Maryland Crisis Hotline Operations Workgroup
Final Report to Barbara J. Bazron, Ph.D.
July 31, 2017

Background: The Maryland Crisis Hotline Operations Workgroup (Workgroup) was created to develop recommendations regarding the purpose of the Maryland Crisis Hotline (MCH), what services it should provide, how it should be structured, and how it should function. This report includes recommendations that may be used to inform decisions related to function; model; services to be delivered; staffing; technology; data to be collected, budget; training; and timeline considerations. These recommendations may result in improved access to life saving information, intervention, and connection to appropriate community resources for suicide prevention, substance use and mental health disorders services.

Process: The Workgroup met four times between March and June, 2017. The meetings were very well attended, with an average attendance for each meeting of 25 participants. The Charter document identified the following tasks for the Workgroup:

- overview of MCH procedures, practices and current model;
- review of current best practice for crisis hotline services;
- development of recommendation related to service delivery model, staffing, and ideal functions for hotline;
- development of recommendations related to relationship/connection to functions such as family navigation, peer services, mobile crisis teams, potential crisis or behavioral health treatment bed registries; and
- development of technology and data collection recommendations.

The Workgroup used a structured process to develop recommendations, which included evaluation and discussion of required or potential activities or structure within broad categories, including caller services; standards; coordination; and technology. Initial recommendations were developed by the workgroup during this three-month process, reviewed by BHA, and then presented to community stakeholders for comments and/or additional recommendations. Any additional recommendations were considered by the Workgroup during the final meeting, which resulted in an amended set of recommendations.

Recommendations are separated in to two categories, those specific to the operations of the MCH and those related to the overall access and availability of services in the system of care. Recommendations in the second area were developed based on the MCH workgroup's recognition that MCH referrals are limited by the services available in the community. Although these recommendations do not fall under the responsibility of the MCH, they are included because the members agreed they are integral to the optimal functioning of the MCH.

Final Workgroup Recommendations:

I. Maryland Crisis Hotline-Specific Operations

The MCH Workgroup recommends that:

- a sub-committee of the MCH workgroup continue to explore the availability and utility of Evidence Based (EB) screening tools for Substance Use Disorder (SUD), Mental Health (MH), cognitive or intellectual functioning, infectious disease and acute somatic conditions,
    - the sub-committee will assess screening tools the MCH's are currently using, and research availability of additional EB tools needed to screen for cognitive/ intellectual functioning, infectious disease, and acute somatic conditions appropriate across the lifespan. The goal is to provide each MCH provider with a standard, integrated tool-kit in order to ensure quality and consistency across the MCH system,
    - BHA will also focus on the evidence-based screening processes to ensure the MCH has the ability and tools to provide the required screening;

- chat and text services are made available to consumers on a full time basis, rather than the part time hours currently funded. Increasing this level of service would require additional funding for MCH providers;

- the Maryland Crisis Hotline have a recognizable logo, number, branding, and centralized marketing,
    - this should include rebranding of the MCH run mdhelp4youth.org chat site,
    - selected number/logo should be encouraging to callers with varying types of SUD/mental health type crisis;

- public relations/outreach regarding MCH services be centralized and promoted at the state level,
    - promotional materials for all state agencies/websites should contain the MCH number,
    - promotion of information regarding the MCH be made part of COA for all BHA providers,
    - BHA should discuss MCH promotion efforts with other state agencies;

- callers be provided information about what to expect when attempting to access service at an emergency department or within the treatment system, based on caller needs, and MCH provider's knowledge of current statewide resources**;**

- a feedback loop be established between MCH providers, Local Addictions Authorities, the Behavioral Health Administration (BHA), Maryland Coalition of Families, and Maryland Department of Health communications office related to information on availability and access to current statewide resources;

- BHA and MCH providers review and update training plans for all crisis calls, including for callers across the lifespan with SUD, mental health or co-occurring disorders,
    - current condition of award standards for repeated and current training in suicide assessment would also apply to substance use, mental health , and co-occurring disorder screening and referral;

- MCH provides callers with access to peer and other recovery support services where available;

- a sub-committee of the MCH workgroup be formed to look at current data collection process for calls, chat & text, with the intention of standardizing data definitions, elements, outcomes and caller satisfaction measures. This is intended to be a time limited sub-committee to review and develop consistent data reporting metrics for MCH providers,
    - procedures to be developed would include training and QA for the data reporting process,
    - sub-committee to consider what other external data would be available and appropriate to collect.

II. Access to and availability of services in the system of care-

The MCH Workgroup strongly requested that BHA address barriers to available triage and response services needed by callers. Specially, the workgroup recommended that:

- BHA coordinates with the State Behavioral Health Advisory Committee (BHAC) strategic planning for statewide mobile and walk in crisis services, and requirements within the Hope Act for walk-in crisis assessment;

- additional resources be made available to increase access to and availability of walk-in and mobile crisis services, following best practices of providing services regionally;

- criteria be developed regarding when to initiate and respond with mobile crisis for a substance use disorder-(SUD) related crisis;

- mobile crisis teams be accredited and trained to respond to a substance use, mental health or co-occurring disorder related crisis call in order to assist individuals or family members with urgent decisions regarding appropriate level of care triage and placement**;**

- tele-health be available for SUD related crisis in rural areas via regional crisis centers;

- BHA determine how to best address identified need to coordinate with emergency or police departments to create a uniform statewide response to all requests by MCH call specialist to investigate potential suicides relayed to call specialists via call/chat/text, and for unified protocol when forwarding a 911 call to a MCH provider;

- capacity for peer and other recovery support services be increased (peer support hotline, etc.)

Next Steps:

- BHA staff will provide each MCH provider with a standard, integrated tool-kit intended to ensure quality and consistency across the MCH system. Staff will provide technical assistance and training as necessary to ensure the MCH has the ability and tools to provide screening as required in the HOPE bill.

- BHA staff recently developed MCH promotional materials that encompass a standard name, ginkgo tree leaf logo, phone number, and a reference to the downloadable app "There is Hope". The logo is encouraging to callers with varying types of substance use or mental health crises. New cards and magnets have been provided to the MCH Directors, the University of Maryland SPIN staff, and the Governor's Suicide Commission for distribution to the public. A public relations plan will be developed to include the MCH run mdhelp4youth.org chat site, and to determine how to best ensure that public relations/outreach regarding MCH services be promoted at the state level.

- BHA staff have requested information from MCE providers regarding the cost and preferred mechanisms to operate crisis text and chat on a 24/7 basis. Once received, BHA will determine next steps.

- BHA staff will coordinate with the MCH providers to develop a plan to provide callers with information about what to expect when attempting to access service at an emergency department or within the treatment system; provide callers with access to peer and other

recovery support services where available; and to establish a feedback loop related to information on availability and access to current statewide resources.

- BHA staff will review MCH training plans for callers across the lifespan with SUD, mental health or co-occurring disorders, and request updates as necessary.

- BHA staff will create a time limited sub-committee to review data collection needs and processes for calls, chat & text, with the intention of standardizing data definitions, elements, outcomes and caller satisfaction measures. Staff will provide technical assistance and training as necessary to ensure each MCH provider has the tools and ability to collect designated data elements.

Workgroup Membership:

Behavioral Health Administration (BHA)	Kathleen Rebbert-Franklin, Chair	kathleen.rebbert-franklin@maryland.gov
BHA Health Promotion and Prevention (HP&P)	Laura Burns-Heffner, Workgroup Staff	laura.burns-heffner@maryland.gov
BHA HP&P	Mary Viggiani	Mary.viggiani@maryland.gov
BHA HP&P	Susan Jenkins	Sue.jenkins@maryland.gov
BHA HP&P	Barry Page	b.page@maryland.gov
BHA Clinical Services	Darren McGregor	Darren.mcgregor@maryland.gov
BHA Consumer Affairs	Adelaide Weber	adelaide.weber@maryland.gov
Department of Health and Mental Hygiene (DHMH)	Chris Garrett	christopher.garrett@maryland.gov
Anne Arundel Co. Mental Health	Chelsea Bednarczyk	cbednarczyk@aamental health.org
Baltimore Crisis Response, Inc. (current hotline provider)	Linda Fauntleroy/Quinita Garrett	lfauntleroy@bcresponse.org qgarrett@bcresponse.org
Behavioral Health Systems Baltimore, BHSB	Adrienne Breidenstine	adrienne.breidenstine@bhsbaltimore.org
Community Behavioral Health Association of Maryland (CBH)	Shannon Hall	Shannon@mdcbh.org
Community Crisis Services (current hotline provider)	Timothy Jansen	Timj@ccsimd.org
Maryland Heroin Awareness Advocates	Patricia Miedusiewski	pmiedusiewski@aol.com
Every Mind (former MHA of MC, current MD chat provider)	Rachel Larkin	RLarkin@every-mind.org
Grassroots, Inc. (current hotline provider)	Katie Dant	katieda@grassrootscrisis.org

Life Crisis Center, Inc. (current hotline provider)	Jennifer Kelley Dail, or designee	jkelley@lifecrisiscenter.org
Maryland Addiction Directors Council (MADC)	Kim Wireman	kwireman@powellrecovery.com
Maryland Association of County Health Officers (MACHO)	Jinlene Chan/Ruth Maiorana	Hdchan22@aacounty.org
Maryland Association of Behavioral Health Authorities (MABHA)	Holly Ireland Robert Pitcher/Pippa McCullough	hireland@midshorebehavioralhealth.org rap@mhma.net pmccullough@mhma.net
Maryland Coalition for Families (MCF)	Trish Todd	ttodd@mdcoalition.org
MCF Family Peer Support Specialist & family member	Beth Schmidt	bschmidt@mdcoalition.org
Mental Health Association of Frederick County (current hotline provider)	Suzi Borg	sborg@fcmha.org
Mental Health Association of Maryland (MHAMD)	Dan Martin	dmartin@mhamd.org
The National Alliance on Mental Illness (NAMI)	Kate Farinholt	kfarinholt@namimd.org
National Council on Alcoholism and Drug Dependence of Maryland (NCADD-Maryland)	Nancy Rosen-Cohen/ John Winslow	nancy@ncaddmaryland.org