



# DRAFT First Quarterly Report on GBRICS Implementation Progress and 9-1-1 Diversion Opportunities

March 2021

## **Behavioral Health: System Implementation**

Through the state-funded Greater Baltimore Regional Integrated Crisis System (GBRICS) opportunity, the City and the Behavioral Health System of Baltimore (BHSB) anticipate that they will be able to pursue certain of the recommendations of the Gaps Analysis report and the requirements of the Consent Decree agreement. GBRICS is funded through the Health Services Cost Review Commission and BHSB is serving as the regional administrative manager through a partnership with the 17 hospitals involved with the project. The City is directly involved in GBRICS through its appointed seat on the GBRICS Advisory Council.

The City shall work with GBRICS to ensure that the following items, which the Collaborative Planning and Implementation Committee (CPIC) has identified as having an immediate priority, are implemented:

- Mobile Crisis Team standards,
- Development of a comprehensive behavioral health call center using care traffic control technology to enhance the accountability of crisis team response and provide increased 911 diversion opportunities, and
- A public awareness campaign that promotes alternatives to calling 911 for a behavioral health crisis (e.g., the Here2Help Hotline)<sup>1</sup>.

## **General Status and Updates: GBRICS**

The Greater Baltimore Regional Integrated Crisis System (GBRICS) partnership's goal is to create a well-functioning behavioral health crisis response system that helps resolve crises quickly for individuals and families, meets people where they are comfortable, and provides appropriate care and support, while avoiding unnecessary police interaction, emergency department (ED) use, and hospitalization. The goal of a well-functioning behavioral health crisis response system will be met through improvements in the behavioral health infrastructure including the expansion of crisis services around the clock. GBRICS is a regional partnership that spans across multiple counties in Maryland and has the full support of Mayor Brandon M. Scott. Mayor Scott spotlighted the partnership in his most recent State of the City Address in early March.

The GBRICS Council has been formed and has met twice. Significant accomplishments of the Council during these two meetings include election of Chair and Vice-Chair, adoption of bylaws to govern the Council and the adoption of principles to guide implementation. Council purpose, membership and recordings of the meetings are posted on the [website](#). The Mayor of Baltimore's Deputy Mayor for Public Safety, Sunny Schnitzer, has also been appointed to the Council.

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<sup>1</sup> Fourth-Year Monitoring Plan, 108

A Management of Services agreement has been negotiated between the 17 hospitals and Behavioral Health Systems Baltimore (BHSB) and is in the process of being executed. The execution of this agreement allows for the funds to be distributed from the hospitals to BHSB as the Regional Administrative Manager for the project. Additionally, two staff positions [a) GBRICS Policy Director, b) GBRICS Implementation Director] were hired at BHSB to oversee the implementation of GRBRICS, and three additional positions [a) GBRICS Project Manager, b) GBRICS Community Engagement Coordinator, c) Grant Administrator] [are posted](#) and actively being recruited for.

Formation of several GBRICS workgroups has occurred, including a policy workgroup that has been meeting throughout the Maryland legislative session (January-April) and has focused on briefing elected officials on the goals and core components of the GBRICS project.

### **Mobile Crisis Team Standards**

A Mobile Crisis Team workgroup has been established to guide the integration of program standards and expansion of mobile crisis response in the region. Meetings for this GBRICS workgroup will begin in April and further updates for this work will be available in subsequent quarterly reports.

Expected areas of focus for the workgroup include:

- Conduct an environmental review of current operations of existing (Mobile Crisis Team (MCT) services across the four-jurisdiction region
- Develop regional programmatic standards and expectations for all mobile crisis response in the region as informed by best practices, including dispatch from the comprehensive call center and GPS-enabled tracking
- Develop protocols for when to involve law enforcement either as back up support or as dual response
- Assess MCT capacity and identify how to best meet individual community needs and the needs of specific population groups (i.e., children and youth, veterans, etc.)
- Sequencing of implementation milestones to implement standards and expand MCT services
- Inform the structure needed to maximize data collection and analysis for monitoring response metrics and outcomes
- Identification of ongoing educational and training needs for mobile crisis providers to ensure consistent and ongoing fidelity to identified standards

### **9-1-1 Diversion Opportunities**

Some 9-1-1 calls are related to quality-of-life and other issues that are best served through traditional supportive services. Other calls which may require a time-sensitive response do not require a police response. Some of these 9-1-1 calls include residents with behavioral health disabilities or people in crisis who would benefit from being connected to a mental health

professional rather than a police officer or an emergency medical services (EMS) provider.

While many 9-1-1 incidents do merit an emergency police or EMS response, dispatching of police officers and EMS to calls where their presence is not required is not an effective use of public resources; it can also create adverse outcomes for callers and individuals. Our goal as a multi-agency public safety system is to improve outcomes for Baltimore residents.

The City of Baltimore will implement a 9-1-1 Diversion Pilot in Q2 of 2021 in collaboration with a community-based service provider, Baltimore Crisis Response Inc (BCRI), that will divert calls to an appropriate behavioral health response, instead of police responses. Baltimore City 9-1-1 Specialists take emergency calls for Fire, Police, & EMS. Through the Priority Dispatch Emergency Medical Dispatch Protocols (EMD), 9-1-1 Specialists will interview callers that have accessed the Baltimore City 9-1-1 system for help. After key questions are answered by the caller, the priority dispatch system will categorize the call. If the call is identified as appropriate for referral, the 9-1-1 Specialist will connect the caller through the 911 phone system to a trained mental health clinician at the Here2Help line which is operated by BCRI. A data fellow has also been assigned to this project to support data collection and outcome evaluation.

While the 9-1-1 Diversion Pilot is an immediate step, the City intends to expand 9-1-1 diversion beyond clinical behavioral health responses. While the City implements the 9-1-1 Diversion Pilot with BCRI, a broader diversion protocol will be developed. Additionally, in Q3 of 2021, The Collaborative Planning and Implementation Committee (CPIC), a working group comprised of individuals and organizations representing a wide range of disciplines and perspectives who work to improve encounters between law enforcement and people with behavioral health disorders, will review 9-1-1 Diversion Pilot success and make recommendations on protocols for 9-1-1 Diversion expansion.

### **Development of a comprehensive behavioral health call center**

GBRICS has formed a Comprehensive Behavioral Health Call Center Workgroup to inform the implementation of a comprehensive call center. The first workgroup meeting will occur in April, and additional details and updates on their work will be available in subsequent quarterly reports. The implementation of a comprehensive call center will allow the city to further expand beyond the pilot phase of the 9-1-1 diversion efforts detailed above.

Expected areas of focus for the work group include:

- Develop regional expectations and standards for call center dispatch of mobile crisis team services
- How to best meet local needs through one comprehensive call center for the region
- Sequencing of implementation milestones to stand up a regional call center
- Inform the structure needed to maximize data collection and analysis for monitoring call response/outcome including mobile crisis response

- How to effectively apply the Care Traffic Control (CTC) software to the GBRICS region ensuring solid technological support for the project
- Connection to 911, 211 and eventual 988 systems

**Public awareness campaign that promotes alternatives to 911 for a behavioral health crisis**

GBRICS website has been created as a central repository for information concerning the project. [GBRICS Partnership – Behavioral Health System Baltimore \(bhsbaltimore.org\)](http://bhsbaltimore.org). Stakeholder forums to keep the broader stakeholder community informed are now held quarterly, while between forums, several work groups will be working directly on implementation of key areas of the project.

Currently, an RFP is being developed to identify a consultant to work with BHSB and stakeholders on the development of a communications campaign to inform the community on behavioral health issues and how to get help in the community.