Greater Baltimore Regional Integrated Crisis System (GBRICS) Partnership

Environmental Scan of Crisis Hotlines and Mobile Crisis Teams

Introduction

The Greater Baltimore Regional Integrated Crisis System (GBRICS) Partnership is a public-private partnership that invests $45 million over five years in behavioral health infrastructure and services Baltimore City, Baltimore, Carroll, and Howard Counties. The overall goal is to reduce unnecessary Emergency Department (ED) use and police interaction for people in need of immediate access to behavioral health care. The GBRICS Partnership was developed by a broad coalition of 17 hospitals, four Local Behavioral Health Authorities (LBHA), and many behavioral health experts and community leaders across the four local jurisdictions.

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.

Behavioral Health System Baltimore (BHSB) serves as the Regional Administrative Manager (RAM) and provides overall project management for the GBRICS Regional Partnership. BHSB is fiscally accountable for the funding received during the grant period, issues competitive procurements for project components, manages day-to-day activities, and ensures broad stakeholder participation in GBRICS implementation. A critical role of the RAM is supporting the multi-stakeholder participation in GBRICS committees and work groups, ensuring collaboration and cross learning, and that all groups are informed by related work in the larger behavioral health service delivery system.

In 2021, BHSB convened two work groups: 1) Comprehensive Call Center, and 2) Mobile Crisis Team, both of which provided input into the development of an environmental scan of the current operations of Mobile Crisis Teams (MCTs) and behavioral health hotline operators in the GBRICS region. The work groups included community members, representatives from service providers in each of the jurisdictions, and staff from the Local Behavioral Health Authority for each jurisdiction.

The environmental scan was completed to better understand current MCT and hotline services within the region as GBRICS prepares to regionalize and expand capacity of these services.

The purpose of the scan was to:

- Inform the development of regional standards for crisis services.
- Provide transparency and information about the crisis system to the public.
- Assist in planning for the growth of services.

BHSB looked at current services for hotlines and MCT in the region. The environmental scan represents input from the five organizations operating hotlines and MCTs in the region.

- Affiliated Santé Group – Baltimore County Crisis Response System (Santé Baltimore)
- Affiliated Santé Group – Carroll County (Santé Carroll)
- Baltimore Crisis Response Inc (BCRI) – Baltimore City
- Baltimore Child and Adolescent Crisis Response Services (BCARS) – Baltimore City[1]
- Grassroots Crisis Intervention – Howard County

BHSB is grateful for the time and energy of the work groups in creating the scan, and for the time the current operators of crisis hotlines and MCTs put into completing the questionnaires.

Section 1. Current Behavioral Health Hotline Landscape

All hotlines in the GBRICS region meet the standards put forth by the National Suicide Prevention Lifeline. The National Suicide Prevention Lifeline (Lifeline), as managed by Vibrant Emotional Health with funding from SAMHSA (Substance Abuse and Mental Health Services Administration), provides a set of national standards which are followed by hotline providers in the region.[2] Within these standards there is some variability in how hotlines can put the standards into operation. There is also some variability in other services provided (such as warm lines) and in the types of accreditations received by the different organizations.

To better understand the variability in how the hotline standards are implemented in the region, the GBRICS Call Center Work Group reviewed the "988 State Planning Landscape Questionnaire Results: Maryland" prepared for the Behavioral Health Administration by Vibrant Emotional Health in preparation for the launch of the national 988 number. The Work Group had clarifying questions about the use of peer-run warm lines and about accreditation. The group developed a short additional questionnaire to explore these issues further.

Table 1. Call Center Volume represents the estimated call volume of each hotline for in-state calls only and provides additional context for the following table. Table 2. 988 Landscape Questionnaire shows select results from the Landscape Questionnaire for hotlines in the GBRICS region. Table 3. Supplemental Peer Warmline and Accreditation Questions is a supplemental table with results obtained from the hotlines by BHSB staff.

[1] BCARS is limited to responding to an active crisis if requested by Baltimore City Department of Social Services, Baltimore City Public Schools or a current client. BCARS provides brief intensive community based interventions other than mobile services

[2] Best Practices: Lifeline (suicidepreventionlifeline.org)

Table. 1 Call Center Volume

	Santé Baltimore	Santé Carroll	BCRI	Grassroots
Incoming Call Volume for In-State Only, Including Lifeline	12,030	1,553[3]	29,450	47,316

Table 2. 988 Landscape Questionnaire

	Santé Baltimore	BCRI	Grassroots
Paid FTE	9.5 (8.5 counselors including a lead, supervised by an LCSW-C)	9 FTE and 26 per diem staff	1 manager, 2 leads, 38 part-time counselors
National Suicide Prevention Lifeline operator	Yes	Yes	Yes
Call documentation system	Credible Behavioral Health	iCarol	iCarol
Operate Substance Misuse line?	No	Refer to Here2Help info and referral line	Yes
Operate 211 info and referral?	No	No	No
Operate 211 press 1 (Behavioral Health)?	No	Yes	Yes
Operate Deaf/Hard of Hearing?	No	No	Yes
Operate second language services?	No	No	Yes
Statewide Lifeline Back-up?	No	Yes	No
Text or chat?	No	No	Yes -- limited hours
Follow-up calls	All	High risk only	All suicidal calls
Relationship with 911/PSAP[4]	Formal	Formal	Informal
Relationship with EDs	Formal	Formal	Informal
All counselors are paid, not volunteers	Yes	Yes	Yes

[3] Overnight Carroll County calls are included in Grassroots call volume.
[4] Public Safety Answering Point

	Santé Baltimore	BCRI	Grassroots
Hotline is point of access for all services, with the exception of police dispatches for MCT	Yes	Yes	Yes
Use ACD[5] phone system	Yes	Yes	Yes
24/7	Yes	Yes	Yes
No insurance billing	Yes	Yes	Yes
Informal relationship with EMS	Yes	Yes	Yes
Formal relationship with Law Enforcement	Yes	Yes	Yes

Table 3. Supplemental Peer Warmline and Accreditation Questions

	Santé Group (Baltimore County)	Baltimore Crisis Response, Inc (Baltimore City)	Grassroots (Howard County)
Peer Warm Lines			
Operate Non-Peer Warm Line?[6]	Yes	Calls transferred to Here2Help	Yes
Operate Peer Warm Line?[7]	No	No	No
Accreditation			
American Association of Suicidology Accreditations	No	Yes	Yes
International Council for Helplines	No	Yes	Yes
CARF	Yes	Yes	No

[5] Automated Call Distribution.

[6] Non-Peer Warm Lines: A call line that provides opportunities for talking, receiving support and referrals. Additionally, the warmline can link individuals to crisis lines for calls that escalate. Crisis Services Meeting Needs, Saving Lives (samhsa.gov)

[7] Peer Warm Lines: A call line that provides opportunities for talking, receiving support and referrals. Additionally, the warmline can link individuals to crisis lines for calls that escalate. Warmlines may be staffed and managed by peer-run organizations Crisis Services Meeting Needs, Saving Lives (samhsa.gov).

Section 2. Mobile Crisis Team Environmental Scan

The MCT Work Group developed an environmental scan of the current MCTs in the region to inform the development of standards. There are no national or state standards for MCTs and there has not been an environmental scan of MCTs to date.[8] BHSB undertook the scan in order to inform our work in creating regional MCT standards, which will be the basis for expanding MCT services through GBRICS.

The group looked at a draft national environmental scan questionnaire developed by Preston Looper and Matthew Goldman and modified the draft scan to meet the needs of the region.[9] The environmental scan includes questions on MCT visit resolution, criteria for dispatching, demographics, accessibility, training curriculum, co-responder team model[10], and the staffing matrix. The tables included in this environmental scan contain approximate answers when exact information is not available.

Overview

Table. 4 Overview (Part 1) and Table 5. Overview (Part2) provide a general overview of MCTs in each jurisdiction, such as types of formal arrangements with local services, hours of operation, average number of calls, average length of MCT response, and types of clinical presentations. It is important to note that no organization currently operates outside of the jurisdiction in which they are located, nor do all jurisdictions have 24/7 MCT coverage.

Table 4. Overview (Part 1)

	Grassroots	Santé Carroll	Santé Baltimore	BCRI	BCARS
Jurisdictions					
	Howard County	Carroll County	Baltimore County	Baltimore City	Baltimore City
Approximate number of calls responded to monthly					
	100-199	50-99	200-299	200-299	0-49
Average time from call to response by MCT					
	Less than one hour				
Average length of MCT response					
	91-120 minutes	61-90 minutes	61-90 minutes	61-90 minutes	31-60 minutes
Hours of Operation					
	8am-11pm	9am-12am	24 hours	24 hours	24 hours
Days of Operation					
	7 days a week				

[8] Preston Looper on How It's Time to Standardize Mobile Crisis Services - #CrisisTalk (crisisnow.com)
[9] Ibid.
[10] Co-responder team model is defined as a model for crisis response that pairs trained police officers with mental health professionals to respond to incidents involving individuals experiencing behavioral health crises. Review of Co-Responder Team Evaluations.pdf (theiacp.org)

	Grassroots	Santé Carroll	Santé Baltimore	BCRI	BCARS
Types of clinical presentations responded to by MCT					
Mental Illness	✓	✓	✓	✓	✓
Substance Use	✓	✓	✓	✓	✓
Intellectual/ Developmental Disability	✓	✓	✓	✓	
Co-Occurring Medical Conditions (e.g., Delirium, Dementia, TBI)	✓	✓	✓	✓	
Types of cases MCT will not respond to					
	None - Respond to All Calls	None - Respond to All Calls	None - Respond to All Calls	High Violence Risk - refer to law enforcement	High Violence Risk
Stand-alone program or co-located with other services					
	Co-located with Substance Use Disorder (SUD) Stabilization and Hotline	Co-Located with Hotline	Co-Located with Hotline and Urgent Behavioral Health (BH) Clinic. Law Enforcement dispatched from MCT offices	Co-located with Hotline and Crisis Stabilization Services	Co-located with Outpatient Mental Health Clinic (OMHC)

Table 5. Overview (Part 2)

Formal arrangements (i.e., MOU) with local services for expedited drop-off and care transitions	
Grassroots	Has a formal arrangement with law enforcement for drop-off.
Santé Carroll	Has MOU with Law Enforcement to transport EP to in-county ER and informal arrangement where law enforcement will transport certain voluntary cases to ER when a referral is written by MCT for ER assessment.
Santé Baltimore	Has formal arrangements with the emergency department. Also has a formal arrangement with Outpatient Mental Health Clinics (OMHC) for care transitions. Informal arrangements with SUD providers for medication management and medical detox.

Formal arrangements (i.e., MOU) with local services for expedited drop-off and care transitions	
BCRI	Has formal arrangements with the emergency department and a behavioral health crisis facility for drop-off and access to a prescriber for medication management. Also has formal arrangements with an OMHC, American Society of Addiction Medicine (ASAM) Level 3.7 Withdrawal Management, and inpatient psychiatry for expedited care transitions.
BCARS	None reported

Training

All MCT programs train staff on a core set of competencies at orientation/onboarding as demonstrated in Table 6. MCT Training Curriculum. Other training happens throughout the year through Continuing Education Credits or is assumed to be a part of the worker's professional training (as a social worker, for instance). Santé Carroll is the only MCT provider offering specific training to Certified Peer Recovery Specialists (CPRS).

Table 6. MCT Training Curriculum

MCT Training Topics	**Grassroots**	**Santé Carroll**	**Santé Baltimore**	**BCRI**	**BCARS**
Suicide risk assessment and intervention	•	•	•	•	•
Violence risk assessment and intervention	•	•	•	•	•
Management of agitation and verbal de-escalation	•	•	•	•	•
Structured brief interventions	•	•	•	•	•
Trauma-informed care	•	•	•	•	•
Harm reduction practices	•	•	•	•	•
Cultural competency/anti-racism	•	•	•	•	•
Self-care	•	•	•	•	•
Level of care decision-making		•	•	•	
Safety in the field		•	•	•	•
Honoring WRAP crisis plans or other crisis plans		•		•	•
Competencies with working with children		•	•		•

MCT Training Topics	Grassroots	Santé Carroll	Santé Baltimore	BCRI	BCARS
Competencies with working with LGBTQ individuals		•	•	•	
Competencies with working with older adults		•	•		
Competencies with working with people with cognitive challenges		•	•		
Specific training for peer workers		•			

Criteria for Dispatch

To get a sense of how MCTs were dispatched in the region, organizations were asked to define in their own words who dispatches their MCTs and what kinds of calls are responded to by MCTs. In Table 7. Criteria for Dispatch, Grassroots and Santé Baltimore are primarily dispatched by the police department and call center, though in Howard County the school system also requests MCT dispatch. For Santé Carroll and BCRI, hotlines serve as the main entryway to dispatch a MCT and can be consumer driven though hotline operators determine the need through phone intake questions. Most of BCARS responses are requests from Baltimore City Department of Social Services or Baltimore City Public Schools for a youth in immediate active crisis, or a response to a current BCARS client.

Table 7. Criteria for Dispatch

	Criteria for dispatching a mobile crisis team
Grassroots	MCT is dispatched by the police department. The school system calls when students have a behavioral health emergency. The County may request MCT to solve issues of homelessness, eviction, or other issues.
Santé Carroll	Consumers can call the crisis line and complete an intake requesting dispatch defining their own crisis, or police dispatch MCT.
Santé Baltimore	Hotline determines there is a need for a face-to-face assessment which is more acute than an appointment with the organization's Urgent Care Center. Police refer all BH related calls from 911/patrol to MCT teams if a team is available.
BCRI	Hotline determines the caller is at least 18 years or older, is suspected of having a DSM V diagnosis, and is exhibiting the following: 1. Individual is experiencing a mental health crisis 2. May be exhibiting behavior that is threatening to self or others but can contract for safety 3. May be experiencing rapid deterioration of functioning due to psychiatric symptoms

Criteria for dispatching a mobile crisis team	
BCARS	A request from Baltimore City Department of Social Services or Baltimore City Public Schools for a youth in immediate active crisis, or a response to a current BCARS client.

Visit Resolution

Table 8. MCT Visit Resolution collected responses pertaining to MCT visit resolution and outcomes. There are differences in the way answers were given which might be due to variation in how the organizations collect and present data. From the table below, one can ascertain that when launching the new MCTs only a small number of clients will likely decline services. There are several reasons MCTs may need to involve law-enforcement or call 911, such as for safety of those on scene or for medical reasons.

Table 8. MCT Visit Resolution

	Grassroots	Santé Carroll	Santé Baltimore	BCRI	BCARS
Percent of visits resolved during MCT visit					
	70%	Highest percentage results in: 1. BH or other referral 2. Safety plan on scene	25% linked during CRS[11] involvement; 29% linked prior to CRS; 29% provided resources; 6% not linked; 6% N/A	28%	95%
Percent of visits resulting in services being declined					
	1%	3%	5%	2%	10%
Percent of visits resulting in calling law enforcement for safety reasons					
	Co-responder model	Co-responder model[12]	Co-responder model	2%	3%
Percent of visits resulting in calling 911 for medical reasons					
	Co-responder model	2%	2%	1%	0%

One of the overarching goals of GBRICS is to connect people in need of behavioral health (BH) treatment to the broader system of care. Table 9. MCT Visit Resolution Continued, assessed the percentage of visits resulting in scheduling an appointment with a new outpatient (OP) BH provider or a referral back to the current BH provider. Not all organizations collected data on visit resolution outcomes.

[11] Crisis Response System

[12] In Carroll County, the police and MCT arrive on scene in separate vehicles and 95 percent of calls are co-dispatched with police and MCT.

Table 9. MCT Visit Resolution Continued

	Grassroots	Santé Carroll	Santé Baltimore	BCRI	BCARS
Percent of visits resulting in scheduling an appointment with new OP BH					
	6%	22%	25%	2%	85%
Percent of visits resulting in referral to current BH provider					
	19%	32%	Unknown	2%	5%
Percent of visits advising to go to BH urgent care					
	Unknown	N/A	Unknown	85%	Unknown
Percent of visits involving CPS/APS report					
	1%	5%	0.1%	8%	10%
Percent of visits resulting in some other disposition					
	50%	Unknown	Unknown	0.5%	Unknown

Law Enforcement (LE)

The work group examined the nature of the relationship of current MCTs with the law enforcement to better understand their partnerships and how they collaborate to respond. The work group also had questions about how to define a "co-responder model." Using the framework provided by the International Association of Chiefs of Police[13], BHSB asked the current MCT providers questions about dispatch and riding together or separately on MCT responses. Table 10. Current Co-Responder Services shows that all MCTs can currently be dispatched both by 911/police or by the crisis hotline in the area. The Grassroots and Santé Baltimore are also dispatched by first responders, and Grassroots is also dispatched by the school system. The main difference in the current MCTs relationship with law enforcement is whether they ride to the location in a police vehicle or in separate cars.

[13] IACP Review of Co-Responder Team Evaluations.pdf

Table 10. Current Co-Responder Services

	Grassroots	Santé Carroll	Santé Baltimore	BCRI
Dispatch Method				
911/police Dispatch	✓	✓	✓	✓
Crisis line dispatch	✓[14]	✓	✓	✓
First responder request	✓		✓	
Other	Schools			
Ride Together or Separate				
MCT with police			✓	✓[15]
MCT separate from police	✓	✓		✓
Hours of Operation				
	8am-11 pm	9am-midnight	24/7	11am - 7pm (Crisis Response Team); 24/7 (MCT & CIT officer when needed)

Taking a further look at the relationship between MCTs and law enforcement, Table 11. Emergency Petitions and Law Enforcement (Part 1) and Table 12. Emergency Petitions and Law Enforcement (Part 2) explore the process of seeking emergency petitions (EPs) and law enforcement involvement.

[14] Hotline must inform 911 of MCT dispatch.

[15] Only for the Crisis Response Team, which is a team where the clinician is embedded in the police department.

Table 11. Emergency Petitions and Law Enforcement (Part 1)

	Grassroots	Santé Carroll	Santé Baltimore	BCRI	BCARS
How decisions are made regarding whether to involve law enforcement					
	LE in charge of MCT	Safety concerns or history with address/ consumer if crisis line dispatch; LE decides if police dispatch	Co-responder model	LE is only involved if high violence risk	In consultation with the supervisor on call (primarily related to safety concerns or an EP)
If you have law enforcement on your team, what kind of equipment do that carry (e.g., gun, taser)?					
		N/A	Therapists on MCT wear vests and LE on MCT wear plainclothes, have service weapon, taser, naloxone, first aid equipment	Therapists who work with LE must wear vests and LE on that team are fully armed with gun and taser	N/A
Describe the process of seeking an emergency petition					
	Independently licensed clinicians can EP	Independently licensed clinicians can EP	Independently licensed clinicians can EP	Independently licensed clinicians can EP or supervisor comes to scene for clinicians who are not independently licensed. All staff must consult with psychiatrist on call for all EPs.	Independently licensed clinicians can EP Supervisory consultation and approval are required

Table 12. Emergency Petitions and Law Enforcement (Part 2)

	Grassroots	Santé Carroll	Santé Baltimore	BCRI	BCARS
MOU between MCT and LE					
	Yes	Yes	Yes	Yes	
Approximate percent of calls resulting in emergency petition/involuntary transport to hospital					
	19%	5%	19%	4%	
Approximate percent of calls resulting in admission to a crisis stabilization bed					
	Unknown	N/A	Local crisis bed not taking outside referrals due to COVID	65%	
Approximate percent of calls resulting in voluntary transport to a hospital					
	3%	4%	8%	3%	

Accessibility and Demographics

To assess for language accessibility, Table 13. Accessibility reflects access to bilingual staff. All services use a language translation line when needed.

Table 13. Accessibility

Number of bilingual staff and languages spoken	
Grassroots; Santé Carroll; BCARS[16]	0
BCRI	2
Santé Baltimore	Spanish, ESOL

BHSB surveyed the organizations about data collected on demographics as seen in Table 14. Race and Ethnicity, Table 15. Gender and Sexual Orientation, and Table 16. Age. Not all organizations collected data on race, ethnicity, gender, or sexual orientation, although age was collected by all. For jurisdictions outside of Baltimore City, about 15 to 24 percent of clients are between 18-24 years old while 18 to 25 percent are under the age of 18, meaning nearly half of the population served are youth or young adults. In Baltimore City, adults are served by BCRI and children are served by BCARS, with a similarly high portion of people under the age of 25 being served in Baltimore City as compared to the other jurisdictions.

[16] Grassroots, Santé Carroll and BCARS use a translation line as needed.

Table 14. Race and Ethnicity

Demographics of Consumers Served by Mobile Crisis Teams

Race

	Afiliated Sante Group Baltimore County	Afiliated Sante Group Carroll County	Baltimore Crisis Response INC (BCRI)	BCARS	Grassroots Crisis Intervention
Black			63%	85%	35%
White			36%	9%	35%
Asian			0%	1%	8%
Other			0%	5%	22%

Ethnicity

	Affiliated Sante Group Baltimore County	Affiliated Sante Group Carroll County	Baltimore Crisis Response INC (BCRI)	BCARS	Grassroots Crisis Intervention
Latinx			7%	5%	5%
Non-Latinx			93%	95%	95%

Table 15. Gender and Sexual Orientation[17]

Demographics of Consumers Served by Mobile Crisis Teams

Gender

	Affiliated Sante Group Baltimore County	Affiliated Sante Group Carroll County	Baltimore Crisis Response INC (BCRI)	BCARS	Grassroots Crisis Intervention
Cis Female	52%	50%	38%	37%	37%
Cis Male	47%	45%	51%	60%	34%
Trans Female		1%	7%	1%	1%
Trans Male		1%	3%	1%	1%
Other	1%	3%	1%	0%	27%

Sexual Orientation

	Affiliated Sante Group Baltimore County	Afiliated Sante Group Carroll County	Baltimore Crisis Response INC (BCRI)	BCARS	Grassroots Crisis Intervention
Straight			77%		
Gay or Lesbian			21%		
Bisexual			2%		

[17] BCARS does serve LGBTQ+ clients.

Table 16. Age

Demographics of Consumers Served by Mobile Crisis Teams

Age

	Affiliated Sante Group Baltimore County	Affiliated Sante Group Carroll County	Baltimore Crisis Response INC (BCRI)	BCARS	Grassroots Crisis Intervention
Under 18	20%	18%	0%	97%	25%
18-24	17%	17%	24%	3%	15%
25-61	60%	53%	64%	0%	45%
62+	30%	12%	12%	0%	15%

Staffing

BHSB also inquired about the staffing matrix of MCTs in each jurisdiction of which the findings can be seen in Table 17. Staffing. While all MCTs employ behavioral health clinicians, there is a wide range of staffing models in the region. While all programs partner with law enforcement, only Affiliated Santé Group – Baltimore County includes a police officer on the team. Similarly, only Baltimore Crisis Response Inc (BCRI) – Baltimore City includes nurses on the team. Peers are a large part of Affiliated Santé Group – Carroll County's teams but play a small role in other programs. Psychiatric prescribers as full-time equivalents or per diem are not available at all organizations.

Table 17. Staffing

	Affiliated Sante Group, Baltimore County	Affiliated Sante Group, Carroll County	Baltimore Crisis Response INC (BCRI)	BCARS	Grassroots Crisis Intervention
Independently licensed BH clinician FTE	3.5	2.0	4.0	4.0	7.5
Independently licensed BH clinician Per Diem	0.0	0.0	7.0	0.0	0.0
Other licensed behavioral health clinician FTE	8.0	0.0	5.0	1.0	0.0
Other licensed behavioral health clinician Per Diem	0.0	0.0	4.0	0.0	0.0
Bachelor trained clinician FTE	0.0	0.0	0.0	1.0	2.0
Paramedic/EMT FTE	0.0	0.0	0.0	0.0	0.0
Certified peer specialist FTE	0.0	2.0	2.0	0.0	0.0
Law enforcement officer FTE	15.0	0.0	0.0	0.0	0.0
Peer specialist (not certified) FTE	0.0	0.0	0.0	0.0	0.0
Peer specialist (not certified) per diem	0.0	0.0	2.0	0.0	0.0
Psychiatric medical director FTE	1.0	0.0	1.0	1.0	0.0
Psychiatric prescriber Per Diem	3.0	0.0	9.0	2.0	0.0
Psychiatric prescriber FTE	0.0	0.0	0.0	1.0	0.0
Nursing FTE	0.0	0.0	8.0	0.0	0.0
Nursing Per Diem	0.0	0.0	14.0	0.0	0.0
Intellectual disabilities specialist FTE	0.0	0.0	0.0	0.0	0.0

Conclusion

The results of the scan show that there is much more consistency in hotline operations due to requirements laid out by Vibrant for National Suicide Prevention Hotline providers as compared to MCT operations where no national or state standards exist. While there is much overlap among the MCTs in training requirements, there are distinctions in all other areas, most notably in staffing and the relationship with law enforcement.

- **Law Enforcement:** While all MCTs have a relationship with law enforcement, their relationships differ by whether they ride in the same vehicle and are dispatched together (Baltimore County), ride separately but are dispatched together (Howard and Carroll Counties), or have small, specialized teams where the police and MCTs work together (Baltimore City). The relationship with law enforcement will be one of the main changes with the GBRICS MCT expansion, as the teams funded by GBRICS will not have law enforcement on staff and the goal is to rarely involve police in MCTs calls.

- **Staffing:** The GBRICS MCT model is a two-person team with one licensed clinician and one peer. In all jurisdictions except for Carroll County, peers currently play a minor role in crisis services. Peer involvement will be greatly expanded by GBRICS, as the peer/clinician model will become the dominant model in the region when all 39 peer/clinician MCT teams are operational by 2025.
- **Training:** While all teams in the GBRICS region currently train on similar issues, the GBRICS MCT expansion provides an opportunity to create more uniformity in training curricula and requirements.

The different approaches in MCT operations among the jurisdictions point to the challenges that lay ahead in launching regional MCTs and demonstrate the need for strong regional MCT standards. The information gathered in the environmental scan was used by the MCT Work Group to identify areas where services can be strengthened and made uniform.

This scan also lays the groundwork for standardizing data collection which will lead to more transparency in the crisis system. Consistent data collection on demographics, for instance, will allow for a closer examination of equity issues in the region.

The GBRICS Partnership presents an opportunity to expand crisis services to ensure access to high quality services to anyone, anywhere, anytime while simultaneously providing an avenue for accountability and community input into the crisis system.