	Other/Unknown	35%

Gender Distribution	Female	56%
	Male	42%
	Other	2%

Baltimore County	Distribution	Percentage Served
Age Distribution	0-12	8%
	13-17	12%
	18-21	10%
	22-64	60%
	65 or older	7%

Calvert County	Distribution	Percentage Served
Age Distribution	10-17	10%
	18-25	18%
	26-39	32%
	40-59	23%
	60 years or older	16%
Race Distribution	Black/African American	19%
	White	76%
	Hispanic/Latino	1%
	Asian	1%
	Other/Mixed Race	1%
Gender Distribution	Female	62%
	Male	34%
	Unknown	3%
	Transgender males	1%

Carroll County	Distribution	Percentage Served
Age Distribution	13-17	5%
	18-21	4%
	22 and 64	70%
	65 or older.	19%
Race Distribution	Black/African American	5%
	White	90%
	Hispanic/Latino	4%
	Asian	1%
	Other/Mixed Race	1%

Frederick County	Distribution	Percentage Served
Age Distribution	Under the age of 18	33%
	25-39	26%
	40-59	32%
	60 or older	8%
Race Distribution	Black/African American	14%
	White	56%
	Hispanic/Latino	13%
	Asian	2%
	Other/Mixed Race	7%
Gender Distribution	Female	53%
	Male	45%
	Unknown	2%

Howard County	Distribution	Numbers Served
Age Distribution	18-24	23
	25-34	51
	35-44	38
Race Distribution	Black/African American	50%
	White	43%
	Other/Mixed Race	6%
Gender Distribution	Female	44%
	Male	56%

The Mid Shore Region	Distribution	Percentage Served
Age Distribution	Younger than 12	36%
	Older than 13	64%
Race Distribution	Black/African American	29%
	White	43%
	Hispanic/Latino	3%
	Other/Mixed Race	25%
Gender Distribution	Female	45%
	Male	55%

Prince George	Distribution	Percentage Served
Age Distribution	0-15	16%
	16-27	18%
	25-39	27%

	40-64	20%
	65 or older	8%
Race Distribution	Black/African American	61%
	White	6%
	Hispanic/Latino	5%
	Asian	1%
	Other/Unknown	18%
	American Indian/Alaska Native	1%
Gender Distribution	Female	49%
	Male	46%
	Other/Unknown	5%

Washington County	Distribution	Numbers Served
Age Distribution	0-17	36%
	18-25	7%
	26-39	35%
	40-59	9%
	60 or older	7%
Race Distribution	Black/African American	20%
	White	64%
	Hispanic/Latino	4%
	Other/Mixed	10%
Gender Distribution	Female	58%
	Male	41%
	Transgender	1%