Brandon M. Scott
Mayor

City of Baltimore Public Behavioral Health Gap Analysis Implementation Plan DRAFT

In April 2017, the City of Baltimore entered into a consent decree with the U.S. Department of Justice (DOJ) to resolve DOJ's findings that it believed the Baltimore City Police Department (BPD) had engaged in a pattern and practice of conduct that violates the First, Fourth, and Fourteenth Amendments to the United States Constitution. One section of the decree dealt specifically with response to behavioral health crises, whereby the City agreed "to conduct an assessment to identify gaps in the behavioral health service system, recommend solutions, and assist with implementation of the recommendations as appropriate." The goal of the assessment was to: analyze a sample of police interactions with people with behavioral health disabilities to identify systemic barriers and solutions; and for the Public Behavioral Health System (PBHS) at large, to identify gaps in behavioral health services, problems with the quality or quantity of existing services, and other unmet needs that in turn can lead to preventable criminal justice system involvement. In collaboration with Behavioral Health System Baltimore (BHSB), Human Services Research Institute (HSRI) and the Collaborative Planning and Implementation Committee (CPIC)[1], a working group –comprised of a wide-range of individuals and organizations working to improve encounters between law enforcement and people with behavioral health disorders, in December 2019 the City published the Public Behavioral Health System Gap Analysis Report.

Defining what policing looks like for a community is the most consequential decision any local government can make. It is clear that the status quo solutions for policing, public safety, and addressing needs of those experiencing behavioral health crisis simply are not providing the best outcomes for our residents. The urgency of this moment demands coordination across different agencies and local partners. The City has developed the Gap Analysis Implementation Plan to address the recommendations identified within the Public Behavioral Health System Gap Analysis Report. This plan aligns with the requirements of our consent decree and demonstrates a commitment to address these gaps in our public behavioral health system. Outlined is a multi-year approach to reducing unnecessary police encounters with people in crisis and specifically highlights the non-enforcement measures the City will take collectively to bridge the gaps that lead to these unnecessary interactions. Implementation provides an opportunity to transform the behavioral health landscape in Baltimore City and truly provide the resources and support those experiencing behavioral health crisis need.

The Gap Analysis Implementation Plan addresses the recommendations through four sections:

- 9-1-1 Diversion and Mobile Crisis Team Response
- Crisis Services and System Integration
- Peer Supports
- Social Determinants of Health

[1] The vision of CPIC is that Baltimore City will develop a system of care that:
• Treats all people with dignity and respect.
• Prevents people from having unnecessary contact with police.
•Diverts people away from the criminal justice system into services that will meet the needs of the individual and their family. •De-escalates crisis situations with minimal or no use of force.

Brandon M. Scott
Mayor

TABLE OF CONTENTS

Brandon M. Scott
Mayor

BALTIMORE PUBLIC BEHAVIORAL HEALTH SYSTEM GAP ANALYSYS REPORT RECOMMENDATIONS SUMMARY

[I] Crisis Services:

1. Plan to Strengthen and Expand the System
2. Adopt a least restrictive setting/care framework for planning expansion of crisis services
3. Establish community providers as part of the crisis service continuum
4. Consider expansion at the mid-level of crisis service intensity
5. Explore implementation of an "Air Traffic Control" system for crisis service management

[II] Law Enforcement

6. Improve the quality of law enforcement interactions with individuals experiencing a behavioral health crisis

[III] Data Systems

7. Require collection of key outcome measures for behavioral health services
8. Expand efforts of law enforcement in the collection of data related to behavioral health crisis
9. Leverage any community crisis coordination system to enhance data collection related to community crisis services

[IV] Implementation and Oversight

10. Develop a comprehensive implementation plan
11. Form an oversight steering committee to coordinate with key stakeholder groups
12. Establish work groups to address common themes identified in this report
13. Draw upon research in the field of implementation science

[V] Systems Integration

14. Promote a "No Wrong Door" approach
15. Consider the care coordination model as a framework to guide strategic planning for promoting system integration
16. Promote integration of mental health and substance use services and workforce
17. Support and coordinate efforts to enhance availability of behavioral health outpatient services in primary care
18. Consider shifting resources from poor-quality programs to more effective services

[VI] Workforce

19. Address workforce recruitment, retention, and competency

[VII] Peer Support

20. Support the financial sustainability of peer-run organizations through a variety of funding streams
21. Work with the state, other funders (e.g., philanthropic foundations), and local partners, private insurers, and other offices and departments to develop additional funding streams for peer-delivered services
22. Create a strategy to increase public awareness of peer-delivered services
23. Support current local and statewide efforts to strengthen the peer support workforce
24. Support and enhance efforts for formal exam-based certification for peer support
25. Reduce ambiguity around peer roles within the system through training to ensure providers and administrators have adequate understanding of the peer role
26. Work with provider communities to expand professional development for peer support workers

[VIII] Community Education

27. Enhance information about how to access behavioral health services
28. Continue with and expand anti-stigma campaign efforts

[IX] Social Determinants of Health

29. Build on the community health benefit requirements for nonprofit hospitals
30. Coordinate with HUD housing programs for people with disabilities
31. Increase the availability of housing vouchers and subsidies
32. Enhance efforts related to landlord engagement and education to combat stigma and increase the availability of units
33. Ensure that Permanent Supportive Housing (PSH) program models are being implemented with fidelity

9-1-1 Diversion and Mobile Crisis Team Response

Some 9-1-1 calls are best served through community-based responses and supportive services. These calls may include individuals 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. To that end, the City of Baltimore has begun implementation of a 9-1-1 Diversion Pilot in mid-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, understanding the importance of providing community-based responses. 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. If the call is identified as appropriate for referral, the 9-1-1 Specialist will connect the caller through the 9-1-1 phone system to a trained mental health clinician at the Here2Help line which is operated by BCRI.

Although the 9-1-1 Diversion Pilot is an immediate step, the City intends to expand 9-1-1 diversion beyond behavioral health responses – such as considering improved use of peer supports, housing opportunities, and community-based youth diversion[2]. While the City implements the 9-1-1 Diversion Pilot with BCRI, a broader diversion protocol will be developed. Additionally, the Collaborative Planning and Implementation Committee (CPIC), a working group comprised of individuals and organizations representing a wide range of disciplines and perspectives who seek 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.

Summary of Outcomes and Objectives:

OUTCOME: Behavioral health calls that come in through 9-1-1 that do not necessitate a police response will be diverted to a community behavioral health or crisis response agency.

OBJECTIVES:

A. The City will partner with Baltimore Crisis Response, Inc., vendor currently contracted to manage the Here2Help (H2H) line, to manage crisis calls.
B. Baltimore Crisis Response Inc will maintain capacity to rapidly receive and appropriately respond to calls from 9-1-1 dispatch and BPD Officers.
C. Individuals experiencing a behavioral health crisis will receive a response that matches their needs and minimizes involvement of BPD officers whenever possible.
D. The City, BHSB and GBRICS will implement a public education campaign to promote use of community-based services in lieu of calling 9-1-1.

[2] See first activity under objective B

E. A Quality Assurance process will examine person-oriented metrics to ensure that the most appropriate level of care is assigned to people in need.

OUTCOME: People experiencing behavioral health crises will have access to mobile crisis services within one hour that promote recovery and connection to community-based services.[3]

OBJECTIVES:

F. The City of Baltimore will work to ensure mobile teams will be available 24/7, providing face-to-face contact within one hour of a request for service.
G. The City will establish benchmarks for Mobile Crisis teams, including standards for composition and training, and the required number of teams.
H. Here2Help (H2H) line and Mobile Crisis services will demonstrate their effectiveness in reducing the reliance on BPD in responding to behavioral health emergencies.
I. The City will maximize the quality of Mobile Crisis services, promoting the wellbeing and recovery of individuals experiencing behavioral health crises.
J. The City will work to ensure inclusion of peers within Mobile Crisis Teams.

[3] Through the state-funded Greater Baltimore Regional Integrated Crisis System (GBRICS) opportunity, the City and BHSB will be able to pursue many of the recommendations of the Gap 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. To that end, the City shall work with GBRICS to ensure that the core components of GBRICS are implemented, and that services developed through GBRICS meet the City's needs as it works to comply with the consent decree requirements.

Longer term, Mobile Crisis standards and capacity is an issue that GBRICS is planning to address. However, given the critical nature of this service and the significant gap between current capacity and national norms, the City will make immediate efforts to monitor capacity of 9-1-1 Diversion Pilot through tracking performance metrics.

Although the City anticipates that it will be able to pursue many of the recommendations of the Gap Analysis report and the requirements of the Consent Decree through the work of GBRICS, the City recognizes that it (along with the Baltimore Police Department) is the party responsible for fulfilling the requirements of the Consent Decree, not GBRICS, and the City commits to implementing the recommendations of the Gap Analysis report.

Brandon M. Scott
Mayor

9-1-1 Diversion & Mobile Crisis Team Response Gap Analysis Implementation Plan

OUTCOME: Behavioral health calls that come in through 9-1-1 that do not necessitate a police response will be diverted to a community behavioral health or crisis response agency.	**Gap Analysis Recommendations:** I.1,2; II.6, III.7,8,9; VIII.27,28

Objective

A. The City will strategically partner with the Here2Help (H2H) line to receive and manage crisis calls by receiving warm transfers from Baltimore City 9-1-1 and on-scene officers. Here2Help line will provide effective telephonic crisis support interventions that promote the recovery of individuals experiencing behavioral health emergencies and that substantially reduce the involvement of Baltimore Police Department.

Activities	**Timeline**	**Proposed Lead**	**Proposed Stakeholders**	**Notes**
1. The City has begun implementation of the 9-1-1-Emergency Medical Dispatch Protocol pilot to divert specific priority call types to behavioral health crisis 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 categorized as the following (25A01 or 25A02), the 9-1-1 Specialist will connect the caller to the trained mental health clinician though the 9-1-1 phone system. Once the transfer is complete, the 9-1-1 Specialist will finish creating a Computer Aided Dispatch (CAD) incident, documenting the transfer, and then close the incident.	June 2021	BCFD	Mayor's Office, BCFD, BPD, BHSB, BCRI	

2. The City will ensure that the Here2Help line is effectively implementing procedures for receiving warm transfer calls from 9-1-1 dispatch and from officers in the field. a. Here2Help will immediately respond to calls received by 9-1-1 and/or patrol officers in the field b. b. Here2Help clinician will receive referral information, welcome the person seeking assistance, and confirm that officer can leave the call	June 2021	BCRI, BCFD	BPD, Mayor's Office, BHSB, other community/ crisis service providers as appropriate	Addressed in pilot 9-1-1 diversion protocol; will also need to be addressed in expanded protocol when it is developed.
3. Here2Help line will establish a method of documenting and tracking calls from BPD, including a. caller agency and position number b. incident number as assigned by 9-1-1 c. critical information including name, address, phone number, and situation d. disposition (e.g., resolution via phone, referral to mobile crisis, further police involvement, etc.)	June 2021	BCRI, BCFD	Mayor's Office, BPD, BHSB	
4. Here2Help line will provide effective telephonic crisis support interventions to callers with low acuity. When clinically indicated, a BCRI mobile crisis team will make face-to-face contact with the individual within one hour of such a request for service.	Ongoing, in collaboration with GBRICS	BCRI	Mayor's Office, BPD, BHSB, BCRI, GBRICS Council	
5. Here2Help will determine how ACT teams shall most efficiently be notified and deployed to calls for service involving their own clients.	Ongoing, in collaboration with GBRICS	BCRI	Mayor's Office, BPD, BHSB, BCRI, GBRICS Council	
6. Here2Help line will be trained to receive and document transfers from BPD and patrol officers.	Ongoing	BCRI	BCFD, BPD, BHSB	

Brandon M. Scott
Mayor

Objective

B. The City, through Baltimore City Crisis Response (BCRI), will ensure that there is sufficient staffing capacity in order to rapidly receive warm transfer calls from 9-1-1 dispatch and Baltimore Police Department officers.

Activities	Timeline	Proposed Lead	Proposed Stakeholders	Notes
1. The City will assess capacity and implement an expanded 9-1-1 dispatch protocol to ensure that all call types that do not necessitate a police response can be diverted to an appropriate crisis response. Using QA/QI data the City will continuously evaluate the 9-1-1 dispatch protocol and what factors into determining when calls regarding people in crisis are diverted to community resources and determine the least-police involved response appropriate for such calls. BPD and the City will: ensure identified call types are diverted and the most appropriate resource is dispatched; and determine whether additional resources as utilized or developed during the pilot phase need to be introduced through a capacity assessment that evaluates ability to respond to all designated calls. This evaluation will take place continuously as the City continues to monitor success and identify opportunities for expanding diversion.	Expanded protocol by: Q1 2022 Implementation by: Q2 2022 The City will continuously evaluate for further expanding protocol.	Mayor's Office	BCFD, BPD, BHSB, BCRI, other community and crisis providers[4]	The City will pursue securing funding for expansion of 9-1-1 diversion.

[4] As the 9-1-1 diversion dispatch protocol expands to include other needs and populations such as youth, other community and crisis service providers will be included as stakeholders in this process.

Objective

C. Individuals experiencing a behavioral health crisis will receive a response that best matches their acuity needs and that minimizes involvement of Baltimore Police Department officers whenever possible.

Activities	Timeline	Proposed Lead	Proposed Stakeholders	Notes
1. The 9-1-1 Diversion Pilot will establish criteria for identifying its target population and refer related calls to H2H accordingly. During the course of the pilot, these criteria may be modified to ensure that people who do not require police interventions are appropriately diverted.	May 2021	BCFD	BPD, BCRI, BHSB, other community/crisis service providers as appropriate	

Objective

D. The City, in collaboration with GBRICS, with cooperation of CPIC and BPD, will develop and implement an enhanced public education campaign to promote use of the crisis hotline and other services in lieu of calling 9-1-1.

Activities	Timeline	Proposed Lead	Proposed Stakeholders	Notes
1. The City shall work with GBRICS to ensure that the following item which the CPIC has identified as having an immediate priority is implemented: • A public awareness campaign that promotes alternatives to calling 9-1-1 for a behavioral health crisis (e.g., the Here2Help Hotline).	Plan finalized: Q1 2022 Implementation: Q2 2022	Mayor's Office	BHSB, GBRICS Council	
2. On a quarterly basis, the City shall provide public-facing reports on its website that describe the progress made regarding: mobile crisis team standards, development	Quarterly, beginning Q2 2021	Mayor's Office	BHSB, GBRICS Council	

of a comprehensive behavioral health call center, a public awareness campaign that promotes alternatives to calling 9-1-1, any timelines for implementation, and shall disclose and promote opportunities for the public to participate in the implementation process. On months where a report is published, the City shall brief the CPIC general body during the monthly meeting on the report's contents.				

Objective

E. Rigorous quality assurance initiatives are needed to evaluate the successes and failures of any dispatch or treatment protocol, including the 9-1-1 Diversion pilot. This pilot is designed to match the right resource, to the right person, at the right time. Therefore, QA/QI will examine person-oriented outcome metrics to ensure that the most appropriate level of care is provided to people in need.

Activities	Timeline	Proposed Lead	Proposed Stakeholders	Notes
1. QA/QI Team. The City will establish a multi-agency QA/QI team to ensure that public systems respond to behavioral health crisis requests via 9-1-1, BPD, Here2Help and other channels in ways that address individuals' needs, promote recovery, and reflect the goal of reducing unnecessary police involvement. Under leadership by the Mayor's Office, the QA/QI team will carry out or coordinate a number of activities that rely on performance metrics to evaluate the quality of crisis responses, the capacity and utilization of public resources, and consumer outcomes. Based on these and other factors, the QA/QI team will make recommendations for system improvements. A major	Ongoing, beginning immediately	Mayor's Office	BCFD, BPD, BHSB, BCRI, 9-1-1, other relevant stakeholders, as indicated	

focus of the QA/QI team will be the 9-1-1 Diversion project, including, but not limited to: a. the processes of identifying and appropriately diverting 9-1-1 calls b. the performance of Here2Help in responding to diverted calls c. the use and performance of Mobile Crisis services d. inter-agency coordination e. the need for additional capacity or new services to appropriately respond to behavioral health crises (for instance, staffing a behavioral health clinician in the 9-1-1 call center to de-escalate crisis calls and provide immediate screening and brief intervention services; establishing crisis respite services) f. measures to reduce the incidence of behavioral health crises that may result in involvement by 9-1-1 or BPD				
2. Dashboard. The QA/QI team will develop a dashboard to facilitate an ongoing review of data relating to diverted and non-diverted behavioral health emergencies. This dashboard will include outcome data and be used to report trends to CPIC in order to receive feedback and establish a system for accountability. The City will designate a data scientist to establish the dashboard and help centralize the data for tracking and evaluation.	Beginning with pilot launch, June 2021	Mayor's Office	BCFD, BPD, BHSB, BCRI, CPIC	A dashboard will be available for the public as well by Q1 2022.

3. Weekly Reviews. The QA/QI team will oversee reviews of all 9-1-1 calls identified for diversion through the pilot project to refine processes for identification and referral, and to ensure that expansion is commensurate with capacity of service providers and that appropriate calls are being diverted. a. Among other data the team will track the number and disposition of calls being diverted to community resources and away from law enforcement and the number of calls that are not diverted from law enforcement. b. The team will examine involvement of BPD in any aspect of mobile crisis response, identify categories of involvement, and quantify mobile crisis responses that fit into each of those categories. c. The team will review instances where there were problems in diversion (e.g., referral by Mobile Crisis to police, frequent users) d. Aggregated findings and actions taken will be presented to CPIC at its monthly meeting.	Weekly, beginning with pilot launch, June 2021	Mayor's Office	BCFD, BPD, BHSB, BCRI, CPIC	
4. Officer Referrals. Because diversions similar to those coming through 9-1-1 may also occur through the direct referral of officers, BPD and BHSB will review the frequency and success of officers' referrals of individuals in behavioral health crisis to H2H/Mobile Crisis.	Ongoing, beginning immediately Monthly	BPD	Mayor's Office, BHSB	

a. Data and recommendations from these reviews will be presented to CPIC at its monthly meeting and incorporated in QA/QI audits.				
5. Sentinel Events. The QA/QI team will establish criteria for identifying a Sentinel Event, that is, a behavioral health crisis that resulted or nearly resulted in serious negative outcomes for the individual or others. Sentinel events will be subject to rigorous, cross-system root-cause analyses to determine to identify causal factors and remedial actions. These reviews will include: a. complete the sentinel review of identified events, b. develop recommendations, c. plan for implementation of recommendations and d. present recommendations to CPIC to receive input on identified recommendations and establishing a system for reporting on progress of implementation	within 2 weeks of a Sentinel Event Upon completion of Sentinel Event review			
6. QA/QI Audits. The City will conduct regular QA/QI Audits that include the participation of key decision-makers within the city's public behavioral health system as well as members of CPIC to: These reviews will include: a. complete the quality assurance case audits, b. develop recommendations,	3x/year, beginning December 2021	Mayor's Office	CPIC	

c. plan for implementation of recommendations and d. present recommendations to CPIC to receive input on identified recommendations and establishing a system for reporting on progress of implementation				

OUTCOME: People experiencing behavioral health crises will have access to mobile crisis services within one hour that promote recovery and connection to community-based services.	**Gap Analysis Recommendations:** I.1,2,3,5; II.6, III.7,8,9; VIII.27,28

Objective

F. Baltimore City will ensure that Mobile Crisis teams in operation will be available 24/7 and have capacity to provide face-to-face contact with individuals in need of their services, on average within one hour of a request for service, at the location where the individual is in crisis. Mobile crisis services will be provided consistently with national evidence-based models, will be voluntary and will prioritize connection and referral to longer-term voluntary, community-based services when additional services are needed.

Activities	**Timeline**	**Proposed Lead**	**Proposed Stakeholders**	**Notes**
1. The City shall work with GBRICS to ensure that the following items which the CPIC has identified as having an immediate priority are implemented: • Mobile Crisis Team Standards (including team composition, training, response time, 24/7 availability, and circumstances in which mobile crisis is dispatched (including when a dual response of mobile crisis and police is warranted). • Development of a comprehensive behavioral health call center using care traffic control	Finalized standards/ protocols: Q4 2021	Mayor's Office/ Health Department	BHSB, GBRICS Council	When feasible and fully resourced, standards will be added to existing mobile crisis contracts and included in future mobile crisis contracts.

technology to enhance the accountability of crisis team response.				

Objective

G. Baltimore City will meet benchmarks for Mobile Crisis teams, including standards for composition and training, and the required number of teams. Based on these criteria, the City presently has operational 20% of the required number of teams.

Activities	Timeline	Proposed Lead	Proposed Stakeholders	Notes
1. BHSB, as part of the GBRICS grant proposal, has developed an assessment of the current need for mobile crisis capacity through the Crisis Now model, and aligned with national standards,[5] for Baltimore City for both adults and children/youth. The City adopts that assessment as part of this plan to expand mobile crisis services in Baltimore to meet the need to respond to crises with the least police involved response.	Completed			
2. Progress in achieving Crisis Now benchmarks will be incorporated into quarterly updates published by the City regarding GBRICS Implementation. Stakeholders will have opportunity to review and provide input.	Quarterly, beginning Q2 2021	Mayor's Office	CPIC	

[5]The primary sources for the draft standards that the Work Group discussed were *The Roadmap to the Ideal Crisis System* (Group for the Advancement of Psychiatry, 2021) and the *National Guidelines for Behavioral Health Crisis Care Best Practice Tool Kit* (SAMHSA, 2020). The definition of a "Medicaid Qualifying Community-based Mobile Crisis Intervention" from Section 9813 of the American Rescue Plan was also incorporated into the standards. https://www.congress.gov/bill/117th-congress/house-bill/1319/text#toc-H155EAEF98A524898BC6F93FE5BB8CB2A

3. The City in collaboration with 9-1-1, BCFD, BPD, BHSB, BCRI will continue to facilitate ongoing assessment of capacity for mobile crisis teams and determine if additional resources or support are needed for success.	Beginning June 2021	Mayor's Office	BCFD, BPD, BHSB, BCRI	
4. Longer term, GBRICS is collectively pursuing implementation of Crisis Now model, including: a. Implement a centralized Care Traffic Control (CTC) system, as the cornerstone of transforming how the region responds to people experiencing a behavioral health crisis, and/or struggling with substance use or mental health issues and will dispatch the Mobile Crisis Teams (MCT) using real-time GPS tracking, ensuring quick response times, and minimizing travel distance. b. Increase the availability of the Mobile Crisis Teams (MCTs) to 24 hours a day, 7 days a week.	Scaled implementation over next 5 years	Mayor's Office, GBRICS Council		SDA is essential to increase the system capacity by ensuring access assessment, de-escalation, treatment, and immediate follow-up, thereby reducing delays in care and reliance on hospital EDs for "just in time" care. The City will take measures in support of funding to help community-based, outpatient behavioral health providers expand same day access (SDA) to immediate-need behavioral health services.

5. The City, in collaboration with GBRICS and other partners will expand the number of Mobile Crisis Teams to at least five [to achieve the capacity to respond with a face-to-face contact to all crisis calls on average within one hour].	Long Term, Q4 2025	Mayor's Office	GBRICS Council	
6. Based on the protocol and standards for mobile crisis teams the City will develop, the City will ensure that the new Mobile Crisis teams will have adequate capacity to appropriately serve individuals in need and to prevent unnecessary police involvement and will monitor capacity of current Mobile Crisis teams accordingly. CPIC will continue to evaluate and consider procedures of LEAD, CRT and make determinations of when clinicians should respond in partnership with police officers.	Ongoing, beginning Q3 2021	Mayor's Office	CPIC	

Objective

H. H2H and Mobile Crisis services will demonstrate their effectiveness in reducing the reliance on BPD in responding to behavioral health emergencies.

Activities	**Timeline**	**Proposed Lead**	**Proposed Stakeholders**	**Notes**
1. The City will establish a process for measuring the effectiveness of reducing reliance on police response to behavioral health emergencies relative to a baseline measure.	Immediately	Mayor's Office	BPD	

2. The City will examine involvement of BPD in any aspect of mobile crisis response, identify categories of involvement, and quantify mobile crisis responses that fit into each of those categories. This will be conducted through the Behavioral Health Crisis Incident Reviews (Quality Assurance Audits).	3x/year, beginning Q1 2022	Mayor's Office	Behavioral Health Crisis Review Committee, CPIC	

Objective

I. The City will have in place processes to maximize the quality and impact of Mobile Crisis services in order to promote the wellbeing and recovery of individuals experiencing behavioral health crises.

Activities	Timeline	Proposed Lead	Proposed Stakeholders	Notes
1. The City will ensure that all Mobile Crisis staff will receive training at least annually in crisis intervention techniques, cultural competence, issues related to youth and aging, trauma-informed services, Olmstead/ADA requirements, and other relevant areas. Training for mobile crisis teams will include the use of non-coercive, voluntary, trauma informed interventions promoting a safe experience for the person in crisis and the team that responds and will identify strategies to prepare mobile crisis teams to respond to individuals in the community and that will minimize the likelihood that BPD will be needed (technical, staffing composition, communication strategies, etc.) Curriculum for training and development of will be supported by the Training and Implementation Subcommittee of CPIC in order to provide opportunity for stakeholder input.	Ongoing, beginning Q3 2021	BHSB	Mayor's Office, Mobile Crisis staff	Trainings are regularly available through educational events or on-line learning providers.

2. A QA/QI team including Mobile Crisis providers, BHSB, BPD, 9-1-1, and BCFD will review instances where there were problems in diversion (e.g., referral by Mobile Crisis to police, frequent users) and, using root-cause analyses make recommendations for improvement accordingly.	Ongoing, beginning Q3 2021	Mayor's Office	BPD, BCFD, BHSB, BCRI, other mobile crisis providers	
3. The City will explore, and in collaboration with stakeholders, will develop a protocol for Mobile Crisis teams' follow-up of each face-to-face intervention. The protocol will include elements such as: a. Develop and conduct a survey to receive and analyze feedback as to whether individuals are comfortable with and want to receive follow-up before proceeding with below steps. b. The time frame for contacting the individual and/or interested parties following an intervention c. An evaluation of the outcome of the intervention, including the individual's engagement with service providers, well-being, satisfaction, and so on. d. Whether the individual had been actively receiving services at the time of the crisis, and the extent to which the provider was involved in the crisis intervention. e. Whether the individual had a crisis plan and/or mental health advance directive in place at the time of the crisis and, as applicable, whether these were considered in the intervention.	Protocol to be completed by Q2 2022	Mayor's Office	CPIC, BCFD, BPD, BCRI/mobile crisis teams, BHSB	Currently BCRI does some level of follow-up on anyone going through their residential crisis unit. This is an opportunity to infuse more peers into the crisis system. Following development of protocol, capacity of BCRI to implement protocol will need to be assessed and determine if additional support is needed to implement. MCT protocol will be evaluated through weekly performance metrics review and through Behavioral Health Crisis Incident Reviews. Data will be

f. For individuals lacking a crisis plan and/or mental health advance directive, processes for offering these to the individual. g. Data elements to be provided to CPIC [on a quarterly basis, beginning Q2 2022] to enable the committee to make recommendations for systemic improvements to reduce the frequency of recurrent Mobile Crisis referrals. h. Processes to allow an annual evaluation of the impact of these QA/QI strategies.				used to determine what adjustments to protocols are needed, or what additional resources may be needed that the City can work to advocate for, secure or provide.
4. Mobile Crisis teams will implement protocols for follow-up of face-to-face interventions.	Ongoing, beginning Q2 2022	Mayor's Office	CPIC, BCFD, BPD, BCRI/mobile crisis teams, BHSB	Implementation will be dependent on securing additional resources to support follow-up.
5. Care Traffic Control (CTC) implemented through GBRICS in 2022 will allow more effective review of data from mobile crisis providers relating to patterns of behavioral health crises involving Mobile Crisis. These data will be relevant to the city's Early Intervention strategy. In 2022, GBRICS will begin implementation of a centralized CTC system, as the cornerstone of transforming how the region responds to people experiencing a behavioral health crisis. The CTC will create: • One hotline phone number connected to the CTC for the region.	Aligned with GBRICS implementation	Mayor's Office, GBRICS Council	BHSB, CPIC	

• A single hub that dispatches the Mobile Crisis Teams (MCT) using real-time GPS tracking, ensuring quick response times and minimizing travel distance. • Increased accountability by giving Local Behavioral Health Authorities (LBHAs) and other system stakeholders real-time access to data. • A dashboard showing bed availability and open appointments. • Ability to seamlessly schedule appointments to connect people to needed follow-up care.				

Objective

J. The City will work to ensure inclusion of peers within Mobile Crisis Teams.

Activities	Timeline	Proposed Lead	Proposed Stakeholders	Notes
1. *See Peer Support Section, Objective F				
2. *See Peer Support Section, Objective D				
3. In accordance with mobile crisis response best practices, inclusion of peers in mobile crisis teams will be added as a standard. As mobile crisis team standards are developed, the City, BHSB, and the GBRICS counsel will work to identify the resources necessary and implement the inclusion of peers in city mobile crisis teams.				

Crisis Services & System Integration

As described by the Agency for Health Research and Quality (AHRQ), "Care coordination involves optimally organizing patient care and information-sharing activities. This means that the patient's needs and preferences are known ahead of time and communicated at the right time to the right people, and that this information is used to provide safe, appropriate, and effective care to the patient. Coordination among health care providers improves outcomes for everyone by decreasing medication errors, unnecessary or repetitive diagnostic tests, unnecessary emergency room visits, and preventable hospital admissions and readmissions—all of which together lead to higher quality of care, improved health outcomes, and lower costs." Citing the National Quality Strategy, AHRQ identifies three goals for coordinated care models, all of which apply equally to the behavioral health care system and are well-suited to strategic planning processes for the city and state:

- Improving the quality-of-care transitions and communications across care settings
- Improving the quality of life for patients with chronic illness and disability by following a current care plan that anticipates and addresses pain and symptom management, psychosocial needs, and functional status
- Establishing shared accountability and integration of communities and health care systems to improve quality of care and reduce health disparities [6]

There is a need to integrate the separate silos of mental health and substance use disorder (SUD) services, which exist within the behavioral health service system and between behavioral health, physical health, and other services that are critical to individuals' success in the community. The continuing challenges of achieving this goal involve numerous structural, regulatory, financing, and cultural barriers. The identified objectives and activities below outline a path toward ensuring that people who are transitioning from hospitals, crisis units, and other services will be afforded discharge plans that are individualized, appropriate, actionable, and oriented towards promoting recovery and a fostering of the behavioral health system in Baltimore that reflects coordination among hospitals, crisis services, and community providers, and will be oriented towards continuous improvement in effectiveness.

Summary of Outcomes and Objectives:

OUTCOME: People who are transitioning from hospitals, crisis units, and other services will be afforded discharge plans that are individualized, appropriate, actionable, and oriented towards promoting recovery.

OBJECTIVES:

A. Baltimore City will initiate a plan to coordinate transition plans for individuals with behavioral health needs between hospitals, crisis units, and other services to ensure that they are effective, that they promote recovery, and that they reduce the likelihood of future crisis, including those that involve the police.

[6] Baltimore Public Behavioral Health System Gap Analysis Final Report, December 2019, pg 101 https://public.powerdms.com/BALTIMOREMD/documents/623350

B. The City will work to ensure that personnel engaged in discharge/transition planning on behalf of individuals receiving publicly funded behavioral health services have skills that result in effective service plans, promote recovery, reflect best practices.
C. Baltimore City will assess factors for re-admission and develop and implement interventions to support people in preventing behavioral health crises, including those that result in police involvement or hospital readmission.

OUTCOME: The behavioral health system in Baltimore will provide timely access to the array of services and supports needed to promote recovery and successful community living for individuals with behavioral healthcare needs. The system will reflect coordination among hospitals, crisis services, and community providers, and will be oriented towards continuous improvement in effectiveness.

OBJECTIVES:

D. Baltimore City will develop a unified system to provide case management services to individuals who are at elevated risk of crises due to mental illness, substance abuse, or other behavioral health needs.
E. Crisis- and Crisis-prevention capacities will be embedded throughout the public behavioral health system serving Baltimore. The prevailing practice will be for the individual's routine provider—who has greatest familiarity with the person and the person's service plan—to provide crisis response services and to avert the need for involvement by other providers. Publicly funded services provided to individuals with behavioral health needs will incorporate recovery-oriented measures to prevent or mitigate the intensity of crises.

Crisis Services & System Integration Gap Analysis Implementation Plan

OUTCOME: People who are transitioning from hospitals, crisis units, and other services will be afforded discharge plans that are individualized, appropriate, actionable, and oriented towards promoting recovery.	**Gap Analysis Recommendations:** 1.1,2,3; V.1,3, 5

Objective

A. Baltimore City will initiate a plan to coordinate transition plans for individuals with behavioral health needs between hospitals, crisis units, and other services to ensure that they are effective, that they promote recovery, and that they reduce the likelihood of future crisis, including those that involve the police.

Activities	**Timeline**	**Proposed Lead**	**Proposed Stakeholders**	**Notes**
1. Key stakeholders will meet to refine and improve discharge planning processes affecting individuals with mental illness and substance use disorders that result in repeated hospitalizations, criminal justice involvement, or law enforcement-based crisis events.	Q1 2022	Mayor's Office	CPIC, BHSB, Hospitals, Community Providers	Access to ASO data will be critical in this type of analysis. State involvement and/or advocacy for change at the state level is critical.
2. This group will consider drivers such as requirements of Medicaid and other reimbursors; regulatory authorities at the federal, state, and city levels; accreditation bodies; systemic QI processes; and other factors that define how discharge planning is carried out at hospitals and crisis provider level.	Q2 2022	Mayor's Office	CPIC, BHSB, Hospitals, Community Providers	
3. The City will work with CPIC to develop a local QI system that monitors the effectiveness of transition plans.[7] As may be indicated, this plan may include:	Plan to be completed by Q3 2022	Mayor's Office	CPIC, BHSB, Hospitals,	There will be challenges to navigate around access to public behavioral health

[7] One encouraging model of QI activity in the state is the consumer quality team in the MH Association that sends peers into provider settings to do peer to peer interviews and then offer feedback to the provider.

a. Actions to be taken by the CPIC Advocacy Subcommittee; b. Recommendations to be considered in the GBRICS initiative.			Community Providers	system data to effectively develop a QI system that monitors effectiveness of transition plans.
4. The City will implement this plan.	Q4 2022	Mayor's Office	CPIC, BHSB, Hospitals, Community Providers	
5. On a semiannual basis the CPIC Data Subcommittee will create and present a report of QI findings and recommendations implemented to CPIC. Feedback from CPIC will be considered as implementation continues.	Semiannually, beginning Q4 2022	CPIC Data Subcommittee	Mayor's Office, BHSB, Hospitals, Community Providers	

Objective

B. The City will work to ensure that personnel, licensed health care providers and certified peer counselors, engaged in discharge/transition planning on behalf of individuals receiving publicly funded behavioral health services have skills that result in effective service plans, promote recovery, reflect best practices, and comport with Olmstead and other legal requirements.

Activities	**Timeline**	**Proposed Lead**	**Proposed Stakeholders**	**Notes**
1. The City will work with partners to develop a program and funding for ongoing in-service training on discharge planning for at-risk people with serious behavioral health disorders and to offer related training more broadly within Baltimore. Will be encouraged to provide training in such a way that supports licensed health care providers and certified peer counselors.	Q2 2022	Mayor's Office, BHSB		CEUs can be offered if approved by the licensing boards for individual practitioners.

2. CPIC will review discharge/transition planning training criteria and related actions. CPIC will evaluate success of training and, as applicable, make recommendations as to what additional skill training might be needed.	Q3 2022	CPIC	Mayor's Office, BHSB	

Objective

C. The City will work with appropriate partners to assess the precipitating factors for re-admission and develop and implement an intervention to support people in preventing readmission.

Activities	**Timeline**	**Proposed Lead**	**Proposed Stakeholders**	**Notes**
1. In partnership with area hospitals, the State, Maryland Hospital Association, and community providers (both those providing ongoing services and crisis service providers) assess the precipitating factors for re-admission and determine what the target readmission rate should be for Baltimore City.	Q2 2022	Mayor's Office, with BHSB	State, area hospitals, community providers	
2. The Advocacy Subcommittee[8] of CPIC will advocate with MDH, BHA and Medicaid, to continue exploring the feasibility of expanding the capitation project[9]. The City will develop mechanism for evaluating effectiveness of these changes.	Q3 2022	Mayor's Office, CPIC		

[8] Understanding that some of the items in the implementation plan will require advocacy, strategic planning, and/or intentional coordination/collaboration amongst various stakeholders, and at times – a cultural shift, a new subcommittee of CPIC will be formed and led by the Mayor's Office. The subcommittee will meet to determine priorities of activities identified as needing direction from Advocacy Subcommittee and developing plans for implementation of identified activities.

[9] https://health.maryland.gov/mmcp/SiteAssets/pages/Reports-and-Publications/Report%20on%20Baltimore%20City%20Capitation%20Project.pdf

Brandon M. Scott
Mayor

OUTCOME: The behavioral health system in Baltimore will provide timely access to the array of services and supports needed to promote recovery and successful community living for individuals with behavioral healthcare needs. The system will reflect coordination among hospitals, crisis services, and community providers, and will be oriented towards continuous improvement in effectiveness.	**Gap Analysis Recommendations:** I.1, 2, 3,4; V.3,5

Objective

D. Expand on existing systems of case management services to individuals who are at elevated risk of crises due to mental illness or other behavioral health issues. In addition to ongoing involvement with an individual's community-based services, case managers will coordinate with hospitals and other crisis providers to help ensure continuity of care plans and to participate in discharge planning as a bridge to community resources.

Activities	**Timeline**	**Proposed Lead**	**Proposed Stakeholders**	**Notes**
1. The City will develop a plan for a centralized program that will significantly expand specialized, targeted outreach to at-risk individuals for case management services. The plan will delineate standards for case management, including the specific populations to be targeted through this program, caseloads, face-to-face contact with individuals served, and services to be provided when an individual is in an ED, inpatient unit, transitioning to the community, or involved with another crisis provider.	Begin developing plan Q1 2022	Mayor's Office	BHSB, Case Management providers	Focus on this activity will be on expanding specialized, targeted outreach to high-risk populations as well as prioritizing the least police involved response wherever able. Changes to Medicaid billing would have to be addressed, including for people with a primary SUD. In developing this plan, the City will consult with BHSB, BHA, and Medicaid about current and potential funding for case management without

				duplicating what Medicaid currently pays for.
2. The City will initiate process to work with MDH and BHSB to determine what data and information is needed and how to collect data about coordination among providers, the quality of transitions following crises (e.g., coordination among providers, timeliness of follow-up), recidivism, unmet community needs (e.g., navigating housing resources). By Q3 2022, develop a strategy for what information is to be collected, how it will be aggregated, and how often it will be forwarded to CPIC. This information will be used by the City and CPIC to make recommendations for systemic improvements.	Q1 2022	Mayor's Office	BHSB, CPIC	Challenges with data collection and access would need to be considered and addressed, for example, BHSB does not currently have access to ASO data.
3. The City will initiate process to work with BHSB to plan and explore implementing a data-sharing platform that tracks individuals through the continuum of crisis response services, and provides the data needed for partners to provide care more effectively and for the system to monitor outcomes.	Q3 2022	Mayor's Office	BHSB, CPIC	
4. The case management program and community providers will develop standardized outcomes for individuals involved in crisis events and report on transition from one level of care to another and prioritize needs such as rapid and meaningful connection to housing.	Q4 2022	Mayor's Office	BHSB, MDH, Community Providers	

Brandon M. Scott
Mayor

Objective

E. Ensure a strong network of ongoing community care. Mobile crisis teams will collaborate with hospital emergency departments regarding discharge planning, including follow-up services when an individual is determined to not be in need of inpatient behavioral healthcare.

Activities	Timeline	Proposed Lead	Proposed Stakeholders	Notes
1. Develop a recommended protocol for how ACT Teams and other community-based services will be notified and expected response for calls involving their clients.	Ongoing, in collaboration with GBRICS implementation of new call center	BHSB	CPIC, Mayor's Office, community-based providers	Development of this protocol may identify that expanding ACT or other community-based services is necessary and a funding strategy will need to be determined.
2. CPIC (Gap Analysis Subcommittee) will identify opportunities to further establish community providers as part of the crisis service continuum and make recommendations for implementation.	Q1 2022	CPIC	BHSB, Mayor's Office, Community providers	
3. Mobile crisis team services or other community providers and hospital emergency departments will collaborate to increase opportunities to divert people to community-based care whenever appropriate.	Ongoing beginning Q4 2021	BHSB	Emergency Departments, Community providers	

Objective

F. Crisis- and Crisis-prevention capacities will be embedded throughout the public behavioral health system serving Baltimore. The prevailing practice will be for the individual's routine provider—who has greatest familiarity with the person and the person's service

plan—to provide crisis response services and to avert the need for involvement by other providers. Publicly funded services provided to individuals with behavioral health needs will incorporate recovery-oriented measures to prevent or mitigate the intensity of crises.

Activities	Timeline	Proposed Lead	Proposed Stakeholders	Notes
1. CPIC will identify strategies to enhance the ability of providers to prevent crises and to respond to them should they occur. These strategies will include a wide array of approaches such as: a. Promoting individual crisis plans that identify early triggers and actions to be taken in response. b. Training in de-escalation c. Connections between providers and the Here2Help line, including for afterhours interventions d. Identification of crisis response currently required by programs such as ACT e. Reimbursement for crisis intervention via Medicaid	By 2023	BHSB	Mayor's Office, CPIC	City will need to pursue staffing support to implement this activity with BHSB. GBRICS is coordinating with Medicaid to explore Medicaid reimbursement as part of the sustainability plan.
2. CPIC will develop an action plan to implement these strategies	Q3 2023	BHSB	Mayor's Office, CPIC	Will need to secure dedicated funding to support this implementation.
3. CPIC will monitor implementation of these strategies and as indicated, will make recommendations to further enhance their impact.	Beginning Q4 2023	BHSB	Mayor's Office, CPIC	

4. The City will explore feasibility of developing peer-run crisis respite services.	2024	Mayor's Office	BHSBH, CPIC, Crisis Service Providers	Consider alternatives like the "living room model".
5. Through GBRICS, the City will support behavioral health providers to offer same day walk-in/virtual services for people in immediate need of behavioral healthcare. a. Release competitive procurement to identify a consultant to support Open Access Services implementation at outpatient providers across the region., Q4 2021 b. Develop selection criteria to identity outpatient providers to participate in the Open Access Services component of the project and determine how much seed funding providers need to support operational and infrastructure changes at their clinic., beginning Q1 2022	Aligned with GBRICS implementation	GBRICS Council, Mayor's Office	Behavioral Health providers	
6. The City and BHSB will work with the state in support of the current Maryland Department of Health Medicaid Office's grant program to have OMHCs implement crisis stabilization services. This program is expected to result in Medicaid reimbursement for integrated crisis stabilization services which would allow for an expansion of the scope of the existing Crisis Stabilization Center to include mental health crisis services and to develop additional crisis stabilization centers in the city.	aligned with Medicaid's timeline of 2023 for expansion beyond pilot providers	BHSB, Mayor's Office	Maryland Department of Health Medicaid	

Peer Supports

Peer support encompasses a range of activities and interactions between people who share similar experiences of being diagnosed with mental health conditions, substance use disorders, or both. This mutuality—often called "peerness"—between a peer support worker and person in or seeking recovery promotes connection and inspires hope. Peer support offers a level of acceptance, understanding, and validation not found in many other professional relationships (Mead & McNeil, 2006). By sharing their own lived experience and practical guidance, peer support workers help people to develop their own goals, create strategies for self--empowerment, and take concrete steps towards building fulfilling, self--determined lives for themselves.[10]

While there is a lot of data collected directly from peers (e.g., satisfaction surveys) which are used to inform service delivery, opportunities for a direct say in decision-making processes are currently much more limited. Key informants in the Baltimore Public Behavioral Health System Gap Analysis, commented on peer involvement in service planning and treatment decisions, identifying this as an area in significant need of improvement. It was also mentioned by multiple key informants in service delivery roles that the system has lost sight of individualization of services and did not value consumer voices or experiences.[11]

There is great value in including peer support specialists in the behavioral health workforce and the roles of peers should be supported and encouraged in every aspect of the behavioral health system. The value of peers is demonstrated not only in services to the individual, but also in ensuring that the service system is accessible, meaningful, and effective. There are a number of challenges that have been identified in working toward increased use of peers and peer supports such as limited funding, access to training and certification, funding for developing and providing peer-delivered services. The identified objectives and activities below outline a path to support creating the necessary infrastructure to strengthen existing peer-led organizations and increase peer support workforce and services throughout the City of Baltimore.

Summary of Outcomes and Objectives:

OUTCOME: Create necessary infrastructure to strengthen existing peer-led organizations and increase peer support workforce and services throughout Baltimore City.

OBJECTIVES:

A. Develop a peer led leadership group to advise on implementation of the Gap Analysis Peer Support recommendations.
B. Support the financial sustainability of peer-run organizations through a variety of funding streams.
C. Provide technical assistance to peer run organizations to encourage grant applications for pilot project and ongoing funding.
D. Partner with educational institutions to create an educational program supporting efforts to obtain the Maryland CPRS – Certified Peer Recovery Specialist to enhance service quality and, ultimately, enable peers' services to be reimbursed through Medicaid.

[10] https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/value-of-peers-2017.pdf
[11] Baltimore Public Behavioral Health System Gap Analysis, pages 71-72

E. Increase Baltimore Crisis Response, Inc and Baltimore Police Department utilization of existing drop-in centers providing peer supports.
F. Encourage specific employment opportunities for Certified Peer Recovery Specialists.

Peer Supports Gap Analysis Implementation Plan

OUTCOME: Create necessary infrastructure to strengthen existing peer-led organizations and increase peer support workforce and services throughout Baltimore City.				**Gap Analysis Recommendations:** VI.19, VII.20,21,22,23,24,25,26
Objective A. Develop a peer led leadership group to advise on implementation of the Gap Analysis Peer Support recommendations.				
Activities	**Timeline**	**Proposed Lead**	**Proposed Stakeholders**	**Notes**
1. Mayor's Office will work with CPIC to appoint a peer led leadership group.	Q4 2021	CPIC, Mayor's Office	Peer-led organizations	This group of leaders should be diverse with respect to race and ethnicity, gender and gender identity, and experiential diversity (such as criminal system involvement), and that is also representative of different neighborhoods and communities in the city in which the behavioral health system provides services.
2. Peer led leadership group will identify landscape of currently existing peer led organizations across the city, as well as identify organizations that include peers within their roles.	Q1 2022	CPIC Peer Led Leadership Group		

3. Review and evaluate progress, policy, opportunities for integrating peer supports and improving peer support services.	Beginning Q2 2022	CPIC Peer Led Leadership Group	Mayor's Office, CPIC, BHSB	CPIC Peer Led Leadership Group will present a summary on their findings on a semiannual basis to CPIC and the Mayor's Office
Objective B. Support the financial sustainability of peer-run organizations through a variety of funding streams, including partnering with foundations to create pilot grant opportunities for existing peer organizations.				
Activities	**Timeline**	**Proposed Lead**	**Proposed Stakeholders**	**Notes**
1. Maryland State Health Department is engaged in assessing how to access Medicaid reimbursement for peer services and developing this strategy will be a priority for the Advocacy Committee.	Ongoing	Mayor's Office, Advocacy Committee		Advocacy on this issue has been going on for years, the State was convening peers and other stakeholders around this issue. Advocacy committee should consider whether enhanced state grant funding may be helpful in establishing less traditional forms of peer-led services that would be effective.
2. Convene peers to discuss the vision for peer-run services for Baltimore City and what additional funding is needed to fully support existing services and expansion of	Beginning Q1 2022	Peer-led leadership group, CPIC, BHSB, Mayor's Office	peer-run organizations, foundations	

services; work with peers to develop a report that outlines the needs as well as the potential benefits to the community and stakeholders; create an outreach/funding strategy and build a network of interested community partners that could be donors and/or champions of the services in other ways.				
3. Mayor's Office will work with BHSB and Baltimore Civic Fund to develop strategy for engaging philanthropic foundations.	Q1 2022	Mayor's Office	BHSB, Baltimore Civic Fund, foundations	
4. Meet with local area foundations to develop targeted grant program for existing peer led programs. Track partnerships and total grant dollars available in program.	Q1-Q2 2022	Mayor's Office	Baltimore Civic Fund, foundations	BHSB procured Wellness & Recovery Centers with a braided funding model to help strengthen their operations. Additional funding would help these, and other peer-run organizations expand operations.
Objective C. Provide technical assistance to peer run organizations to encourage grant applications for pilot project funding.				
Activities	**Timeline**	**Proposed Lead**	**Proposed Stakeholders**	**Notes**
1. Provide free grant workshops to peer-led organizations and organizations that include peers in leadership roles in order to strengthen capacity to apply for local, state, and federal funding. Track	Q4 2021-Q1 2022	Mayor's Office	Local organizations that provide technical assistance	

attendance, resulting grant applications, successful funding.				
2. Develop mentorship program with existing successful peer programs throughout the region aimed at developing independent funding sources. Identify number of mentorship partnerships, independent funding obtained.	Q1 2022	Mayor's Office	BHSB, peer support organizations	This mentorship program could include mentor programs outside of Maryland.
Objective D. Partner with Baltimore City Community College and other educational institutions to create an educational program supporting efforts to obtain the Maryland CPRS – Certified Peer Recovery Specialist in order to enhance service quality and enable Medicaid reimbursement for their services.				
Activities	**Timeline**	**Proposed Lead**	**Proposed Stakeholders**	**Notes**
1. Meet with local area educational institutions to create a highly visible partnership with a specific curriculum and program of study and appropriate practicum. Track number of participants in program, number individuals obtaining CPRS.	Q1 2022	Mayor's Office, Baltimore City Community College	Local educational institutions, philanthropic foundations, BHSB	Consider option models too such as the Recovery Coach Professional Model out of Connecticut.
2. Provide stipends and educational costs for individuals working to obtain the CPRS.	Q2 2022	Mayor's Office, Local Foundations	BCCC, BHSB	Funding would need to be secured.

				Explore having peer led groups provide training where possible through alternative Recovery Coach Professional Models (a higher skilled peer, vetted by CCAR Board).
3. BHSB employs a full-time peer engagement specialist who supports peers through the certification process and helps coordinate training for peer workers. Additional funding could expand these existing efforts. By Q2 2022, the Advocacy Subcommittee will work to develop a strategy for securing funding.	Q2 2022	BHSB	BHSB, Advocacy Subcommittee	
Objective E. Increase Baltimore Crisis Response, Inc (BCRI) and Baltimore Police Department utilization of drop-in centers providing peer support.				
Activities	**Timeline**	**Proposed Lead**	**Proposed Stakeholders**	**Notes**
1. Develop a MOU with BCRI, BPD and existing (and future) drop-in centers to provide a referral process. Track ensuing referrals.	Q4 2021	Mayor's Office, BPD, BCRI		
Objective F. Encourage specific employment opportunities for Certified Peer Recovery Specialists.				

Activities	Timeline	Proposed Lead	Proposed Stakeholders	Notes
1. The City will promote opportunities to increase peer roles in various programming, employment, and leadership roles. Encourage other entities to increase specific employment opportunities for Certified Peer Recovery Specialists. Such as: BHSB consider including requirement in next mobile crisis contract, BCRI including specific peer role in existing services, GBRICS consider working with hospitals to establish peer role in discharge planning for both ER and Inpatient care, State of Maryland to further work with Community Providers to require specific employment opportunities in on-going treatment plans.	Continuous effort	City/Mayor's Office	BHSB, BCRI, GBRICS, State of Maryland	Current use of peers in the City government includes opportunities such as outreach staff in Office of Homeless Services, and Safe Streets program in the Office of Neighborhood Safety and Engagement.

Brandon M. Scott
Mayor

Social Determinants of Health

Social Determinants of Health (SDOH) have a major impact on an individual's health, well-being, and quality of life. SDOH also contribute to wide health disparities and inequities.[12] It is important to recognize social determinants of health as a factor affecting the behavioral health of Baltimore's population, such as the prevalence of racism, poverty, and adverse childhood experiences. For example, approximately 2,000 men, women and children are homeless in Baltimore on any given night. Four factors are primarily responsible for homelessness: lack of affordable housing, lack of affordable health care, low incomes, and a lack of comprehensive services. Chronic illnesses, including substance abuse disorders and persistent mental illness, and other physical disabilities create additional challenges in resolving homelessness.[13]

The City of Baltimore is undertaking a variety of initiatives to address factors that negatively impact the social determinants of health of Baltimore City residents. This plan draws upon those initiatives and translates them to people with behavioral health disabilities who are at risk for contact with the police and the criminal justice system. An implementation plan that more specifically targets this population is being developed and will be released by the City as an extension of this plan by September 2022.

Housing was nearly unanimously endorsed by stakeholders as one of the largest gaps within the system in the Baltimore Public Behavioral Health System Gap Analysis. All types of affordable housing were identified as being in need, but access to evidence-based housing models pairing permanent housing with supportive services was identified as a dire need. While housing with supportive services was identified as a strong need for individuals throughout the behavioral health system, there were a number of populations singled out as having particular difficulty accessing housing.

Summary of Outcomes and Objectives:

OUTCOME: Increase coordination among hospital systems in the city that more effectively address the level of trauma, violence, and poverty for people with behavioral health disabilities.

OBJECTIVES:

A. Build upon the community health benefit[14] requirements for nonprofit hospitals

[12] https://health.gov/healthypeople/objectives-and-data/social-determinants-health

[13] https://homeless.baltimorecity.gov/about-1

[14] Nonprofit hospital organizations are required by federal tax law to spend some of their surplus on "community benefits," which are goods and services that address a community need. They must report this spending to the Internal Revenue Service (IRS) each year in order to stay exempt from paying federal income taxes. https://nchh.org/tools-and-data/financing-and-funding/healthcare-financing/hospital-community-benefits/

OUTCOME: Fewer individuals with behavioral health disabilities will have challenges finding and maintaining housing.

OBJECTIVES:

B. Improve access to housing and support services by coordinating housing programs funded by HUD and other funding streams.

C. Support continued collaboration with the Continuum of Care[15] to monitor and improve the homelessness response system so that households experiencing homelessness can be connected quickly to housing and support services that meet their needs and without unnecessary barriers.

D. Expand eviction prevention efforts for tenants in Baltimore City

E. Launch a guaranteed income pilot program to increase economic security among low-income Baltimore City residents

OUTCOME: Decrease stigma that creates barriers to individuals with behavioral health disabilities in obtaining stable, integrated housing**.**

OBJECTIVES:

F. Enhance efforts related to landlord engagement and education to combat stigma and increase the availability of units

Social Determinants of Health Gap Analysis Implementation Plan

OUTCOME: Increase coordination among hospital systems in the city that more effectively address the level of trauma, violence, and poverty for people with behavioral health disabilities.	**Gap Analysis Recommendations:** IX.1
Objective A. Build upon the community health benefit requirements for nonprofit hospitals.	

Activities	**Timeline**	**Proposed Lead**	**Proposed Stakeholders**	**Notes**
1. Apply to continue the *Assistance in Community Integration Services* (ACIS program in Baltimore City in collaboration with Baltimore Hospitals. Through	Ongoing	Mayor's Office	Mayor's Office of Homeless Services, case management	State of MD has applied to the Center of Medicaid services for the next

[15] Baltimore City Continuum of care (CoC) is a U.S Department of Housing and Urban Development's (HUD) Program that promotes community-wide commitment to the goal of making homelessness rare, brief, and non-recurring in Baltimore City. The CoC is organized to coordinate available resources, seek grant funding, and support stakeholders' efforts. Continuum members include government agencies, organizations that serve homeless persons, people with lived experience of homelessness, funders, health and behavioral health systems, advocates, affordable housing developers, education systems, and other stakeholders interested in preventing and ending homelessness in Baltimore City. https://journeyhomebaltimore.org/baltimore-city-continuum-of-care/

the initiative, eligible Medicaid participants will receive both permanent housing and the intensive supportive services they need to prevent a return to homelessness.			providers like Healthcare for the Homeless, Baltimore Hospitals	grant to continue the program. When Baltimore receives funding, the City will request matching funds and coordinate with Baltimore Hospitals. The hospital investment is a critical component of the success of Baltimore's participation in the State of Maryland's *Assistance in Community Integration Services* (ACIS) supportive housing Medicaid waiver.
2. Explore expanding ACIS program to focus on high utilizers of hospital services, including individuals with behavioral health needs. The City will engage area hospitals to discuss this expansion and will need to develop a strategy for securing additional vouchers or funds to support more openings in the program.	Beginning Q4 2021	Mayor's Office	Mayor's Office of Homeless Services, case management providers, Baltimore Hospitals	
3. The City will convene hospital leaders to facilitate conversations to develop strategy for more collaboration in responding to community health needs assessments across the City.[16]	Semiannually, beginning Q4 2021	Mayor's Office	Hospital leaders	

[16] A Community Health Needs Assessment (CHNA) is a requirement of non-profit hospitals, it is a systematic process involving the community to identify and analyze community health needs. The process provides a way for communities to prioritize health needs, and to plan and act upon unmet community health needs.
Community Health Needs Assessment for Charitable Hospital Organizations - Section 501(r)(3) https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospital-organizations-section-501r3

Brandon M. Scott
Mayor

OUTCOME: Fewer individuals with behavioral health disabilities will have challenges finding and maintaining housing.	**Gap Analysis Recommendations:** IX.2,3,4,5

Objective

B. Improve access to housing and support services for people with behavioral health disabilities by coordinating housing programs funded by HUD and other funding streams.

Activities	**Timeline**	**Proposed Lead**	**Proposed Stakeholders**	**Notes**
1. The City will develop and submit a plan for how to expand the number of units of integrated, Permanent Supportive Housing available to people with behavioral health disabilities.	Publish plan Q3 2022	Mayor's Office of Homeless Services	Continuum of Care	
2. The City will address fragmentation amongst entities that coordinate or provide housing by building stronger relationships between Housing Authority of Baltimore City (HABC), Mayor's Office of Homeless Services (MOHS) and the Continuum of Care (CoC) to increase availability of vouchers and subsidies. These efforts will help inform the development of the revised SDOH implementation plan released in 2022.	Ongoing	Mayor's Office	Housing Authority of Baltimore City (HABC), Mayor's Office of Homeless Services (MOHS), Continuum of Care (CoC)	HUD encourages communities to work with their local housing authorities. Housing programs have been established and require that housing authorities work with their local CoC to administer vouchers and subsidies through their coordinated access program. In December 2020, HABC passed a resolution to increase

				the number of vouchers set aside to allocate to Homeless Services from 850 to 900 vouchers. Current vouchers being administered: -Re-entry Vouchers Referrals -Emergency Housing Vouchers -Family Voucher Housing Referrals -Family Reunification Vouchers -Housing Plus Continued partnership and advocacy for additional vouchers through HABC will provide more access to housing resources in Baltimore and assist rehousing and achieving functional zero.
3. Support CoC in their effort to build stable infrastructure, monitor data and make strategic decisions regarding the homelessness response system and coordinated access.	Q4 2021 and Ongoing	Continuum of Care (CoC)	Continuum of Care (CoC) and Mayor's Office of Homeless Services (MOHS)	Through the HEARTH Act, communities that receive funds through the Continuum of Care Program are required to establish a continuum of care (CoC) - a diverse group of stakeholders

				that are all committed to ending homelessness. The CoC is responsible for establishing the coordinated access system (CAS) and recommending renewal and new projects in the annual program competition that supports over $24 million in housing (such as permanent supportive housing and rapid rehousing projects). In order to increase support, it is critical to assist the CoC in building a stable infrastructure and for the CoC to make strategic decisions based on data. The CoC plans to define scope of work with the assistance of HUD and re-establish inactive action committees.
4. Mayor's Office of Homeless Services, in collaboration with the Continuum of Care (CoC) board, will review and reevaluate the current Coordinated Access System (CAS) to ensure that	Beginning Q4 2021 and ongoing	Continuum of Care (CoC)	Continuum of Care (CoC), Mayor's Office of Homeless Services (MOHS)	CAS facilitates the coordination and management of resources and services in

it provides appropriate and efficient matching of housing resources with individuals in need.				the homelessness response system. CAS helps to connect people efficiently and effectively to interventions that aim to quickly resolve their housing crisis and serve the highest need, most vulnerable individuals to available housing and supportive services quickly. It is imperative that this system is monitored consistently and frequently. MOHS as the HMIS lead will provide the data to be monitored and to work with the CoC to make changes to CAS, if needed, to improve outflow to housing.
5. Establish an Affordable Housing Committee (outside of the existing committee on the Continuum of Care) staffed by senior leadership in the Mayor's Office, to foster cross-agency collaboration in order to increase availability of affordable housing across the City, including those with behavioral health disabilities.	Q4 2021	Mayor's Office	Committee Members	

Brandon M. Scott
Mayor

Objective

C. Support continued collaboration with the Continuum of Care to monitor and improve the homelessness response system so that households experiencing homelessness can be connected quickly to housing and support services that meet their needs and without unnecessary barriers.

Activities	Timeline	Proposed Lead	Proposed Stakeholders	Notes
1. Provide case management services for Permanent Supportive Housing program participants.	Ongoing	Mayor's Office of Homeless Services	PSH contracted providers	Case Management services are included in PSH services and supported by Continuum of Care funds. The Continuum of Care monitors performance and may recommend adjustments to the provider. If underperformance continues to be an issue, this may impact future awards during the program competition.
2. Mayor's Office of Homeless Services (MOHS) will work with the Continuum of Care on process improvement as it relates to access to emergency shelter and coordinated access.	Ongoing	Mayor's Office of Homeless Services	MOHS, CoC	The CoC is responsible for establishing and monitoring the coordinated access system. New leadership at MOHS will assist the CoC in evaluating the current system,

				identifying barriers and gaps, and implementing change to ensure homelessness is rare, brief, and one-time.

Objective

D. Expand eviction prevention efforts for tenants in Baltimore City

Activities	Timeline	Proposed Lead	Proposed Stakeholders	Notes
1. Launch a security deposit fund for renters that have an income of 125 percent of the federal poverty level.	Q4 2021	Mayor's Office	Mayor's Office of Children and Family Success (MOCFS), Baltimore City Department of Housing and Community Development (DHCD)	This fund will cover the cost of security deposits for Baltimore City renters up to $2,000 per unit. The security deposit fund will be generated from $3.3 million in supplemental funds from a FY20 Community Services Block Grant (CSBG) to respond to the coronavirus pandemic.

2. Provide tenants with additional resources for long-term housing stability through access to legal and relocation services, utilities assistance, and case management to move toward long-term housing stability.	Q4 2021	Mayor's Office	MOCFS, DHCD	These resources will be provided to renters that apply and qualify for the security deposit fund. The City should explore whether Medicaid can pay for some of these services for people with behavioral health disabilities.
3. Prevent individuals and families at risk of eviction from losing housing by providing rental assistance.	Ongoing	Mayor's Office	MOCFS, United Way of Central Maryland	Beginning Summer 2021 the city will redirect $16 million in State funds to direct rental assistance. United Way will make bulk payments to landlords of multifamily housing properties with large numbers of tenants.
4. Mayor's Office will coordinate with the Sheriff's Office, DHCD, and the Courts to prevent eviction of families and individuals that are scheduled for eviction, but currently in pipeline to receive funding for back rent.	Immediately	Mayor's Office	MOCFS, DHCD, Courts, Sheriff's Office	

5. Fully implement the new renter's right to counsel by streamlining coordination between legal services and service providers more broadly, and funding community outreach to make residents aware of this resource.	Law effective April 2021	Mayor's Office	DHCD, Affordable Housing Trust Fund Commission	Law became effective on April 1, 2021. DHCD began the four-year process of implementing a right to counsel. A new renter will be added to the City's Affordable Housing Trust Fund Commission which will consult with DHCD on the implementing plan.
6. Evaluate City's current Housing Code and make recommendations to update code to address mold, lead, and other risks that jeopardize the availability of safe, clean, housing options for Baltimore residents.	Q2 2022	Mayor's Office, Department of Housing and Community Development		

Objective

E. Launch a guaranteed income pilot program to increase economic security among low-income Baltimore City residents

Activities	**Timeline**	**Proposed Lead**	**Proposed Stakeholders**	**Notes**
1. Increase economic security among low-income Baltimore City residents through launch of a guaranteed income pilot program – a distribution of cash payments with no strings attached and no work requirements.	Q4 2021	Mayor's Office	Mayor's Office of Children and Family Success, Guaranteed Income Pilot	Baltimore's Guaranteed Income Steering Committee is meeting biweekly and will design Baltimore's pilot

			Steering Committee	program, with a plan to launch it in the fall of 2021. With a guaranteed income program, people are supported through monthly cash payments without restrictions for a sustained period, to create the breathing room to catch up on expenses and work toward long-term financial security.
OUTCOME: Decrease stigma that creates barriers to individuals with behavioral health disabilities in obtaining stable, integrated housing.				
Objective F. Enhance efforts related to landlord engagement and education to combat stigma and increase the availability of units				
Activities	**Timeline**	**Proposed Lead**	**Proposed Stakeholders**	**Notes**
1. Develop and implement a targeted outreach plan to landlords regarding existing resources to support providing livable, affordable housing such as the eviction prevention fund etc.	Q1 2022	Mayor's Office	MOCFS, MOHS, DHCD, HABC	
2. Establish a liaison within the Mayor's Office of Homeless Services that serves as the point of contact between landlord and housing providers. This role will expand to serve as a navigator/liaison to crisis providers and hospitals seeking housing for patients.	Q4 2021	Mayor's Office of Homeless Services	Continuum of Care, landlords, property managers, developers	MOHS will hire a housing program manager. This individual will be the point of contact for the CoC, specifically the housing committee.

				Additionally, they will build relationships with landlords, property managers, housing developers to better connect households experiencing homelessness to safe, affordable housing.
3. Centralize information about rental properties and expand landlord engagement through the liaison identified above by: 1) Targeted outreach to current and potential landlords to review HUD programs and incentives unit(s) may qualify for, 2) Review expectations of landlords and provide a prescreen to identify issues landlords need to address, 3) Make connections with housing providers and landlords	Q2 2022 and ongoing	Mayor's Office of Homeless Services	Mayor's Office, DHCD, HABC, CoC	
4. Ensure viable landlords are licensed and providing safe, livable conditions to renters through DHCD's rental license system.	Ongoing, immediately	DHCD	Mayor's Office, landlords	