

BALTIMORE COUNTY CRISIS RESPONSE SYSTEM



BEHAVIORAL HEALTH PILOT



Behavioral Health Pilot

Purpose

- Reduce incidents of conflict, arrest, prosecution, and commitment through effective diversion from the criminal justice and emergency medical systems
- Reduce incidents of crisis through improved connections to effective behavioral health care and resources
- Address the increased need for public behavioral health services resulting from the COVID-19 Pandemic



Background

Mobile Crisis Team

- Baltimore County Police Department & Health Department Partnership
 - History
 - Co-responder Model
- Previous Success
- Capacity Limitations



Approach

- Increase the capacity of the Mobile Crisis Team (MCT)
- Enhance early diversion opportunities at the 9-1-1 Center through Call Center Clinicians (CCC)
 - Currently call screening has limited capacity to divert calls from the police dispatch process
- Increase the ability to accept community referrals for persons in crisis
 - Proactive vs Reactive response and resources



Increasing Capacity & Investment

Increased Capacity

- Increase day and evening shifts to 3 teams
- Expand total capacity
- Reduce patrol officer response

Investment

- Police Department
 - Additional Sworn Personnel: 4 officers, 1 analyst, 2 sergeants
 - Logistics: computers, phones, radios, vehicles, equipment
- Health Department
 - Additional Clinical Staff: 3.15 FTE clinicians, 1 supervisor
 - Logistics: computers, equipment, licensing, indirect



Call Center: Diversion & Investment

Early Diversion

- Operate within the 9-1-1 Center for day and evening shifts
- Handle non-violent behavioral health calls-for-service through telephone contact and connection to alternate services

Investment

- Health Department
 - Additional Clinical Staff: 3.15 FTE clinicians, 1 supervisor
 - Logistics: computers, equipment, licensing, indirect



BC Crisis Response System

Objectives

- Provide Accessible, Coordinated and Comprehensive behavioral health services
- Fill service gaps
- Offer alternative to emergency room care

Service Components

- Mobile Crisis Team
- Hotline/Operation Center
- In-Home Intervention Team
- Urgent Care Center
- Critical Incident Stress Management
- Community Education
- Crisis Intervention Team Training



Pandemic

Contributing Factors to Decline in Mental Health

- Increased stress
- Social Isolation/Loneliness
- Trauma
- Environmental factors
- Economic decline/Poverty
- Bereavement



Pandemic

FY 2020 Data

- 5,513 BC residents accessed inpatient/ emergency department care for suicide/self harm concerns
- Individuals 18 to 24 represented 12.7% of total visits
- MDH data show upward trend of intentional self-harm by individuals ages 10 to 19
- BC Child Fatality Review recorded increase in youth suicide deaths (surpassing homicide and accidental deaths)
- Black youth suicide trend line increased above that of white youth suicide trend line



Financial Investment

Police Department

- Personnel Salaries: 4 police officers, 1 analyst, 2 sergeants
- Logistics: computers, phones, radios, vehicles

\$ 520,634

\$410,014

\$110,620

Health Department

- Clinical Staff Salaries: 6.30 FTE clinicians, 1 supervisor
- Logistics: computers, equipment, licensing, fringe, indirect

\$1,138,275

\$813,541

\$324,734

Total Investment

\$1,658,909