

2nd Quarterly Report on GBRICS Implementation Progress and 9-1-1 Diversion Opportunities

August 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.

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)¹.

General Status and Updates: GBRICS²

The Management of Services Agreement between Behavioral Health System Baltimore (BHSB) and the 17 hospitals was fully executed on May 20, 2021. 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. GBRICS Council has met three times and is beginning to explore policy reform opportunities that will create sustainable funding resources for crisis services. A policy agenda will be reviewed and discussed at the GBRICS Council meeting³ in September.

GBRICS workgroups continue to meet. Work groups are: community engagement, mobile crisis standards, comprehensive call center and policy work groups.

BHSB is recruiting for 3 additional staff positions [a) Program Manager, b) Finance/Accounting

¹ Fourth-Year Monitoring Plan, 108

² 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 by 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.

³ Councill meetings are recorded and are available to view on the GBRICS webpage: https://www.bhsbaltimore.org/learn/gbrics-partnership/ The website also serves as a single spot for the public to learn more and engage in the work of GBRICS.

Manager, c) Community Engagement Coordinator] to support the implementation of the project. The GBRICS Project Manager and GBRICS Community Engagement Coordinator positions identified in the previous quarterly report have been filled and individuals are slated to start mid-July.

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 began in April and further updates for this work will be available in subsequent quarterly reports.

9-1-1 Diversion Opportunities

In mid-June the City of Baltimore began implementation of a 9-1-1 Diversion Pilotⁱ in collaboration with a community-based service provider, Baltimore Crisis Response Inc (BCRI), to divert two behavioral health call types to start — "non-suicidal and alert" (psychiatric/abnormal behavior/suicide) and "suicidal and alert" (psychiatric/abnormal behavior/suicide)⁴. These two categories alone account for an estimated 1,000 calls received by 9-1-1 operators annually.

An internal working group, including data fellows and the Baltimore City Fire Department's medical director, have been meeting daily to provide quality assurance and identify areas for improvement to ensure that diverted patients receive the appropriate care. As a result of this collaborative quality assurance process, the group will be able to provide recommendations to improve system delivery and implement change as necessary as the pilot continues. Recommendations developed will be presented to CPIC periodically to provide update on pilot implementation and solicit feedback.

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 occurred in April. 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.

BHSB is in contract negotiations with Behavioral Health Link (BHL), the vendor that will provide the "Care Traffic Control" software infrastructure to support the regional, comprehensive call center.

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⁴ 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.

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

BHSB released the GBRICS Community Engagement and Communications RFP to identify a communications and marketing firm to assist with market research, message testing, and the development and implementation of a robust communications and community engagement campaign to raise awareness about behavioral health crisis services. Proposals were due May 14, 2021. A review committee made up of stakeholders are reviewing the proposals and a decision is expected by the end of the summer.

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