



BEHAVIORAL HEALTH CRISIS REFERRAL SYSTEM FOR CHILDREN & YOUTH IN BALTIMORE CITY, MD

Report prepared for:

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Project Overview

In collaboration with the National Association of County and City Health Officials (NACCHO) and Baltimore City Health Department's (BCHD) Office of Youth and Trauma Services, a research team from the University of Maryland School of Social Work (UMSSW) reviewed Baltimore City's behavioral health crisis referral system for children and youth. This effort sought to understand both the system in place prior to changes initiated in July 2022 and how ongoing development will address system challenges. This brief report summarizes the methods used to gather information on these topics and provides descriptions of both the Here2Help/Baltimore City Child and Adolescent Response System (hereafter BCARS) and the 9-8-8/Greater Baltimore Regional Integrated Crisis System (hereafter GBRICS). Collectively, these two systems make up the evolving behavioral health crisis referral system for children and youth in Baltimore City at the time of this report. Additionally, our team used the information collected to identify strengths and challenges of BCARS, strengths of GBRICS, and recommendations for GBRICS as this system solidifies referral processes specific to children and youth in crisis.

Methods

This section describes the methods undertaken to develop an understanding of Baltimore City's behavioral health crisis referral system for children and youth. This research was undertaken from February through July 2022.

Here2Help/Baltimore City Child and Adolescent Response System (BCARS)

Regarding BCARS, we first collected information on this system through an online search. A team member then met virtually with a BCARS representative to learn more about BCARS' existing Mobile Response Teams (MRTs) and follow-up for children and youth in crisis. One UMSSW team member had previously utilized BCARS services for youth and provided their perspective based on these experiences. By triangulating information on BCARS from the sources detailed above, we identified strengths and challenges of this system, which are detailed later in this report.

Greater Baltimore Regional Integrated Crisis System (GBRICS)

To better understand changes being made to the behavioral health crisis referral system for children and youth in Baltimore City, we collated and synthesized information from multiple presentations, meetings, webinars, and emails concerning GBRICS' development; online searches; and a virtual meeting with a GBRICS representative. Our team analyzed information from these sources and drew upon our collective professional experience in crisis service delivery, including with children and youth in Baltimore City, to identify strengths of GBRICS and recommendations for GBRICS' as it develops the crisis referral system for children and youth.

Here2Help/Baltimore City Child and Adolescent Response System

Overview

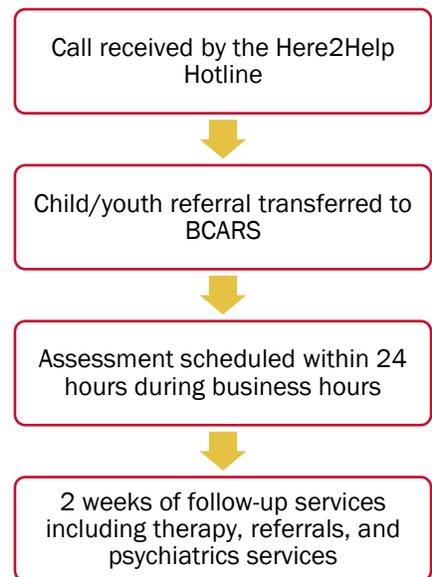
Baltimore City children and youth can access behavioral health crisis services through the Here2Help hotline—a part of Baltimore Crisis Response, Inc. (BCRI)—and BCARS. The Here2Help hotline (410-433-5175 prior to July 2022) accepts calls for all existing crisis response providers, including providers serving young people and/or adults. The Here2Help hotline provides services 24 hours a day, 7 days a week for behavioral health crises by offering phone-based support, crisis intervention, and behavioral health referrals, and by dispatching emergency crisis teams [1,2].

BCARS, which provides services for youth in behavioral health crisis in Baltimore City, receives youth crisis referrals from the Here2Help hotline. BCARS attempts to divert youth from in-patient hospitalization and connects youth and their families to long-term care in the community. The Traditional BCARS program is available to Baltimore City residents under the age of 18 who are uninsured or are insured by Medicaid [3].

After BCARS receives a hotline referral, a BCARS employee calls the referral source (e.g., parent, teacher) and the caregiver, if different than the referral source. Schools and emergency rooms are currently the largest source for youth referrals, with family referrals the next largest source. After communicating with the appropriate contacts, BCARS schedules an in-person assessment with the young person within 24 hours of receiving the referral, Monday-Friday from 8:30am-5:00pm or Wednesday 8:30am-7:00pm. For youth that have medical insurance, a referral is made to their insurance company or to a behavioral health agency. BCARS can complete a brief safety assessment regardless of insurance status when a young person is in crisis at Baltimore City Public Schools. Depending on the age of an adolescent, parental consent may be required for a safety assessment. Figure 1 provides an overview of the BCARS referral process.

The Traditional BCARS program assessment includes a psychosocial assessment and can take place at the BCARS office, virtually, or in the community. After the assessment, youth are assigned a therapist and can receive individual and/or family therapy services for up to 2 weeks in their home, virtually, or in the community. Youth can receive a psychiatric evaluation at the BCARS office or virtually and, if medication is prescribed, a follow-up appointment is scheduled. BCARS has a therapist and supervisor on call at all times for immediate concerns for youth receiving services and will triage concerns until the assigned therapist is available. Throughout service delivery, youth receive referrals for long-term care in the community.

Figure 1. BCARS Referral Process



In addition to the Traditional BCARS program, BCARS maintains the BCARS/Baltimore City Department of Social Services (BCDSS) Stabilization Partnership. This partnership provides crisis services for youth in foster care and family preservation in Baltimore City, with the goal of providing placement stabilization [3]. Referrals are received directly from the BCDSS. Through the BCARS/BCDSS Stabilization Partnership, responses to youth are provided 24 hours a day, 7 days a week, with a typical response time of under 1 hour when a young person is presenting as a danger to themselves or others. Youth are also referred for mental health services, similar to those with the Traditional BCARS program, and if admitted, are assigned a therapist and behavioral specialist. Services include phone, virtual, or in-person support and/or counseling for up to 42 days [3].

System Strengths and Challenges

Information gathered from meetings, presentations, webinars, and online sources as well as our team's collective professional experience were used to identify potential strengths and challenges of BCARS. GBRICS can build on these strengths, and identification of challenges is intended to help inform ongoing development of the child and youth arm of the crisis referral system.

Strengths

Regarding system strengths, Here2Help offered a single hotline number for anyone in Baltimore City in need of behavioral health crisis services. Further, if a youth referral was made, this referral was then directed to a single agency—BCARS. This streamlined process made finding help easier for individuals and families as there was a single phone number for people of all ages to call for help in the event of a crisis.

Additionally, BCARS provides a range of services for young people, including individual and family therapy, psychiatric evaluations, medication prescriptions, and referrals. During COVID-19, BCARS expanded many of these services to be available virtually, further meeting the needs of youth and families in Baltimore City. This wide range of services meets diverse needs of children and youth in crisis. In particular, BCARS offers therapeutic services, which are often overlooked or unavailable in crisis response systems.

Furthermore, BCARS provides an on-call therapist and supervisor 24 hours a day, 7 days a week for immediate concerns until an outside therapist is available for the young person. This model helps ensure the young person has access to around-the-clock services and care. Parents and guardians are also included throughout the process, recognizing the potential importance of these family members as part of a young person's overall support system.

Challenges

As for challenges of BCARS, accessing timely care is a common issue. In this referral system, assessments are available only during the day on weekdays and are completed within 24 hours, based on availability. However, immediate response is needed during a crisis to help ensure safety for both the person in crisis and potentially others. In addition, a young person

can receive services for 2 weeks, with an additional week provided in acute cases. However, at times, this short time frame for finding additional care may result in gaps in services, including in medication oversight or refills, due to difficulties with finding and scheduling new providers.

Additionally, BCARS requires young people in crisis and/or their families to take potentially burdensome steps to access care that may reduce service accessibility for many. In particular, children and youth who have insurance other than federal assistance are referred to their insurance provider or are given therapy referrals rather than connected directly to a service provider. Arranging therapy appointments in this manner typically takes too long for those in crisis, and those in crisis may not have the capacity to take these additional steps to find traditional behavioral health services through insurance or on their own. This practice can lead to law enforcement or emergency service involvement for youth in crisis instead of engagement with therapeutic services. Also, our research indicated that the Here2Help hotline number was not widely known among Baltimore City residents, so those in crisis or those calling for a person in crisis may have had to search for the number during a crisis. Finally, BCARS contacts young people primarily by phone. However, youth often prefer other means of communication and require additional follow-up and methods of contact, such as texting.

Greater Baltimore Regional Integrated Crisis System

Overview

Starting July 16, 2022, the existing hotlines for behavioral health crises in Maryland transitioned to the 9-8-8 Crisis Help Line. 9-8-8 is the phone number for the National Suicide Prevention Lifeline, and services are available 24 hours a day, 7 days a week. Calls to 9-8-8 are directed to local crisis call centers which will provide support, referrals, and launch mobile crisis teams. The phone number “9-8-8” was developed to be both easily recognizable and easy to commit to memory [4].

GBRICS was developed by a coalition of hospitals, local behavioral health authorities, behavioral health experts, and community leaders to reform behavioral health crisis response in Baltimore City, Baltimore County, Carroll County, and Howard County in Maryland [5]. This partnership was funded by the state for 5 years, with a goal to obtain ongoing, sustainable funding to continue their work after the initial 5 years of support [6]. The overall goal of GBRICS is to “...reduce unnecessary emergency department use and police interaction for people in behavioral health crisis,” and GBRICS aims to achieve this goal through a regional call center, Mobile Response Teams (MRTs), walk-in and virtual ongoing behavioral health services, and community engagement and outreach [5, para 2]. These components will be implemented in waves, starting with the regional crisis call center. Behavioral Health System Baltimore (BHSB) is the Regional Administrative Manager providing oversight and project management for the GBRICS partnership [7]. The GBRICS Partnership is overseen by the GBRICS Council, which provides guidance on the strategy, implementation, and future sustainability of the system [5]. Figure 2 describes the groups

formed by GBRICS and their roles system development:

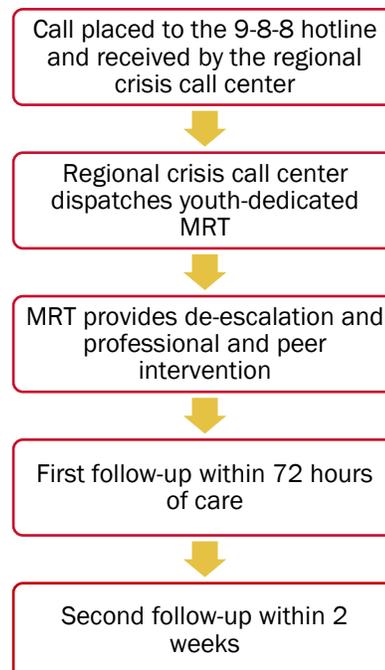
Figure 2. Groups that Helped Develop GBRICS

GBRICS Partnership	GBRICS Council	Community Engagement Committee	Mobile Response Team (MRT) Work Group
<ul style="list-style-type: none"> • Developed and proposed GBRICS • Includes 17 hospitals, 4 Local Behavioral Health Authorities, behavioral health experts, and community leaders 	<ul style="list-style-type: none"> • Guides GBRICS' strategy, implementation, and sustainability • Includes representation from 7 hospitals, 3 behavioral health providers, 3 community advocacy groups, 4 county/city administrators, 2 first responders, and 2 private or public insurers 	<ul style="list-style-type: none"> • Conducted community roundtables and a survey • Included community members, people with lived experience, service providers, Local Behavioral Health Authorities' staff, faith groups, and representatives of school/college systems • Has regional Local Engagement Subcommittees 	<ul style="list-style-type: none"> • Developed Crisis System Standards • Included community members, people with lived experience, service providers, and staff from Local Behavioral Health Authorities

BHSB will select and fund a vendor to act as the regional crisis call center [7]. The 9-8-8 phone number will direct to the call center for counties in the GBRICS area, including Baltimore City [4]. The regional crisis call center will provide support, offer information about community resources, schedule behavioral health appointments, and launch MRTs as needed. GBRICS will implement new software that will allow for real-time data collection on crisis services, such as response time from the time of a call to a visit by an MRT, and follow-up services and linkages to ongoing care [7]. Figure 3 illustrates the GBRICS MRT process from initial phone call through MRT follow-up.

GBRICS will also contract with MRT vendors. GBRICS plans to increase the number of available MRTs to address the existing need for crisis response. MRT members will be required to meet the minimum standard of care per the Substance Abuse and Mental Health Services Administration (SAMHSA) National Guidelines for Behavioral Health Crisis Care. These guidelines require MRT members to be licensed and/or credentialed clinicians, respond to individuals no matter where these

Figure 3. GBRICS Youth Mobile Response Team Process



individuals are located in the community, and connect to people as needed through “warm handoffs” (making direct person-to-person connections), coordinating transportation as needed [7,8]. In addition, in partnership with community members and experts, the MRT Work Group has developed additional Crisis System Standards to provide guidance for the MRTs while the aforementioned 4 Maryland regions adjust to a single model of care. These standards outline that MRTs will attempt to respond to calls within 1 hour with follow-up within 72 hours and for up to 3 months or until the person is connected to ongoing care [9]. Follow-up services will include reviewing safety plans, confirming appointments or community connections, and discussing barriers to care [9]. During the initial funding period, MRT services will be available regardless of insurance status.

In addition to accessing services through the 9-8-8 crisis number and MRTs, GBRICS will expand the availability of same-day, in-person or virtual services for people seeking ongoing behavioral health care. Services will use and expand existing outpatient behavioral health services to include assessment, counseling, medication prescription, referrals to additional care, and/or ongoing treatment. GBRICS funds will be used in a pilot program to fund, educate, and offer technical assistance to existing providers to expand or start offering same-day, immediate-need services [7]. Because same-day services will utilize existing outpatient behavioral health organizations, available times and types (e.g., adult or youth care, mental health or substance use) of appointments will vary based on provider.

Timeline

Over the 5 years of initial GBRICS funding, Baltimore City will transition from the BCARS to the GBRICS behavioral health crisis response systems. This transition began on July 16, 2022 when 9-8-8 became the new phone number for behavioral health crises. This number currently directs to the Here2Help hotline but will direct to the GBRICS regional call center upon its establishment. The former Here2Help number is still operational; however this number redirects to 9-8-8 services and will be phased out over time. GBRICS is being rolled out in stages. Figure 4 describes the originally proposed timeline for GBRICS’ rollout [7]:

Figure 4. Timeline for GBRICS’ Rollout

Year 1 (2021)	Year 2 (2022)	Year 3 (2023)	Years 4&5 (2024-25)
<ul style="list-style-type: none"> • Secure Regional Administrative Manager and other necessary roles • Select regional call center vendor • Hire marketing strategy firm • Develop a structure for community engagement 	<ul style="list-style-type: none"> • Transition to 9-8-8 • Set Crisis System Standards for MRTs • Procure MRT vendor • Start pilot for same day services • Begin marketing 	<ul style="list-style-type: none"> • Expand MRT services to better meet need and to operate 24 hours a day, 7 days a week • Expand and evaluate same day services pilot • Continue community engagement and outreach campaign 	<ul style="list-style-type: none"> • Expand MRT services to meet full need by Year 5 • Expand same day services pilot and finish evaluation • Secure ongoing funding sources

System Strengths

GBRICS aims to build upon strengths and address challenges of the former behavioral health crisis system. Considering the previously specified challenges of BCARS, our team identified strengths of GBRICS related to serving children and youth. Taking into account the various sources of information described earlier, we identified five key strengths: (1) dedicated MRT standards for youth, (2) responsiveness to previous crisis response systems, (3) community involvement, (4) system structure, and (5) recognition of population-specific needs.

First, the Crisis System Standards developed for MRTs detail practice guidelines for working with children, youth, and families. The guidelines outline response times for follow-up (e.g., within 72 hours for first follow-up and 2 weeks for the second follow-up), expectations concerning collaboration with educational and child welfare agencies, and incorporation of peer support for youth and families. In addition, these guidelines establish that specialized youth MRTs with intensive training will respond to calls for young people under age 25, and MRTs will be dispatched for every call from a school or school system [9]. These standards demonstrate GBRICS' recognition that youth have unique needs that require specialized care.

Second, GBRICS is being developed to be responsive to both region-specific challenges and strengths of the pre-existing behavioral health crisis systems in the four regions served by GBRICS. In Baltimore City, GBRICS builds on the strengths of BCARS, while also addressing challenges such as those related to timing, with faster response times; weekend availability for crisis teams; and longer follow-up periods for MRTs. The 9-8-8 Crisis Help Line also provides an easy-to-remember, single phone number for residents of all four service regions, likely making it easier for community members to know how to reach crisis services when in need. Finally, same-day behavioral health services can provide access to care that may result in long-term services from the same therapist, providing continuity of care.

Third, GBRICS has consistently involved members of the community in developing the Crisis System Standards and other system components. For example, a GBRICS Community Engagement Committee conducted roundtables with community residents in GBRICS regions regarding behavioral health crisis needs and responses in their communities [10,13]. These included youth-specific roundtables with the Healing Youth Alliance, a youth-led group focused on addressing effects of trauma and stigma related to mental health treatment for youth [11]. Key findings from these youth conversations highlighted the importance of diverse providers, easily accessible services, and peer treatment and support [12]. The information from these roundtables influenced the development of GBRICS and ways to promote GBRICS in the community. These roundtables also highlighted the importance of youth-specific marketing, particularly by partnering with youth-led organizations in the community [13]. In addition, the Crisis System Standards were developed in collaboration with community members, including people who have personally experienced behavioral health crises [9]. GBRICS acknowledges the importance of the community and its buy-in for GBRICS to be successfully implemented.

Fourth, GBRICS has structural strengths that are likely to help facilitate successful outcomes. The initial funding for GBRICS is for 5 years, allowing a significant amount of time for the development and implementation of integrated services and securing additional funding. Initial funding also includes support for marketing the system to community members, including youth-specific marketing that will be influenced by conversations with the Healing Youth Alliance. GBRICS has partnered with Marketing for Change to complete market research, which has resulted in a proposed communications campaign for the transition to 9-8-8, including a new website, equipping partners with materials, and distributing media toolkits [6]. In addition, by utilizing pre-existing agencies and organizations as vendors, GBRICS will reduce the number of system changes needed for transitioning away from the prior crisis referral systems.

Fifth, GBRICS has acknowledged the importance of population-specific needs in system development. All users will have expanded care options, including access to the crisis line or walk-in behavioral health services, as well as walk-in services in the form of in-person or virtual appointments. The Crisis System Standards also outline population-specific standards for MRTs. These standards require cultural humility and trauma-informed care trainings for all MRTs and require MRTs to have trauma-informed care experts on staff. Multilingual MRT staff will be available to ensure services can be provided in the primary languages spoken in the community, and a 24-hour language line will be accessed to ensure services for individuals who speak languages unknown by staff. Deaf/Hard-of-Hearing clients can be served by MRT staff or peers fluent in ASL, interpreters, a video relay system, or video remote interpreting, and/or speech-to-text/captioning services, with respect for communication preferences of the client [9]. The standards show an acknowledgement of and respect for concerns of various groups in the community who have specialized needs.

Recommendations

Based on information gathered through online research, conversations with crisis referral system representatives, and professional experiences with child and youth behavioral health crisis service delivery, our team developed the following recommendations for GBRICS as youth-centered components of the system are solidified:



Consideration of Child- and Youth-Specific Needs

Consider **child- and youth-specific needs for communication and follow-up** (e.g., options for texting, late night follow-up)

Consider the role of **caregiver/family support and involvement throughout crisis intervention**

Ensure **availability of child- and youth-specialized therapists**



Consideration of Population-specific Needs

Consider **populations with unique needs** in youth crisis care (e.g., undocumented youth, LGBTQIA+ youth)

Consider needs for clients **with intersecting identities** that may impact care

Secure sustainable **funding that includes insured and uninsured populations** in MRT services



Outreach to Youth, Families, and Community Providers

Build **relationships with existing community service providers who offer resources** for children and youth in Baltimore City

Identify and engage **child and youth champions and youth-serving agencies** that will promote the system

Build upon and continue **youth-specific marketing**

GBRICS and selected vendors should continue to consider child- and youth-specific crisis referral needs, which likely differ from those of adults. In particular, GBRICS should consider differences in how youth communicate and how these differences may impact the ways in which youth interact with providers and engage in services. For example, options for text, late-night, or last-minute contacts may be necessary to effectively serve young people. GBRICS should also consider the role of caregivers and family throughout the system, including instances in which caregivers/family may (or may not) be a support for a young person in need of services. Further exploration of both child- and youth-specific needs and family involvement could take the form of hosting additional community conversations with potential service recipients to learn how to best address these issues in their model of care. Finally, GBRICS has identified the importance of youth-specific MRTs; it is also important to ensure the availability of clinicians who specialize in serving young people at both same-day

in-person and virtual behavioral health appointments.

One of GBRICS' strengths is its acknowledgement of population-specific needs. GBRICS can continue to strengthen their work with young people by also recognizing how some sub-groups of young people have unique needs. For instance, GBRICS providers should have resources and connections to ongoing resources for undocumented youth. MRTs and providers should also consider youth-specific needs for LGBTQIA+ (lesbian, gay, bisexual, transgender, queer, intersex, asexual, and additional minoritized sexual and gender identifying) youth, as well as potential legal concerns that may arise when serving youth with these diverse identities. For example, the national political landscape is debating issues related to serving and identifying transgender children, which may impact care and advocacy for transgender-identifying youth. Similarly, GBRICS should consider how to serve youth with intersecting identities (e.g., LGBTQIA+-identifying youth who is also an immigrant, youth who have experienced trauma and also speak a language other than English) when the needs of multiple identities may impact care in unique ways. For example, a young person who has both experienced trauma and speaks a language other than English needs to receive care from a trauma-informed clinician who ideally also speaks their language. Finally, GBRICS should ensure future funding sources include funding for both insured and uninsured populations, so services can be accessible for all.

As GBRICS has learned from community members, the success of GBRICS will rely on community buy-in and support. Gaining such buy-in will require GBRICS to communicate with youth and youth-supporting adults throughout the service regions to ensure that GBRICS services will be recommended and used. Specifically, identifying and engaging youth who will champion the system to other young people will be critical for GBRICS' success. In light of this, GBRICS should continue to involve youth in GBRICS' development but should also build upon and continue youth-specific marketing to build awareness for and normalize GBRICS' use among youth. GBRICS could address these issues by continuing their collaboration with existing groups like the Healing Youth Alliance to learn how to both ensure GBRICS is meeting youth needs and seen as a helpful resource to call upon in times of crisis. Relatedly, GBRICS ideally will also develop relationships with existing child- and youth-serving community providers (e.g., municipal agencies, grassroots community organizations/nonprofits) to both promote GBRICS services and allow for warm handoffs (direct, immediate connections to providers) during behavioral health crises.

Conclusion

The behavioral health crisis referral system in Baltimore City is currently in transition, providing an opportunity to develop crisis referral practices that address the unique needs of children and youth. GBRICS' initiation in 2021 marked the beginning of a 5-year development period during which time GBRICS will build upon strengths and begin to address challenges of the former crisis referral system. As GBRICS development continues, more specific plans and guidelines for serving young people with behavioral health needs will need to be crafted. This report provided recommendations for GBRICS' consideration during this initial planning stage. These recommendations underscore the importance of

addressing both the unique needs of young people broadly and population-specific needs among sub-groups of youth, as well as promoting the system to young people, families, and service providers to encourage system utilization.

References

- [1] Behavioral Health System Baltimore (BHSB). (2022). *Call the Here2Help Hotline*. <https://www.bhsbaltimore.org/find-help/here2help-hotline/>
- [2] Baltimore Crisis Response Inc. (BCRI). (2022). *Here2Help Hotline*. Baltimore Crisis Response Inc. <https://bcresponse.org/our-work/crisis-information-and-referral-hotline.html>
- [3] Catholic Charities MD. (n.d.). *Baltimore Child & Adolescent Response System (BCARS)*. Catholic Charities. <https://www.catholiccharities-md.org/services/bcars-baltimore-child-adolescent-response-system/>
- [4] Fund Maryland 988 Campaign (2021). *Building a Strong Crisis Response System: Learn About Maryland's New 988 Crisis Help Line*. <https://www.fundmd988.org/>
- [5] Behavioral Health System Baltimore. (2022). *GBRICS Partnership*. <https://www.bhsbaltimore.org/learn/gbrics-partnership/>
- [6] Rabbit, D., Abdul-Fattah, S., & Brocht, C. (2022, June 27). *Shaping the crisis response system: Debriefing a year of GBRICS Community Engagement* [Webinar]. Behavioral Health Systems Baltimore.
- [7] Behavioral Health Systems Baltimore (2020, July 15). *Greater Baltimore Region Integrated Crisis System (G-BRICS) Proposal*. <https://bhsbaltimore.org/wp-content/uploads/2020/12/GBRICS-Proposal.pdf>
- [8] Substance Abuse and Mental Health Services Administration (SAMHSA) (2020). *National Guidelines for Behavioral Health Crisis Care – A Best Practice Toolkit Knowledge Informing Transformation*. <https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf>
- [9] GBRICS Partnership: Greater Baltimore Regional Integrated Crisis System (GBRICS Partnership). (2022, June). *Crisis Response System Standards*. Behavioral Health System Baltimore. <https://www.bhsbaltimore.org/wp-content/uploads/2022/06/GBRICS-Crisis-Systems-Standard-final.pdf>
- [10] GBRICS Partnership: Greater Baltimore Regional Integrated Crisis System (GBRICS Partnership). (2021, Nov 16). *GBRICS Community Engagement: Interim Report on Insights from Community Roundtables*. <https://www.bhsbaltimore.org/wp-content/uploads/2021/12/GBRICS-CE-Interim-Report-Final.pdf>
- [11] University of Maryland School of Social Work. (2022). *Healing Youth Alliance*. <https://www.ssw.umaryland.edu/healingyouthalliance/>
- [12] Moses, K., Chester, J., Johnson, S., Pittman, Z. (2022). *GBRICS Focus Groups*. Healing Youth Alliance.

[13] GBRICS Partnership: Greater Baltimore Regional Integrated Crisis System (GBRICS Partnership). (2022). *2021-22 Community Engagement Report*.
<https://www.bhsbaltimore.org/wp-content/uploads/2022/06/2021-2022-GBRICS-CE-FINAL-REPORT.pdf>