



## **Behavioral Health Crisis Response Grant Program**

2025

Health-General Article § 7.5–208(g)

November 2025

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## **Executive Summary**

Pursuant to Health-General Article § 7.5–208, The Maryland Department of Health is required 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 to the General Assembly the annual report for the most recently ended fiscal year that includes:

1. Number of grants distributed;
2. Funds distributed by County; and
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

Nationally and 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.<sup>1</sup> Health-General Article § 7.5–208, Annotated Code of Maryland, established the Behavioral Health Crisis Response Grant Program to address these issues. This program funds the establishment and expansion of behavioral health crisis services to divert individuals from emergency departments to community-based services and avert unnecessary contact with the criminal justice system.

## Grant Recipients and Programs Provided

In Fiscal Year (FY) 2025, the Behavioral Health Crisis Response Grant awarded \$5,010,404 to ten jurisdictions across the state. The funding supports the following jurisdictions and services across the continuum of urgent and acute behavioral health care (Table 1).

**Table 1. FY25 Grant Awards**

<b>Jurisdiction</b>	<b>Grant Allocation</b>	<b>Service Provided</b>
Baltimore City	\$849,144	Mobile Crisis Response and Stabilization
Baltimore County	\$304,855	Urgent Care - Appointment
Calvert County	\$382,976	Crisis Call Center
Carroll County	\$373,171	Mobile Crisis Response and Stabilization
Frederick County	\$862,830	Urgent Care - Walk-in
Harford County	\$111,000	Mobile Crisis (School Based)
Howard County	\$810,372	Crisis Beds - Adult
Mid Shore Region	\$413,000	Mobile Crisis Response and Stabilization
Prince George's County	\$806,652	Mobile Crisis; Urgent Care - Walk-in
Washington County	\$96,404	Mobile Crisis Response and Stabilization
<b>TOTAL</b>	<b>\$5,010,404</b>	

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<sup>1</sup> See Lo CB, Bridge JA, Shi J, et al. (2020). Children's mental health emergency department visits: 2007–2016. *Pediatrics*, 145(6): 1536. <http://doi.org/10.1542/peds.2019-1536>; Lantos JD, Yeh H-W, Raza F, et al. (2022). Suicide risk in adolescents during the COVID-19 pandemic. *Pediatrics*, 149(2): e2021053486 <https://publications.aap.org/pediatrics/article/149/2/e2021053486/184349/Suicide-Risk-in-AdolescentsDuring-the-COVID-19>; Mayne SL, Hannan C, Davis M, et al. (2021). COVID-19 and adolescent depression and suicide risk screening outcomes. *Pediatrics*; 148(3). <https://publications.aap.org/pediatrics/article/148/3/e2021051507/179708/COVID-19-and-AdolescentDepression-and-Suicide>; Balfour, M. E., Hahn Stephenson, A., Delany-Brumsey, A., Winsky, J., & Goldman, M. L. (2022). Cops, Clinicians, or Both? Collaborative Approaches to Responding to Behavioral Health Emergencies. *Psychiatric services*, 73(6), 658–669. <https://doi.org/10.1176/appi.ps.202000721>

## Service Descriptions

This section describes the services provided in Table 1, above.

- **Crisis Call Center:** The Crisis Call Hub operates 24 hours a day, 7 days a week, 365 days a year as the central dispatcher for Mobile Crisis services. The Hub conducts screenings, assessments, and referrals to behavioral health services. It also schedules appointments at crisis stabilization centers and coordinates transportation.

The Hub connects individuals to treatment and peer recovery services, including facilitating buprenorphine inductions for those with opioid use disorders. Additionally, it works to de-escalate crises, collaborates with law enforcement, identifies available inpatient or detoxification beds, supports emergency department discharges, and links individuals to crisis stabilization (*Calvert County*)

- **Mobile Crisis Response and Stabilization Services:** Mobile Crisis Response and Stabilization Services is a general term for an on-demand community-based set of activities provided face-to-face and deployed in real time to the location of a person experiencing an urgent behavioral health issue or crisis. The goal of these services is to de-escalate the individual's situation, decrease emotional distress, and ensure their safety, thereby improving behavioral health outcomes. Additionally, these services seek to avoid unnecessary emergency department care, psychiatric inpatient hospitalizations, and engagement with the criminal legal system due to behavioral health challenges. Services include clinical assessment, crisis stabilization, warm hand-offs and referrals to ongoing treatment services and other supports, and follow-up. (*Baltimore City, Carroll County, Mid-Shore region, Prince George's County, and Washington County*)
- **Mobile Crisis Response and Stabilization (School Based):** The Mobile Crisis Response and Stabilization Services for school-aged youth provide support for those experiencing behavioral health crises, including issues related to substance use, for those who can be safely served in the community or school. The services offered include crisis intervention, de-escalation, assessment, linkage to care; coordination with schools, emergency services, and police; and the development of crisis plans. The goal of these services is to stabilize the youth, reduce crises, and connect them with needed resources within a school-based setting. (*Harford County*)
- **Urgent Care Services:** Urgent Care outpatient services ensure timely access to assessments and treatment intervention by qualified professionals. These services provide an alternative to emergency department visits and fill gaps where outpatient provider availability is limited. These facilities are staffed by well-trained individuals who specialize in providing psychiatric and psychological evaluations, crisis intervention, and stabilization services. Activities conducted under this services include

- **Appointment:** This service provides dedicated appointment times with outpatient providers within 48 hours of referral for individuals experiencing mild to moderate urgent behavioral health needs of any kind. Providers are typically behavioral health professionals and psychiatric prescribers. Services are designed to provide expedited access to outpatient care. *(Baltimore County)*
- **Walk-in:** This service provides immediate and accessible behavioral health treatment to individuals with mild to moderate urgent behavioral health needs of any kind without an appointment. Walk-in centers offer a safe and supportive environment to address a wide range of behavioral health concerns. Services are designed to provide immediate access to care, eliminating the barriers of traditional outpatient services such as appointment times or waitlists. *(Frederick County, Prince George's County)*
- **Crisis Beds-Adult:** Behavioral Health Crisis Beds is a facility-based service that provides immediate assessment and treatment intervention for individuals experiencing a mental health and/or substance use crisis. The goal of this service is to address the immediate needs of individuals in crisis while fostering a pathway to recovery and helping to prevent future crises, thereby reducing engagement with hospital emergency and inpatient units and law enforcement. The length of stay for this service is typically up to four days ; however, in special circumstances (e.g., awaiting placement in a higher level of care) it may be extended up to ten days. Crisis beds are typically staffed by clinicians, paraprofessionals, and peers who focus on stabilization, assessment, and ongoing care. These crisis beds may be co-located in the same building as other related services (e.g., Behavioral Health Crisis Stabilization Center recliners, Residential Crisis Services beds), but may not be located in the same shared space. *(Howard County)*

### **Service Outcomes, by Jurisdiction**

This section summarizes the activities provided and outcomes by jurisdiction.

#### Baltimore City

Baltimore City was allocated \$849,144 for FY25 to support mobile crisis response and stabilization services, available 24 hours a day, seven days a week.

*Program Outcome:* In FY25, the program provided services to 161 new individuals and follow up services to eight individuals. The primary source of referral to mobile crisis response services was self-referral at 49%, while 47% were referred by hospital emergency departments. Psychiatric emergency was identified as the most common primary concern, occurring in 84% of cases, followed by being suicidal which occurred in 10% of cases. The most common outcome was referral to other services/resources occurring in 15% of cases, 5% of cases went to the emergency department for behavioral health needs, and 21% of cases declined services. Of those

individuals receiving services, 35% were aged 25-39 years old and 45% identified as Black/African American.

### Baltimore County

Baltimore County received \$304,855 for FY25 to support urgent care services for youth and adults. The program provides psychotherapy through licensed clinical therapists and psychiatrists.

*Program Outcome:* The program scheduled 784 individuals for psychotherapy services. Of those individuals, 60% completed an evaluation, 19% cancelled their appointment, and 18% were no show for their appointment. Of those who completed an evaluation, physicians assessed 42% of individuals, while therapists assessed 58%. Furthermore, 19% of those assessed were enrolled in treatment. Approximately two-thirds of individuals served were between the ages of 22-64, while 19% of individuals were under the age of 18.

### Calvert County

The County received \$382,976 in FY25 to support the Crisis Call Center.

*Program Outcome:* In FY25, the call center received 921 calls. Of these, 24% identified resource/housing crisis as their primary concern while another 20% identified psychiatric emergency as their primary concern. Community planning/collaboration was the primary outcome in 50% of cases, while 43% received natural supports. The primary outcomes included community planning/collaboration (50%), referrals for existing outpatient services (37%), referrals for new outpatient services (36%), emergency petition (2%), and 1% of callers required hospitalization. Of the total calls, 56% came from callers who identify as female and 16% of callers were between the ages of 26-39.

### Carroll County

The County received \$373,171 in FY25 to support mobile crisis response and stabilization services for youth and adults.

*Program Outcome:* During FY25, 222 new individuals were served by the program. Law enforcement referred 26% of these individuals. In the 56% of cases in which a primary presenting problem was identified, the leading problem reported was psychiatric emergency (26%), followed closely by conflict (25%), and suicidal ideation (14%). Just under 5% of individuals declined services. Five cases involved an emergency petition and one case resulted in hospitalization.

### Frederick County

The County received \$862,830 in FY25 to support urgent care walk-in 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 1,229 individuals, an 8% decrease from FY24. The primary presenting problems included suicidal ideation (51%), followed by resource/housing crisis (29%). Of those served, 32% were discharged with referrals to current outpatient services and 8% went to the emergency department for behavioral health needs. Of all individuals that presented to the facility, 6% required inpatient hospitalization and 7% declined services. Just over half of all individuals identified as female and 61% of individuals identified as White. Additionally, one-third of individuals served were under the age of 18.

### Harford County

The County received \$111,000 in FY25 to fund school-based mobile crisis response and stabilization services. A School Intervention Services program was established to provide the service in Harford County Public Schools.

*Program Outcome:* The program assessed 86 individuals over the course of 98 engagements. Approximately 92% of all engagements resulted in linkages to services, including 68% linked to outpatient services. The majority of referrals were received by schools (93%); a small percentage (3%) were referred by law enforcement. The largest groups receiving these services identified as female (52%), White (52%), and 46% were between the ages of 8-13, with the second largest group being those under 7 (27%).

### Howard County

The County received \$810,372 in F25 to support five residential crisis beds that offer stabilization services for individuals experiencing mental health issues, suicide risk, and/or substance use disorders.

*Program Outcome:* In FY25, these crisis beds were utilized by 182 individuals. The largest age group receiving these services were between the ages of 22-34 (48%). Approximately half of individuals identified as male, while 47% identified as female. Of those utilizing crisis beds, 55% identified as White, while 42% identified as Black or African American.

### The Mid Shore Region

The Mid Shore Region received \$413,000 in FY25 to support mobile crisis response and stabilization 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 134 new crisis visits for youth up to age 18 and 60% involved youth age 13 or older. The most commonly used interventions during these visits were verbal de-escalation (36%) and client education (18%). Of the total visits provided, 78% involved diversion from the emergency department. Only 5% of crisis visits resulted in hospitalization.

### Prince George's County

The County received \$806,652 to enhance mobile crisis response and stabilization services and urgent care services. These programs include:

- Assisting with emergency petitions,
- Supporting clients who are hesitant to accept treatment,
- Providing essential behavioral health referrals, and
- Implementing safety plans for specific cases to ensure the well-being and security of clients.

*Program Outcome:* In FY25, 2,375 individuals received services through the program. The most referrals came from family and friends (22%) and crisis hotlines (13%). The primary presenting problem in 50% of all new cases was psychiatric emergency, while 15% of new cases identified as suicidal. Overall, 5% of cases resulted in a visit to the emergency department for evaluation, and 5% of cases involved an emergency petition. Over half of all individuals who received services identified as female and 62% of individuals identified as Black/African American. More than one-quarter (27%) of individuals served were age 15 or younger, the largest proportion among all age groups.

### Washington County

The County received \$96,404 in FY25 for mobile crisis response and stabilization services.

*Program Outcome:* In FY25, 3,133 service interventions were provided, a 44% decrease from FY24. The mobile team responded to 341 individuals aged 0-17, making up 38% of the services provided, the largest proportion among all age groups. More than half of those served identified as female and 68% of all individuals were White.

## **Conclusion**

The Behavioral Health Crisis Response Grant Program provides critical funding to enhance statewide access to high-quality crisis services across the continuum of behavioral health care, including someone to call (988 Suicide and Crisis Lifeline), someone to respond (mobile crisis response and stabilization services), and a safe place to be (community-based stabilization services). During FY25, eight providers were licensed as [Mobile Crisis Teams](#) across 18 jurisdictions, including six that received funding through this program. BHA continues to collaborate with jurisdictions and providers to improve and expand these services. 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.

**Appendix I. Demographic Data, by Jurisdiction**

Baltimore City	Distribution	Percentage Served
Age Distribution	18-25	12%
	26-39	35%
	40-59	31%
	60 or older	10%
	Unknown	1%
Race Distribution	Black/African American	45%
	White	21%
	Asian	1%
	Other/Unknown	33%
Gender Distribution	Female	55%
	Male	54%
	Other	1%

Baltimore County	Distribution	Percentage Served
Age Distribution	0-12	6%
	13-17	13%
	18-21	9%
	22-64	65%
	65 or older	7%
	Unknown	3%

Calvert County	Distribution	Percentage Served
Age Distribution	0-6	< 1%
	7-12	3%
	13-17	7%
	18-25	7%
	26-39	16%
	40-59	14%
	60 years or older	8%
	Unknown	45%
Race Distribution	White	25%
	Black/African American	7%
	Hispanic/Latino	< 1%
	Asian	< 1%
	Other/Mixed Race	68%
Gender Distribution	Female	56%
	Male	38%
	Unknown	6%

Carroll County	Distribution	Percentage Served
Age Distribution	0-12	2%
	13-17	5%
	18-21	5%
	22 and 64	39%
	65 or older	6%
	Unknown	31%
Race Distribution	White	32%
	Asian	3%
	Black/African American	2%
	Hispanic/Latino	< 1%
	Other/Mixed Race	57%
Gender	Female	39%
	Male	30%
	Unknown	5%

Frederick County	Distribution	Percentage Served
Age Distribution	0-6	2%
	7-12	11%
	13-17	20%
	18-25	17%
	26-39	27%
	40-59	17%
	60 or older	6%
Race Distribution	White	63%
	Hispanic/Latino	15%
	Black/African American	14%
	Asian	3%
	American Indian/Alaskan Native	< 1%
	Pacific Islander	< 1%
	Other/Mixed Race	9%
Gender Distribution	Female	54%
	Male	43%
	Not listed	3%

Howard County	Distribution	Numbers Served
Age Distribution	22-34	87%
	35-44	46%
	45-54	38%
Race Distribution	White	55%
	Black/African American	42%

	Asian	1%
	Hispanic	1%
	Other/Unknown	2%
Gender Distribution	Male	49%
	Female	47%
	Unknown	5%

The Mid Shore Region	Distribution	Percentage Served
Age Distribution	0-6	7%
	7-12	27%
	13-17	57%
	18-21	3%
	Unknown	7%
Race Distribution	White	34%
	Black/African American	24%
	Other	12%
	Unknown	43%
Gender Distribution	Male	51%
	Female	47%
	Unknown	1%

Prince George	Distribution	Percentage Served
Age Distribution	0-5	9%
	6-10	4%
	11-15	14%
	16-24	19%
	25-39	27%
	40-64	19%
	65-79	6%
	80+	2%
Race Distribution	Black/African American	62%
	Hispanic/Latino	8%
	White	5%
	Asian	1%
	American Indian/Alaska Native	< 1%
	Pacific Islander	< 1%
	Mixed Race	5%
Other/Unknown	19%	
Gender Distribution	Female	52%
	Male	45%
	Unknown	1%

Washington County	Distribution	Numbers Served
Age Distribution	0-6	2%
	7-12	14%
	13-17	22%
	18-21	12%
	22-34	10%
	35-44	12%
	45-54	6%
	55-64	8%
	65-74	7%
	75-84	2%
	85+	1%
Race Distribution	White	64%
	Black/African American	21%
	Multi-racial	7%
	Hispanic/Latino	4%
	Asian	1%
	Other/Unknown	12%
Gender Distribution	Female	52%
	Male	47%
	Transgender	2%

\*Percentages may not sum to 100% due to rounding.