REQUEST FOR PROPOSALS:

Comprehensive Behavioral Health Call Center

Release Date: January 12, 2022

Pre-Proposal Conference: February 10, 2022 at 10:30 am

Proposal Due: March 16, 2022 by 12:00 pm

Anticipated Award Notification: May 2, 2022

Anticipated Contract Start: June 1, 2022

Issued by:

Behavioral Health System Baltimore, Inc.
100 South Charles Street, Tower II, 8th Floor
Baltimore, Maryland 21201

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REQUEST FOR PROPOSALS

Comprehensive Behavioral Health Call Center

I. Overview of the Project

A. OVERVIEW OF BHSB

Behavioral Health System Baltimore, Inc. (BHSB) is a non-profit organization tasked by Baltimore City to manage the city's public behavioral health system. As such, BHSB serves as the local behavioral health authority for Baltimore City. In this role, BHSB envisions a city where people live and thrive in communities that promote and support behavioral health and wellness.

BHSB is committed to enhancing the behavioral health and wellness of individuals, families, and communities through:

- The promotion of behavioral health and wellness prevention, early intervention, treatment, and recovery;
- The creation and leadership of an integrated network of providers that promotes universal access to comprehensive, data-driven services; and
- Advocacy and leadership of behavioral health-related efforts to align resources, programs, and policy.

BHSB is committed to promoting behavioral health equity in Baltimore City by ensuring that the behavioral health provider network is culturally and linguistically responsive to the diverse populations served; reducing behavioral health care access barriers for populations known to experience discrimination and marginalization; and supporting communities directly to develop services that are responsive to their unique strengths and needs.

B. OVERVIEW OF PROJECT

Through this Request for Proposals (RFP), BHSB is seeking an operator for a Comprehensive Behavioral Health Call Center ("Call Center") to serve Baltimore City, Baltimore County, Carroll County, and Howard County. This Call Center is one of the components of the Greater Baltimore Regional Integrated Crisis System (GBRICS) Partnership, a public-private partnership that invests $45 million over five years in behavioral health infrastructure and services in the region. The goal of this partnership is to reduce unnecessary Emergency Department (ED) use and police interaction for people in need of immediate access to behavioral health care.

The other three components of the GBRICS Partnership are the expansion of Mobile Crisis Teams, implementing open access models at outpatient clinics to increase the

availability of community-based behavioral health services, and community engagement and education to promote behavioral health services. BHSB serves as the Regional Administrative Manager for the GBRICS Partnership.

The Call Center will serve as the integrated behavioral health hotline for the region, using the new national 988 number for the National Suicide Prevention Hotline that goes into effect in July of 2022. Supported with technological infrastructure, the Call Center will provide real-time bed and appointment capacity and referral tracking, coordinated dispatching of mobile crisis response, and comprehensive dashboard reporting.

Due to the expected increase in call volume projected as part of the national roll-out of 988, BHSB strongly encourages existing Lifeline providers to partner with other Lifeline providers to submit a joint proposal. Partners should think creatively about how to provide a seamless unified experience for the consumer using one Automated Call Distribution system and the Behavioral Health Link software platform while maximizing the current workforce and community relationships of established Lifeline providers.

C. SCOPE OF SERVICE

The Call Center will be the comprehensive behavioral health call center for the region and will serve as a key access point to the system of care for people looking for a range of mental health and substance use services and resources in the region. It is estimated that this Call Center will receive approximately 124,000 calls per year from Baltimore City, Baltimore County, Carroll County, and Howard County.

The selected applicant will:

1. Operate a regional Call Center that:
    a. Answers local and national 988 calls for the region and serves as an eventual diversion from 911 call centers;
    b. Provides crisis counseling and triage for callers of all ages experiencing a behavioral health emergency;
    c. Uses a standardized decision support tool to determine the appropriate level of care;
    d. Dispatches Mobile Crisis Teams (MCTs) for Call Center callers using GPS-based software, coordinating with 911 and law enforcement when needed;
    e. Provides information to callers about community resources;
    f. Refers callers to open access clinics for same-day or next-day intake;

g. Manages the real time bed registry for consumers referred to crisis stabilization centers, residential ASAM level 3.7 Withdrawal Management, and mental health residential crisis beds; and
h. Initiates follow-up calls in accordance with National Suicide Prevention Lifeline requirements.

2. Work with BHSB to implement Behavioral Health Link (BHL) software and sign an end-user agreement (Attachment A: End User Agreement) for the use of the software, which will include dispatch of GPS-enabled MCTs, a real-time bed registry, digital access to routine or urgent outpatient appointment slots, and a performance dashboard.
3. Work with BHSB and existing hotlines in the region to transition to the new Call Center and the 988 access number.
4. In conjunction with BHSB and the Behavioral Health Administration, coordinate with the State's 211 system to integrate with the Call Center hotline.
5. In conjunction with BHSB, local government, law enforcement, and 911 centers, develop protocols for call transfers to and from 911, and coordinate with 911 and law enforcement for MCT dispatch as needed.
6. Coordinate with the GBRICS marketing and communications campaign to promote the new Call Center/988.
7. Follow GBRICS System Accountability standards (Attachment B: GBRICS Crisis System Standards), including participating in a regular system-wide performance review process to identify system breakdowns and access barriers, conduct collaborative problem-solving to address the identified challenges and improve consumer care, and ensure that residents are served in an equitable and developmentally appropriate manner.
8. Collaborate with medical and behavioral health providers, street outreach teams, peer workers, consumer and family groups, primary care providers, community health centers, hospitals, 911, law enforcement, and schools to ensure Call Center resources are comprehensive and up-to-date, and referral mechanisms are responsive to the needs of consumers and service providers.
9. Use text and chat when phased in during subsequent funding cycles once the volume and cost is determined and additional funding is identified, if needed.
10. Operate according to the GBRICS Services Values:
    a. Welcoming, timely, and accessible (every door is the right door).
    b. No one is turned away – able to serve all complexity and acuity levels in some capacity.
    c. Trauma-informed.
    d. Informed by consumers and families with lived experience.

e. Equity through standardized practice, accountability, and transparency in sharing data.
f. Embedded in cultural humility.
g. Recovery-oriented.
h. Empowering, hope-giving, and strengths-based.
i. Effective and evidence informed.

Proposals with multiple partners should include a designated Centralized Call Center Administrator and one or more call taker agencies. Partners should include the proposed contractual relationship and funding relationship between partners in their proposal.

1. Centralized Call Center Administrator will:
   a. Identify an Automated Call Distribution (ACD) System that will allow multiple call taker agencies to work together as the regional, comprehensive Call Center and build costs of this software into the budget,
   b. Administer the ACD system and Call Center software (Behavioral Health Link),
   c. Report financial and quality metrics to BHSB,
   d. Coordinate quality assurance activities,
   e. Standardize training for call takers,
   f. Ensure employees are trained according to GBRICS Crisis System standards,
   g. Meet GBRICS collaboration and accountability standards,
   h. Ensure staffing at all agencies is adequate to meet needs based on call volume forecasting, and
   i. Coordinate the promotion of the 988 number with BHSB and the call taker agencies.
2. Call taker agencies will:
   a. Use the ACD System identified by the Call Center Administrator and Behavioral Health Link software,
   b. Ensure employees are trained according to GBRICS Crisis System standards and are trained in the ACD system and Behavioral Health Link software,
   c. Meet GBRICS collaboration and accountability standards, and
   d. Communicate with Centralized Call Center Administrator on meeting staffing needs.

<u>Call Center Deliverables</u>

1. Be operational within four months of signing the contract: staff will be hired and trained, adequate workstations will be created, call center software and telephone systems will be operational, and operational procedures will be finalized;

2. Answer 90% of calls within 30 seconds;
3. Follow 988 standards and policies, including standards for suicide risk assessments, imminent risk, and follow-up care;
4. Report on data metrics through the real-time dashboards included in the Call Center software;
5. Participate in consumer satisfaction evaluations;
6. Develop practice guidelines and training for call center staff on trauma-informed care, self-care, antiracism, cultural humility, and working with people who have:
    a. Substance use disorders
    b. Co-occurring medical illnesses
    c. Cognitive disabilities (Intellectual/Developmental Disabilities, Brain Injuries, Dementia)
    d. Visual, hearing, and/or physical disabilities
    e. An LGBTQIA identity
    f. Military experience/veterans

D. FOCUS POPULATION

This region has a combined population of 1.94 million residents, 30% of the state's population. It includes urban, suburban, and rural areas and is racially and economically diverse. See Attachment C: GBRICS Region for more information. Within this area, 30% of the population is enrolled in Medicaid - ranging from a high of 47% in Baltimore City to 17% in Carroll County.

The Call Center will answer all calls and not turn anyone away from services. See the GBRICS service values above.

E. STAFFING REQUIREMENTS

The staffing model should be adequate to answer 90% of calls within 30 seconds for a center with an anticipated call volume of 124,000 calls annually operating 24 hours per day, 7 days per week, 365 days per year with time for supervision, self-care breaks for counselors, and follow-up phone calls.

Minimum education and experience:

- Call Center counselors must have at minimum a high school diploma/GED (in special circumstances, two years of work can substitute for the educational requirement)

Language access:

- Call Center staffing must include Spanish speaking multilingual staff (can include a pay differential), with access to language line interpretation for other languages.
- The Call Center operator must implement video conferencing capability and 24/7 on-call coverage for qualified call center operators who are American Sign Language (ASL) fluent, with video relay services for ASL interpretation by a Certified Deaf Interpreter as a back-up. If additional funding is needed to provide this service, the Call Center operator should work with BHSB staff to apply for funding.

Supporting call center staff:

- Human Resources policies should address secondary traumatic stress through promoting regular check-ins with supervisors and proactive monitoring for burn-out or secondary trauma.
- Must provide a combination of supervision by clinical behavioral health providers and peers.
- For Call Center staff with lived experience, there must be time set aside to periodically obtain debriefing and other support from a peer on staff or from an outside peer-run organization.
- Supervisors must be available during all shifts to support staff and resolve consumer/community complaints.

Staffing must also include telecommunications support such as telecommunication infrastructure, call center routing, and systems management for call center software as well as workforce management such as call volume forecasting based on historical data from existing hotlines, optimizing staff occupancy rates (staff time spent taking calls), schedule adherence and managing recruitment and retention.

F. FUNDING AVAILABILITY

Up to $1,846,075 is available from 06/01/22 to 12/31/22 to conduct the work as described in the Scope of Service section. This funding allows for four months of recruitment and training time before the Call Center is operational in October 2022.

If the selected organization(s) delivers on-time, high quality work during the initial contract, additional funding up to $3.5 million will be available in calendar year 2023, with similar amounts (adjusted for cost-of-living increases) available in 2024 and 2025.

The GBRICS Partnership is working on sustainable funding for the Call Center for 2026 and beyond.

G. CONTRACTING WITH BHSB

Applicants selected through this process will enter into a contractual agreement with BHSB. Following a notification of selection, BHSB will issue a Letter of Award that provides details about the contract and the process for executing it. Selected organizations will be required to submit a new budget on BHSB's budget form, which will be reviewed for allowable costs under the grant.

Please note that applicants may be asked to change their budgets and/or details of their proposals even if the proposal is selected for funding. Applicants new to BHSB's contract process are encouraged to review relevant forms available on the website here: https://www.bhsbaltimore.org/for-providers/forms-for-providers.

Contract Type and Payment

The contract and payment type that will result from this procurement is described below. Applicants are encouraged to consider whether their organization will be able to operate with this payment mechanism before applying for these funds.

- Cost Reimbursement – Advance Basis
  - Vendor receives payment in advance of incurring and reporting costs based on a pro-rated budget (e.g., 1/12th of budget each month).

BHSB issues payments once per month. Applicants should note that submitting required documents and reports late can result in delayed payment.

Contract Monitoring and Technical Assistance

Selected applicants will be required to submit regular Program and Financial reports to BHSB using an electronic contract management system. BHSB will review these reports to monitor progress and contract compliance throughout the contract term. If applicants are submitting a proposal that includes a Centralized Call Center Administrator and one or more Call Taking Agencies, the Centralized Call Center Administrator will be responsible for submitting reports on behalf of all partner organizations.

Program Reports include an update on progress toward deliverables. Some program reports may also require organizations to attach a data report with additional information (e.g., consumer demographic information, process and/or outcomes data, etc.). BHSB monitors progress on these reports throughout the contract term and may offer technical assistance and support if deliverables are not being met.

Financial Reports are required to generate payment and involve submitting actual expenditures or invoices (depending on the contract type) and to monitor spending

compared to the budget or award amount. If organizations are spending more or less than expected awarded throughout the contract term, BHSB may offer technical assistance and support to ensure the funding covers the contract term fully and may reduce funding if all funds are not likely to be expended by the end of the contract term.

Please note that submitting Program or Financial Reports late can result in delayed payment.

<u>Verification of Services</u>

BHSB audits all contracts to review whether the requirements set forth in the contract were completed as reported and that relevant federal, state, and local regulations were followed. This generally occurs after the conclusion of the contract period. Audits may be conducted remotely through a review of documents submitted to BHSB or on-site at the organization’s location.

Applicants should be aware of best practices in documenting both programmatic and financial activities to aid in an efficient audit.

II. Overview of RFP

A. PURPOSE OF RFP

The purpose of this RFP is to select an operator for a Comprehensive Behavioral Health Call Center ("Call Center") to serve Baltimore City, Baltimore County, Carroll County, and Howard County.

B. APPLICANT ELIGIBILITY

Applicants must meet all of the criteria outlined below to be considered eligible to be selected through this RFP process:

- Have at least two years of experience operating a behavioral health crisis hotline
- Be an existing National Suicide Prevention Lifeline provider
- Be accredited through the American Association for Suicidology or plan to obtain accreditation

Preference will be given to Maryland-based providers.

C. PROPOSAL TIMEFRAME AND SPECIFICATIONS

1. Timeline

Release Date:	January 12, 2022
Pre-Proposal Conference:	February 10, 2022, 10:30 am
Proposal Due:	March 16, 2022, 12 pm
Anticipated Award Notification:	May 2, 2022
Anticipated Contract Start:	June 1, 2022
Anticipated Service Start:	October 1, 2022

2. Pre-Proposal Conference

Date: February 10, 2022
Time: 10:30 am
Location: Microsoft Teams meeting - Join on your computer or mobile device

Click here to join the meeting

Or call in (audio only): 443-819-0973
Phone Conference ID: 498 028 530#

Please join five minutes early to leave time to troubleshoot. If you have any problems accessing the meeting, please contact Procurements@BHSBaltimore.org.

All questions related to this RFP should be submitted in advance to Procurements@BHSBaltimore.org no later than the close of business on **Tuesday, February 8, 2022**. There may be time during the meeting to ask additional questions, depending on the number of questions submitted.

Questions posed prior to or during the Pre-Proposal Conference and BHSB's responses will be posted on BHSB's website at https://www.bhsbaltimore.org/for-providers/funding-opportunities/ by Wednesday, February 16, 2022.

The questions and answers will also be emailed to all individuals who submit questions. If you would like to be emailed this document but do not have a question, please let the Procurement Lead know by emailing Procurements@BHSBaltimore.org.

Substantive questions received after this conference cannot be answered.

3. Proposal Due Date, Time, and Location

BHSB uses an online platform called Apply to manage applications. All proposals must be submitted through this system. Applicants must register ahead of time and submit narrative and supporting documents directly through the system. You can save your application and continuing working on it before submitting it. BHSB encourages all applicants to test this system well in advance of submitting proposals.

Applicants can access Apply here: https://bhsb.smapply.org/

All proposals must be received no later than **12:00 pm (noon) EST on March 16, 2022**. All submitted proposals become the property of BHSB. If you are having technical troubles related to submitting your proposal, contact BHSB before the due date/time at Procurements@BHSBaltimore.org

Proposals submitted after the due date/time cannot be considered.

4. Authorized Contact

Applicants are advised that the authorized contact person for all matters concerning this RFP is Shanna Borell whose contact information is listed below.

Shanna Borell, Procurement Lead
Email: Procurements@BHSBaltimore.org

5. Anticipated Service Term: June 1, 2022 – December 30, 2022, with options to renew annually through 2025 pending the availability of funding and performance

D. AWARD OF CONTRACT

The submission of a proposal does not, in any way, guarantee an award. BHSB is not responsible for any costs incurred related to the preparation of a proposal in response to this RFP. BHSB reserves the right to withdraw an award prior to execution of a contract with a selected applicant in BHSB's sole and absolute discretion.

BHSB will select the most qualified and responsive applicants through this RFP process. BHSB will enter into a contract with selected applicants following the notification of award. All selected applicants must comply with all terms and conditions applicable to contracts executed by BHSB.

E. RFP POSTPONEMENT/CANCELLATION

BHSB reserves the right to postpone or cancel this RFP, in whole or in part.

F. APPLICANT APPEAL RIGHTS

Applicants may file an appeal within five days of notification of non-selection. BHSB will review the appeal, examine any additional information provided by the protesting party, and respond to the protestor within ten working days of receipt of the appeal.

G. GOVERNING LAW AND VACCINATION MANDATES

The applicant acknowledges and agrees that BHSB is a federal contractor for purposes of Executive Order 14042, Ensuring Adequate COVID Safety Protocols for Federal Contractors (the "Order"). The applicant and its subcontractors shall comply with the Order and all other applicable mandates, rules, laws, and regulations (collectively, the "Requirements"). Upon request by BHSB, selected applicants shall promptly provide evidence of compliance with the Requirements and shall promptly take such further actions as may be requested by BHSB with respect to the Requirements and/or the resulting Contract. The applicant and all of its subcontractors shall, for the duration of the resulting Contract, comply with all guidance for contractor and subcontractor workplace locations published by the Safer Federal Workforce Task Force. These requirements shall be incorporated into all subcontracts of Sub-Vendor.

III. Format and Content of Proposal

A. PROPOSAL INSTRUCTIONS

Applicants must submit all required information using Apply accessible here: https://bhsb.smapply.org/.

Late proposals will not be considered.

It is the policy of BHSB to adhere to the rules and regulations in the Health Insurance Portability and Accountability Act (HIPAA). We do not anticipate that any proposal submitted in response to this RFP would include individually identifiable health information. However, if it does, please remember that protected health information (PHI) needs to be secured via encryption and should adhere to the Guide to IT Privacy and Security of Electronic Health Information: https://www.healthit.gov/topic/privacy-security-and-hipaa/health-it-privacy-and-security-resources-providers.

B. PROPOSAL NARRATIVE OUTLINE AND RATING CRITERIA

The outline below shows the information being requested for applications and how points will be awarded during the review. Use Apply to submit your responses. See the instructions for more information about how to submit proposals.

1. **Organizational Background and Capacity (25 points)**
    a. Provide an overview of your organization and all partner organizations (“applicant organizations”), including how long it has operated a behavioral health crisis hotline, whether it is an existing National Suicide Prevention Lifeline provider, how long it has been accredited by the American Association for Suicidality or when it expects to receive accreditation, and what geographic area(s) in which it is located and currently serves. Attach all relevant licenses and certifications.
    b. Describe the applicant organizations’ experience working with consumers and families across the lifespan (i.e., children, transition age youth, young adults, middle adults, and older adults), people experiencing substance-related and/or mental health crises, and people with co-occurring behavioral health disorders.
    c. Describe the applicant organizations’ experience managing programs similar to this program, meeting contractual deliverables and obligations (including any contracts with Local Behavioral Health Authorities in Baltimore City or Baltimore, Howard, or Carroll counties), and your capacity to manage the programmatic and financial requirements of this grant.

d. Describe the applicant organizations' history forming partnerships with organizations that provide crisis and outpatient behavioral health care across the lifespan. Attach two letters of support that demonstrate this type of partnership.
e. Describe whether your organization is owned and/or led by members of historically marginalized or oppressed groups, including racial and ethnic groups (i.e., African American/Black, Latinx), LGBTQIA communities, people with disabilities including behavioral health disorders, etc. BHSB awards additional points to help address systemic barriers that have led to inequity in access to funding.

2. **Principles and Values (10 points)**
    a. Describe how current practices among the applicant organizations ensure services are delivered in a culturally and linguistically competent manner, responsive to the diverse communities served, including individuals for whom English is a second language and for people who are Deaf or hard of hearing.
    b. Describe how you will integrate principles of anti-racism into this work.

3. **Service Delivery (35 points)**
    a. Describe your plan to provide all services as outlined in the Scope of Service section of this RFP. Specifically describe your plans to manage all calls from the region, including whether partner organizations will be sub-contracted with, plans for physical space or virtual/remote workers, telecommunications, computer hardware and information technology support for this project.
    b. Describe your experience implementing new software and your understanding of how the Behavioral Health Link software can be used for this project.
    c. Describe how you will facilitate effective post-crisis follow-up care such as reviewing safety plans and connections to ongoing behavioral health care, including identifying common barriers to care and how you will work to address them.
    d. Describe other behavioral health services applicant organizations provide and what structure/process you will use to avoid conflicts of interest and inappropriate self-referral. Describe how you will build relationships with other service providers for referrals.
    e. Describe the applicant organization's approach to providing a competent integrated, holistic "whole health" approach to addressing substance use, mental health, and medical health.
    f. Describe how the proposed program would be responsive to the needs of the full region by meeting the GBRICS Crisis System collaboration standards outlined in Attachment B.

g. Describe how the applicant organizations would participate in local, regional, and/or state policy planning efforts to address issues related to crisis care, giving specific examples of how your organization has engaged in this work in the recent past.

4. **Staffing Plan (25 points)**
   a. Describe your proposed staffing plan, including supervisors, and how it will fulfill the staffing requirements listed in this RFP. Describe how you will manage staffing to account for changes in call volume throughout the day, week, month, and/or year. Include an organizational chart that shows how this program will fit into the organization's overall structure as well as how partner organizations will fit into the overall structure.
   b. Describe your plan to ensure adequate support and clinical supervision for staff, particularly staff who work independently or off-site.
   c. Describe your proposed training plan for staff assigned to this program and indicate any relevant expertise, training, and/or skills staff already possess.
   d. Describe how the applicant organizations will ensure people with lived experience are hired as staff and have meaningful input into the planning, implementation, and ongoing operations of the project. Describe how you would support their becoming certified peer recovery specialists and foster their professional development. Provide examples of how your organization currently utilizes and supports peer staff.
   e. Describe the applicant organizations' practices to retain staff and provide the turnover rate of direct service providers in your organization over the past two years.

5. **Program Evaluation and Quality Assurance (15 points)**
   a. Describe how the applicant organizations will obtain and incorporate feedback from people served and other stakeholders into the development, implementation, operation, and improvement of program services.
   b. Describe your plans for continuous quality improvement activities and your experience with quality improvement efforts at your organization, including how you collect and use consumer feedback.
   c. Provide the following metrics for your current hotline(s) and describe how you use these metrics to manage operations:
      - annual number of calls,
      - call abandonment rate,
      - call blockage,
      - speed of answer (including how you calculate this),

- average call handle time,
- after call work time,
- staff occupancy and cost per call

Refer to [CallCenterMetrics_final.pdf (suicidepreventionlifeline.org)] for definitions. If you do not collect this data currently, please explain how you will use this data to manage your hotline if this data were available.

6. Proposed Program Budget (10 points)

a. Attach a line-item budget for the first seven months of operations, including all anticipated revenue and expenses. Call Center Behavioral Health Link software will be provided by the GBRICS Partnership and does not need to be included in the budget. BHSB has budget forms on its website that can be used but are not required for this submission.
b. Provide a budget narrative/justification that explains revenue and expense projections in more detail.

7. Implementation Timeline (5 points)

a. Provide a detailed timeline for implementation that includes all activities that have been committed to in this proposal. Show an outline of all necessary steps to fully operationalize the Call Center and by when each step would be completed. Contracts are expected to start on June 1, 2022, with the Call Center operational by October 1, 2022.

8. Appendices

- Attach your most recent Administrative Service Organization (ASO) Audit, Accrediting Organization Site Visit Report, and/or other relevant site visit or audit report, including any program improvement plans and all statements of deficiencies.
- Organizational chart for each provider that is part of the proposal. If there are multiple providers, include a chart that shows the relationship of the different providers, funding flow and accountability structure.
- Most recent audited financial report, including the consolidated statements, schedule of findings, and management letter
- Most recent IRS Form 990: Return of Organization Exempt from Income Taxes, or an explanation if this is not applicable
- Certificate of Good Standing from the Maryland Department of Assessments and Taxation

IV. Attachments

A. Attachment A: Behavioral Health Link End-User Agreement

END USER TERMS OF USE - BEHAVIORAL HEALTH LINK CRISIS NOW SOFTWARE ("Agreement")

1. **License to Use Application and Receive Maintenance and Other Services**. During the Term set forth in the Master Software as a Service Agreement dated on or about October 8, 2021 (the "MSA") between Behavioral Health System Baltimore, Inc. ("Customer") and Integrated Health Resources, LLC d/b/a Behavioral Health Link's (BHL) a summary of the terms of which is provided in Exhibit A attached hereto and incorporated by reference herein, BHL authorizes End User (as identified in the signature line) to use the Applications of BHL's Crisis Now Software platform identified on Exhibit A (the "Platform") for the number of Users (as defined below) and/or calls or other events identified on Exhibit A, along with related maintenance and support services ("Maintenance Services"). During the Term identified on Exhibit A, BHL hereby grants to End User a non-exclusive, non-transferable, non-assignable, subscription to access and use the Platform.

2. **Reservation of Rights**. End User acknowledges that BHL's grant of a term subscription to use the Application(s) within the limited scope of use set forth in Section I above is only a limited license to access and use the Application(s) in accordance with the terms hereof for the subscription term and the scope of use set forth in the MSA as summarized on Exhibit A, and not a sale or other transfer of rights in the Application(s). BHI- reserves all rights not expressly granted to End User by this Agreement. End User may not, except as permitted in this Section 2, copy, modify, adapt, or create derivative works of the Application(s) or associated documentation, or remove any copyright or other proprietary rights notices thereon. End User shall not itself, and shall not permit its Users or any other party to, directly or indirectly, in whole or in part, sell, re-sell, assign, sublicense, distribute, lease, make available as a service bureau, disclose, divulge or otherwise transfer, make available or allow any third parties any right or access to the Application(s); disassemble, decompile, decrypt, or reverse engineer, or otherwise attempt to discover or replicate source code or database architecture/configuration for the Application(s); or alter, modify, or prepare derivative works based on the Application(s) or Services. End User acknowledges and agrees that BHL owns and retains all rights existing from time to time in any jurisdiction under copyright law, patent law, moral rights law, trade secret law, confidential information law, trademark law, unfair competition law or other similar rights ("Proprietary Rights") in the Application(s) and documentation, any training materials and any copies, modifications, adaptations, derivative works, and enhancements thereof, by whomever produced. If End User is ever deemed to be the owner of any Proprietary Rights in the Application(s) or any changes, modifications, or corrections to the Application(s), then End User irrevocably assigns to BHL all such rights, title, and interest.

3. **Authorized Scope of Use of the Application(s)**. End User's employees, agents and contractors ("Users") may access and use the Application(s), subject to the usage limits set forth in Exhibit A. The Application(s) (including any changes thereto) may be used only for, by or on behalf of the End User by employees, agents or contractors of End User (or one of its subsidiaries) and only to process End User's own data and the data of its subsidiaries and affiliates.

   Each User of End User that will access and/or use the Application(s) must have his or her own login credentials as a User ("Login Information"). End User will be solely responsible for all actions of any individual who accesses the Application(s) using the Login Information. End User shall (i) require

Users to utilize strong form, alpha numeric Login Information and change such Login Information not less frequently than every sixty (60) days, (ii) protect the confidentiality of all Login Information, (iii) notify BHL of any breach of the confidentiality of any Login Information, and (iv) notify BHL if any individual who knows the Login Information leaves the employment of End User, is no longer authorized to use the Login Information or misuses the Login Information.

4. **Maintenance Services**. During the term of this Agreement, BHL agrees to also provide the Maintenance Services set forth in this Section 4. BHL shall provide End User, on a timely basis, with updates necessary for the Application(s) to continue to accomplish its principal computing functions and with updates reflecting improvements made to the Application(s) by BHL.

   If End User through Customer notifies BHL that it suspects an error in the program logic or documentation of the Application(s), BHL shall use reasonable commercial efforts to confirm the existence of such error and correct such errors in accordance with the terms of the MSA; provided that, if BHL ultimately determines no such error exists, or such error is the result of End User's modifications, End User shall pay BHL for its services at BHL's hourly rate then in effect.

   End User must maintain the latest code revision level deemed necessary by BHL for all third-party hardware and Application(s) used to support the Application(s).

7. **Warranty**. BHL warrants that during the subscription Term the Application(s) will perform in accordance with the product documentation manuals for the Hosted Application(s). BHL further warrants that the Maintenance Services shall be performed in a good and workmanlike manner consistent with industry standards. As End User's sole and complete remedy for breach of these warranties, BHL agrees to promptly fix any errors in the performance of the Application(s) or reperform any deficient Maintenance Services, provided that such deficiency did not arise as a result of End User's acts or omissions, as a result of network or other causes not under BHL's control, any unauthorized change or modification to the Application(s), or the use of the Application(s) other than in a manner that complies with the applicable documentation. The End User must notify BHL through Customer of any deficiencies within 15 days. If BHL cannot substantially correct a breach in a commercially reasonable manner, the End User may terminate this Agreement and BHL shall refund to Customer the prorated fees paid for the period between the End User's notification and this Agreement is terminated.

   BHL's warranty obligations hereunder are contingent upon installation by End User of all changes and releases to the Product provided by BHL to End User.

   THIS LIMITED WARRANTY IS IN LIEU OF ANY AND ALL OTHER WARRANTIES, EXPRESS OR IMPLIED, INCLUDING ANY WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE. BHC HAS AUTHORIZED NO OTHER WARRANTY WITH RESPECT TO THE APPLICATION(S) OR SERVICES PROVIDED HEREUNDER, AND END USER HAS NOT RELIED ON ANY OTHER WARRANTY IN ITS DECISION TO EXECUTE THIS AGREEMENT. THE SOLE REMEDIES OF CUSTOMER FOR ANY BREACH OF THIS LIMITED WARRANTY ARE SET FORTH HEREIN, AND IN NO EVENT SHALL BHL BE LIABLE TO ANYONE FOR FAILURE TO FULFILL ITS OBLIGATIONS UNDER THIS AGREEMENT BECAUSE OF CIRCUMSTANCES BEYOND ITS CONTROL. EXCEPT WITH RESPECT TO BHL'S INTELLECTUAL PROPERTY VIOLATIONS, BHL'S INDEMNIFICATIONS, AND BHL'S HIPAA VIOLATIONS, THE MAXIMUM AGGREGATE LIABILITY OF THE PARTIES IN ALL EVENTS SHALL BE LIMITED TO AN AMOUNT EQUAL TO $150,000.

   THIS LIMITED WARRANTY SHALL BE VOID IF THE END USER'S COMPUTER OR OTHER EQUIPMENT FAILS TO PERFORM ACCORDING TO ITS STANDARD PERFORMANCE SPECIFICATIONS OR THE

CUSTOMER'S COMPUTER OR OTHER OPERATING SYSTEM FAILS TO PERFORM ACCORDING TO THE SPECIFICATIONS CONTAINED IN ITS DOCUMENTATION.

8. **Indemnification.** BHL shall indemnify and hold harmless End User from any claims made or any suits or proceedings brought against End User arising out of or related to the Application(s) furnished hereunder (including claims for infringements of a patent, trademark, and/or copyright of any third party) provided that BHL is notified promptly by End User in writing and given information, assistance, and the sole authority to defend or settle same (at BHC's expense), and BHL shall pay all damages and costs finally awarded therein against End User. In the event the Application(s) in such a suit is held to infringe and the use of the Application(s) is enjoined, or in the case of a settlement as referred to above, BHL shall have the option, at its own expense, to procure for End User the right to continue using the Application(s); or to replace same with a non-infringing comparable product; or to modify same so it becomes non-infringing; or to refund to Customer the amount paid in excess of reasonable rent for the past use and accept return of the same. BHL shall not be liable to End User if any infringement claim is based upon use of the Application(s) in any manner for which it is not designed. BHL's indemnity obligation pursuant to this Section shall survive the termination and/or expiration of this Agreement.

9. **Term.** This Agreement shall be effective for so long as End User continues to access and use the Platform during the period listed on Exhibit A or until the Agreement or the MSA otherwise expire or are terminated for any reason.

10. **[Omitted].**

11. **Confidentiality.**

a. *Definitions*. "Proprietary Information" is, collectively and without regard to form, any third party information, which either party has agreed to treat as confidential, and Confidential Information and Trade Secrets. "Confidential Information" means non-public information of value to its owner (other than Trade Secrets) and that is the subject of its owner's reasonable efforts to maintain confidentiality thereof. "Trade Secrets" means information that derives actual or potential economic value because it is not generally known to, and by proper means not readily ascertainable by, others who can obtain economic value from its disclosure or use; and is the subject of commercially reasonable efforts to maintain its secrecy. Without limitation of the foregoing, BHC's Proprietary Information includes the Application(s) and all source code associated therewith, including but not limited to the tion(s)'s development status, functionality, appearance, content, flow, method and pattern of user interaction, database architecture, configuration, and documentation.

b. *Scope of Obligations*. Each party shall protect the Proprietary Information of the other party with the same standard of protection and care that it uses for its own Proprietary Information, but in no event less than reasonable care and diligence. Neither party shall disclose, publish, transmit or make available all or any part of such Proprietary Information except in confidence or a need-to-know basis to its own employees and third party contractors who have undertaken a written obligation of protection and confidentiality at least as protective as those, and shall not duplicate, transform or reproduce such Proprietary Information except as expressly permitted hereunder.

c. *Exclusions*. Any information will not be considered "Proprietary Information" to the extent, but only to the extent, that such information: (a) is already known to the receiving party free of any confidentiality obligation at the time it is obtained, (b) is or becomes publicly known through no wrongful act of the receiving party; (c) is rightfully received from a third party without restriction and without breach of this Agreement; or (d) is required to be disclosed by law or court order. In the event

that either party is required by law or court order or regulatory authority to disclose any Proprietary Information, except such disclosure may be made only after the other party has been notified and has had a reasonable opportunity to seek a court order or appropriate agreement protecting disclosure of such Proprietary Information.

d. *Trade Secrets*. With regard to Trade Secrets, the obligations in this Section shall continue for so long as such information continues to be a Trade Secret. With regard to Confidential Information, the obligations in this Section shall continue for the term of this Agreement and for five (5) years thereafter.

12. Limitations of Liability. NEITHER BHL NOR ITS OFFICERS, MANAGERS, EMPLOYEES, MEMBERS, AGENTS, LICENSORS, RESELLERS OR REPRESENTATIVES (COLLECTIVELY "BHL PARTIES") SHALL BE LIABLE FOR ANY INCIDENTAL, INDIRECT, SPECIAL, EXEMPLARY OR CONSEQUENTIAL DAMAGES, INCLUDING BUT NOT LIMITED TO LOST PROFITS, TIME, SAVINGS, DATA, OR GOODWILL, DAMAGES ARISING FROM USE OF OR INABILITY TO USE THE APPLICATION(S) OR SERVICES, OR COST OF REPLACEMENT APPLICATION(S) OR SERVICES, WHETHER FORESEEABLE OR UNFORESEEABLE, THAT MAY ARISE OUT OF OR IN CONNECTION WITH THE APPLICATION(S), SERVICES OR OTHERWISE RELATING TO THE SUBJECT MATTER OF THIS AGREEMENT, REGARDLESS OF WHETHER SUCH DAMAGES ARE BASED IN CONTRACT, TORT (INCLUDING NEGLIGENCE), WARRANTY, STRICT LIABILITY, PRODUCTS LIABILITY OR OTHERWISE, EVEN IF IT HAS OR THEY HAVE BEEN NOTIFIED OF THE POSSIBILITY OR LIKELIHOOD OF SUCH DAMAGES OCCURRING. THE MAXIMUM AGGREGATE LIABILITY OF EACH PARTY IN ALL EVENTS SHALL BE LIMITED TO $150,000.

13. General.

a. *Relationship of Parties.* The relationship of the parties is that of independent contractors, and this Agreement shall not be construed to create any employment relationship, partnership, joint venture, or agency relationship or to authorize any party to enter into any commitment or agreement binding on the other party.

b. *Publicity*. Intentionally deleted.

c. *Equitable Remedies*. The parties agrees that any threatened or actual breach of Proprietary Rights by the other shall constitute immediate, irreparable harm to such party for which monetary damages is an inadequate remedy and for which equitable remedies may be awarded by a court of competent jurisdiction without requiring the party to post any bond or any other security (or if a court shall require a bond, then a bond in no amount above U.S. $1 ,000). Nothing contained herein shall limit either party's right to any remedies at law, including the recovery of damages for breach of this Agreement.

d. *Assignment*. The parties' rights under this Agreement may not be assigned, sublicensed or otherwise transferred voluntarily whether by operation of law (e.g. in connection with a merger) or otherwise, without the other party's prior written consent which consent may not be unreasonably withheld, conditioned or delayed.

e. *Binding Effect*. This Agreement shall be binding upon, and inure to the benefit of the parties, their legal representatives, successors, and assigns as permitted by this Agreement.

f. *Force Majeure*. Except for any payment obligations hereunder, neither party shall be liable for failure to perform any of its respective obligations hereunder if such failure is caused by an event outside its reasonable control, including but not limited to, an act of God, war, or natural disaster.

g. *No Waiver*. No delay or failure in exercising any right hereunder and no partial or single exercise thereof shall be deemed to constitute a waiver of such right or any other rights hereunder. No consent to a breach of any express or implied term of this Agreement shall constitute a consent to any prior or subsequent breach.

h. *Amendments*. No modifications, waivers, additions, or amendments to this Agreement shall be effective unless made in writing as an addendum to this Agreement and signed by handwritten signature by duly authorized representatives of the parties.

i. *Counterparts*. This Agreement may be executed in one or more counterparts, each of which shall for all purposes be deemed to be an original and all of which shall constitute the same instrument.

j. *Severability*. If any provision hereof is declared invalid by a court of competent jurisdiction, such provision shall be ineffective only to the extent of such invalidity, so that the remainder of that provision and all remaining provisions of this Agreement shall be valid and enforceable to the fullest extent permitted by applicable law.

k. *Construction*. Should any provision of this Agreement require judicial interpretation, the parties agree that the court interpreting or construing the same shall not apply a presumption that this Agreement shall be more strictly construed against one party than the other.

l. *Notices*. All notices required to be given hereunder shall be given in writing and shall be delivered either by hand, by certified mail with proper postage affixed thereto, or by facsimile (with confirmation copy sent by certified mail) addressed to the signatory at the address set forth below the signature line, or such other person and address as may be designated from time to time in writing. All such communications shall be deemed received by the other party upon the earlier of actual receipt or actual delivery.

n. Governing Law; Venue. This Agreement shall be governed by and construed in accordance with the laws of the State of Maryland, without regard to its rules regarding conflict of laws. The parties agree that this Agreement does not involve the sale of goods and that neither the Uniform Commercial Code as enacted in any jurisdiction, or any similar statutes concerning the sale of goods, nor the United Nations Convention on the International Sale of Goods shall apply to this Agreement. The parties further agree that any legal action or proceeding relating to this Agreement will be instituted in the state or federal courts located in Baltimore City, Maryland, and the parties hereby waive any defense of lack of personal jurisdiction, forum non conveniens or similar defenses relating to such venue.

[SIGNATURES ON FOLLOWING PAGE]

B. Attachment B: GBRICS Crisis System Standards

Greater Baltimore Regional Integrated Crisis System

Crisis Response System Standards DRAFT

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 in Baltimore City and 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, 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.

A major task of the GBRICS Partnership in Year One (2021) of the project was to engage stakeholders in developing regional Mobile Crisis Team (MCT) standards. These standards will be applied to the MCT services that are funded through GBRICS and to the extent possible by locally funded contracts for crisis services. Through the process of creating the MCT standards, the stakeholders realized there was a need for standards for the entire crisis system in addition to specific standards for MCTs (the Comprehensive Call Center, which is part of the GBRICS project, will follow National Suicide Prevention Hotline standards[1]). This document includes both crisis system standards and MCT standards.

Purpose of the standards

The establishment of standards provides an opportunity to create greater consistency with the implementation of crisis services across the region, an expectation of quality for these services, and better accountability. The standards were created to serve the following purposes:

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

- Create a structure for accountability and performance monitoring of the entire crisis system, whether grant funded or funded through the state's Medicaid system.
- Serve as the basis for evaluating competitive bids for MCT services and auditing individual MCT providers.
- Provide specific guidance on the implementation of the clinician/peer model of MCTs, which is a new model for most jurisdictions in the region.
- Support high-quality MCT services that can operate across jurisdictional boundaries.
- Serve as a starting point for the state to build from in creating consistency in crisis services across Maryland, which is needed to seek reimbursement from third party payors like Medicaid.

How the standards were developed

Behavioral Health System Baltimore (BHSB), a non-profit that serves as the Local Behavioral Health Authority for Baltimore City and the Regional Administrative Manager for the project, convened a MCT Work Group whose primary task was the development of the Crisis Response System Standards contained in this document. The MCT Work Group met over the course of six months in 2021 and consisted of over 50 individuals representing community members, people with lived experience, representatives from service providers in each of the jurisdictions, and staff representing local jurisdictions including the Local Behavioral Health Authorities.

The standards were developed through the following steps:

- **Creating shared understanding.** The first step for the Work Group was to develop a shared understanding of the service values on which the standards will be based.
- **Best practice research**. 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). We also incorporated the definition of a "Medicaid Qualifying Community-based Mobile Crisis Intervention" from Section 9813 of the American Rescue Plan into the standards.[2] The complete bibliography of all sources used in the development of the standards is at the end of this document.
- **An Environmental Scan of current MCT services.** The Work Group conducted an environmental scan to provide a landscape review of how MCT services operate across the four-jurisdiction region. The scan involved a survey tool that was administered to MCT service providers in the region. The Work Group looked at a draft national environmental scan questionnaire developed by Preston Looper and Matthew Goldman (Crisis Talk, 2021) and modified the draft scan to meet the unique needs of the region. The results of the scan were discussed at Work Group meetings to inform the development of the standards.
- **Writing of draft standards.** BHSB synthesized information from the research, environmental scan, and input from the Work Group to craft the draft Crisis Services Standards document, which was shared with the Work Group. In fall of 2021, BHSB staff will present the draft standards to the

[2] Section 9813 of the American Rescue Plan

GBRICS Community Engagement Committee (comprised of over 50 community members) and the GBRICS Council for feedback. The MCT Work Group will then discuss the feedback and make adjustments.

- **Coordinate with the Behavioral Health Administration.** The GBRICS Partnership has been collaborating closely with the Behavioral Health Administration (BHA) throughout the development process for the standards. BHSB will collaborate with BHA on implementation of the standards once they are final.

Crisis System Standards

The Crisis System Standards were developed to identify system-level expectations for the continuum of crisis services. The implementation of the system standards will be supported by Local Behavioral Health Authorities (LBHAs), the system managers for the public behavioral health system.

Crisis Care Continuum Description

1. Available 24 hours a day, every day of the year.[3]
2. Is integrated, serving people with mental health and substance use concerns.
3. Serves all levels of acuity. People in crisis at all levels of risk for violence to self or others are served by the continuum through a formal risk assessment.
4. Responds to all ages in a developmentally appropriate way.
5. Has capacity to serve people with concomitant need: intellectual and developmental disabilities (IDD), physical illness, LGBTQ, English as a second language, Deaf/hard of hearing, immigrant/refugees, domestic violence (DV), homelessness, and criminal justice involvement.
6. The crisis system is integrated with the broader behavioral health system so that individuals with lower acuity needs can be connected directly to ongoing care, reserving more intensive crisis services for those with higher acuity needs.

System Accountability

1. Has an established set of system and program performance metrics and ensure they are measured and reviewed regularly.
2. Implements a regular, system-wide performance review process to identify system breakdowns and access barriers, conduct collaborative problem-solving to address the identified challenges and improve consumer care, and ensure that residents are served in an equitable and developmentally appropriate manner. Consumers and family members of consumers will be involved in the system-wide performance review process.
3. Collaborative review process to analyze aggregate data on emergency petitions, conduct case reviews, and review sentinel events to look for inequities and opportunities for system improvements.
4. Ensures there are regular contract audits and programmatic monitoring processes.

[3] Language is from: State Option to Provide Qualifying Community-Based Mobile Crisis Intervention, Section 9813 of the American Rescue Plan

5. Ensures there is a consumer quality oversight process to assess the satisfaction of individuals and families with the services they've received to improve quality of care. Also ensures there is an opportunity for referral sources and other system partners, such as law enforcement and hospitals, to give feedback on the quality of care.

Collaboration

1. Strong relationships with relevant community partners, including medical and behavioral health providers,[4] street outreach teams, peer workers, consumer and family groups, primary care providers, community health centers, crisis respite, and managed care organizations.[5]
2. Strong partnership with law enforcement and 911 to promote criminal justice system diversion, including Memorandum of Understanding when appropriate. Law enforcement consultation for threat assessments.
3. Strong partnership with local hospitals to promote diversion and ongoing connection to behavioral health services in the community for people being discharged from the ED or hospital.
4. Strong partnership with the schools, including Memorandum of Understanding when appropriate.
5. Strong partnerships with existing street outreach/homeless outreach/harm reduction teams.

Mobile Crisis Team Standards

The Mobile Crisis Team Standards were developed to be applied to MCT programs. MCT programs will be contractually obligated to apply these standards to their service delivery. LBHAs will monitor and support programs to implement the standards and conduct audits annually.

Service Competencies

1. Universal competencies: welcoming, hopeful, safe, trauma-informed, culturally affirming.
2. Competency in information sharing, including coordination of care and information sharing in a life-threatening emergency. Maintains the privacy and confidentiality of patient information consistent with Federal and State requirements.[6]
3. Consumers are asked about Wellness Recovery Action Plan (WRAP) crisis plans and psychiatric advanced directives.
4. Integrated assessment tools for the whole continuum.
5. Maximizing trust and minimizing restraint.
6. Suicide risk screening and intervention.
7. Violence risk screening/threat assessment.
8. Substance use disorder triage and screening.
9. Follow-up within 72 hours and until the person is connected to ongoing care (up to 3 months).

Staffing

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[4] Ibid.
[5] Ibid.
[6] Ibid.

1. At least 1 behavioral health care professional who is capable of conducting an assessment of the individual, in accordance with the professional's permitted scope of practice under State law.[7]
2. Other professionals or paraprofessionals with appropriate expertise in behavioral health crisis response, including nurses, social workers, peer support specialists.[8]
3. Nurses on staff for medical clearance.
4. Access to consultation by a behavioral health prescriber either in person or through Telehealth.
5. The crisis system will provide access to consultation for crisis providers throughout the continuum by a Board-Certified Behavioral Analyst for crisis involving consumers with Intellectual or Developmental Disabilities
6. Expertise on staff or consultation available in the following areas: Child and adolescent, geriatric, trauma informed care, cultural competence, immigrants/refugees, Medically Assisted Treatment, eating disorders, forensic.
7. Peer support throughout the continuum.
    a. Peers on staff who reflect the community served: young adult peers, family/caregiver peers, LGBTQ peers, peers with shared culture.
    b. Peers report directly to a Lead Peer (not a clinician) and are given the opportunity to work with peer-led organizations for support.
    c. There is a paid pathway for peers to become Certified Peer Recovery Specialists (CPRS) if the certification is required for reimbursement of services.
8. Human Resources policies support addressing secondary trauma through promoting regular check-ins with supervisors and proactive monitoring for burn-out or secondary trauma.
9. Supervisors available during all shifts to support staff and resolve consumer/community complaints.

Practice Guidelines

MCT Programs need to apply the following practice guidelines:

1. Criteria for emergency petitions.
    a. Criteria for emergency petitions with a formal assessment for deciding whether an emergency petition is needed. Guidelines need to consider relevant state laws, promotion of engagement, shared decision making, notifying consumers of their rights, and using emergency petitions proactively to prevent tragedy. MCT providers should identify natural support systems.
    b. Emergency petitions require supervisory review and tracking.
    c. Training on this guideline should include peers and family members who can talk about lived experience with emergency petitions.
2. Effectively engaging with families and other collateral support people during a crisis.
    a. All staff are trained to regard family members and collateral support people as priority customers in crisis situations. Staff demonstrate competency in routine engagement of all people who provide collateral support to the client, know how to gather information

[7] Ibid.
[8] Ibid.

in the absence of a signed disclosure and show consistent positive regard for family members and other collaterals.

b. Disposition is never complete without involvement of support people and provision for their ongoing needs. Families should also receive ongoing supports following an acute crisis. This should include:
    i. Invitation to be part of treatment interventions, problem-solving and disposition planning.
    ii. Psychoeducation from the crisis response team, including answering family questions, as well as connection with community resources including the National Alliance on Mental Illness (NAMI).

c. Staff are expected to continually revisit initial denials of consent of inclusion of family members and other support people to emphasize the importance of family and collateral contact participation in crisis services planning.

3. Information sharing with families and other community, natural and professional supports.
    a. All confidentiality regulations permit communication with collateral support people without release when such communication is necessary for assessment and intervention in a potentially harmful crisis or life-threatening emergency. Communication with collateral contacts is an expectation.
    b. Even in the absence of a life-threatening emergency, crisis providers can facilitate the receipt of information from collateral contacts, even without permission to disclose information.
    c. Guidelines are developed to ensure the confidentiality of adolescent health records in compliance with state and federal laws (e.g., 21st Century Cures Act and Health Insurance Portability and Accountability Act)
4. Working with children, youth and families:
    a. Dedicated teams for children, youth and families (for children/young adults under 25), with intensive training for these teams.
    b. Close coordination with individual schools, school systems, child welfare and juvenile justice systems, as well as higher education institutions for young adults. Coordination includes providing clear information to entities about what the agency and child/young adult/family can expect when engaging a mobile crisis team.
    c. Incorporate Family Support Peer Specialists and Youth Peers into the teams (clinician and peer model).
    d. Provide follow-up services: first follow-up no later than 72 hours and second follow-up within 2 weeks.
    e. Establish a low-barrier process for dispatching mobile teams for children and young adults based on a standardized assessment.
    f. Send a MCT team to every call from individual schools or school system.
5. Additional practice guidelines will need to be developed for the following:
    a. Use of WRAP crisis plans and psychiatric advanced directives.
    b. Standards for follow-up care, with enhanced follow-up services for vulnerable groups such as children, youth, older adults, and people with Intellectual or Developmental

Disabilities or other cognitive disabilities, including linking to intensive case management services when indicated.

c. Harm reduction services (for example, providing naloxone) are provided to people who need it.
d. Transporting consumers.
e. Guidelines for working with consumers with:
    i. co-occurring mental illness and substance use disorder
    ii. co-occurring medical illness
    iii. cognitive disabilities (Intellectual/Developmental Disabilities, Traumatic Brain Injury, Dementia). iv. People with visual or physical disabilities.
    v. LGBTQ consumers
    vi. Veterans
f. Reporting abuse and neglect of children and vulnerable adults
g. Extreme Risk Protective Orders (petitioning for people found to be dangerous to themselves or others from temporarily purchasing or possessing firearms).
h. Language access:
i. Cultural/linguistic/immigrant capacity. Services provided in at least two primary languages in the community, with 24-hour language line access for languages not served by staff.
    ii. Capability to serve Deaf/Hard of Hearing people through the use of clinicians or peers who are fluent in ASL, use of a Deaf Interpreter, video relay system or video remote interpreting, and/or speech-to-text/captioning services. Respect for communication preferences and acknowledge the spectrum of language use and variation in hearing and literacy levels.

Training

Consumers and family members of consumers participate in developing and presenting training.

Onboarding and annual training in:

1. Trauma-informed care, de-escalation strategies, and harm reduction.[9]
2. Recognizing medical emergencies (for non-medical staff).
3. Self-care.
4. Cultural humility and anti-racism.
5. Training on the standards (including services for special populations) listed above.

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C. Attachment C: GBRICS Region

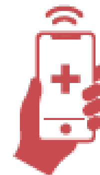
GBRICS PARTNERSHIP
GREATER BALTIMORE REGIONAL INTEGRATED CRISIS SYSTEM

SNAPSHOT OF THE GBRICS REGION

The Greater Baltimore Regional Integrated Crisis System (GBRICS) Partnership will expand and strengthen behavioral health crisis services across four jurisdictions: Baltimore City, Baltimore County, Carroll County, and Howard County. **The region represents a significant portion of Maryland residents:**

A combined population of
1.94 MILLION RESIDENTS,
30% of the state's population

More than **58,000**
ANNUAL VISITS
to hospital Emergency Departments (ED) with behavioral health as a primary diagnosis, 45% of statewide totals.



Nearly **11,500**
MOBILE CRISIS
responses, which is only 20% of estimated need.

KEY INITIATIVES

GBRICS will build upon existing crisis services to better coordinate crisis response and strengthen capacity**. It will focus on three key initiatives:**

1. Establish a regional, comprehensive call center that can dispatch services more quickly.
2. Increase mobile crisis team capacity in the region to 55,000–60,000 annual visits, a 230% expansion of existing teams.
3. Partner with existing outpatient behavioral health providers to provide same day virtual or walk-in services for psychiatry, counseling, substance use treatment, and other stabilization services.

Snapshot of County/City Residents and Crisis Services within the Public Behavioral Health System

BALTIMORE CITY

Population: 593,490

Racial/Ethnic Makeup:
63% Black, 28% White,
6% Hispanic, 3% Asian

Immigrant Pop:
8% foreign born

Disability Status:
12% under age 65

Poverty Rate: 20%

Land Area: 81 square miles

Baltimore City provides adult crisis response services through Baltimore Crisis Response, Inc. (BCRI). They offer 24/7 coverage and operate 6.4 mobile crisis teams daily on average. BCRI also operates a crisis stabilization center with 21 beds. In addition to BCRI, there is the Tuerk House Stabilization Center that operates 30 crisis beds for those experiencing a substance use crisis such as an overdose. Baltimore Child and Adolescent Response System (BCARS) is the youth crisis services provider for the City, working to promote family preservation, stabilize a child placement, and providing mobile crisis response within the school system and to youth in foster care.

Baltimore City's population has tremendous need, with an estimated 73,213 crisis episodes a year. The incidence of behavioral health ED visits, behavioral health 911 calls, and overdoses are all higher than other GBRICS jurisdictions. There is a greater concentration of poverty and historic racial inequities as well. GBRICS plans to fund a five-fold increase in the number of mobile crisis teams to meet this need.

BALTIMORE COUNTY

Population: 827,370

Racial/Ethnic Makeup:
56% White, 30% Black
6% Hispanic, 6% Asian

Immigrant Pop:
13% foreign born

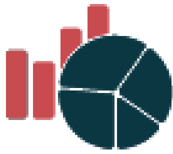
Disability Status:
8% under age 65

Poverty Rate: 9%

Land Area: 598 square miles

Baltimore County provides crisis response through Affiliated Sante' Group (ASG). They operate a co-responder model where mobile crisis teams partner with the Baltimore County Police Department. This model allows for six daily mobile crisis teams on average and 24/7 coverage. In FY22, the number of teams will increase to nine. In addition to mobile crisis, ASG provides urgent care, in-home intervention teams, a 24/7 hotline, and an expansion in FY22 to include ASG clinicians at the Baltimore County 911 Call Center. There is one mental health residential crisis center program with 20 beds but no residential crisis programs focused on substance use disorders (SUD).

Baltimore County has the largest population and land area of all the GBRICS jurisdictions. Its geography borders Baltimore City on three sides makes coverage challenging. There is a significant need for crisis response in Baltimore County's population, with an estimated 43,207 crisis episodes a year. GBRICS plans to fund a three-fold increase in the number of mobile crisis teams to address this need.



SNAPSHOT OF COUNTY/CITY RESIDENTS AND CRISIS SERVICES WITHIN THE PUBLIC BEHAVIORAL HEALTH SYSTEM

CARROLL COUNTY

Population: 168,447

Racial/Ethnic Makeup:
88% White, 4% Black,
4% Hispanic, 2% Asian

Immigrant Pop:
4% foreign born

Disability Status:
8% under age 65

Poverty Rate: 5%

Land Area: 448 square miles

Carroll County provides crisis response and operates their hotline through Affiliated Sante Group. Carroll County crisis response uses a model that dispatches a clinician and a peer recovery support specialist. Sante currently has two mobile crisis teams and provides 14 hours of coverage daily, none overnight. There are two community facilities focused on substance use disorders in the County: Mountain Manor is a six-bed behavioral health triage center and Shoemaker Center is a residential treatment center.

Carroll County is the most rural and sparsely populated GBRICS jurisdiction. This population has an estimated 3,751 crisis episodes a year. GBRICS plans to add one additional mobile crisis team to address these needs.

HOWARD COUNTY

Population: 325,690

Racial/Ethnic Makeup:
50% White, 20% Black
20% Asian, 7% Hispanic

Immigrant Pop:
21% foreign born

Disability Status:
5% under age 65

Poverty Rate: 5%

Land Area: 251 square miles

Howard County currently provides crisis response through Grassroots, Inc. They operate a 24/7 crisis hotline and three mobile crisis teams daily from 8am to 11pm. They do not provide coverage overnight but partner closely with 911 and the Howard County Police Department. Grassroots also has a specialized team that responds to calls in schools. Grassroots operates an eight-bed substance use disorder crisis stabilization center, and two organizations provide mental health crisis stabilization (WayStation and Safe Journey).

Howard County has a high proportion of foreign born and limited English-speaking residents. The population has an estimated 7,675 crisis episodes a year. GBRICS plans to increase mobile crisis team capacity by 50% to address these needs.