



3rd Quarterly Report on GBRICS Implementation Progress and 9-1-1 Diversion Opportunities

October 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 Gap 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

By building upon the strengths of the current behavioral health system, the GBRICS Partnership intends to achieve its goal by implementing the following components for the region:

1. ***Comprehensive Call Center***: Create a regional, integrated hotline that is supported with infrastructure for real-time bed and appointment capacity and referrals tracking, coordinated dispatching of mobile crisis response plus dashboard reporting.
2. ***Mobile Crisis Teams (MCT) Services***: Expand capacity, set regional standards following national best practices. Once fully implemented, MCT services will increase from 11,500 annual responses to 55,000–60,000 annual mobile crisis responses for the region.
3. ***Open Access Services***: Support behavioral health providers to offer same day walk-in/virtual services for people in immediate need of behavioral health care.
4. ***Community Engagement & Outreach***: Support culture change to increase awareness and use of the hotline as an alternative to calling 911 or using the ED.

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 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.

GBRICS Council has met four times and at the GBRICS Council meeting³ in September, they voted to pass the policy agenda. Policy agenda outline:

1. Build and sustain crisis system capacity through dedicated funding
 - a. Establish an adequate 988 fund to sustainably support crisis response services
 - b. Include crisis response services as a reimbursable benefit through Maryland Medicaid's Behavioral Health Administrative Service Organization
 - c. Ensure private health carriers cover and reimburse for certain behavioral health crisis response services and identify opportunities for expanded coverage and administrative simplification of existing processes to enhance coverage
2. Fully integrate the crisis system into the public behavioral health system
 - a. Designate 988 as Maryland's behavioral health hotline to align with national 988 implementation efforts and promote the use of 988 as an alternative to 911 and emergency department use for crisis
 - b. Build a crisis response system that seamlessly coordinates care with the broader behavioral health system

The Council has two 2 standing committees: 1) Community Engagement Committee, and 2) Policy & Advocacy Committee.

- The GBRICS Council Community Engagement Committee (CEC) is responsible for planning and coordinating GBRICS community engagement activities. The overarching goals of the group are to build trusting relationships with community partners, destigmatize behavioral health crisis needs, learn key insights about how the crisis response system needs to operate to serve our residents, and ultimately promote the use of behavioral health services. In this early stage of the GBRICS Partnership, the CEC is focused on building consensus on our initial goals and strategy to build relationships in advance of new GBRICS services launching in 2022.
- The GBRICS Council Policy & Advocacy Committee is responsible for advancing policy reform that supports the sustainability and scalability of the GBRICS Partnership. To begin positioning GBRICS for long-term sustainability, GBRICS partners have been briefing state and local policymakers with the intent of informing them about the project but also begin engaging them around policy opportunities that will create sustainable funding sources. The Committee was responsible for developing the policy agenda that was adopted in the September 2021 meeting.

³ Council 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.

Mobile Crisis Team Standards

The Mobile Crisis Team (MCT) work group is tasked with developing regional standards to inform the expansion of MCT services and the integration of MCTs within the Comprehensive Call Center. The work group has over 50 stakeholders who actively shaped MCT Core Service Values and an environmental scan of existing services and has begun drafting service standards

During Quarter 4 2021 the workgroup will finalize Call Center and MCT Standards, which will be incorporated into the competitive procurements for the Comprehensive Call Center and MCT, and contract with the selected providers. Local Behavioral Health Authorities will also incorporate the MCT standards in their local contracts with existing MCT providers. Mobile Crisis Team standards will be included in FY2023 (contracts beginning July 1, 2022) contracts in Baltimore City.

9-1-1 Diversion Opportunities

Since mid-June 2021, the City of Baltimore has been piloting a 9-1-1 Diversion processⁱ 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. The pilot process has served as a “proof of concept,” a first step in the City’s mission to provide the least police-involved response to behavioral health emergencies. In addition to refining the mechanics of diversion, the pilot period has provided the stakeholders with an invaluable examination into the City’s 9-1-1 call intake and dispatch system, and firsthand insight into the needs of callers experiencing behavioral health emergencies.

Data for the period Between June 16th and September 23rd indicates:

- 471 Diversion-eligible instances or instances of attempted diversion.
 - o 346 included BCRI,
 - o 216 included BCFD, and
 - o 145 included BPD.
 - BPD and BCFD figures include dual dispatch.
- 60 incidents were resolved by BCRI – largely via Hotline – without a Police or Fire response.
- 28 callers declined to speak with BCRI.
- 38 calls that were diverted were returned to 911.

Overall, the results of the diversion pilot thus far are encouraging as they have illuminated the

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.

limitations of 911 as currently resourced, but the overall experience has brought a high level of collaboration and partnership between the City, the BPD, BCFD, and BCRI. This interagency approach has led the stakeholders to better understand the opportunities and constraints in each other's procedures. At this time, we believe there's a great opportunity to further refine the existing diversion protocol to capture more calls related to behavioral health emergencies in support of a non-law enforcement response as we continue to work to fully address the behavioral health determinants in a manner in which the parties are confident that 9-1-1 is connecting the caller to the appropriate resource at the appropriate time. During Q4 of 2021 the CPIC will review and evaluate the current 9-1-1 diversion protocols in order to collect additional data and offer recommendations for further refinement of the 9-1-1 diversion process.

Development of a comprehensive behavioral health call center

The Comprehensive Call Center work group is charged with making decisions concerning the application of the Care Traffic Control (CTC) software to the GBRICS region, including developing regional expectations and standards for call center dispatch of MCT services, data collection, and connection to 911, 211 and eventual 988 call systems. The work group has over 50 stakeholders who have been discussing the Core Service Values created by the MCT work group, reviewing existing environmental scans of hotline services, and learning about National Suicide Prevention Lifeline requirements. 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. This specialized system will improve care coordination for people accessing the system of care by using actual, available bed capacity data across the regions. It provides the ability to make referrals to inpatient and outpatient programs in real-time and can use GPS technology to track mobile crisis team services from point of dispatch to placement in services. The call center and MCT work groups will inform the development of a transition plan for existing call plans, this transition plan will likely be completed in 2021. The call center contract is expected to be issued in April 2022, and operational by October 2022.

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

A communications and marketing firm was selected in July 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. Market research to better understand barriers to accessing care including crisis response services and determine how best to communicate to the broader public about the value of GBRICS resources with the ultimate goal of increasing awareness and use of community-based behavioral health services will be completed in 2021 which will inform development of communications strategy in 2022.
