



Behavioral Health System
Baltimore



STRONGER SYSTEM ~ HEALTHIER CITY

2015 ANNUAL REPORT



Table of Contents

- Message from the Board Chair 4
- Message from the President and CEO 5
- Introduction 6
- Vision Statement 6
- Mission Statement 7
- Accomplishments 7
 - Crisis Response Services 8
 - *The 24/7 Hotline: Providing Help to Those in Need* 9
 - Peer Recovery 10
 - *Using His Life Struggles to Help Others* 10
 - Maryland SBIRT 11
 - Services for People Experiencing Homelessness 12
 - *Street Outreach* 13
 - Overdose Education and Naloxone Distribution 14
 - BEST Program: Equipping Police to Serve the Community 15
 - Behavioral Health Care for Children and Youth in Schools 16
 - *A School-Based Mental Health Professional* 16
 - Public Awareness and Education 18
- Board of Directors, Executive Team and Our Partners 19
- Financial Statements 20
- Acknowledgements 22

Message from the **BOARD CHAIR**

Behavioral health is at the core of so many issues in Baltimore. Since my appointment as Health Commissioner, the Baltimore City Health Department (BCHD) has prioritized behavioral health and worked closely with Behavioral Health System Baltimore (BHSB). As Chair of the BHSB Board, I have worked hard with our exceptional staff in both agencies to coordinate our efforts.



The BHSB Board's primary task in 2015 was to identify a President/CEO. We are extremely pleased that Kathleen Westcoat, an exceptional leader with a strong track record of public health leadership in Baltimore and Maryland, has come on board to lead this critical work.

I am pleased to highlight the joint work of BCHD and BHSB to implement a city-wide behavioral health strategy. To address the opioid epidemic, the Mayor's Heroin Task Force came up with 10 recommendations. Together with BHSB and partners across the city, we have created a 24/7 phone hotline and secured \$3.6 million to build a "stabilization center" that will move us toward treatment on demand. Our opioid overdose prevention and response plan has led to a citywide "standing order" for distribution of the life-saving drug, naloxone, thousands of naloxone trainings and a "Don't Die" campaign, garnering national attention, including from President Barack Obama.

Poverty, racism, crime and violence have resulted in extremely high levels of traumatic stress for residents. Together, BCHD and BHSB are leading the creation of a city-wide trauma strategy. We have already launched a trauma-informed care training initiative across city government that has trained more than 1,200 front-line city workers in trauma-informed approaches; we aim to train all interested community partners, including youth groups and faith leaders.

Much progress has been made over the past year. I look forward to our continued collaboration with all of our city and state partners to ensure that we address the critical need of behavioral health in Baltimore City.

Sincerely,

A handwritten signature in blue ink, appearing to read "Leana Wen".

Leana Wen, M.D.

Baltimore City Health Commissioner

Chair, Board of Directors, Behavioral Health System Baltimore

Message from the **PRESIDENT AND CEO**

In Baltimore and across the country, we are seeing a renewed focus on the importance of behavioral health care. This has been driven in part by the worsening opioid epidemic, both here and nationally. More are recognizing that we must improve mental health care and better respond to the deep impact that traumatic stress has on an individual's overall health and well-being.



Behavioral Health System Baltimore (BHSB) addresses these challenges locally by strengthening our city's system for responding to Baltimoreans' behavioral health needs. Working with a range of partners, we focus citywide on improving care for people with substance use and mental health disorders, which are often intertwined. In 2015, for example, that included implementing a proven intervention—Screening, Brief Intervention, Referral to Treatment (SBIRT)—to help medical providers and patients discuss substance use and find the right treatment if needed. We also launched a street outreach program to inform people about how naloxone can save the life of someone overdosing on opioids, the only program of its kind in Maryland.

In 2015, BHSB underwent an organizational restructuring that will help us think more strategically, become more data-driven, focus more intently on policy and advocacy work and improve relations with the treatment providers who are the backbone of our system.

This restructuring will support our efforts to develop a holistic and comprehensive system of care to treat and prevent substance use and mental health disorders while integrating behavioral health treatment with somatic care.

We are excited by our progress and look forward to collaborating with providers and other stakeholders to achieve this ambitious vision and better meet our city's behavioral health challenges. We want to offer our sincerest thanks to BHSB's dedicated staff and board, funders, partners and all of those who are committed to making Baltimore a healthier city.

Sincerely,

A handwritten signature in black ink that reads "Kathleen Westcoat". The script is cursive and fluid.

Kathleen Westcoat, MPH
President and Chief Executive Officer

Introduction



Behavioral Health System Baltimore (BHSB) is a nonprofit organization created in 2013 through the merger of Baltimore Mental Health Systems and Baltimore Substance Abuse Systems to form a single, integrated behavioral health entity. As the local behavioral health authority, BHSB provides leadership in advancing behavioral health and wellness and helps guide innovative approaches to prevention, early intervention, treatment and recovery.

Baltimore City accounts for almost 40 percent of the Public Behavioral Health System (PBHS) in Maryland, making our city a major player in advancing statewide strategies to strengthen substance use and mental health care. In collaboration with the Maryland Department of Health and Mental Hygiene Behavioral Health Administration, BHSB oversees the continuum of publicly-funded behavioral health services in Baltimore City. The last several years have brought historic change for behavioral health in Baltimore City, Maryland and across the nation and this work will continue to evolve.

As a strong and forward-looking organization, BHSB recognizes that a comprehensive, integrated behavioral health system must provide the highest-quality care to people with substance use and mental health disorders. BHSB will continue to build on state and federal health care reform to strengthen and expand behavioral health services, promote the development of new and innovative approaches to care, and address system-level needs to best serve the people of Baltimore City.

Vision Statement

Behavioral Health System Baltimore envisions a city where people live and thrive in communities that promote and support behavioral health and wellness.

Accomplishments

STRENGTHENING BEHAVIORAL HEALTH FOR BALTIMORE CITY



BHSB has two key roles in the behavioral health system. In one, it directly manages more than 380 contracts to 138 provider agencies. In the other, it oversees the fee-for-service public behavioral health system, which includes services for individuals with Medicare or Medicaid and individuals who are uninsured. As the local behavioral health authority, BHSB works closely with providers to help them expand the reach and quality of the public behavioral health system, prepare for system change, and stay informed of best practices.

While Baltimore City represents 11 percent of the state’s population, it represents almost 40 percent of those utilizing public behavioral health services. In fiscal year 2015, data for the number of people using the system for substance use disorder treatment was not available; however, BHSB directly oversaw the public fee-for-service system of care that served more than 53,000 people receiving mental health services, accounting for an annual expenditure of more than \$263 million.

The mental health system continues to serve more people (9 percent growth in the last year and 12 percent over the last three years), with a majority receiving outpatient services. As more substance use disorder services are transitioned from grant funds to the fee-for-service system, it is expected that access will increase and more people will be served.

Mission Statement

We are 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.

Crisis Response Services



84,457

**Baltimore residents
are diagnosed with
a mental illness**

A comprehensive, integrated crisis response system is the backbone of any successful behavioral health system; it connects individuals to the right care while reducing harm and overall system costs.

BHSB partners with BCHD and Baltimore Crisis Response, Inc. (BCRI) to provide a 24/7 crisis hotline, residential crisis and detoxification services, and a mobile crisis response unit.

**BCRI hotline
responded to
40,725 calls***



**~ 12% generated a
referral for direct crisis
intervention by the BCRI
mobile crisis team**

In fiscal year 2015, work began to integrate BCRI's crisis hotline with HealthCare Access Maryland's referral line to create a more comprehensive resource providing both immediate services and an ongoing connection to behavioral health resources.

**BCRI provided
mobile crisis
response to
2,703
individuals***



**This is a 6%
increase from 2014**

BCRI's seven-bed residential detoxification program served 443 individuals and its residential crisis program served 669 individuals in fiscal year 2015.

*In fiscal year 2015

The 24/7 Hotline: Providing Help to Those in Need

The calls start as soon as Quinita Garrett sits down at her desk each day—people in crisis, some who are depressed, often suicidal, and others who urgently need substance use treatment. As a hotline counselor at the city's 24/7 Crisis, Information and Referral (CIR) Line, Ms. Garrett has learned how to provide help, resources and information to all of them.

Operated by BCRI, the CIR line can receive hundreds of calls a day. Many callers are looking for substance use detox programs. Some just want supportive counseling to help with a problem with their spouse or children.

For some callers in the midst of a major mental health crisis, BCRI will dispatch a two-person mobile crisis team to provide help. In many other cases, operators refer calls to other agencies that can help them connect to needed services.

The calls can be heartbreaking. Ms. Garrett remembers a call from a mother who was homeless with her four children. "She was at her wit's end," Ms. Garrett recalls. She helped the woman connect with a BCRI case worker and homeless-support services.

"She called me back a month later," says Ms. Garrett, herself the mother of a young daughter. "She said, 'I just wanted to say, thank you. You really calmed me down and helped me get back on track.'" She also feels the impact of hearing from so many people in need.

"It's very stressful, especially when you have people saying, 'I don't want to live,' and to hear the things they are struggling with," Ms. Garrett says. "The goal is to get everyone the help they need. It feels good to provide a service to people who are really struggling."



***"It feels good to provide a service to people who are really struggling."
— Quinita Garrett***

Peer Recovery

19,713

**Baltimore residents
have a drug
use disorder**



With support from BHSB, Peer Recovery Advocates play a vital role in helping people with a substance use disorder make the journey to recovery. These advocates, who are themselves in recovery from a substance use disorder, provide community-based services including identifying resources for basic human needs, mentoring, check-in support, recovery planning, coordination of recreational and social events, and community outreach. In fiscal year 2015, Baltimore Recovery Corps trained 78 new Peer Recovery Advocates to work in treatment and recovery community centers throughout Baltimore City.

SPOTLIGHT

Peer Recovery: Using His Life Struggles to Help Others



Joseph Loyal struggled with an addiction to heroin for 26 years—half his life. Things changed when he entered treatment at Total Health Care in the summer of 2010, graduating in February of the next year. After completing his after-care treatment, he felt like “a new man” and wanted to help others escape their debilitating dependence on heroin and other drugs.

He became a Peer Recovery Coordinator, working closely with others seeking to recover from their substance use disorders and lead healthier lives. BHSB supports Peer Recovery Centers across Baltimore, relying on the unique skills of people in long-term recovery to help others.

Now 56, Mr. Loyal continues to serve people with substance use disorders, still working at Total Health Care. “I ask them, ‘How are things working? Are you happy with your life? What improvements do you want to make?’” Mr. Loyal says. “And I talk to them and tell them that change is possible.”

The Peer Recovery program offers a range of activities including a community service club to allow participants to give back to the community, evening social events and health education. The program also connects participants with services to obtain housing and open checking accounts.

“We work with them to move past their shame and guilt and help them build their self-confidence back. It’s a long-term challenge.”

Maryland SBIRT

Screening, Brief Intervention and Referral to Treatment



31,126

**Baltimore residents
have an alcohol
use disorder**

BHSB plays a leading role in Baltimore and across the state in implementing Screening, Brief Intervention and Referral to Treatment—or SBIRT—a proven intervention that health care providers use to identify people at risk of a problem and connect them with the appropriate treatment. SBIRT gives health care providers a tool to discuss alcohol and drug use

with patients as part of routine medical visits. By asking a few questions about drug and alcohol use, a provider can help patients recognize they may have a problem and help them get the care they need.

In previous years, BHSB implemented the SBIRT screening approach in a variety of settings in Baltimore including health clinics, hospitals and reproductive health clinics. BHSB’s successful record of introducing and implementing SBIRT at the local level led to the agency receiving funding to implement a statewide SBIRT initiative with the goal of reducing drug overdose deaths, disparities in health outcomes among under-served populations and health care costs.

Funding for Maryland SBIRT comes from the Maryland Department of Health and Mental Hygiene Behavioral Health Administration, the U.S. Substance Abuse and Mental Health Services Administration, the Conrad N. Hilton Foundation, and other sources.

What is SBIRT?

Maryland SBIRT is a statewide health care improvement initiative to encourage health care providers and patients to discuss alcohol and drug use as part of routine medical visits.



Screening

for risky alcohol or drug use. This includes 4-5 questions to identify patients who may misuse alcohol or drugs.



Brief Intervention

is a short conversation between patients and primary care providers about screening results and next steps.



Referral to Treatment

is provided for patients who have moderate to high-risk alcohol or drug misuse and who wish to receive further assessment and treatment.

Services for People Experiencing Homelessness



BHSB takes a holistic view of helping people without homes by connecting them to health care, permanent housing and support services. In collaboration with the Mayor's Office of Human Services and HealthCare Access Maryland, BHSB co-facilitates Hands in Partnership (HIP), a coalition of homeless outreach providers. The goal of HIP is to provide coordinated outreach to people experiencing homelessness who are living on the streets or in emergency shelters.

BHSB provides
\$1.5 M
in funding
to support:



Two safe havens



A peer-run wellness
and recovery center



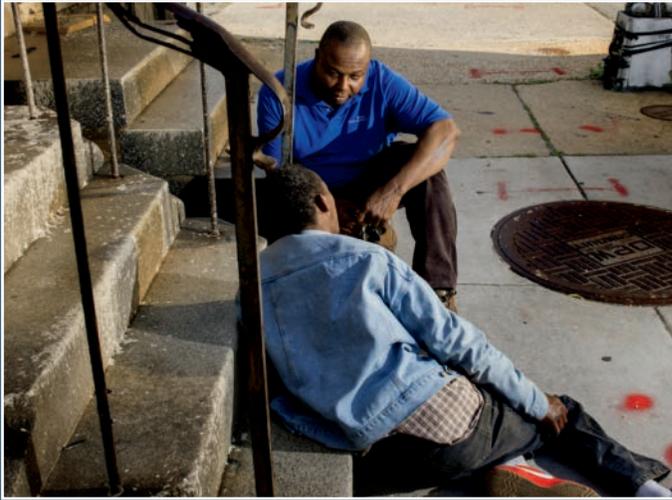
Two outreach
teams

These projects served **1,267 individuals** during fiscal year 2015.

This is a **15%** increase from 2014.

The goal of Hands in Partnership is to provide coordinated outreach to people experiencing homelessness who are living on the streets or in emergency shelters.

Street Outreach



**“I had nothing and nobody...
They saved my life”**

Howell Chambers, a 60-year-old Army veteran, has struggled with homelessness and mental illness, spending years living on the streets of Baltimore.

At night, he bounced back and forth between various shelters and vacant houses in search of a safe, warm, dry place to lay his head. Without a stable home, he had trouble securing work and faced difficulties treating his mental health condition.

“I had nothing and nobody,” Mr. Chambers says of those years.

One day, he met Achike Oranye, a People Encouraging People (PEP) outreach worker, who encouraged him to participate in the program. Supported by BHSB, PEP is a nonprofit that offers behavioral health care services including psychiatric care, case management, vocational training and housing services.

The volunteers and other clients at PEP offered Mr. Chambers the support and help he needed. After several months of working together, they got him started on the path to permanent housing. With their assistance, he was able to access government benefits and get treatment for his mental health and physical conditions. PEP helped him move into transitional housing and enroll in classes where he learned new job skills and later moved into permanent housing.

“They saved my life,” he says.

Mr. Chambers now works part-time and lives in his own apartment, where he pays his own bills, buys his own groceries and sees doctors who treat his health conditions. He also has begun to rebuild his relationships with his family.

Overdose Education and Naloxone Distribution



393 people died from an overdose in Baltimore

(State of Maryland, 2015)

Baltimore City is seeing an alarming increase in overdose deaths. In 2015, 393 people died of an alcohol or drug overdose, which is 91 more lives lost than in 2014. Opioid overdose deaths are preventable. When people know how to respond to an overdose and are equipped with naloxone—the lifesaving drug that reverses the effect of an opioid overdose—overdose deaths decline.

In March 2015, Baltimore City launched an aggressive overdose prevention plan that includes a naloxone street outreach program, which provides overdose education and naloxone training in “hot spot” communities known for drug activity and overdose deaths.



Over the course of **four months** in 2015:

BHSB trained **1,000** people in Baltimore City on how to administer naloxone

More than 650 naloxone kits were distributed



BEST Program: Equipping Police to Serve the Community

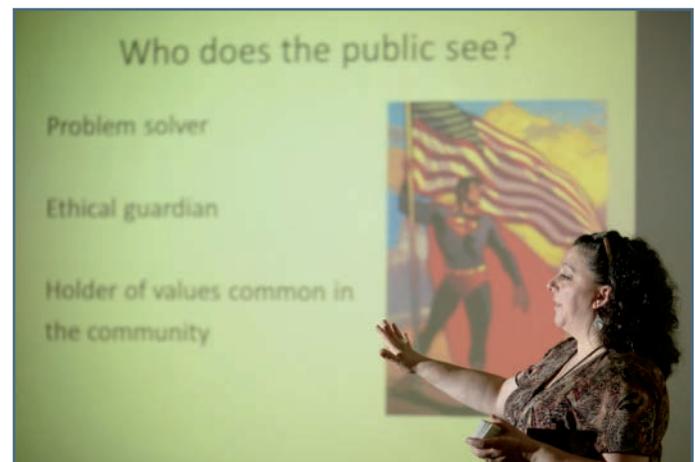


BEST trains all new patrol officers as part of their recruit training

Police are often at the front line in dealing with emergencies related to substance use or mental illness. Not understanding how to handle a mental health, alcohol or drug-related crisis can have life-and-death consequences.

The Behavioral Emergency Services Team (BEST) initiative trains Baltimore Police Department officers in crisis intervention to de-escalate behavioral health crises, minimize arrests and reduce the risk of injury to both officers and members of the public. BEST trains all new patrol officers as part of their recruit training. The goal is to ensure sufficient presence of BEST-trained officers on the streets during all shifts within a 24-hour period.

In fiscal year 2015, BEST trained 128 new patrol officers and 160 veteran patrol officers to improve police response for people in the midst of a behavioral health crisis.



Behavioral Health Care for Children and Youth in Schools

Through partnerships with Baltimore City Public Schools, BCHD and Head Start, BHSB works to ensure that children have access to high-quality behavioral health care that promotes social-emotional health and academic success. With support from BHSB, mental health services were offered in 120 of the city's 186 public schools, providing individual treatment to approximately 5,000 children and youth in fiscal year 2015. Providers served 825 children in early childhood centers and schools, collaborating with teachers, administrators, families and clinicians to provide the behavioral health services that are essential to a child's overall health and well-being and that lead to academic success.

BHSB supports three school-based substance use treatment programs. These programs provide a range of outpatient treatment services and recovery supports to youth with a substance use disorder. In fiscal year 2015, 525 students were served.

SPOTLIGHT

A School-Based Mental Health Professional



Brittany Parham-Patterson, Ph.D., is helping make Franklin Square Elementary/Middle School a healthy place for children, teachers and families.

A post-doctoral fellow at the University of Maryland School of Medicine, Dr. Parham-Patterson works in the school as part of the Expanded School Mental Health (ESMH) Program, which is supported by BHSB and operates in 120 Baltimore City schools.

She provides a range of services including mental health services to children who would otherwise have difficulty accessing them outside of school. In some cases, students refer themselves to treatment after seeing one of her classroom presentations, something that would be unlikely with a community-based mental health provider. She also leads various groups for the community inside the school walls, including a life-skills program informing youth about the dangers of substance use and ways to address substance use in their communities.

For school staff, the program provides training and support, including assistance in working with children who have suffered from trauma. Dr. Parham-Patterson also works with parents, giving them tools to help support children outside the school. Her constant refrain: parents and caregivers need to take care of themselves, especially to deal with the high stress of working in a school or being a parent.

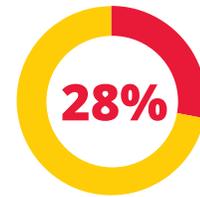
State of Youth Mental Health



of youth ages 13-to-18 have a mental health illness, such as anxiety, depression, autism or attention-deficit/hyperactivity disorder.*



of high school students seriously considered attempting suicide.**



of high school students reported feeling sad or hopeless during the last 12 months.**

* Source: National Institute of Mental Health

** Source: Maryland Youth Risk Behavior Survey Report, 2013 data

Looking to build bridges outside the school, Dr. Parham-Patterson has even brought in a Baltimore City police officer to meet with students to bridge the gap between students and officers and improve communication in the community, especially following the city's 2015 unrest.

In everything she does, she says, "I work to create a trusting and open relationship by meeting people where they are and focusing on what they deem important."

Some of the program value is immediate. Students receive help managing their anger, coping with stress and building life skills and teachers and parents gain new tools for working with young people. More broadly, the school-based work helps undo the stigma surrounding mental illness. "We are working to shift the culture in the school and in the community surrounding mental health care and mental health care providers," Dr. Parham-Patterson says.

The ESMH program is helping cultivate a healthier school climate. Dr. Parham-Patterson recalls a student saying: "All of you guys [the providers in the school] are always smiling and easy to come to. I like that I can come to you with big or small problems and you help."

As a trusted figure in the school, Dr. Parham-Patterson often is approached with a request for assistance from either a staff person or a student.

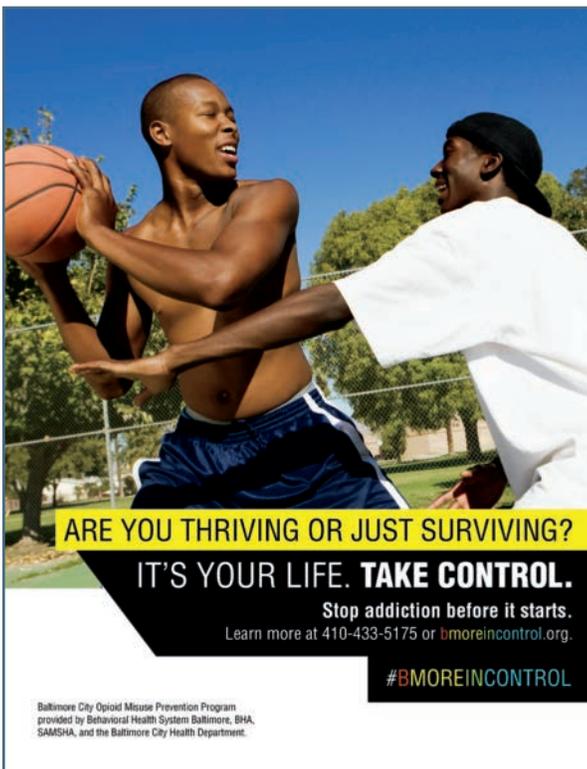
"The Extended School Mental Health program is having a positive and rewarding impact on students, the school and the overall community," she says. "It's extremely rewarding to me to help young people, families and members of the school staff improve communication and give them new skills for addressing needs in their community."

Public Awareness and Education

To address the growing opioid use epidemic, BHSB launched **Be More in Control**, a public education campaign to raise awareness about the risks of opioid misuse and provide resources and tools for individuals to take control of their lives. The engaging campaign included an informative website, www.bmoreincontrol.org, as well as transit ads, social media content and Pandora online radio ads micro-targeted to reach key demographic groups in Baltimore City, including young African-Americans. The Pandora ads delivered more than 750,000 impressions and reached 17,307 unique visitors.



BHSB partnered with the Maryland Institute College of Art and three high schools in the Oliver Community to **develop and disseminate counter ads to prevent underage drinking**. Through this campaign, BHSB and its partners educated more than 750 youth about the dangers of underage drinking.



Behavioral Health System Baltimore

BOARD OF DIRECTORS

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Baltimore City Health Commissioner

Vice Chair: Rev. S. Todd Yeary, Ph.D.

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Alan C. Woods III, Esq.

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Arnold Ross, MBA

Vice President, Finance and Operations

Ryan E. Smith, LGSW

Vice President, Accountability & Provider Relations

Crista M. Taylor, LCSW-C

Vice President, Programs

Mishka Terplan, MD, MPH, FACOG, FASAM

Medical Director

OUR PARTNERS

BHSB maintains strong relationships with key city and state agencies, especially the Baltimore City Health Department and the Maryland Department of Health and Mental Hygiene Behavioral Health Administration. BSHB also works closely with other state and city agencies, including:

- Department of Juvenile Services
- Department of Public Safety and Correctional Services
- Department of Human Resources
- Baltimore City Department of Social Services
- Baltimore City Public Schools
- Baltimore Police Department
- Baltimore Fire Department
- Baltimore City District and Circuit Courts
- Mayor's Office of Human Services
- Mayor's Office of Criminal Justice
- Black Mental Health Alliance
- Mental Health Association of Maryland
- National Alliance on Mental Illness Metro Baltimore
- Medication Assisted Treatment for Opioid Dependence
- Baltimore City Substance Abuse Directorate

Financial Summary Fiscal Year 2015

CONSOLIDATED STATEMENT OF ACTIVITIES for Year Ended June 30, 2015

REVENUES, FISCAL YEAR 2015

Grants—Government Agencies	\$63,091,876	93.5%
Grants—Administrative	\$2,566,773	3.8%
Rental Income	\$1,674,534	2.5%
Management and Social Service Fees	\$94,765	0.1%
Interest Income	\$3,452	0.0%
Other Income	\$34,113	0.1%
Total Revenues, Grants, Other Support	\$67,465,513	100.0%

EXPENDITURES, FISCAL YEAR 2015

Program Services	\$62,184,653	91.45%
Administration	\$5,814,126	8.55%
Total Expenditures	\$67,998,779	100.00%

CONSOLIDATED STATEMENT OF FINANCIAL CONDITION as of June 30, 2015

ASSETS

Current Assets

Cash and Cash Equivalents	\$10,928,409
Accounts Receivable	\$21,143
Provider Advances	\$698,627
Grants Receivable	\$6,117,996
Prepaid Expenses	\$65,795
Due from Affiliates	\$2,801
Total Current Assets	\$17,834,771
Total Other Assets	\$6,721,475
Total Assets	\$24,556,246

LIABILITIES AND NET ASSETS

Current Liabilities

Line of Credit	\$362,676
Accounts Payable & Accrued Expenses	\$9,559,242
Current Portion of Capital Lease	\$3,882
Accrued Interest Payable	\$70,083
Deferred Revenue	\$4,905,358
Current Portion of Note Payable	\$75,326
Total Current Liabilities	\$14,976,567
Total Long-Term Liabilities	\$1,588,446
Total Liabilities	\$16,565,013
FUND BALANCE (NET ASSETS)	\$7,991,233
TOTAL LIABILITIES AND NET ASSETS	\$24,556,246

Acknowledgements
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