



**Behavioral Health System**  
Baltimore

## **BHA Annual Plan**

*Submitted to the Behavioral Health Administration (BHA) per the FY  
2024-2026 Local Three-Year Strategic Plan Guidelines*

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## February 2023

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# 1. Introduction

## Executive summary

This document includes highlights and achievements of Behavioral Health System Baltimore, Inc.'s (BHSB) broad span of work, a description of sub-grantee monitoring processes, and data and other analyses. BHSB's priority in advancing all areas of its work is to continue to operationalize its organizational values by incorporating antiracist and inclusive practices.

BHSB is in the first year of implementing its *Three-Year Strategic Plan: FY 2023 – 2025*, which serves as a guide to drive the organization's day-to-day work and set a strategic direction that is responsive to system partners and the needs of the community. The plan is structured using the Results-Based Accountability™ (RBA) framework, which includes population accountability and performance accountability. Population accountability (i.e., results and indicators) aligns BHSB's work with that of other systems and organizations to promote community wellbeing. Performance accountability (i.e., strategies and measures) focuses on ensuring that BHSB's work has the greatest impact on those we serve.

The eight-month process to develop the strategic plan incorporated shared decision-making, which is one of the antiracist and inclusive practices highlighted on BHSB's *Antiracist Organizational Framework* (see Appendix A). Shared decision-making advances the leadership capabilities of all members of the organization by ensuring that decisions are made by those who are closest to the work. It also ensures that BHSB's most mission-critical decisions are informed by a diversity of perspectives.

## Jurisdiction description

Baltimore City is a jurisdiction with a population of nearly 592,211 community members.<sup>1</sup> The city has a rich culture with 382 public murals that tell the stories of the majority Black population for everyone to see. Baltimore City is also a jurisdiction that has experienced and continues to experience the impact of systemic racism. According to the Baltimore Neighborhood Indicator Alliance's (BNIA) analysis of the American Community Survey data from 2016-2020, the racial diversity index of Baltimore City - or the probability that any two people chosen at random from the city are of different races - is 65.6, indicating a highly diverse city. However, nearly three-quarters of the individual community statistical areas (CSA) in Baltimore City have lower racial diversity indices, indicating a city that is highly segregated by race. An analysis of the data from BNIA indicate that CSAs with higher Non-Hispanic Black populations have lower high school graduation rates, take in a lower median household income, and are less likely to have internet at home.

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<sup>1</sup> American Community Survey, 2016-2021 5-year estimates, data.census.gov.

## Organizational overview

Behavioral Health System Baltimore, Inc. (BHSB) is a nonprofit organization that serves as the

### Vision statement

We envision a city where people thrive in communities that promote and support behavioral health and wellness.

### Mission statement

We work to develop, implement, and align resources, programs and policies that support the behavioral health and wellness of individuals, families and communities.

### Core values

Our work embodies these core values:

- Collaboration
- Equity
- Innovation
- Integrity
- Quality

As the LBHA, BHSB has a unique role within the public behavioral health system. BHSB, like other LBHAs across the state, is tasked with behavioral health system management and oversight, including performing several key functions:

- Purchaser and manager of a full range of prevention, early intervention, treatment and recovery services across a network of providers to serve individuals, families, and communities. LBHAs ensure that state general funds dollars are maximized, working in tandem with Medicaid fee-for-service dollars.
- Convener and partner—initiating and participating in collaborative efforts to address the behavioral health needs of the community.
- Advocates for vulnerable populations and policy change with a social determinants of health lens.
- Connects individuals to services and resources within the community and stakeholders and system partners to each other for change.
- Source of guidance and expertise to address a range of behavioral health and human service needs.

BHSB serves as an “on the ground” expert to support the Maryland Department of Health (MDH), using our knowledge of the behavioral health needs of Baltimore City and what services are available and our expertise to structure the system’s resources to meet the unique needs of

our community. We are also the entity that has connections to other local systems, such as law enforcement, schools, social services, and courts, to ensure there is broad access to behavioral health services across systems and in communities.

BHSB is led by Crista M. Taylor, a clinical social worker and leader in behavioral health in Maryland with more than 25 years of experience in this field. BHSB is overseen by a Board of Directors, with the Baltimore City Health Commissioner serving as Chair. The Board of Directors serves in a governing role, guiding the strategic vision for the organization and serving as the local mental health advisory council and the local drug and alcohol council as defined by the State of Maryland.

BHSB's organizational structure supports a growing scope of work. It ensures responsiveness to the needs within the changing system, and it establishes the organization as a leader in the new, integrated healthcare landscape.

The six departments within the organization are:

- President's Office

The President's Office is responsible for ensuring the organization is striving to meet its mission, aligning the work with the values of the organization and effectively and efficiently managing day-to-day programmatic, operational and fiscal activities. Coordination of Board of Director activities and human resources are managed within the President's Office, as well as oversight of select projects that cross all departments.

- Policy and Communications

Policy and Communications uses advocacy and communications strategies to advance evidence-based practices, policy reforms, and mobilize community action. The department manages internal and external communications for BHSB, oversees government and community relations, and implements public education and advocacy campaigns to create positive change, and implements the GBRICS Partnership. BHSB participates on several coalitions and collaborates with a range of partners to advance policies that support behavioral health and wellness. The department has a dedicated provider relations contact to assist providers with getting information and support from BHSB.

- Programs

Programs works to develop and manage a range of early intervention, treatment and recovery services for individuals and families with mental illness and/or substance use disorders. The department oversees services within the larger Medicaid fee-for-service system, as well as those directly funded by BHSB through private and public grants, including child and family services, peer support services,

medication-assisted treatment, criminal justice diversion, and crisis services for youth and adults. The team collaborates with providers, city and state agencies, and other system partners to implement best practice programming and new or innovative pilots.

- Accountability

Accountability works collaboratively with behavioral health provider organizations to support high-quality behavioral health services in Baltimore City. This department provides oversight and support for providers in a variety of ways, including training and technical support, compliance audits, and the facilitation of consumer quality improvement activities. The team also manages the investigation of provider complaints and critical incidents and facilitates a data-driven approach to BHSB's work.

- Operations

Operations works to increase BHSB's capacity to be nimble, efficient, and adaptive to change. Specifically, the goal of the department is to ensure that BHSB is effectively meeting its mission by strategically implementing and supporting processes that align resources and decision making across the organization. The department facilitates cross-organizational processes, maintains a secure electronic network, advances a harm reduction philosophy and practices, and provides medical consultation to support the clinical work of various teams. In addition, Operations oversees the organization-wide implementation of the strategic plan.

- Finance

Finance manages the financial and contracting operations of the organization. The department provides oversight of private and public grant or funding awards, contracts issued to sub-vendors, grants accounting, general accounting, and payroll for organizational-wide work. Activities include contracts issuance, tracking of contract deliverables, payroll processing, tax reporting, managing organizational risk, preparing organizational and sub-vendor budgets including assurance that all funds are properly utilized and expended, financial statement preparation, and oversight of audits.

## 2. Highlights, achievements and challenges

### Key drivers and indicators of behavioral health conditions

The Substance Abuse and Mental Health Services Administration (SAMHSA) released an Interim Strategic Plan<sup>2</sup> in November 2022, reporting unprecedented mental health and substance use crises among people of all ages and backgrounds. Rates of depression and anxiety, which were increasing before the pandemic, have been exacerbated by the losses, trauma, and physical and social isolation related to the COVID-19 pandemic. In Baltimore City, systemic racism and trauma are drivers of escalating rates of mental health conditions that are reflected in overdose fatalities and suicide rates.

#### Systemic racism and trauma

Systemic racism, oppression and childhood trauma are major drivers of the disproportionately high rates of mental illness and substance use disorders in Baltimore City. Our behavioral health care system contributes to systemic oppression through policies and approaches that create barriers to accessing services and resources. One of BHSB's core values is equity. With this value, we remain committed to understanding the impact of systemic racism within our organization and across the behavioral health system and to deconstructing the structures of oppression that still exist within our system of care and the communities we serve. We understand that to advance our vision of a city where people and communities thrive, we must prioritize supporting the health and wellness of Black, Indigenous and People of Color lives.

#### Overdose fatalities

Based on preliminary data provided by the Maryland Department of Health's Vital Statistics Administration, there were 1,358 unintentional intoxication deaths involving all types of drugs and alcohol in Maryland through the second calendar quarter of 2021. This represents a 0.5 percent increase from the first six months of 2020, when there were 1,351 such fatalities. There were 1,217 opioid-related fatal overdoses in this time frame, an increase of 1.1 percent from the same period in 2020. Of these, 1,129 deaths involved fentanyl, an increase of 1.2 percent from the first six months of 2020. There were 250 prescription opioid-related deaths during the same time frame, an increase of 15.7 percent, while heroin-related deaths decreased by 34.4 percent, falling from 294 in the first half of 2020 to 193 in the first half of this 2021.

BHSB responds to this continued public health emergency in a number of ways, one of which is its harm reduction programs. The Maryland Harm Reduction Training Institute (MaHRTI) helps to develop Maryland's harm reduction workforce and support programs in providing optimal services to people who use drugs. Additionally, Bmore Power (Peers Offering Wellness Education and Resources) canvasses areas with overdose spikes, connects with people in that area, provides tips for safe drug use, trains to use naloxone, connects people to treatment, and

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<sup>2</sup> <https://www.samhsa.gov/sites/default/files/samhsa-interim-strategic-plan.pdf>



collects data on overdose reversals. BHSB also partners with the Baltimore City Adult Drug Treatment Court (DTC) to support the behavioral health needs of forensic-involved consumers, with peer specialists and a clinical care coordinator functioning as members of the DTC team.

### Suicide

The age-adjusted suicide rate for the United States in 2020 (13.2 per 100,000) was higher than the rate for the state of Maryland (9.5 per 100,000), which in turn was higher than the rate for the Baltimore City (8.7 per 100,000). Both the United States and Maryland display a significant trend of an increasing suicide rate over the past twenty years. The same pattern is not evident in Baltimore City; however, since suicide is a rare event, changes in rates are difficult to determine over a population as small as a single city. BHSB is working to integrate suicide prevention into its overall prevention strategies.

### Organizational structure

The volume of work at BHSB is large, and the pace is rapid. Organizational structure to meet the demand is continuously assessed by the leadership team. Despite a relatively flat administrative budget, BHSB was able to strengthen the organization's capacity by increasing support in several key areas, including:

- communications,
- grants accounting and monitoring,
- budget analysis,
- programmatic monitoring, service development and quality improvement,
- harm reduction and Bmore POWER outreach, and
- data collection and analysis.

This support included the creation of new positions as well as several internal realignments of the work.

### Business operations

#### Continuity Operations Plan (COOP)

BHSB's *Continuity of Operations Plan* (COOP) was updated on July 1, 2022. In the event of an emergency that disrupts BHSB's usual operations (such as BHSB building or equipment malfunction, information system security incident, etc.), the COOP prioritizes BHSB's essential functions, identifies assigned and back-up staff positions, and outlines an order of successive leadership in the event the BHSB President & CEO is not available for some or all the COOP activation period. The updated plan provides an overview of BHSB's hybrid workplace, and recent information technology and communications security measures.

### Results-Based Accountability (RBA)

BHSB started considering Results-Based Accountability™ (RBA) as a framework for data collection in early 2020 and has been working to build internal capacity and foundational knowledge to support its implementation since then. RBA supports the growth of data-driven practices to engage in an ongoing “learning culture” organizationally. It is a disciplined way of thinking and acting that advances accountability and includes processes to design effective performance measures.

BHSB’s RBA champions, comprised of representatives across departments and teams, supports ongoing implementation. In addition to becoming professionally certified in RBA, they worked with a consultant to further their skills in operationalizing RBA, as well as their skills in facilitating group processes. They held educational sessions for all BHSB staff members to further their knowledge and comfort level with applying the RBA framework to their everyday responsibilities, and they are providing technical assistance in using RBA tools to monitor progress in implementing identified strategies of BHSB’s *Three Year Strategic Plan: FY 2023-2025*.

### Audits and Inspections

During FY 2022, BHSB:

- conducted 279 accountability compliance audits for every contract issued in FY 2021,
- in collaboration with the Administrative Service Organization (ASO), reviewed and managed 26 performance improvement plans issued by the ASO,
- partnered with the Mental Health Association to interview consumers (approximately 242) regarding individual's experiences with targeted behavioral health services,
- conducted housing inspections for residential rehabilitation programs, including 132 units associated with 321 beds, and
- conducted housing inspections for residential crisis services, including 21 beds.

### Incident and investigation management

During FY 2022, BHSB investigated and resolved 120 critical incidents and 55 complaints.

### Procurement

Procurement is an area of work of increased attention for BHSB and offers an opportunity to lift up BHSB’s values of quality, integrity and equity. This is also an area of work where BHSB has direct authority to influence the quality of service delivery in the system of care. BHSB has enhanced procedures to ensure that processes are equitable, effective, and consistently implemented across the organization. BHSB added a position to help address an increasing

volume of procurements and has cross-trained others in the organization to do this work, thus creating a team approach to the oversight of procurement.

In FY 2022, BHSB released 22 competitive procurements, resulting in 38 contracts totaling \$12 million of awarded funding. The competitive procurements resulted in contracts with 33 new sub-vendors.

### Contracting

An emphasis on improving contracting processes continued during FY 2022. Contracting is a core component of BHSB's work and represents an area of ongoing need with significant opportunities to streamline workflow, enhance contract monitoring and measure contract performance.

In FY 2022, BHSB awarded \$53 million in grant funds, with 273 contracts issued to 123 sub-vendors, 15 consultants, and 11 trainers to meet the behavioral health needs of the residents of Baltimore City.

### Integrated Service Delivery

As a required component of this plan, BHSB completed a systems integration self-assessment (see Section 6), scoring itself 23 out of 24 points. While BHSB is organizationally structured such that all business and programmatic operations are fully integrated, the impact of integration to the individual, family and/or community is not fully realized. Full realization of a more integrated experience at the service recipient level is dependent on activities to advance integration that are outside the scope of authority currently granted to the local behavioral health authorities (LBHA). Some challenges include:

- Maryland's public behavioral health system does not have a reimbursement structure for integrated service delivery.
- There is not authority at the local level to require specific system-wide programmatic components, such as integrated service delivery, outcome measures, or evidenced-based screening tools or assessments.

## System of care updates

### Greater Baltimore Regional Integrated Crisis System (GBRICS) Partnership

BHSB provides project management for the Greater Baltimore Regional Integrated Crisis System (GBRICS) Regional Partnership, a public-private partnership between BHSB and 17 hospitals that invests \$45 million 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. Implementation progress to date:

- The new regional 988 Helpline (funded by GBRICS) will launch in January 2023. The regional 988 Helpline will be operated by a partnership of Baltimore Crisis Response, Inc (BCRI), Affiliated Santé Group and Grassroots Crisis Intervention. The call center providers are already Lifeline providers and will operate on the same phone system and “Care Traffic Control” software provided by Behavioral Health Link.
- Two Mobile Response Team pilots will have a soft launch in February 2023. BCRI and Affiliated Santé Group are the vendors for this pilot. During the pilot, BHSB will work with our vendors to develop protocols on integrating peers into mobile response staffing, responding to third party callers, providing transportation to higher levels of care, and triage around the inclusion of medical staff or law enforcement on calls. These areas of focus for the pilot were determined through input from the GBRICS community engagement process.
- The first cohort of five open access pilot sites started offering open access appointments in October 2022. The second cohort of thirteen sites began the planning stage in September 2022. BHSB has been working with the Behavioral Health Link software developers to create an open access referral tool that can be used by the 988 Call Center to link consumers with same day or next day appointments.

## 988

The new number (988) for the Suicide and Crisis Lifeline launched nationally on July 16, 2022. BHSB continues to monitor the roll out locally, including monitoring for potential increases in the volumes of calls.

- BHSB launched CALL 988, an awareness campaign to promote the 988 helpline and encourage help seeking through 988. A standalone website has been developed ([www.988helpline.org](http://www.988helpline.org)) with educational and partner resources, and a paid media campaign is planned for the next 3+ years.
- BHSB launched a pilot for the 988 Community Ambassador program to partner closely with recruited community members in promoting 988 in targeted communities.

## Collaborative Planning and Implementation Committee (CPIC)

The consent decree between Baltimore City, Baltimore Police Department, and the Department of Justice is entering its fifth year. This means that the nature of the activities is changing from active implementation to ongoing monitoring of the quality of implementation. To ensure that stakeholder engagement in behavioral health work outlives the formal requirements of the consent decree and that the city continues its investment in developing needed services, BHSB and Baltimore City are collaboratively planning for a restructuring of CPIC. This planning is in the beginning stages and will require interaction and feedback from the CPIC membership.

### Maryland Crisis Stabilization Center

The Maryland Crisis Stabilization Center provides safe, short-term sobering services for adults under the influence of drugs and/or alcohol or who were recently revived from an overdose. COVID-19 affected admissions in FY 2020 and 2021 and continued to affect the center during FY 2022. Throughout the year, periodic declines in admissions were loosely correlated with rises in reported cases of COVID-19 locally. However, operations continued uninterrupted, leading to an overall higher number of individuals served during FY 2022 (1,995) as compared to FY 2021 (1,684).

### Medication assisted treatment

BHSB partnered with the University of Maryland Medical Center (UMMC) Opioid Treatment Program (OTP) to implement Eموcha for methadone and buprenorphine medication treatment. Eموcha is a mobile health platform designed to improve medication adherence using video technology and human engagement using a CDC-endorsed model in which healthcare workers watch patients take every dose of medication, monitor side effects, and provide support.

In FY 2022, UMMC 28 consumers were served. Below are some relevant project data.

- African American men: 36%
- African American women: 32%
- total African Americans: 68%
- adults 45-64: 39%
- adults 65 and older 4%
- consumers receiving buprenorphine: 11%
- consumers receiving methadone: 89%
- video compliance: 100%
- consumers receiving care coordination: 100%
- consumers referred to medical services: 93%
- consumers referred to mental health services: 21%

With the success of Eموcha at UMMC, BHSB will use SOR III funding to expand this project to other providers. BHSB will conduct a procurement process to identify four additional providers to receive funding to implement Eموcha in their delivery of treatment services.

### Interdisciplinary Street Outreach

The interdisciplinary street outreach team leverages local, state, and federal funds to provide integrated, street-based services to people who are not otherwise able to access care. Services include peer support, crisis de-escalation, harm reduction interventions, buprenorphine prescriptions, clinical mental health and addiction assessments and counseling, and expert housing and benefits systems navigation.

In FY 2022, the team played a critical role in outreach to consumers enrolled in an outpatient treatment provider that abruptly closed. This was essential, as the consumers were staying onsite at a hotel where treatment services were being provided. The hotel had planned to evict consumers because the provider had not adhered to its lease agreement. BHSB worked in collaboration with the outreach team and provider network to link consumers to treatment and housing.

The outreach team continues to work closely with Emergency Medical Services to increase the number of referrals and develop a real-time referral mechanism for overdose survivors who refuse transportation to a hospital. During FY 2022, the team achieved the following deliverables:

- Number of persons served: 2,114. Of this group, at the time of enrollment:
  - 1,295(61%) had a known mental health condition,
  - 1,184 (56%) had a known “drug abuse” or “alcohol abuse” condition,
  - 1,130(53%) had two or more chronic conditions (defined as a chronic mental health, addiction, developmental disability, or health condition), and
  - 1,808 (86%) were living in a place not meant for human habitation.
- Of the persons whose enrollment ended during FY 2022 (128):
  - 68 (53%) exited to “positive” (non-street) destinations

#### Cultural and linguistic competency

BHSB has continued engagement as a member of the Transgender Response Team. BHSB has used its membership in this coalition to leverage resources with multiple community-based lesbian, gay, bisexual, transgender, queer/questioning, intersex, and asexual (LGBTQIA) advocates and other stakeholders in Baltimore City. As a member, BHSB has been able to discuss and share targeted information, webinars, training, and events that are beneficial in improving services provision and connection for LGBTQIA youth, adults, and families with Baltimore City’s behavioral health and other systems that may engage with the targeted population. BHSB works outside the coalition in supporting behavioral health inquiries from MDH’s Sexual Minorities Program and Free State Justice, which is a legal advocacy organization that seeks to improve the lives of low-income LGBTQIA Marylanders.

For consumers who are deaf or hard of hearing and meet criteria for public behavioral health services, BHSB provides communication assistance by clinicians and interpreters who are fluent in American Signed Language (ASL) and trained to provide signing communication as part of clinical and rehabilitation services. Clinicians and interpreters participate in ongoing training and service lines meetings at BHSB to stay up to date with the current trends related to the deaf and hard of hearing population. ASL services are available within the following levels of care: outpatient mental health treatment, and residential and psychiatric rehabilitation programs (RRP, PRP). During FY 2022, 20 unique consumers were served in outpatient mental health treatment, eleven in PRP, and ten in RRP.

### Women With Children (WWC)

BHSB, in partnership with BHA's Gender Specific Unit, contracts with a recovery residence to provide services to women with children (WWC) who have a substance use disorder. The target population is women who are early in recovery and have custody of their child/children or will have custody within 60 days of enrollment. Women receive case management services and care coordination while in the program, including linkage to community resources such as recovery support, entitlements, permanent housing resources, education, and employment. During FY 2022, 31 families (WWC) were served, which consisted of 31 mothers and a total of 33 children.

BHSB continued to actively participate in Baltimore City's Child Fatality Review and Fetal Infant Mortality Review teams. This process entails providing behavioral health treatment histories for the case reviews and contributing to the systems recommendations that are formulated to prevent premature deaths. Acting on a recommendation that resulted from this process, BHSB added a deliverable to all direct service contracts to require that sub-vendors implement practices to increase knowledge about and reduce the occurrence of sleep-related deaths among their consumers and staff. BHSB has also implemented in-house safe sleep trainings in partnership with the Baltimore City Health Department to continue to educate and support providers.

### Outpatient Civil Commitment Project

BHSB has increased efforts around hospital outreach and coordination to ensure people who might benefit from outpatient civil commitment have access to these services. As a result, enrollment has been trending up. BHSB and the Outpatient Civil Commitment (OCC) Stakeholder group developed an expansion of criteria for the program in hopes to reach more people in need of the services. The new regulations would include:

- expanding residency requirements to include residents of Baltimore City and those living in contiguous zip codes,
- ensuring a prior commitment in a state hospital does not preclude OCC eligibility,
- expanding eligibility criteria to include emergency department visits, not just inpatient admission, and
- removing the requirement for an administrative law judge hearing for patients enrolling voluntarily.

BHSB has submitted the new regulations and is currently awaiting final approval.

### Clinical services

BHSB developed and is currently implementing a more robust prescreen tool for residential rehabilitation program (RRP) placement to better assist the state hospitals in understanding the needs to be addressed for a more successful community placement. Additionally, BHSB secured

twelve additional intensive level RRP beds for members of the community. Four units are currently accepting members, and the additional eight will be up in FY 2023.

### Older adults

BHSB has implemented a new pilot project for older adults with serious mental illness. Two providers have been selected through an RFP process: Affluent Living and The Millennium Assisted Living organizations. Both of the behavioral health assisted living providers will serve four - six consumers annually. This project is the first of its kind in Baltimore City, and the third in Maryland. The project will fill a gap in services for older adults at risk of admission to psychiatric hospitals and nursing facilities, as well as those discharged from either of these types of institutions. The project will also enhance BHSB's relationship with assisted living facilities and community stakeholders.

### 911 Diversion Pilot Program

BHSB submitted a proposal to the Bureau of Justice Assistance in the spring of 2022 for the Congressionally Recommended Award (Byrne Discretionary Grant Program) to Baltimore City to expand the 911 Diversion Pilot Program. BHSB is managing \$2 million over 36 months to:

1. create a new mobile crisis team to serve children, youth, and families, and
2. fund a clinician position at the 911 call center to assist call takers to assess and divert eligible behavioral health related calls to the 988 hotline.

BHSB released an RFP in October 2022 to select an organization to provide a clinician to be housed in the 911 call center. This clinician will be responsible for assisting call takers to assess and divert eligible behavioral health-related calls to the 988 hotline. Adding this supplementary component to the existing 911 Diversion Pilot Program represents significant growth to this program by enhancing triage capabilities at the time of the initial 911 call.

To further support 911 diversion work, BHSB issued another RFP in October 2022 for youth-focused mobile response teams. Currently, mobile services are not available for all children in Baltimore City, which means that children are excluded from current 911 Diversion efforts. The child-focused mobile response teams will allow 911 calls to be diverted for calls regarding children under the age of 18.

### Comprehensive Opioid Stimulant and Substance Abuse Programs

BHSB released an RFP in October 2022 for the Comprehensive Opioid Stimulant and Substance Abuse Program. This program will allow community resource centers to provide open-access services to people most disconnected from behavioral health care. These programs are currently focusing on expanding access and entry points into and increasing integration among the city's crisis and diversion services.



### Expanded school behavioral health (ESBH) services

BHSB completed a competitive procurement for ESBH services during FY 2022 that was implemented during FY 2023. One of the goals of the procurement was to address staffing challenges that providers were experiencing.

Prior to FY 2023, there were five mental health providers and two substance use providers working within the school system. To ensure all schools were properly covered by clinical staff, seven mental health providers and three substance use providers were selected. There are currently 131 Baltimore City Public Schools with mental health services and 15 schools with substance use services.

There has been an increase in ESBH service delivery since the onset of the pandemic. This is likely due to an increased awareness of the impact of mental health on children and youth, students returning to in-person school, and ESBH clinicians being able to foster more relationships with school staff. In FY 2020 and FY 2021, the number of unduplicated students served was between 6,000 and 7,000, and teacher consultations ranged from as low as 8,000 to 11,000. In FY 2022, the ESBH program reported 9,901 students served and 15,613 teacher consultations.

BHSB is collaborating with Baltimore City Public Schools to support ESBH clinicians in serving the growing number of uninsured, underinsured, and undocumented students. School-based providers are encouraged to work collaboratively to meet the needs of these students and their families and to recruit Spanish-speaking clinicians.

### Support for children in out-of-home placements

Four providers were selected through a competitive procurement process to provide a total of 20 licensed clinicians trained in a specialized curriculum developed by the University of Maryland's School of Social Work for serving children, youth, and families experiencing out-of-home placement. Service delivery is anticipated to start during the winter of 2023.

### Provider and stakeholder engagement and education

Staffing challenges are pervasive across the behavioral health system. With higher turnover rates, there is an increased need to train new staff members who are in positions to refer consumers to community-based behavioral health programs. To support this need, BHSB recorded a series of informational videos on programs available to those who are severely and persistently mentally ill. These videos have been shared with outpatient mental health providers, BHSB staff, and local hospitals.

BHSB also educates Baltimore City stakeholders who serve children and families on the public behavioral health system through virtual presentations. Recent and scheduled presentations have been provided to Baltimore City Department of Social Services (BCDSS), youth-serving hospital inpatient units (University of Maryland and John Hopkins), and the Baltimore City

Systemic Workgroup, which includes BCDSS, Department of Juvenile Services, Baltimore City Health Department, Georgetown University, and Juvenile Court.

## Community resilience

Healing Us Together (HUT) is a community-driven initiative that supports collective healing and resilience in Baltimore City through facilitated community conversations that help people move from trauma to healing. HUT partners with faith leaders and other community leaders to strengthen existing support systems and improve access to culturally appropriate conversations about mental health. HUT participants complete a five-week group learning experience that prepares them to facilitate restorative conversations in a trauma-informed manner.

During FY 2022, an unduplicated count of 58 faith and other community leaders and community members fully participated in HUT groups.

## COVID-19 resources for providers

Since March 2020, BSHB has conducted routine online provider update meetings. Over time, the focus of these meetings shifted from addressing immediate provider needs related to the pandemic to expanding education and access to vaccines.

During FY 2022 BHSB issued a procurement and began accepting applications for assistance to support COVID mitigation efforts. This funding is available to all behavioral health providers and is intended to ensure continuity of services by expanding dedicated testing and mitigation resources for people with mental health and substance use disorders.

## Harm reduction

### Maryland Harm Reduction Training Institute (MaHRTI)

BHSB's Maryland Harm Reduction Training Institute (MaHRTI) helps to develop the Maryland harm reduction workforce and support Maryland programs in providing optimal services to people who use drugs.

During FY 2022, MaHRTI:

- facilitated 32 trainings in FY 2022, leading to 1,239 people across the state of Maryland being trained on harm reduction topics and averaging an 89% satisfaction rate with participants,
- developed *Drugs 101*, which is a new training series set to start in FY 2023, covering foundational information of the science behind drugs and their effects, as well as the social and cultural context of drug use, and
- continued to hold the Leadership Series and Syringe Service Program Academy twice annually, both of which sessions were heavily attended and well received.

During FY 2023, MaHRTI is:

- piloting the newly developed Drugs 101 series and
- launching its Speaker's Club, which aims to empower people who use drugs to share their experiences with others through learning facilitation skills, leading trainings, and continuing to address the importance of drug checking in communities.

#### Bmore POWER

Bmore POWER (Peers Offering Wellness Education and Resources) is a team of people with lived experience related to drug use. It works to address the continuing high rates of overdose in Baltimore City.

During FY 2022, Bmore POWER:

- distributed 19,021 naloxone kits
- documented 1,208 reversals

### Other significant challenges

#### Administrative Service Organization

Maryland's transition to a new Administrative Service Organization (ASO) in January 2020 has been enormously challenging for the public behavioral health system. Ongoing efforts to reconcile claims requires a substantial commitment of time and resources on the part of providers. This reconciliation process also raises questions about the accuracy and reliability of the data that is reported through the ASO.

High-cost user reports and real-time high inpatient utilizer notifications from the ASO were lost in the transition. This information is essential for LBHAs to actualize the role of managing the local system of care more fully, which includes identifying individuals and families who would benefit from increased system-level care coordination to identify unmet needs and the services and supports that are needed to address those needs. In addition, LBHAs have not had access to weekly detailed paid claims reports.

#### Funding

Funding and infrastructure are limited relative to the broad scope of responsibilities and workload assigned to BHSB in its role as the LBHA for Baltimore City. The state does not assist the organization with raising additional funds to support its administrative work. Very few MDH grants allow for an indirect but specify positions to support the service delivery. When other funders permit an indirect, the state reduces its administrative funding, stating that it is the payor of last resort.

## Housing

BHSB regularly receives complaints from consumers, families, and behavioral health providers about housing for individuals who have behavioral health disorders. Some programs promote themselves as providing supportive housing or recovery housing. While identifying as a supportive housing program suggests that the provider offers supportive services within the home and linkage to other community resources, complaints often indicate these supports are not integrated within the program. Other programs that promote themselves as being recovery residences are not certified by the State of Maryland, Maryland Certification of Recovery Residences (MCOORR) certification, which means they operate with no oversight. Unfortunately, neither the BHA nor BHSB has the authority to investigate recovery residences that are not certified. A comprehensive approach at the state level that creates a mechanism to monitor non-certified programs is essential.

## Additional challenges

Some of the other barriers to expanding the depth and reach of the public behavioral health system (PBHS) in Baltimore City include:

- Local behavioral health authorities in Maryland are not granted the proper autonomy, authority or resources to achieve full, systemic change. This includes:
  - no authority at the local level to require specific system-wide programmatic components like integrated service delivery, outcome measures, or evidenced-based screening tools or assessments and
  - limited authority at the local level to enforce quality and provide sanctions for poor service delivery.
- The workforce shortage is at a crisis level in the behavioral health system. It is difficult for non-profit, community-based organizations to compete with large health systems when recruiting for direct care, administrative, and leadership positions.
- There are not enough bilingual, behavioral health practitioners, and those who exist are in high demand.
- The statewide “any willing provider” system does not have sufficient local and state controls for quality of care.
- The public behavioral health system includes multiple small, not-for-profit providers with limited capacity for managing increasing administrative burden, protecting and securing electronic networks, and diversifying funding streams.
- There is persistent stigma against people living with mental illness and/or substance use disorders and ongoing criminalization of these disorders.

- Repeated change and ongoing fragmentation in leadership at the state has resulted in a lack of historical knowledge and partnerships needed to develop new, innovative, and sustainable service delivery

### 3. Strategic plan

During FY 2022, BHSB completed the third year and final year of its *Three-Year Strategic Plan: FY 2020-2022*. The *FY 2022 Implementation Report* is included in Appendix B. BHSB began the first year of its current three-year plan during FY 2023.

BHSB conducted an eight-month process to develop the *Three-Year Strategic Plan: FY 2023 – 2025*, which serves as a guide to drive BHSB’s day-to-day work and set a strategic direction that is responsive to system partners and the needs of the community. The planning process incorporated shared decision-making, which is one of the practices highlighted on BHSB’s *Antiracist Organizational Framework* (see Appendix A). Shared decision-making advances the leadership capabilities of all members of the organization by ensuring that decisions are informed by those who are closest to the work. It also ensures that BHSB’s most mission-critical decisions are informed by a diversity of perspectives.

A workgroup was convened to oversee the planning process. It included Board representatives and staff at all levels of the organization. The workgroup provided input and ongoing feedback throughout the planning process. BHSB’s Leadership team also played a critical role in supporting a cross-organizational process that engaged staff in collaborative, innovative, and critical thinking.

The planning process was highly structured and iterative. At each step, BHSB’s Leadership team engaged their respective teams in providing input and offering feedback, which was collated and shared broadly. This structure operationalized another practice highlighted on BHSB’s *Antiracist Organizational Framework*: transparent decision-making, which ensures that the process guiding how a decision is made is clear and includes what information was considered, who provided input and feedback, who participated in making the final decision, and the rationale.

The first step in the planning process was to gather data and prepare a mixed methods data presentation, incorporating both quantitative and qualitative data. To prioritize voices of community members, data were taken from BHSB’s 2022-2023 policy priorities stakeholder input survey. Quotes were taken directly from responses to the survey to add context to administrative and survey data that was gathered from public databases and sources internal to BHSB.

As noted in Section 2 of this document, BHSB adopted the Results-Based Accountability™ (RBA) framework to support the growth of data-driven practices. The structure of the strategic plan is based on the RBA framework which focuses on population accountability and performance

accountability. Population accountability (i.e., results and indicators) aligns BHSB's work with that of other systems and organizations to promote community wellbeing. Performance accountability (i.e., strategies and measures) focuses on ensuring that BHSB's work has the greatest impact on those we serve.

BHSB is developing its capacity to use RBA and has taken a hybrid approach to the strategic plan that includes:

- 1) strategies that will be monitored using the RBA framework and
- 2) strategies that will be monitored with tools other than RBA.

RBA processes are iterative and ongoing. The next phase of work for the RBA strategies is to use the methodology and tools to create performance measures and action steps and to repeatedly re-evaluate progress. BHSB will release updates at least annually on progress made for all strategies, which will include details on the implementation of RBA for each strategy.



## Behavioral Health System Baltimore, Inc. (BHSB) Three-Year Strategic Plan: FY 2023-2025

*The Strategic Plan: FY 2023-2025 serves as a guide to drive BHSB's day-to-day work and set a strategic direction that is responsive to system partners and the needs of the community. It supports ongoing, adaptive learning and agility, with a focus on broad, overarching goals to build out the system of care and develop BHSB's organizational capacity to effectively lead this work.*

*BHSB is using Results Based Accountability™ (RBA) to create measurable change in the lives of the people, families, and communities we serve. The structure of this strategic plan is based on the RBA framework to include population accountability and performance accountability. Population accountability (i.e., results and indicators) aligns BHSB's work with that of other systems and organizations to promote community wellbeing. Performance accountability (i.e., strategies and measures) focuses on ensuring that BHSB's work has the greatest impact on those we serve.*

*BHSB is developing its capacity to use RBA and has taken a hybrid approach to the strategic plan that includes 1) strategies that will be monitored using the RBA framework and 2) strategies that will be monitored with tools other than RBA. RBA processes are iterative and ongoing. The next phase of work for the RBA strategies is to use the methodology and tools to create performance measures and action steps and to repeatedly re-evaluate progress. BHSB will release updates at least annually on progress made for all strategies, which will include detail on the implementation of RBA for each strategy.*

### **Result #1: All people in Baltimore City are free of oppressive systems**

#### **Indicators**

- Racial diversity index
- Weekly hours required to work to rent 2-bedroom apartment at fair market rent

#### **RBA Strategies**

**Strategy 1:** Supervisors will integrate an antiracist lens into day-to-day work activities and 1:1 discussions

**Strategy 2:** Develop processes to ensure maximum expenditures of awarded funds





### Non-RBA Strategies

**Strategy 1:** *Increase knowledge and implementation of safe sleep practices by families and programs across Baltimore City that have contact with the public behavioral health system*

#### Action Steps:

- Sponsor at least two safe sleep trainings per year and record trainings and make available through BHSB website
  - *Measures: number of safe sleep trainings held and recorded training posted on BHSB website*
- Create specific guidance for behavioral health providers on safe sleep practices that outline recommendations for integration into assessment and ongoing treatment planning
  - *Measure: guidance is drafted, approved and distributed to provider network*
- Recommend that distribution of safe sleep materials be integrated into practices of all child-serving and prevention programs
  - *Measure: targeted outreach to child-serving and prevention providers on distribution of safe sleep materials*
- All BHSB programmatic staff will complete a safe sleep training
  - *Measure: % of programmatic staff who have completed safe sleep training*

**Strategy 2:** *Implement processes and practices that advance an antiracist organizational culture*

#### Action Steps:

- Action step: Develop an organizational culture document that outlines the type of beliefs, behaviors, and practices voluntarily demonstrated by the individuals within the organization to uplift our values and operationalize BHSB's antiracist organizational framework
  - *Measure: document is created*
- Action step: Add specific questions to the annual antiracist organizational assessment to capture employee feedback regarding the organization's progress in operationalizing its desired culture
  - *Measures: specific questions added and 80% of all BHSB staff complete the annual organizational assessment*





## **Behavioral Health System** Baltimore

### **Result #2: All residents in Baltimore City have access to a full range of high-quality behavioral health care options**

#### **Indicators**

- Suicide rate
- Overdose fatality rate

#### **RBA Strategies**

**Strategy 1:** *Ensure that supportive services that embrace harm reduction principles are available to people along the full spectrum of drug use, including people who do not need or want treatment and those that are actively engaged in treatment*

**Strategy 2:** *Increase Expanded School Behavioral Health Services to include mental health and substance use disorder service delivery in all schools in the Baltimore City Public School System*

#### **Non-RBA Strategies**

**Strategy 1:** *Create, maintain, and hold accountable a coordinated behavioral health crisis system for the lifespan in central Maryland (Baltimore City and Baltimore, Carroll and Howard Counties)*

#### **Action Steps:**

- BHSB will work with partners to define crisis system performance measures
  - *Measures: performance measures defined by January 2023*
- Begin to convene a regular collaborative accountability process where stakeholders meet monthly to review and analyze qualitative and quantitative information on crisis services to look for inequities and opportunities for system improvements
  - *Measure: first of monthly collaborative accountability meetings convenes by January 2023*
- Work with system partners to develop a triage and dispatch protocol for the Call 988 Helpline and the four 911 centers in Central Maryland
  - *Measure: triage and dispatch protocol is developed by July 2023*

**Strategy 2:** *Increase number of certified Peer Recovery Specialists in programs that are funded by BHSB to provide peer recovery services*

#### **Action Steps:**

- Create and implement a system to collect data from programs to track the number and percentage of peers who are certified Peer Recovery Specialists
  - *Measure: system is created by January 2023*



## Behavioral Health System Baltimore

- Measure: system is implemented by July 2023
- Measure: 75% of all programs funded by BHSB to provide peer recovery services will have all Peer Recovery Specialists certified within 18 months of employment by November 2023
- Measure: 85% of all programs funded by BHSB to provide peer recovery services will have all Peer Recovery Specialists certified within 18 months of employment by November 2024

### Result #3: Baltimore City community members participate in designing the physical and emotional support they and their communities need to thrive

#### Indicators

- Percentage of population aged 16-19 in school and/or employed
- Unemployment rate: The percent of persons between the ages of 16 and 64 that are in the labor force (and are looking for work) but are not currently working.

#### RBA Strategies

**Strategy 1:** Identify and implement a process to be led by youth and their allies to support the development of co-designed mental health and wellness services for youth and families that promotes health and wellbeing across neighborhoods

#### Non-RBA Strategies

**Strategy 1:** Create a process to collect qualitative data from community members and use it to inform our work

#### Action Steps:

- Convene a meeting with an identified expert to educate staff about available tools for collecting qualitative data
  - Measures: meeting before November 2022
- Orient staff to existing tools to determine which is best for our purposes
  - Measure: select at least one tool before December 31, 2022
- Pilot selected tool to collect data from community
  - Measure: use tool to collect data from community before June 2023
- Investigate barriers to collecting qualitative data from the community
  - Measure: form a focus group of community leaders about barriers to collecting data from the community before June 2023



**Strategy 2:** *Increase staff knowledge and understanding of co-design principles*

**Action Steps:**

- Action step: Conduct a series of learning sessions across the organization (1 – 3) about codesign framework
  - Measure: complete first meeting by February 2023
- Action step: Distribute written material about the codesign framework across the organization
  - Measure: disseminate information to supervisors across the organization

*BHSB is committed to building an antiracist and data-driven culture. We acknowledge that because bias is structured into data collection and analysis processes, a tension can arise from this dual commitment. We hold ourselves accountable for taking measures to mitigate bias and the harm that can result.*

## 4. Targeted case management

Baltimore City is a community of resilient neighborhoods, families, adults and youth working to overcome barriers that have limited their access to opportunities to thrive. Through the provision of targeted mental health case management (TCM) as a distinct and separate service that is part of Baltimore City's public behavioral health system (PBHS), we have an opportunity to shift the outcomes for individuals and families toward greater recovery, resilience and wellness.

The TCM service is available throughout the State of Maryland and in Baltimore City for adults, adolescents and children. TCM is reimbursable through the PBHS when an individual meets eligibility and medical necessity criteria. Adult TCM offers two levels of service, and child and adolescent TCM offers three. The level of service available for each individual is based on the severity of their needs.

### Targeted case management for children and adolescents

Previously known as targeted case management (TCM) for youth, it is currently referred to as care coordination, and providers are referred to as care coordination organizations (CCOs). Care Coordinators utilize a care coordination service delivery model premised on the individual strengths and needs of each child, adolescent, and family. Services are delivered through the work of a Child and Family Team (CFT) that is organized and coordinated by the care coordinator and comprised of formal and informal supports. This approach aims to ensure caregivers and youth have access to the people and processes in which decisions are made about care and needed resources and services. The family's voice drives decisions, and the plan belongs to the family in partnership with the team.

### *Utilization and capacity analysis*

In FY 2021, 2,000 youth across the state received TCM services. During the last two years, there has been a decline in the total number of youths served in Baltimore City. Claims data shows these total numbers to be:

- FY 2021 = 227
- FY 2022 = 193

In FY 2022, 75,758 youth ages 0-17 in Maryland received mental health services through the PBHS. Of those youth, 1,907 received CCO services, representing 2.6% of the total served through the PBHS. In Baltimore City, 19,705 youths received services through the PBHS in FY 2022, with 193 those youth receiving CCO services, just under 1% of the total.

During the COVID pandemic, CCO utilization decreased in Baltimore City. Currently, five Care Coordination Organizations serve children and adolescents in Baltimore City. As of the first quarter of FY 2023, 115 youths are being served in Baltimore City. Current data appears to reflect an upward trend in the number of youths who will be served during FY 2023.

The prevalence of mental illness in the past year in Baltimore City was 21.7%, which is higher than the state rate of 17.79% and the national average of 20.24%. Youth Risk Behavior Surveillance System (YRBSS) data shows a higher prevalence of mental health symptoms and risk factors among Baltimore City youth than state and national averages.

This data indicates that the overall need for mental health services in Baltimore City is higher than the need statewide. There was a decrease in the overall number of youths served during fiscal years 2021 and 2022. CCO utilization data for Baltimore City indicates that proportionately fewer youths were served compared to statewide averages, as well as when compared to the need suggested by prevalence data.

### *Strengths and Challenges*

BHSB has demonstrated a sustained commitment to supporting the implementation of the nationally recognized values and practices that are known to make care coordination for youth and families succeed. Through our close partnership with BHA, training consultants, and local care coordination organizations, BHSB has ensured that jurisdictional implementation remains aligned with state priorities.

BHSB continues to be involved in consultation regarding youth/family-specific situations where needs are complex. In these instances, BHSB consistently prioritizes referral and enrollment in care coordination, as this service is well-positioned to coordinate multiple child-serving agencies to effectively address the needs of the youth and family. This approach is often applied to youth referred to residential treatment centers or upon discharge from inpatient psychiatric care. It is also frequently utilized with youth and families involved with the local Department of Social Services (DSS) and Department of Juvenile Services (DJS), as quality care coordination effectively sustains family functioning and prevents out-of-home placement.

While BHSB has maintained its commitment to the values and practices of high-quality care coordination, the regulations governing the services are relatively new and evolving in Maryland. BHSB remains committed to continued partnership with stakeholders at the local and state levels to maximize service effectiveness.

Since the pandemic, BHSB has identified a decrease in referrals and stakeholder knowledge of care coordination services. Providers have reported challenges with staffing and reconnecting with stakeholders. This has directly impacted providers' capacity to serve youth during and as the pandemic subsides. BHSB identified gaps in knowledge of CCO services in Baltimore City. Inpatient hospitals are recognized as one type of entity that is not utilizing CCO services as a resource for youths in discharge planning. In addition, changes in the structure of DJS and the

juvenile court system since the pandemic have invited some complexities around referrals to CCO services. Another factor impacting CCO utilization is the continued growth in the utilization of psychiatric rehabilitation program (PRP) services for youth, as this service line outpaces care coordination utilization. Further clarification is ongoing for which service better meets individual youth and family needs and under what conditions.

### *Strategies to Increase Utilization and Capacity*

BHSB continues to collaborate across systems to educate stakeholders on CCO services to capture the child and adolescent population that can benefit from care coordination services. BHSB has also established a more substantial presence in cross-system meetings and workgroups. BHSB collaborates with relevant systems and stakeholders, including Baltimore City Department of Social Services (BCDSS), Department of Juvenile Services, juvenile court, inpatient psychiatric hospitals, Baltimore City Public Schools, Local Care Team, and LGBTQIA advocacy groups.

In addition, BHSB's partnership with BCDSS continues to flourish. This relationship permits BHSB to leverage CCO services with BCDSS, benefiting BCDSS-involved children, adolescents, and families. Also notable is BHSB's commitment to ensuring families' access to CCO services throughout Baltimore City. This is done through ongoing participation in various city and statewide workgroups, the Local Care Team, and previously identified cross-systems work. Technical assistance is a strategy offered to partners and stakeholders to foster a stronger connection and understanding of CCO, 1915i, and TCM Plus services.

To align with adopting the Mobile Response and Stabilization Services (MRSS) strategic vision, BHSB emphasizes connections with CCO as a resource for youth crisis services and school-based providers. BHSB has also increased communication and educational opportunities around PRP and CCO services. BHSB provides CCOs with technical assistance to enhance knowledge and clarify under what conditions each service should be recommended separately or combined. In addition, BHSB is reassessing how CCOs are monitored to provide timely support to address challenges/barriers hindering increased utilization and capacity.

BHSB recognizes that care coordination can be instrumental in reducing the unnecessary use of inpatient psychiatric care and residential treatment by creating and sustaining connections to ongoing resources and services youth need in the community. BHSB works in collaboration with CCOs, the community crisis response system, the ASO local emergency departments, inpatient psychiatric units, and residential treatment centers to strengthen these relationships and maximize referral efficiency with the intent of increasing more effective service delivery and reducing unnecessary inpatient and residential utilization and costs. As the analysis indicates a need to serve more youth with unaddressed needs, BHSB will also work with current CCOs to improve service publicity and strengthen communication and collaborative partnerships between providers and stakeholders who serve populations likely to be eligible and in need of care coordination.

CCO providers can also play a critical role in meeting the employment needs of young people by establishing relationships with supported employment program (SEP) providers to facilitate connecting and maintaining their involvement in supported employment.

Furthermore, BHSB continues to conduct technical assistance to local care coordination providers to refine the implementation of the nationally recognized values and practices of high-quality services, which would lead to more positive outcomes and increased interest in and utilization of the service.

### *Provider Selection*

BHSB selected five CCO providers for fiscal years 2021-2025, with options to renew annually. Baltimore City has a high capacity to serve eligible youth; however, three providers started their youth CCO programs during COVID-19. BHSB is providing ongoing individual and group technical assistance to support the capacity and utilization of selected CCOs. The next CCO procurement process, which will be completed prior to the start of FY 2025, will be conducted in such a manner as to ensure continuous availability of CCO for children and adolescents in Baltimore City, both for existing recipients and newly referred individuals.

### Targeted case management (TCM) for adults

The purpose of TCM for adults is to assist participants in gaining access to services. TCM provides each consumer an assigned case manager, who is responsible for psychosocial assessment, coordination of care, and linkage to community resources such as mental health treatment, somatic care, housing, entitlements, substance use treatment, and educational and vocational supports. TCM serves individuals with:

- priority population diagnoses,
- risk of or who have experienced homelessness,
- risk of or who have a history of psychiatric hospitalization and
- risk of or who have experienced incarceration.

### *Utilization and capacity analysis*

In FY 2022, 3,363 adults across the state received TCM services, representing 3.9% of the total adults that received mental health treatment services in the PBHS. In comparison, 828 adults received TCM in Baltimore City in FY 2022, representing 41.7% of the total Baltimore City adult residents receiving mental health services through the PBHS. During the last two fiscal years, there has been a steady trend in total adults served in Baltimore City. However, these two fiscal years' totals have been lower than in the previous years. The COVID pandemic has played a significant role in the decrease of services. Claims data shows these total numbers to be:

- FY 2021 = 825



- FY 2022 = 828

Currently, there are ten TCM providers that serve adults across Baltimore City. Each provider currently serves an average of 75 consumers, with individual case managers having 20 to 25 consumers on their caseload. Providers are required to maintain open enrollment and flexibility with respect to staffing and total individuals served in order to be responsive to the needs of the city.

The prevalence of mental illness in Baltimore City is 21.70%, which is higher than the state rate of 17.8% and the national rate of 20.2%. The most recent Baltimore City Point in Time count indicated that on a single night in February 2022, 1,597 persons were identified as experiencing homelessness in Baltimore City, with 35% self-reporting having a mental illness and 40% self-reporting substance use issues.

Based on this data, it appears that the overall need for mental health services in Baltimore City is higher than the need statewide, suggesting that mental health service utilization would in turn be higher than statewide averages. However, actual TCM utilization data for Baltimore indicates that a proportionately lower number of adults were served compared to statewide averages, and the number served has declined over the past five years. This suggests that TCM is not currently meeting the needs of adults in Baltimore City.

#### *Strengths and challenges*

The number of TCM providers in Baltimore City and current capacity continue to be a significant strength. Because of this capacity, consumers continue to have significant choice among providers and individual case managers, which makes it more likely that individuals will be able to find a good match to meet their personal situation and needs.

TCM is available as a service separate from other PBHS services, which makes it highly adaptable to individual needs. For example, duration of enrollment varies anywhere between six months to six years. However, this variance creates a level of unpredictability for providers that makes it more challenging to manage capacity, staffing and caseload sizes, while also ensuring prompt responses to new referrals and tailoring training and supervision of staff to meet the needs of the population served.

#### *Strategies to Increase utilization and capacity*

BHSB collaborated with BHA to implement the Walter Lomax Project, which matches wrongfully convicted adults with needed services/resources to support them with their transition back into the community. BHSB partnered with BHA's System Management Department to develop a workflow that ensures individuals are linked to TCM services in a seamless, timely manner.

As a need to serve more people has been identified, as well as the unaddressed needs of those experiencing homelessness and criminal justice involvement, BHSB will work with the TCM providers to improve the publicity of the service. BHSB continues to support opportunities to



strengthen communication and collaborative partnerships between providers and stakeholders that serve populations likely to be eligible for and in need of TCM, particularly those specific populations identified in the analysis.

TCM continues to be instrumental in reducing unnecessary use of inpatient psychiatric care and risk of readmission following an inpatient stay by creating and sustaining connections to ongoing, community-based resources and services. BHSB continues to partner with TCM providers, the community crisis response system, the ASO, and local emergency departments and inpatient psychiatric units to strengthen these relationships and maximize referral efficiency, with the goal of increasing effective service delivery and reducing unnecessary psychiatric inpatient utilization and costs.

In an effort to improve employment outcomes for adults experiencing serious mental illness in Baltimore City, BHSB and TCM programs will work together to strengthen relationships with outpatient mental health providers to increase referrals for those in need of TCM, and with SEP providers to increase referrals from TCM to SEP.

#### *Provider Selection*

BHSB completed its last procurement for mental health case management for adults in 2020. Ten providers were selected through this process and entered into annual contracts with BHSB, with the option to renew annually for fiscal years 2021-2024. Capacity and utilization will continue to be monitored during the current period, and BHSB will release another procurement prior to the start of FY 2025. Selections and contracting will be conducted in such a manner as to ensure continuous availability of TCM for adults in Baltimore City, both for existing recipients and newly referred individuals.

## 5. Data and planning

### Methodology

As part of BHSB's strategic planning process, we reviewed qualitative data gathered from communities in Baltimore City, specifically the 32 respondents to BHSB's 2022-2023 Policy Priorities Stakeholder Input Survey. The respondents were community members and providers in Baltimore City who offered opinions on subjects such as racial inequities, service gaps, and interactions with law enforcement. The quotes in italics throughout this section reflect qualitative data from that survey.

While this qualitative data is limited in scope, BHSB has been having discussions about how to incorporate more qualitative data into our data-driven decision making as one strategy to center community voices. We have continued to expand on these efforts in the past year, specifically looking at a software called GroupWisdom and investigating the necessary ethical standards to which BHSB needs to adhere to collect this kind of data on a larger scale.

When using a mixed methods design, the qualitative and quantitative data inform each other. In this report, we focused on the qualitative data first for the reasons described above, then used quantitative data from public sources and data internal to BHSB to inform and provide a broader picture around the qualitative data. These data are provided as graphs in the narrative below. It is important to note that the quantitative data supported the qualitative data community members provided.

BHSB appreciates the commitment of the Behavioral Health Administration to supporting a data-driven approach to strategic planning at the local level. BHSB is in the first year of its FY 2023-2025 strategic plan, and the data that follows was prepared to inform the strategic planning process last year. It has been updated where possible to include the latest calendar year. Much of the data comes from the Youth Risk Behavior Survey (YRBS), which unfortunately was not conducted on a local level in 2021 due to the COVID-19 pandemic. While a Pandemic Risk Behavior Survey was conducted, this information is not included here because the data do not exist on a substate level, and past data suggest predicting outcomes for Baltimore City based on the data for the entire state would be misleading. Though this report does not include every data source suggested for this report, it offers a thorough look into the unique needs of Baltimore City, which helped facilitate the planning process.

## Basic needs



# Maslow's hierarchy of needs

Source: <https://www.thoughtco.com/maslows-hierarchy-of-needs-4582571>

To fully understand the behavioral health needs of the residents of Baltimore City, one must understand Maslow's Hierarchy of Needs.<sup>3</sup> This widely accepted theory posits that needs lower down on the pyramid must be met before the higher up needs.<sup>4</sup> Behavioral health care often falls into the "safety needs" or "love and belonging" categories, and residents of Baltimore City, where the 21.2% of residents live in poverty, according to the 2019 American Community Survey 5-year estimates, often require assistance meeting the more basic "physiological needs" of food and shelter.

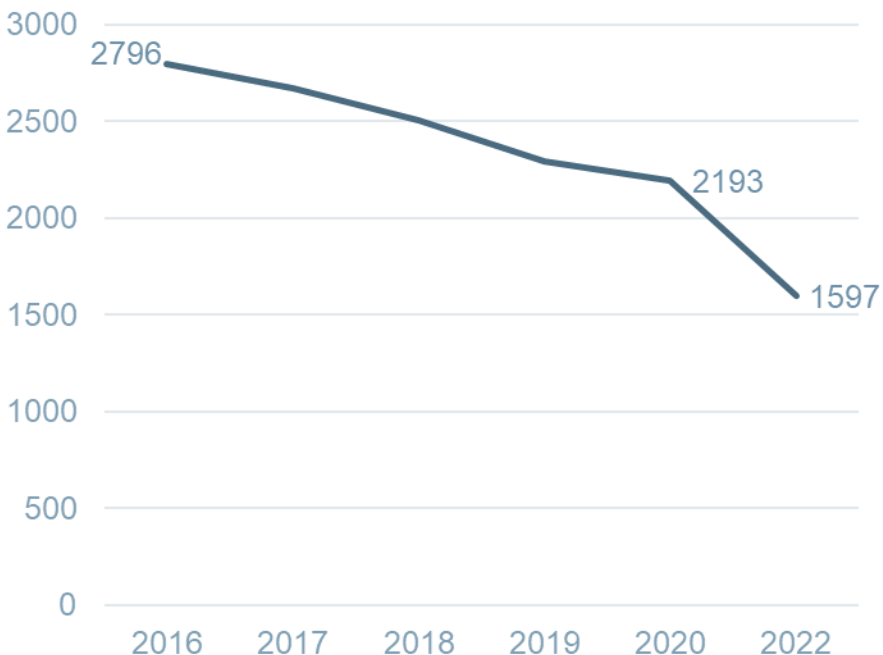
## Homelessness

*"Many of our consumers are at risk for becoming street homeless and many more are living in conditions that are unfit for humans."*

<sup>3</sup> Image source: <https://www.thoughtco.com/maslows-hierarchy-of-needs-4582571>

<sup>4</sup>: <https://www.simplypsychology.org/maslow.html>

## Baltimore City: Population Experiencing Homelessness, 2016-2022



Source: Baltimore City Mayor's Office of Homeless Services Point in Time Estimate

Baltimore City's population experiencing homelessness had been decreasing from 2016 to 2022 according to the Point-in-Time estimate, though it is important to note that the 2022 number was estimated based on a single night's count, rather than the three-day, two-night count of previous years, and thus may be an undercount.<sup>5</sup> Even among those not experiencing homelessness, adequate housing can be difficult for lower-income families to find. An analysis by the National Low Income Housing Coalition determined that a Baltimore City renter would need to work 86 hours per week at minimum wage to afford a two-bedroom apartment at fair market rent.<sup>6</sup>

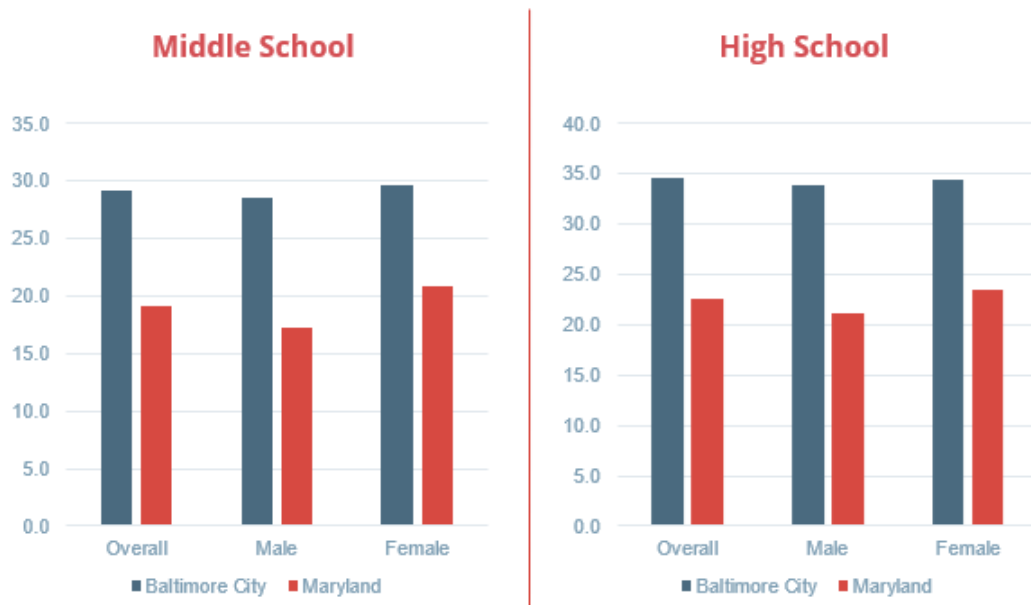
### Food desert

According to the most recent Youth Risk Behavior Survey (YRBS) in 2019, approximately 30% of middle school students and 35% of high school students worried that their family's food money would run out, compared to around 20% of both middle and high school students in Maryland as a whole.

<sup>5</sup> Baltimore City Mayor's Office of Homeless Services Point in Time Estimate. [Baltimore City 2022 PIT Count Report.pdf](#)

<sup>6</sup> National Low Income Housing Coalition. Out of Reach 2022. [Out of Reach: | National Low Income Housing Coalition \(nlihc.org\)](#)

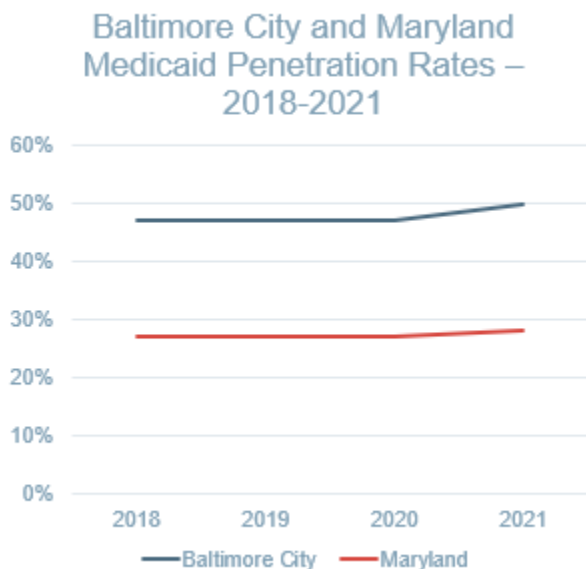
## PERCENT OF STUDENTS WORRIED THAT THEIR FOOD MONEY WOULD RUN OUT - 2019



Source: Youth Risk Behavior Surveillance System

### Medicaid Penetration Rate

Medicaid penetration rates are a further indication of poverty in an area, and while Baltimore City's rates were significantly higher than the state's from 2018 through 2020, they remained steady before trending upward in 2021.

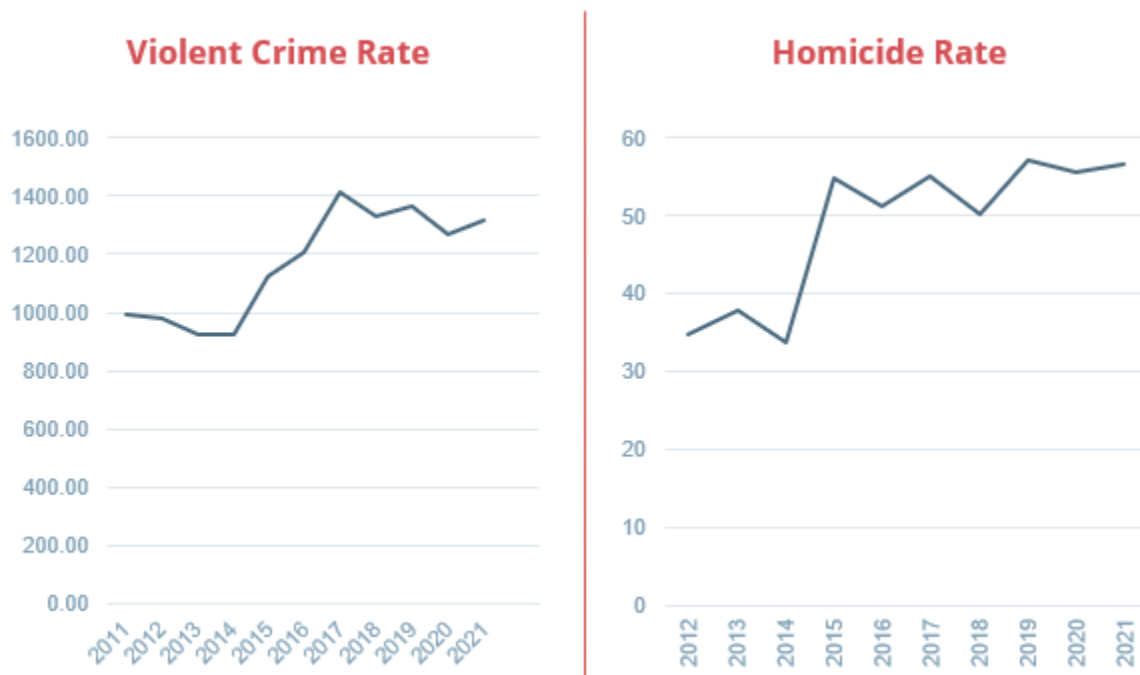


Source: Hilltop Institute, data.census.gov

## Safety needs

### Violent crime and homicide

The violent crime rate in Baltimore City, which includes murder, rape, robbery, and aggravated assault, was relatively low in the early part of the 2010s. However, beginning in 2015 - a year that coincides with the death of Freddie Gray while in police custody - the violent crime rate rose and remained steady throughout the pandemic. The homicide rate shows a similar pattern over the same time period.<sup>7</sup>



Source: FBI Crime in the United States.

Violent crime includes murder, rape, robbery, and aggravated assault.

### Police involvement in behavioral health

*“Promote reciprocal relationships between providers and the police so that both sides understand the needs of the population being served.”*

*“[E]stablish a mobile crisis response and stabilization system that does not include police responders”*

BHSB co-leads the Collaborative Planning and Implementation Committee (CPIC) to meet the behavioral health requirements of the Consent Decree between Baltimore City, the Baltimore Police Department (BPD), and the Department of Justice. CPIC envisions a police force in which

- diversion is routine,

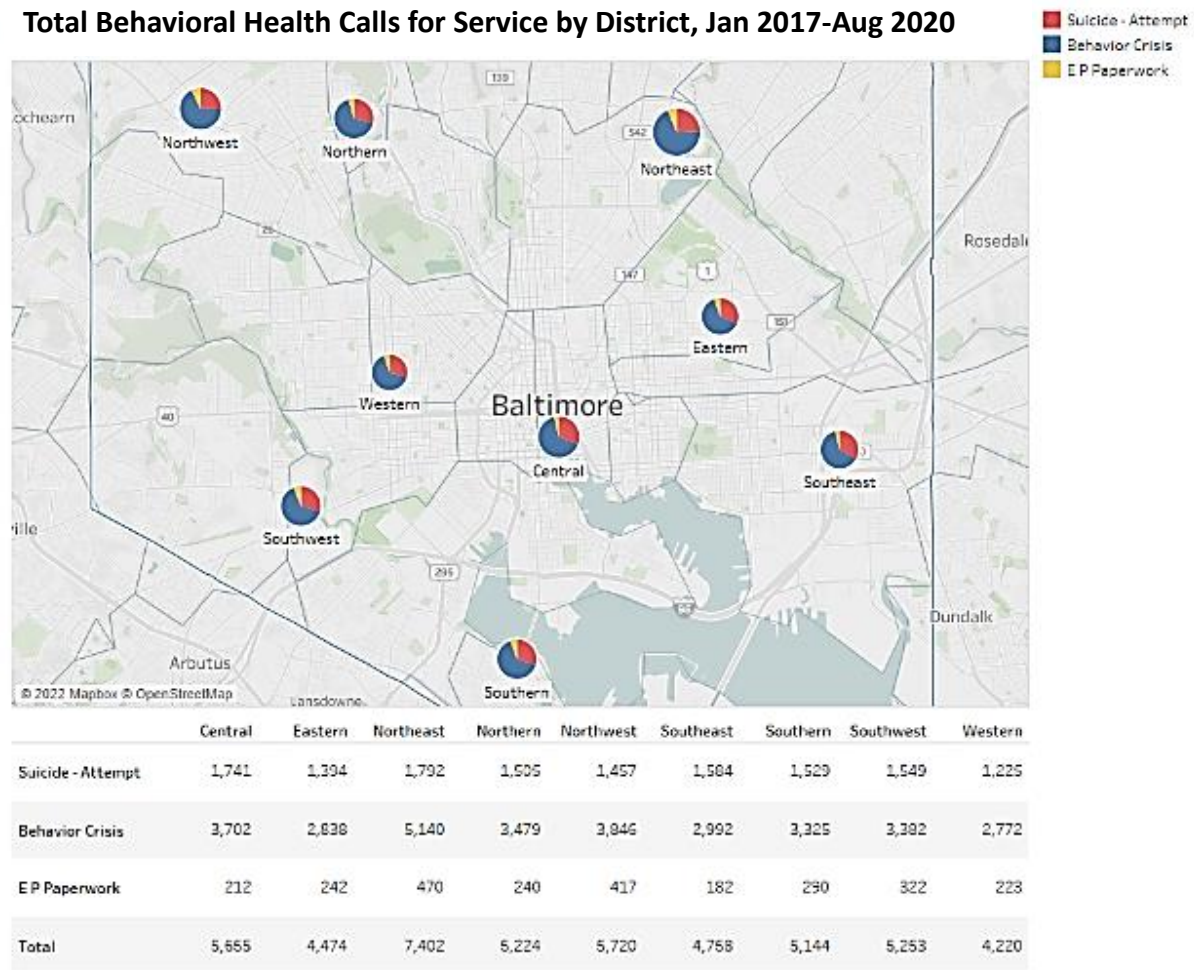
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<sup>7</sup> Governor’s Office on Crime Control & Prevention, Baltimore City Crime Dashboard, [Baltimore City Crime Dashboard - Governor’s Office of Crime Prevention, Youth, and Victim Services \(maryland.gov\)](#) .

- all officers are trained at a basic level to respond to behavioral health emergencies,
- there is a humane response to people in crisis,
- there is a sufficient number of specially trained Crisis Intervention Team (CIT) officers to be dispatched to calls for service involving people experiencing a behavioral health crisis, and
- there is a process for police to respond in partnership with the behavioral health system to allow for more complex diversion opportunities.

The data below indicate the calls for service for behavioral health purposes received by BPD from January 2017-August 2020.

### Total Behavioral Health Calls for Service by District, Jan 2017-Aug 2020

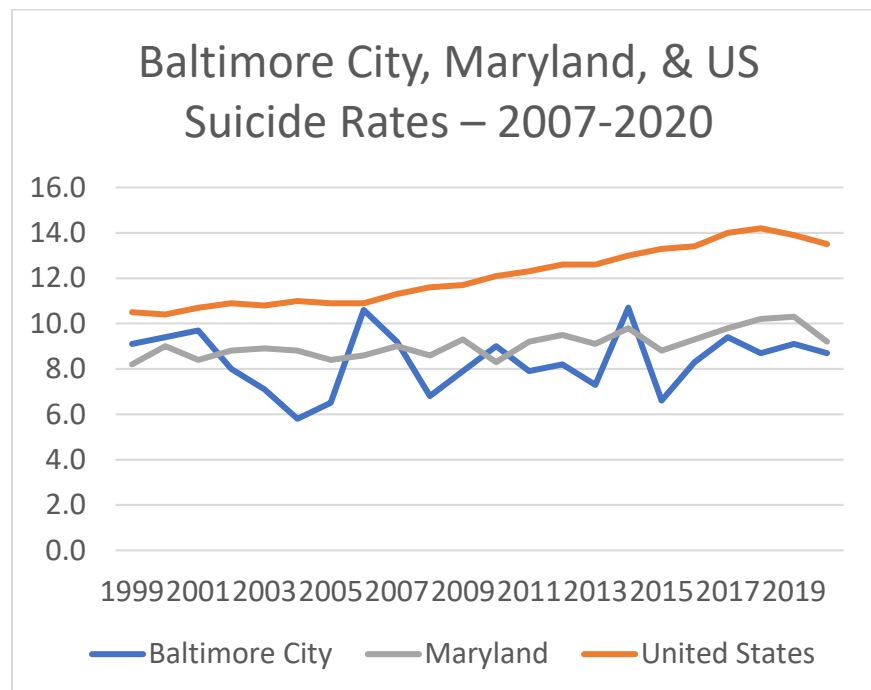


Source: BPD Calls for Service 2017-August 2020

### Suicidal behavior

The suicide rate in both Maryland and the United States as a whole has been on the rise over the last twenty years. A similar pattern has not been found in Baltimore City data; however, suicide is a rare event, and over a small population such as a city, rates are unstable, and trends

can be difficult to identify.<sup>8</sup> Despite the rarity of suicide, each death by suicide creates a cascading effect of trauma on loved ones and associates.<sup>9</sup>



Source: CDC Wonder Underlying Cause of Death Database, CDC Suicide Fact Sheet

Moreover, though suicide rates may not differ significantly between Baltimore City and the state of Maryland, data from the YRBS indicate that Baltimore City children and youth are significantly more likely to have made a plan about how they would attempt suicide. This difference is especially striking among middle school girls and high school boys.

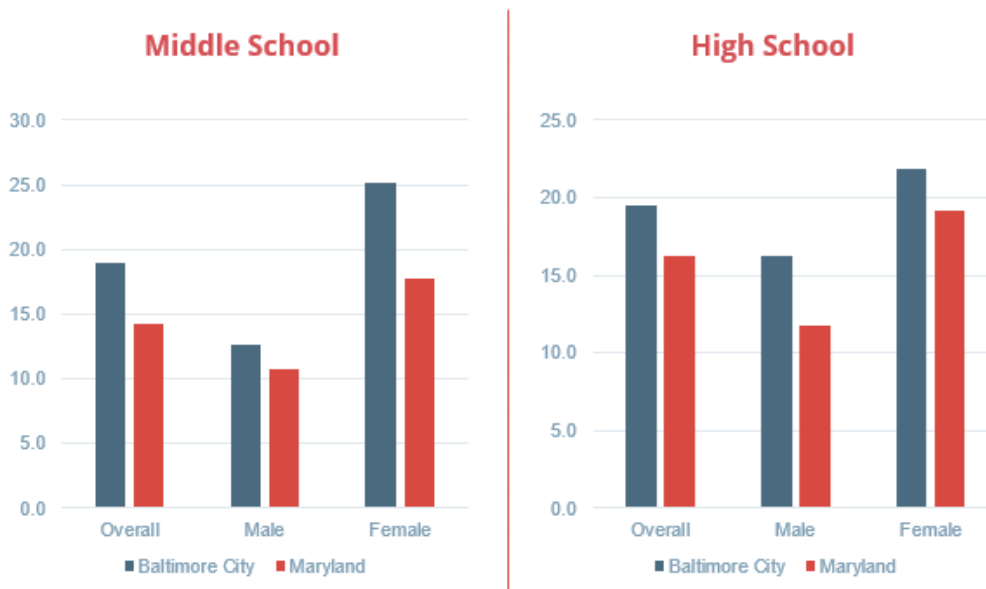
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<sup>8</sup> CDC Wonder Underlying Cause of Death Database

<sup>9</sup> CDC Suicide Fact Sheet



## PERCENT OF STUDENTS WHO MADE A PLAN ABOUT HOW THEY WOULD ATTEMPT SUICIDE - 2019



Source: Youth Risk Behavior Surveillance System

### Adverse childhood experiences (ACEs)

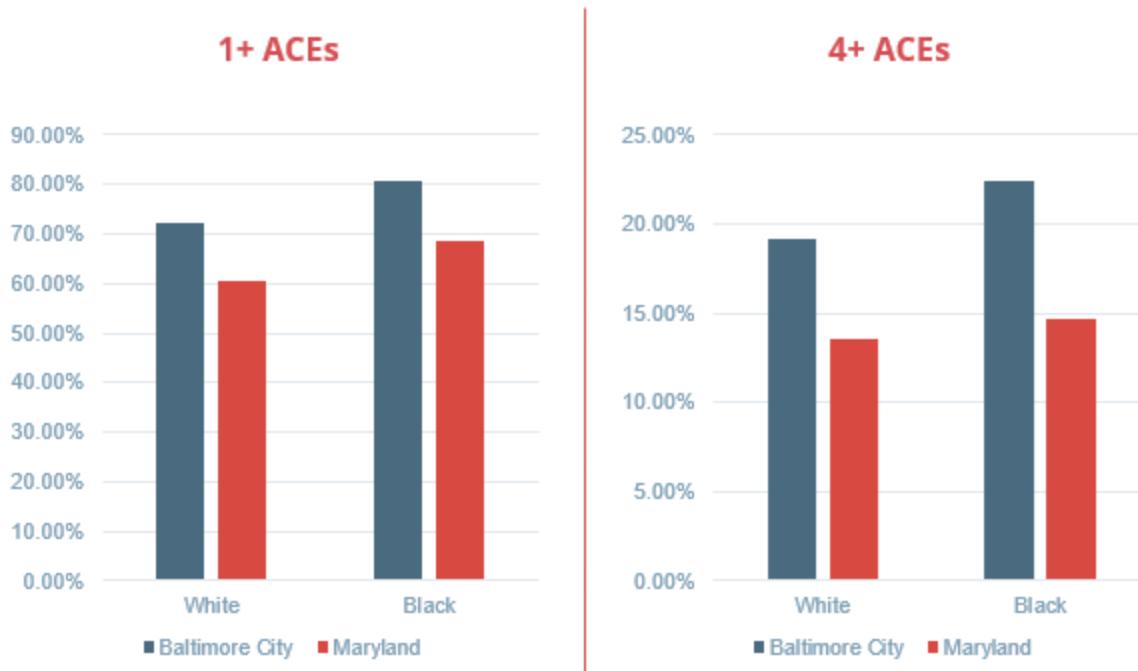
*“There is a clear need for more services and education in schools and child care programs. More parent education focusing on the children’s development.”*

*“intensive in-home services and evidence-based practices for children and youth at-risk of foster care or juvenile justice involvement.”*

During the mid-1990s, Kaiser Permanente and the Centers for Disease Control and Prevention conducted a survey of over 17,000 Kaiser Permanente members. The study demonstrated an association between adverse childhood experiences (ACEs) and health and social problems across the lifespan. It revealed that ACEs are very common and linked to every major chronic illness, costing billions of dollars each year. Adults in Baltimore City are more likely to have experienced ACEs in their youth than residents in Maryland as a whole, and this difference is especially notable in Black adults who have experienced four or more ACEs.<sup>10</sup> These data point to a need to focus prevention efforts on children and youth and to ensure that communities have the resources needed by families to prevent and mitigate the impact of traumatic and toxic adverse experiences.

<sup>10</sup> MD-IBIS - Query Builder - Maryland Behavioral Risk Factor Surveillance System (BRFSS) Data - Adverse Childhood Experiences Score, 2018

## PERCENT OF ADULTS WHO HAD ADVERSE CHILDHOOD EXPERIENCES (ACEs) - 2018



Source: MD-IBIS - Query Builder - Maryland Behavioral Risk Factor Surveillance System (BRFSS) Data - Adverse Childhood Experiences Score, 2018

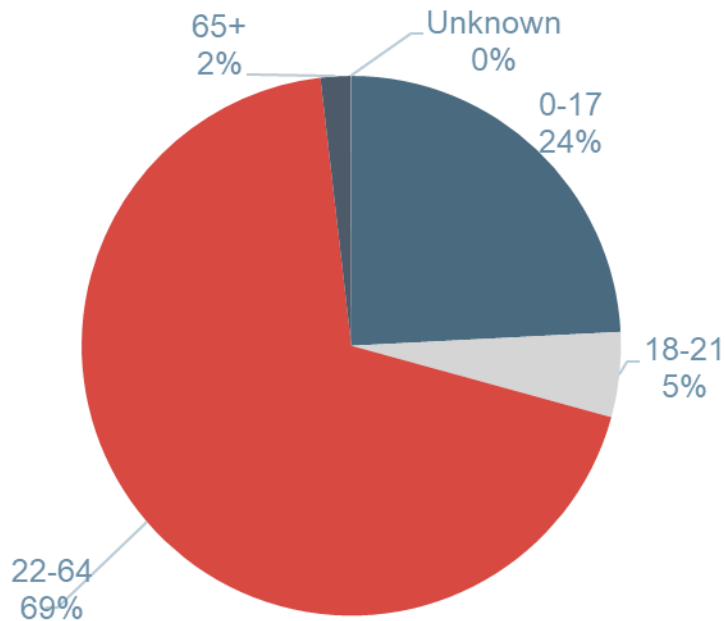
*“Family based centers for both outpatient and residential centers that provide a holistic approach for the entire family that includes prevention, health and referral services.”*

*“Elder care is on the mind, especially as COVID has specifically targeted elders. What is the role of support of elders as members of families?”*

Nearly one-quarter of consumers who had FY 2021 claims paid through September 19, 2021 in the Baltimore City public behavioral health system were under eighteen years of age. A further 5% were transitional age youth (age 18-21), emphasizing the need for treatment services for youth and their caregivers. (This data point is not updated for FY 2022 because BHSB did not receive claims data broken down by age.)

While only 2% of the same set of consumers were aged sixty-five or older, this is largely because people in that age group have their claims covered by Medicare and thus are not part of the public behavioral health system. However, their needs and the roles they play in families are important considerations.

## Age Breakdown of Public Behavioral Health System Consumers – FY21\*



Source: Optum, via Behavioral Health Administration, Maryland Department of Health

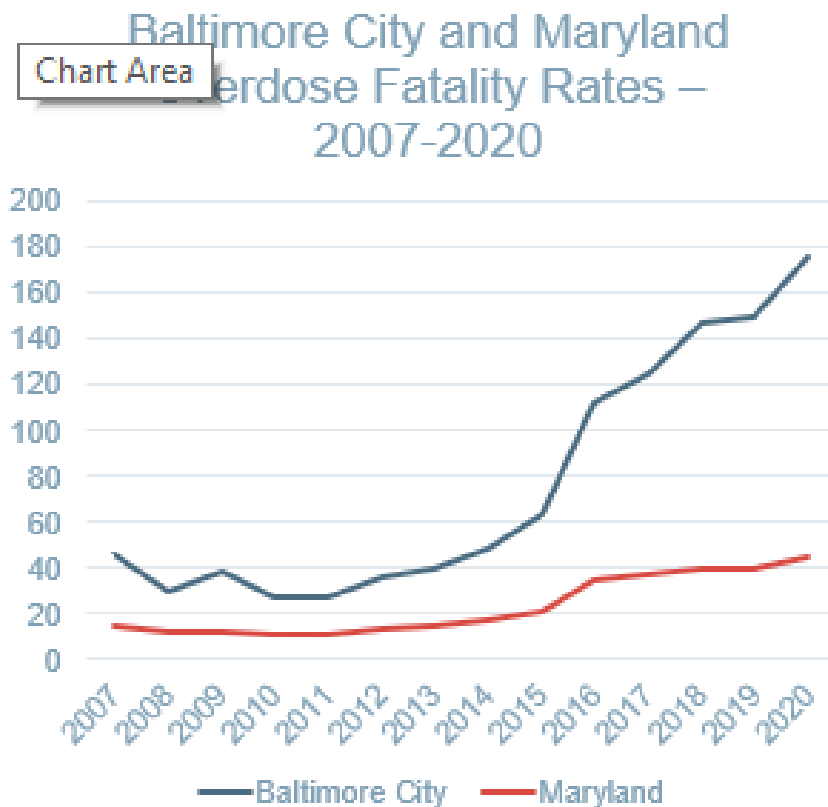
### Overdose

*“Given the ever increasing overdose rates, two areas stick out: prevention and robust harm reduction services as being underfunded, underresourced, and in need of much more attention and integration into the rest of the BH system and beyond.”*

The Baltimore City overdose fatality rate has increased in Maryland over the past five years; however, the Baltimore City rate has increased to a far greater degree,<sup>11</sup> pointing to an increased need for prevention and harm reduction techniques, as observed in the above quote. The continued presence of fentanyl, as well as the introduction of non-opioid xylazine in recent years, contribute to this increased rate.

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<sup>11</sup> Unintentional Drug- and Alcohol-Related Intoxication Deaths in Maryland, 2020 Annual Report, Maryland Department of Health, June 2021



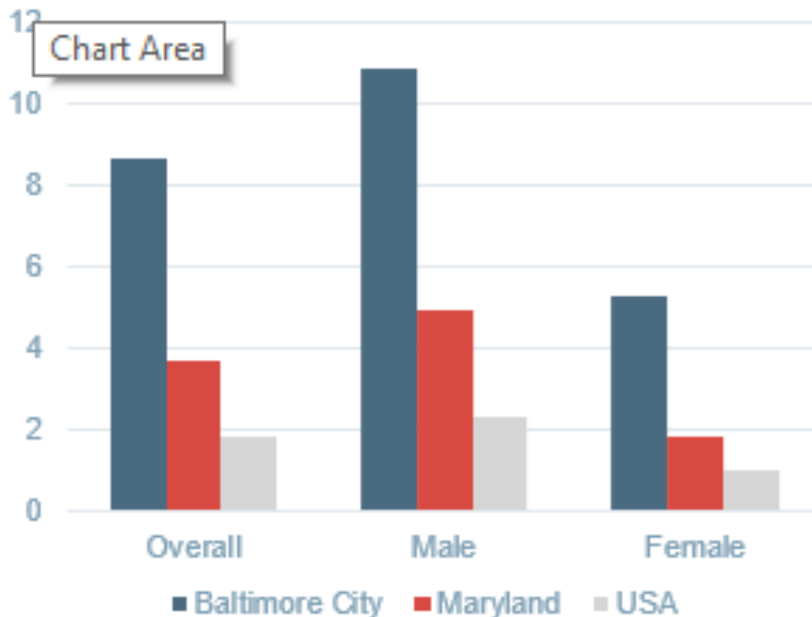
Source: Unintentional Drug- and Alcohol-Related Intoxication Deaths in Maryland, 2020 Annual Report, Maryland Department of Health, June 2021

*“Support medication assisted treatment for youth under 18 years old in community behavioral health treatment settings.”*

*“There are barely any ‘youth-friendly’ or youth-focused behavioral health providers, esp. for substance use services. Also need more treatment and recovery options that can keep family units together (parents + kids of all ages).”*

The data from the YRBS indicate that Baltimore City high school students are much more likely to have tried heroin than their counterparts in Maryland and the United States, indicating that the need for substance use prevention and treatment in Baltimore children and youth is high.

## Percent of High School Students Who Have Ever Used Heroin - 2019



Source: Youth Risk Behavior Surveillance System

### Race and equity

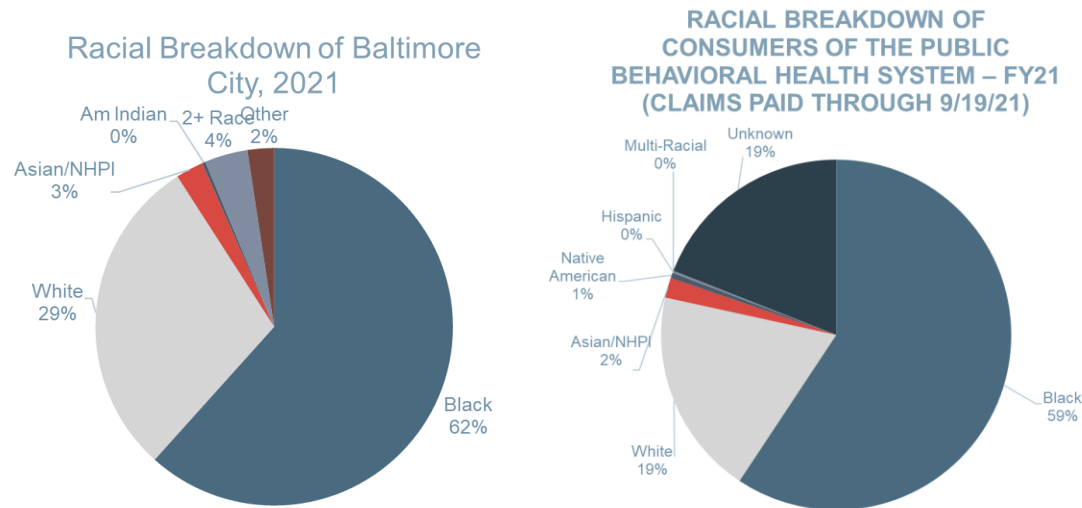
*“Directly acknowledge the history of racist medical practices as a root cause of distrust of medical systems in general, including a distrust of behavioral health.”*

*“[R]ecruitment of diverse population of behavioral health providers”*

According to the 2021 American Community Survey and historical data, Baltimore City has long had a majority Black population, and a longer history of perpetuating systemic racism and other forms of racial injustice. The city has been deeply impacted by the public health crisis of systemic racism for its entire history. Due to many abuses of Black people by the medical system,<sup>12</sup> as well as evidence-based practices normed around a white population, there is a deep distrust of the healthcare system in Black communities. BHSB works to address these injustices by investing in training for the peer support workforce, many of whom are Black, Indigenous, and people of color (BIPOC), and advocating to increase employment opportunities

<sup>12</sup> Byrd, W.M. & Clayton, L.A. (1992). An American dilemma: A history of Blacks in the healthcare system. *Journal of the National Medical Association*. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2637749>

for peers. Additionally, BHSB works to bolster the skills and capacity of front-line, non-traditional behavioral health providers such as clergy members, many of whom are BIPOC.



Source: Source: 2020 Census data, data.census.gov; Optum, via Behavioral Health Administration, Maryland Department of Health

*“All data related to behavioral health, especially that reported out by the state and city, needs to be disaggregated by race”*

*“[We] need data on the racial make up of leadership, staff, and people being served across the behavioral health system so that it is clear where inequities lie and how to address them in meaningful ways including in leadership positions.”*

BHSB is committed to becoming an antiracist organization. To that end, we are beginning to employ Results-Based Accountability (RBA), a framework for measuring the impact of our actions, to be the measurement arm of our antiracist framework. We are working to develop processes to collect data on the racial demographics of the organizations with whom we contract and will hopefully have this data to share in coming years.

*“The larger agencies are allowed to continue to receive large contracts while smaller agencies continue to struggle.”*

*“I also think it will be important to reach out to faith communities to have increased acceptance of helping people access care.”*

The qualitative data indicates that there is some perception that BHSB’s practices regarding funding of larger versus smaller organizations lack equity. This is a significant challenge, as many smaller organizations that are closer to communities lack the knowledge and/or resources necessary to manage the requirements of publicly funded contracts. BHSB is considering possible opportunities within its organizational capacity and scope to help address this long-standing challenge. One approach is a growing partnership with community and non-

traditional providers such as clergy to advance behavioral health and wellness across Baltimore City.

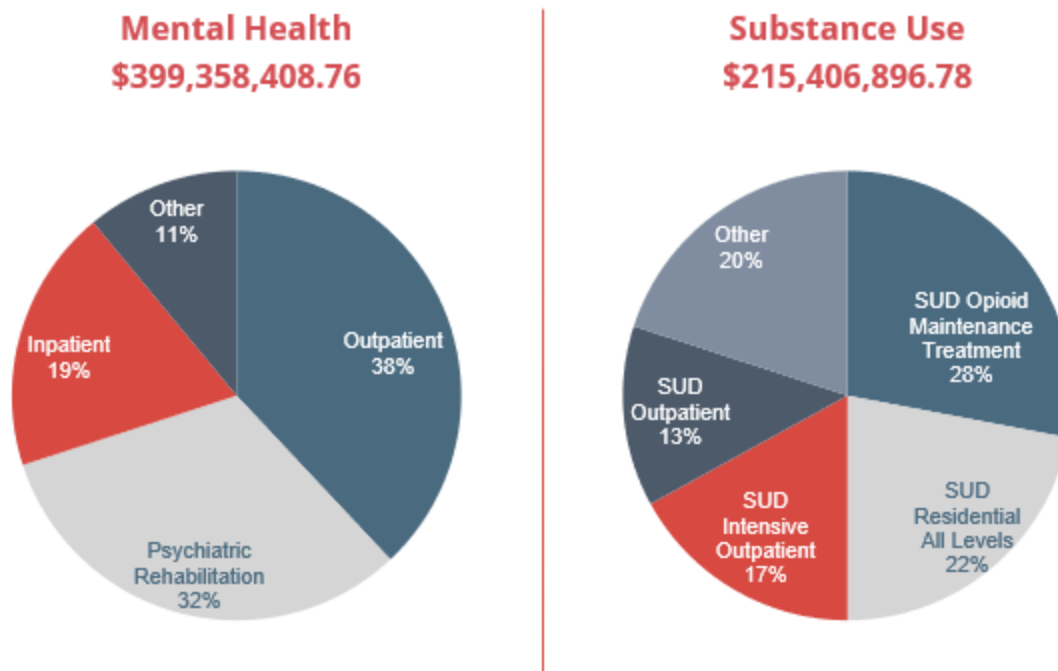
## Quality of care

*“There needs to be better oversight of service providers, actually looking at the quality of care being provided and closing down those providers that are not actually providing care, but are billing the heck out of Medicaid.”*

One of the core components of Results-Based Accountability (RBA) is to measure whether anyone is better off because of the services they receive. In this non-punitive framework, BHSB and providers can work together to choose measures and monitor if efforts are making a difference, or if adjustments need to be made to better serve consumers and the communities in which they live.

A review of the data for FY 2022 reflects that almost one-third of all fee-for-service public behavioral health system (PBHS) mental health service utilization expenditures, as collected by the Administrative Service Organization (ASO), were for mental health psychiatric rehabilitation program (PRP) services. As the public behavioral health system is a state-driven system, BHSB partners with the Behavioral Health Administration (BHA) and the ASO to audit for adherence to applicable regulations and standards that govern this area of work. In its role as the local behavioral health authority (LBHA), BHSB advances its partnership with BHA to collaboratively develop an audit tool that reflects quality metrics and fosters an understanding of PRP services and feasible ways to confirm service delivery.

## PUBLIC BEHAVIORAL HEALTH SYSTEM EXPENDITURES IN BALTIMORE CITY – FY22 (CLAIMS PAID THROUGH 10/31/22)



Source: Optum, via Behavioral Health Administration, Maryland Department of Health

*“The criteria to qualify for higher levels of care should not be so strict that it eliminates most of the people that need that level of care. The expectation of substance abuse programs should not be to force their patients into mental health therapy while they are still adjusting to life without drugs because they don’t know what to do with their clients or how to help them. There are so few long-term programs available that support individuals to stay well early on after their illness.”*

Part of quality care is ensuring that consumers have care options that meet their needs. BHSB advances a harm reduction philosophy and approach that involves meeting people where they are and helping people who use drugs live in the safest way possible, regardless of their willingness to seek treatment. When people who use drugs or people with mental health conditions seek treatment, they should be able to do so in a way that reflects their personal and cultural needs, rather than being forced into a program that requires them to make choices or enact changes they do not want or are not ready to make.

### Care integration, care coordination, and choice of care

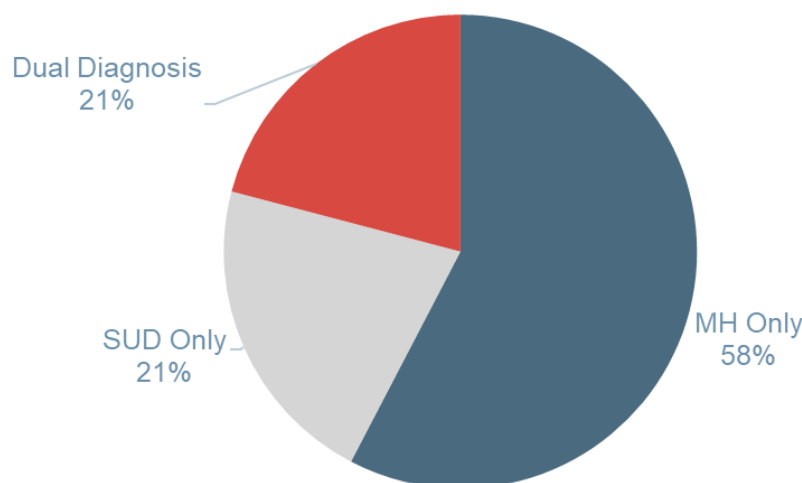
*“Help MH providers understand SUD and vise [sic] versa (but I see that it is mostly needed in MH). Attack the stigma still in the mental health provider community about SUD. I’ve heard*



*several times from MH only providers “I don’t know anything about addiction”. How can that be?”*

It has been nearly a decade since Maryland integrated its mental health and substance use services, but the separation of the two is still experienced at the local level by providers and consumers. Despite the fact that more than one-fifth of consumers receive both mental health and substance use services, the services are often provided separately, and most data from the state is reported separately. Further integration is necessary to serve consumers in a holistic manner.

### Mental Health & Substance Use Disorder Consumers in Baltimore City – FY21 (Claims paid through 9/19/2021)



Source: Optum, via Behavioral Health Administration, Maryland Department of Health

*“[A]doption of interoperable EHRs with meaningful use standards across the BH system is a significant gap and barrier to adequate understanding of what is happening in the system, including who is being served, outcomes, and how to improve care through the use of measurement-based care.”*

*“I have found that we sometimes have clients whose mental health is severe and they require supportive services such as a group home where they are monitored by clinical staff and supports, but we do not know where to find these services for our clients.”*

The size and complexity of the behavioral health system, as well as the bifurcation of mental health and substance use services, creates significant challenges in meeting the full spectrum of

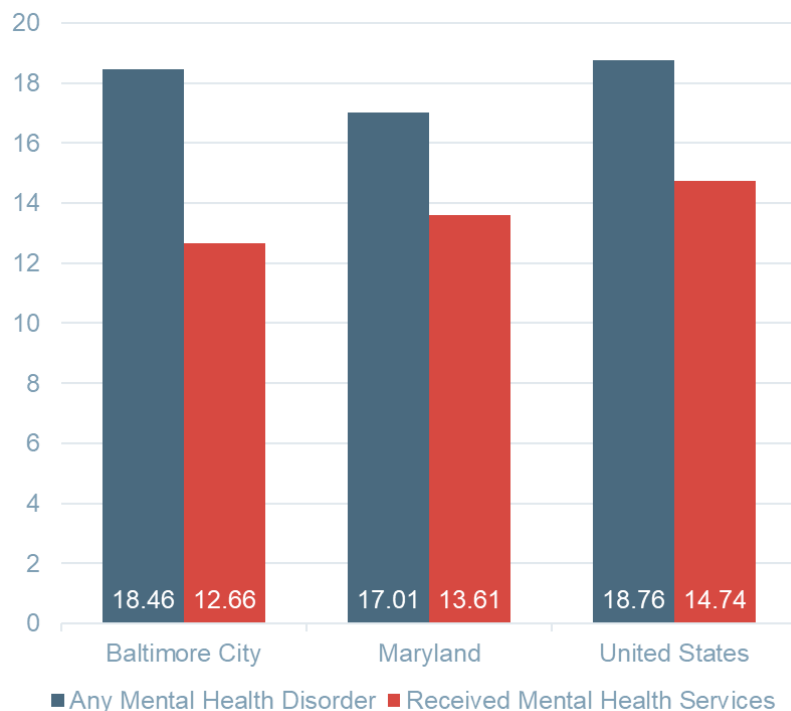
consumers' needs. Having access to information about services consumers have received or are receiving from other programs would increase opportunities to effectively coordinate care.

*“Integrate into Primary Care and Urgent Care settings”*

*“Normalize [sic] the fact that humans face challenges and assist them to acquire problem solving skills.”*

Furthermore, consumers and providers who responded to BHSB's survey expressed a need for behavioral health care to be more accessible to the consumers who need it. The National Survey on Drug Use and Health estimated approximately 18.5% of the Baltimore City population had a mental health disorder, but only 12.7% were seeking treatment in 2016-2018. A great deal of stigma still exists around people who seek help for mental health disorders and even more so for substance use disorders. One suggestion that arose through the survey is to integrate behavioral health treatment into primary care settings, though the challenges of primary care physician capacity and of educating primary care providers about the complete biopsychosocial treatment of behavioral health disorders would need to be addressed.

Percent of Population with Mental Health Disorder vs. Receiving Mental Health Services, 2016-2018



Source: Substance Abuse and Mental Health Data Archives Interactive NSDUH Substate Estimates

## Workforce needs

*“Workforce does not receive ongoing coaching and support to continue to implement evidence-based and promising practices. Reimbursement rates are insufficient to pay living wages and to support the ongoing workforce and CQI costs.”*

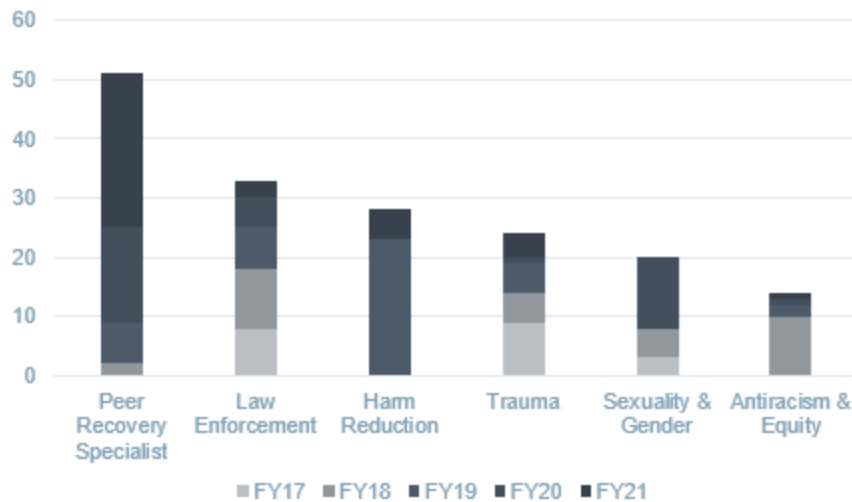
*“Many therapists at OMHCs are unwilling to receive training because they need to pay for it out of pocket. This forces clients/patients to attend substance-abuse specific programs outside of their ‘originating’ program, and it is not always successful.”*

Providers have reported that due to low wages and lack of funding, they have inadequate resources to keep up with advancements in treatment practices. BHSB has significantly increased its efforts around providing trainings for the behavioral health workforce, including trainings for peer recovery specialists, law enforcement, clinicians, and people engaged in harm reduction activities. While these are important topics, they might not be meeting providers’ basic needs around keeping up to date with the latest treatment modalities.

The current imbalance between workload and funding is the biggest obstacle preventing BHSB from devoting more attention and resources to the many opportunities to expand its work and the system of care in the city. This imbalance might worsen if funding is cut, which is an ongoing possibility in a tight budget landscape both at the state and city levels.

To advance its capacity to support this work, BHBS standardized and streamlined its practices related to identifying and selecting trainers to reduce the administrative burden both internally and for potential trainers. A standard rate was set, a new contract template was developed, and an application process was implemented that allows trainers to submit applications on a rolling basis.

## BHSB WORKFORCE DEVELOPMENT TRAININGS



Source: BHSB Training Tracking

*“Development of and training to support programs specific to working with youth on the Autism Spectrum and Intellectual and Developmental Disabilities. There are not nearly enough services and quality trainings available to address working with these groups.”*

*“Substance use services for youth and Autism Spectrum and IDD/DD services are severely lacking.”*

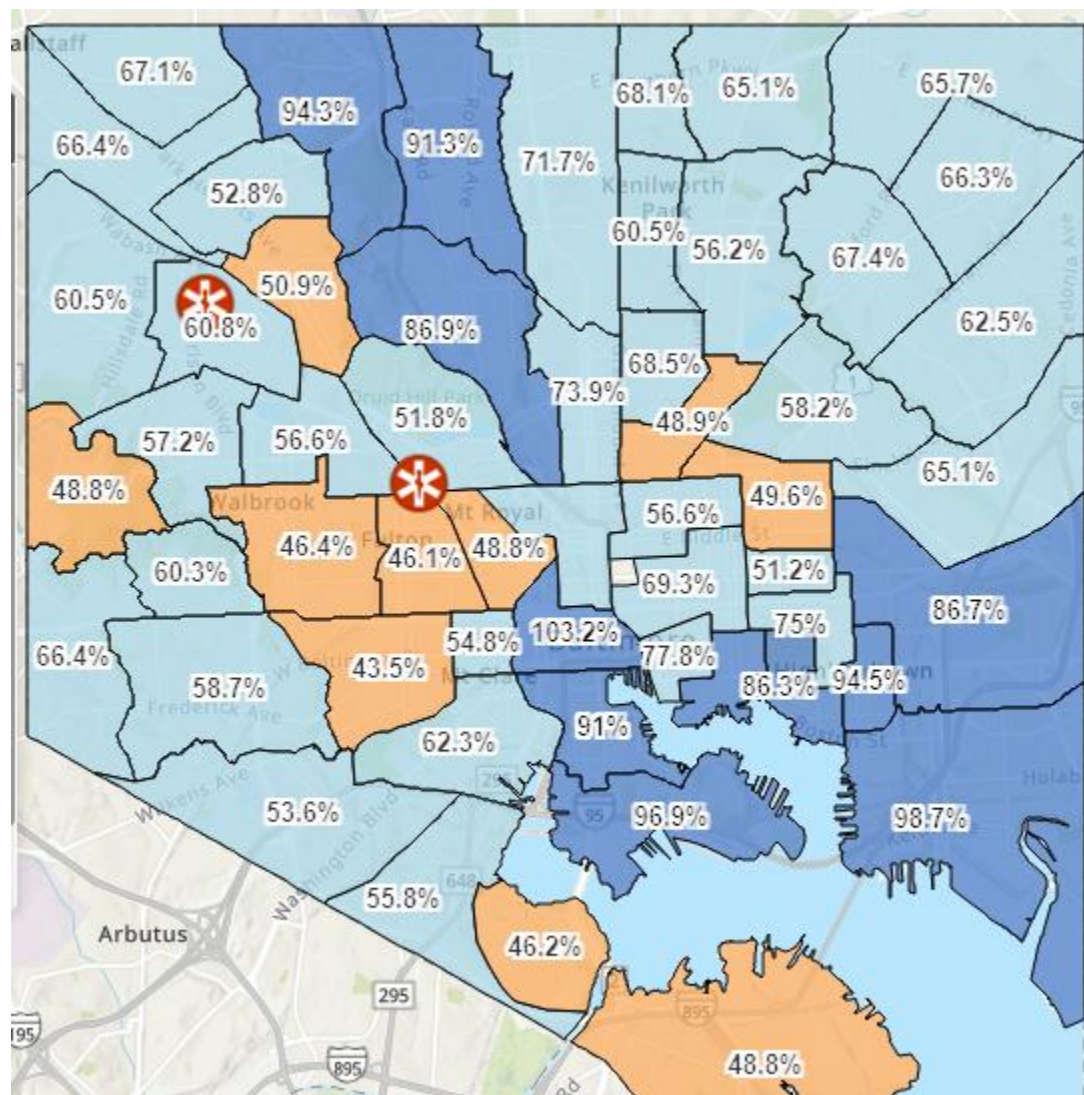
While autism and intellectual and developmental disabilities (IDD) treatment is not covered under the public behavioral health system, the fact remains that there is a high amount of comorbidity between autism/IDD and behavioral health conditions. According to the Autism Research Institute, 84% of individuals with autism suffer from anxiety, and 26% suffer from depression. Additionally, persons with autism but without IDD are twice as likely as someone without autism to suffer from a substance use disorder. Similarly, the National Association for the Dually Diagnosed reports that approximately 35% of individuals with IDD also suffer from mental illness. The result is that providers are often tasked with treating one of these conditions without having sufficient knowledge about the other, which limits their capacity to offer holistic treatment.

### COVID-19

BHSB has been working with providers and public health partners since the start of the COVID-19 pandemic to ensure that Baltimore City residents continue to receive high quality behavioral

health care and have access to public health resources to support their health and well-being. BHSB hosts regular provider meetings to share resources and facilitate problem-solving, maintains a website with centralized access to information and resources, and distributes personal protective equipment and cleaning supplies to behavioral health providers. In addition, BHSB collaborates with providers, the Baltimore City Health Department, and the Maryland Department of Health to facilitate access to COVID-19 vaccinations for PBHS service recipients.

Baltimore City Resident COVID-19 First or Single Dose Vaccination Coverage by Community Statistical Area (CSA) (all ages) (updated 12/19/2022)



Source: Baltimore City Health Department

## Public behavioral health system administrative data

Statewide PBHS Service Utilization FY 2021-23: Mental Health						
Service Category	Total Unduplicated Consumer Counts			Total Expenditures		
	FY 2021	FY 2022	FY 2023	FY 2021	FY 2022	FY 2023
1915(i) Waiver	34	33	10	\$89,791	\$125,459	\$10,968
Baltimore Group (Capitation)	365	354	307	\$9,101,186	\$8,784,274	\$2,607,392
Case Management	5,412	5,199	3,542	\$18,722,089	\$17,787,760	\$5,280,434
Crisis	2,879	3,197	1,184	\$17,019,007	\$18,185,216	\$5,893,981
Emergency Petition	60	64	0	\$37,195	\$33,350	\$0
Inpatient	15,558	15,446	5,538	\$261,926,930	\$249,880,245	\$63,172,682
Mobile Treatment	4,807	4,793	3,772	\$49,412,398	\$51,935,166	\$14,739,292
Outpatient	213,423	226,305	155,855	\$474,914,299	\$528,827,271	\$164,489,110
Partial Hospitalization	848	1,088	336	\$4,266,099	\$4,763,491	\$1,356,476
Psychiatric Rehabilitation	45,720	45,719	33,747	\$314,476,717	\$330,385,027	\$87,485,000
Residential Rehabilitation	2,658	2,590	2,226	\$11,657,553	\$11,998,167	\$3,442,233
Residential Treatment	356	273	165	\$28,472,880	\$27,899,916	\$8,193,984
Respite Care	294	227	129	\$590,086	\$549,996	\$101,749
Supported Employment	2,932	2,909	2,068	\$9,401,028	\$10,035,775	\$2,331,360
<b>TOTAL</b>	<b>230,361</b>	<b>242,705</b>	<b>173,347</b>	<b>\$1,200,087,260</b>	<b>\$1,261,191,112</b>	<b>\$359,104,660</b>

PBHS Service Utilization FY 2021-23: Mental Health						
<b>County: Baltimore City</b>						
Service Category	Total Unduplicated Consumer Counts			Total Expenditures		
	FY 2021	FY 2022	FY 2023	FY 2021	FY 2022	FY 2023
1915(i) Waiver	2	0	0	3,457	0	0
Baltimore Group (Capitation)	335	320	278	8,519,367	8,118,117	2,340,208
Case Management	1,052	1,021	638	3,257,360	3,259,548	876,727
Crisis	662	795	288	3,542,893	3,631,510	1,232,040
Emergency Petition	4	7	0	2,473	2,862	0
Inpatient	3,732	3,609	1,333	75,776,274	70,362,316	16,749,350
Mobile Treatment	1,357	1,327	1,033	15,355,749	15,454,740	4,178,473
Outpatient	59,297	62,245	42,783	150,215,602	164,757,882	51,213,937
Partial Hospitalization	168	270	102	1,048,925	1,204,923	426,547
Psychiatric Rehabilitation	21,933	21,658	16,291	127,998,298	136,032,996	38,222,910
Residential Rehabilitation	367	387	306	1,526,986	1,573,414	463,054
Residential Treatment	184	142	78	11,271,433	11,348,769	3,353,568
Respite Care	29	15	9	52,261	25,048	6,877
Supported Employment	275	266	143	787,332	721,890	193,309
<b>TOTAL</b>	<b>66,195</b>	<b>68,535</b>	<b>49,909</b>	<b>\$399,358,409</b>	<b>\$416,494,015</b>	<b>\$119,257,001</b>

PBHS Service Utilization FY 2021-23: Substance Use Disorder						
County: Baltimore City						
Service Category	Total Unduplicated Consumer Counts			Total Expenditures		
	FY 2021	FY 2022	FY 2023	FY 2021	FY 2022	FY 2023
Gambling	6	11	5	\$5,643	\$5,760	\$3,253
SUD Inpatient	1,385	1,143	319	\$4,497,777	\$3,520,436	\$802,357
SUD Intensive Outpatient	5,296	5,860	3,438	\$31,204,020	\$41,439,511	\$16,314,862
SUD Labs	15,082	15,329	7,710	\$8,247,662	\$8,957,603	\$2,523,681
SUD MD Recovery Net	286	421	131	\$361,021	\$679,275	\$178,350
SUD Opioid Maintenance Treatment	13,324	11,537	8,859	\$50,636,670	\$47,227,137	\$13,800,051
SUD Outpatient	14,166	14,027	7,120	\$23,458,043	\$25,232,550	\$7,420,894
SUD Partial Hospitalization	1,998	2,551	1,142	\$11,223,208	\$19,460,545	\$7,301,507
SUD Residential - Court Ordered Placement	103	173	59	\$1,352,137	\$2,740,171	\$528,620
SUD Residential - Women with Children/Pregnancy	46	41	8	\$506,989	\$363,085	\$61,769
SUD Residential All Levels	4,351	4,947	2,262	\$40,642,780	\$50,083,608	\$15,676,705
SUD Residential ICFA	5	2	2	\$49,053	\$9,709	\$13,408
SUD Residential Room and Board	4,334	4,889	2,241	\$10,888,397	\$14,204,314	\$4,759,973
SUD Residential Room and Board - Court Ordered Placement	112	172	57	\$492,296	\$1,092,628	\$207,512
SUD Residential Room and Board - Women with Children/Pregnancy	47	43	9	\$463,283	\$390,565	\$79,745
<b>TOTAL</b>	<b>32,895</b>	<b>31,731</b>	<b>20,535</b>	<b>\$184,028,979</b>	<b>\$215,406,897</b>	<b>\$69,672,686</b>

Analysis of the 2021-2023 claims was difficult given the limitations of the data provided. Without a breakdown by race or age, or the detail-level data that has been requested, BHSB is unable to identify populations that account for changes in the data over time. An across-the-board increase in reimbursement rates could account for changes in costs per consumer, but without unit level data, the extent to which this is true is unclear, especially since many service lines did not have differences in this area. Specifically, Baltimore City and the state of Maryland saw increases in cost per consumer in crisis services and residential services (for both substance use and mental health disorders) and a decrease in mental health cost per consumer, indicating these changes are likely on the state level rather than the city level.

In light of the many challenges encountered in the current ASO data system and the ongoing efforts to reconcile claims, for future analyses it would be helpful if the data supplied included comments from BHA addressing the best estimation of the accuracy of the data and its reliability for basing analyses and drawing conclusions. In addition, lack of complete data from prior years makes it hard to track change over time and conduct year-to-year comparisons.

BHSB has also requested the weekly claims detail data report that used to be available to LBHAs. Prior to the change in the current ASO vendor, BHSB had set up an automated process to download, analyze, and visualize the weekly claims detail files. This automated process increased BHSB's capacity to perform its assigned functions as the local system manager.

Lastly, standard reports historically provided to LBHAs would be helpful. High-cost user reports and real-time high inpatient utilizer notifications from the ASO were also lost in the transition to the current ASO. This information is essential for LBHAs to actualize the role of managing the local system of care more fully and identify individuals and families who would benefit from increased system-level care coordination to identify unmet needs and the services and supports that are needed to address those needs.



## 6. Systems management integration

### INTEGRATION STATUS REPORT TO INCLUDE IN LOCAL ANNUAL REPORT TO BHA

*FOCUS ON THE OUTCOME: An integrated approach to managing the Public Behavioral Health System is intended to support individuals and families in accessing and receiving high quality, person-centered services and supports in a coordinated way that appears seamless*

TOPIC	Score
1: One Integrated Behavioral Health Plan for the Local Jurisdiction / Region	4
2: Integrated Local Behavioral Health Advisory Council	4
3: Budget that Supports Integrated Operations	4
4: Integration of Behavioral Health Approach Among Providers	3
5: Integrated Behavioral Health Messaging and Outreach	4
6: Integrated Approach to Behavioral Health for Staff	4
<b>TOTAL INTEGRATION STATUS SCORE (0-24)</b>	<b>23</b>

**DIRECTIONS:** For each of the six topics below, check every item that exists in your LBHA, or your CSA and LAA *together*. Then, count the number of checked boxes (up to four) for that topic and insert that number next to the topic into the table above. Add the topic scores to get your current Integration Status score.

**1: One Integrated Behavioral Health Plan for the Local Jurisdiction / Region** (*builds on prior domains: Leadership and Governance; Planning and Data Driven Decision-Making*)

- ☒ a. One integrated behavioral health plan for the local public behavioral health system that meets state requirements, aligns with the BHA statewide behavioral health plan, and meets all parameters required by BHA.
- ☒ b. The local plan describes a shared vision and strategic priorities that include a focus on integrated system planning and management
- ☒ c. A local mechanism is in place to measure and document progress toward taking an integrated approach to managing the Public Behavioral Health System in the local area
- ☒ d. All elements of the local plan consider both mental health and substance use disorders

TOTAL NUMBER OF BOXES CHECKED (0 to 4):   4   (insert score in table above)

**2: Integrated Local Behavioral Health Advisory Council** (*builds on prior domains: Leadership and Governance*)

- ☒ a. A single local Advisory Council is in place to address behavioral health (i.e., mental health and substance use) -- OR -- the local mental health advisory council and the substance use-related advisory council meet jointly at least annually
- ☒ b. The local Advisory Council(s) includes community members who have lived experiences with mental health, substance use, and co-occurring disorders
- ☒ c. The local Advisory Council(s) includes providers with clinical and service expertise in mental health, substance use, and co-occurring disorders
- ☒ d. A local structure, including staff support, is in place to coordinate and communicate both mental health and substance use information to the local Advisory Council(s)

TOTAL NUMBER OF BOXES CHECKED:   4   (insert score in table above)

**3: Budget that Supports Integrated Operations** (*builds on prior domains: Budgeting and Operations*)

- ☒ a. Budgeting functions are in one LBHA -- OR -- are closely coordinated between the CSA and LAA based on a written agreement to reduce duplication and maximize resource use
- ☒ b. Operations are within one LBHA -- OR -- are tightly coordinated between the CSA and LAA based on a written agreement to reduce duplication and maximize use of resources
- ☒ c. A local mechanism is in place for reviewing mental health and substance use disorder budgeting and operations for opportunities to further integrate and maximize efficiencies
- ☒ d. A local mechanism is in place to integrate and/or braid system management budgets, with appropriate monitoring and tracking to meet separate funding source requirements

TOTAL NUMBER OF BOXES CHECKED:   4   (insert score in table above)

**4: Integration of Behavioral Health Approach Among Providers** (*builds on prior domains: Quality; Stakeholder Collaboration*)

- ☒ a. There is a local understanding of the meaning of integrated behavioral health services
- ☒ b. Local meetings are regularly held with providers of mental health, substance use, and co-occurring disorder services to jointly discuss integrated behavioral health approaches
- ☒ c. Education and training on best practices in behavioral health, cultural competency and related topics is routinely provided to clinical and non-clinical providers in the local area
- ☐ d. Encouragement, information and incentives are offered to local behavioral health providers to coordinate formally and informally with local primary care providers

TOTAL NUMBER OF BOXES CHECKED:   3   (insert score in table above)

**5: Integrated Behavioral Health Messaging and Outreach** (*builds on prior domains: Public Outreach, Individual and Family Education*)

- ☒ a. A local coordinated communication process is in place to educate individuals, families and the public about behavioral health and the link between mental health and substance use
- ☒ b. Local outreach and information for the public always includes the link between mental health and substance use disorders even if there is a primary focus on only one area
- ☒ c. LBHA, or CSA and LAA, websites, promotions and advertisements are designed to support and promote an integrated approach such as a standardized logo and single point of contact for all public messaging about behavioral health
- ☒ d. Behavioral health integration is promoted within the entire organization if part of another agency (e.g., local health department) and with partner agencies

TOTAL NUMBER OF BOXES CHECKED:   4   (insert score in table above)

**6: Integrated Approach to Behavioral Health for Staff** (*builds on prior domains: Workforce; Stakeholder Collaboration*)

- ☒ a. All LBHA, CSA and LAA employees, including leaders, are trained in integrated system management expectations so that they can articulate their role in helping to manage the Public Behavioral Health System at the local level
- ☒ b. The LBHA, or CSA and LAA, organizational structure formally connects staff with substance use disorder and mental health expertise to support and encourage collaboration

☒

c. Cross training opportunities are provided to LBHA, or CSA and LAA, staff

☒

d. All LBHA, CSA and LAA position descriptions include the expectation of developing some level of knowledge in both mental health and substance use disorders as part of their role in managing the Public Behavioral Health System at the local level

TOTAL NUMBER OF BOXES CHECKED: \_\_\_\_4\_\_\_\_ (*insert score in table above*)

## 7. Cultural and linguistic competence

### PART 1: CLAS self-assessment

*Instructions:* Include a copy of the CLAS Self-Assessment Tool that was completed and used to inform the 2024-2026 CLCSP here.

#### NATIONAL CLAS STANDARDS SELF-ASSESSMENT TOOL

GOAL 1: ESTABLISH AND MAINTAIN CULTURALLY AND LINGUISTICALLY COMPETENT BEHAVIORAL HEALTH SERVICES		LEVEL			
		0	1	2	3
1	Our Mission and Vision statements reflect organizational commitment to cultural and linguistic competence. (Standard 1)				X
2	We have established culturally and linguistically appropriate goals, management accountability, and infused them throughout the organization's planning and operations. (Standard 9)			X	
3	Our organizational governance and leadership promote and use CLAS standards in policies, practices and allocation of resources. (Standard 2)		X		
4	We have created conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints. (Standard 14)	X			
5	We communicate our organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public. (Standard 15)		X		
GOAL 2: ELIMINATE CULTURAL AND LINGUISTIC BARRIERS TO ACCESS OF BEHAVIORAL HEALTH SERVICES					
1	We offer language assistance to individuals with limited English proficiency (LEP) and/or other language and communication needs including individuals who use American Sign Language, at no cost to			X	

	them, to facilitate timely access to behavioral health services. (Standard 5)				
2	We inform all individuals of the availability of spoken, signed, and written professional language assistance services in their preferred language or form of communication. (Standard 6)		X		
3	We ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided. (Standard 7)				X
4	We provide easy-to-understand print and multimedia materials and signage in the languages commonly used by individuals in our community. (Standard 8)				X
<b>GOAL 3: CREATE A SYSTEM OF DATA DRIVEN DECISION-MAKING PROCESSES THAT RESULT IN THE FORMATION OF CULTURALLY AND LINGUISTICALLY COMPETENT POLICIES AND PRACTICES</b>					
1	We conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of the community we serve. (Standard 12)		X		
2	We collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery. (Standard 11)			X	
<b>GOAL 4: SUPPORT THE USAGE OF EVIDENCE-BASED PRACTICES TO ADDRESS THE UNIQUE NEEDS OF INDIVIDUALS SERVED IN MARYLAND'S PBHS</b>					
1	We conduct ongoing assessments of our organization's CLAS-related activities and integrate CLAS-related quality improvement and accountability measures into program activities. (Standard 10)		X		
2	We partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness. (Standard 13)		X		

<b>GOAL 5: ADVOCATE FOR AND INSTITUTE ONGOING WORKFORCE DEVELOPMENT PROGRAMS IN CULTURAL AND LINGUISTIC COMPETENCE REFLECTIVE OF MARYLAND'S DIVERSE POPULATION</b>					
1	We recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the community we serve. (Standard 3)			X	
2	We provide orientation and training to new and existing members of our governing body, leadership, and staff on culturally and linguistically appropriate policies and practices on a regular basis. (Standard 4)		X		

## PART 2: Overarching goals and selected standards for priority focus

**Instructions:** For each of the overarching goals below list the (a) associated standard that is prioritized for focus, then, include the following information for each overarching goal in the space provided: (b) strategies to build competency for the selected standard, (c) performance measures for achieving competency for the selected standard, and (d) intended impact for addressing the selected standard.

Refer to your completed CLAS Self-Assessment Tool to identify the prioritized standard that has been selected for focus under each of the overarching goals. Refer to the CLCSP Guidelines for additional information.

[https://bha.health.maryland.gov/Documents/CLCSP%20final%20document%20-%20TA%2004.25.19%20\(1\).pdf](https://bha.health.maryland.gov/Documents/CLCSP%20final%20document%20-%20TA%2004.25.19%20(1).pdf)

### Operationalizing equity and antiracism

The U.S. Department of Health and Human Services (HHS) developed the National Culturally and Linguistically Appropriate Services (CLAS) Standards to advance health equity, improve quality, and help eliminate health care disparities. By tailoring services to an individual's culture and language preferences, health professionals can help bring about positive health outcomes for diverse populations. One component of this work is to build structures and practices that address stigma, bias, and discrimination.

This work aligns with BHSB's core value of equity and its organizational commitment to becoming a fully inclusive, antiracist organization. BHSB created the *Antiracist Organizational Framework* (see Appendix A), which provides context about why and how BHSB is doing this work. The document also helps organize what is being done

across the organization so BHSB can be accountable to itself and the broader community. Work is happening to advance collective and individual accountability for infusing antiracist and inclusive principles and concepts into processes and practices.

Four collaborative workgroups, separately and together, advance a culture that operationalizes BHSB's core values by creating spaces to build relationships with one another. While each of the four organizational workgroups has a specific focus, their purposes and goals are aligned and inter-connected. These groups, which are comprised of staff across all departments and at all levels within the organization, include:

- Equity & Inclusion: serves as a change agent to promote a more equitable and inclusive workplace and system of care, oversees Lunch and Learns sessions and conducts the annual racial justice organizational assessment.
- NEAR (Neuroscience, Epigenetics, Adverse Childhood Experiences (ACEs), and Resilience): educates about the impact of ACEs, toxic stress, and trauma, with the goal of transforming policies and practices that encompass equity, wellness, and social connection.
- Social: creates opportunities for staff to build connections with one another, which is essential to build and maintain trust and promote wellness.
- Wellness: facilitates activities that support experiential learning about health and wellness and helps build a workplace environment that is supportive of living a healthy lifestyle.

The third annual racial justice organizational assessment was completed at the end of 2021, and the results were discussed with all staff. The Equity & Inclusion Workgroup is planning enhancements to the organizational assessment process, particularly how to capture morale, along with progress being made toward becoming an antiracist organization.

BHSB's FY 2024 goals related to the national CLAS standards are below.

<b>GOAL 1: ESTABLISH AND MAINTAIN CULTURALLY AND LINGUISTICALLY COMPETENT BEHAVIORAL HEALTH SERVICES</b>
<b><i>Selected a standard for priority focus</i></b> (What is the standard selected; include language for the standard as stated in the CLAS Self-Assessment Tool):  <i>We have established culturally and linguistically appropriate goals, management accountability, and infused them throughout the organization's planning and operations. (Standard 9)</i>



**Strategies to build competency** (What tasks and activities will be implemented to build competency for the prioritized standard):

Result 1, non-RBA Strategy 2 of BHSB's strategic plan:

Implement processes and practices that advance an antiracist organizational culture.

**Performance Measures** (How will success be measured):

Develop an organizational culture document that outlines the type of beliefs, behaviors, and practices voluntarily demonstrated by the individuals within the organization to uplift our values and operationalize BHSB's antiracist organizational framework.

**Intended impact** (What is the intended impact for addressing the prioritized/selected Standard):

White supremacy and other systems of oppression are embedded in interpersonal interactions, institutions, and broader societal structures, causing untold generations of harm. The impact extends beyond race, intersecting with oppression based on gender, class, sexual orientation, disability, and other identities. For this reason, becoming an antiracist organization necessarily includes addressing all systems of oppression. This strategy is intended to help shift BHSB's culture.

## **GOAL 2: ELIMINATE CULTURAL AND LINGUISTIC BARRIERS TO ACCESS BEHAVIORAL HEALTH SERVICES**

**Selected a standard for priority focus** (What is the standard selected; include language for the standard as stated in the CLAS Self-Assessment Tool):

We provide easy-to-understand print and multimedia materials and signage in the languages commonly used by individuals in our community. (Standard 8)

**Strategies to build competency** (What tasks and activities will be implemented to build competency for the prioritized standard):

Result 2, RBA Strategy 1 of BHSB's strategic plan:

Ensure that supportive services that embrace harm reduction principles are available to people along the full spectrum of drug use, including people who do not need or want treatment and those that are actively engaged in treatment

**Performance Measures** (How will success be measured):

BHSB is developing its capacity to use Results Based Accountability™ (RBA). The next phase of work for this RBA strategy is to use the RBA methodology and tools to create performance measures and action steps to advance this strategy.

**Intended impact** (What is the intended impact for addressing the prioritized/selected Standard):

Increase access to behavioral health services and supports for people who use drugs and do not choose to abstain or engage in treatment.

**GOAL 3: CREATE A SYSTEM OF DATA DRIVEN DECISION-MAKING PROCESSES THAT RESULT IN THE FORMATION OF CULTURALLY AND LINGUISTICALLY COMPETENT POLICIES AND PRACTICES**

**Selected a standard for priority focus** (What is the standard selected; include language for the standard as stated in the CLAS Self-Assessment Tool):

We conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of the community we serve. (Standard 12)

**Strategies to build competency** (What tasks and activities will be implemented to build competency for the prioritized standard):

Result 3, non-RBA Strategy 1 of BHSB's strategic plan:

Create a process to collect qualitative data from community members and use it to inform our work

**Performance Measures** (How will success be measured):

Tool to collect qualitative data is selected

BHSB pilots use of the tool.

Focus group convened to gather information from community leaders about barriers to collecting data from the community.

**Intended impact** (What is the intended impact for addressing the prioritized/selected Standard):

*BHSB collects qualitative data to learn about community health needs and uses the results to plan and implement services that meet the array of cultural and linguistic needs in Baltimore City.*

**GOAL 4: SUPPORT THE USAGE OF EVIDENCE-BASED PRACTICES TO ADDRESS THE UNIQUE NEEDS OF INDIVIDUALS IN MARYLAND’S PUBLIC BEHAVIORAL HEALTH SYSTEM**

**Selected a standard for priority focus** (What is the standard selected; include language for the standard as stated in the CLAS Self-Assessment Tool):

*We partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness. (Standard 13)*

**Strategies to build competency** (What tasks and activities will be implemented to build competency for the prioritized standard):

*Result 3, Non-RBA Strategy 2 of BHSB’s strategic plan:*

*Increase staff knowledge and understanding of co-design principles*

**Performance Measures** (How will success be measured):

*Learning sessions about codesign principles facilitated for staff*

*Information about codesign principles is disseminated to supervisors*

**Intended impact** (What is the intended impact for addressing the prioritized/selected Standard):

*Advance BHSB to the preparation stage of change by building foundational knowledge about codesign principles.*

**GOAL 5: ADVOCATE FOR AND INSTITUTE ONGOING WORKFORCE DEVELOPMENT PROGRAMS IN CULTURAL AND LINGUISTIC COMPETENCE REFLECTIVE OF MARYLAND’S DIVERSE POPULATION**

***Selected a standard for priority focus*** (What is the standard selected; include language for the standard as stated in the CLAS Self-Assessment Tool):

*We recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the community we serve. (Standard 3)*

***Strategies to build competency*** (What tasks and activities will be implemented to build competency for the prioritized standard):

*BHSB's Board of Directors has established several areas for immediate focus to ensure the needed skills, talent, experience, and perspectives are present and incorporated into the strategy and decision making of the organization. The Board is focused on recruiting people with the following backgrounds or experience:*

- *Youth or young adult*
- *TLGBQIA (transgender, lesbian, gay, bi-sexual, queer, intersex, asexual)*
- *Immigrants, non-English speaking individuals*
- *Lived experience as a service recipient within the behavioral health system*
- *Business background*
- *Financial background*
- *Human resources background*

***Performance Measures*** (How will success be measured):

*Number of directors with one or more of the above backgrounds or experiences who join BHSB's board*

***Intended impact*** (What is the intended impact for addressing the prioritized/selected Standard):

*The needed skills, talent, experience, and perspectives are incorporated into BHSB's strategy and decision making.*

### **Cumulative Assessment of Progress to Date**

*CSAs, LAAs and LHBA's receiving funding from the MDH/BHA have been required to submit Cultural and Linguistic Competency Strategic Plans (CLCSP) as part of their overall fiscal year planning process. This process began in FY 2020-2021 and continues to be a requirement.*

*As agencies begin establishing goals for the FY 2024-2026 CLCSP, consider assessing what has been the impact and/or progress made regarding goals established with your 2022-2023 CLCSP. This will assist in the process for determining key areas for further capacity building that can and should be reflected in the current process for CLCSP. Below is offered some critical questions to ask:*

1. *What has been accomplished?*

BHSB is committed to advancing the capacity of Baltimore City's public behavioral health system to deliver integrated services with cultural and linguistic competency. To guide this work, BHSB conducted a CLAS self-assessment during the fall of 2019, which informed planning to advance the work during the next few years. However, it is important to note that the CLAS standards are geared to providers of direct services. As a local behavioral health authority, BHSB oversees providers that are part of a statewide network of care. While BHSB offers education and support at the local level, it is outside the scope of its authority to set benchmarks or requirements for providers that it does not directly fund.

In establishing its CLAS goals for recent years, BHSB considered the complexity and size of the system it oversees and framed its approach with the recognition that equity, antiracism, inclusion, and cultural humility are not endpoints that are achieved so much as long-term, ongoing processes. Below is an update on what BHSB has accomplished related to cultural and linguistic competency during the past few years.

- Conduct an annual racial justice organizational assessment to collect data from staff regarding BHSB's progress in building an antiracist organizational culture.
- Created the Antiracist Organizational Framework (see Appendix A) that provides context about why and how BHSB is doing the work of becoming a fully inclusive, antiracist organization. The document also helps organize what is being done across the organization so BHSB can be accountable to itself and the broader community.
- Set a priority to build and maintain a diverse Board of Directors that reflects the individuals and families of Baltimore's communities, strengthening conversations and decision making by ensuring diverse experiences and perspectives. BHSB's current Board is comprised of 13 directors with the majority being people of color.
- Support capacity-building for four collaborative internal workgroups that - separately and together - advance a culture that operationalizes BHSB's core

values by creating spaces to build relationships with one another. These groups include:

- The Equity & Inclusion workgroup serves as a change agent to promote a more equitable and inclusive workplace and system of care, oversees Lunch and Learn sessions, and conducts the annual racial justice organizational assessment.
- The NEAR (neuroscience, epigenetics, adverse childhood experiences (ACEs), and resilience) workgroup educates about the impact of ACEs, toxic stress, and trauma, with the goal of transforming policies and practices that encompass equity, wellness, and social connection.
- The Social committee creates opportunities for staff to build connections with one another, which is essential to build and maintain trust and promote wellness.
- The Wellness workgroup facilitates activities that support experiential learning about health and wellness and helps build a workplace environment that is supportive of living a healthy lifestyle.
- Translated three documents into the five languages most commonly spoken in Baltimore City, which include Spanish, Chinese, French, Korean, and Arabic.
- While BHSB receives limited direct calls from consumers, we opened an account with Language Line to utilize its interpretation services when a consumer calls and has limited English proficiency. Prior to implementation, BHSB conducted internal trainings to increase competencies in using interpretation services.
- Created a [Language Access Resource Guide](#) that is posted to BHSB's website.
- Created tools to analyze claims utilization data by race. However, claims utilization data has not been available since the transition to the current ASO.
- Facilitated two community listening meetings to obtain feedback from Baltimore City residents and community stakeholders. The feedback is informing BHSB's planning to assure decisions are made through an equity lens that ameliorates racial disparities and increases collaboration with Black, Indigenous, and people of color (BIPOC).
- Sponsored the below trainings and professional development opportunities for all staff during FY 2021. To support staff's ability to attend, BHSB's operations were closed during the facilitated staff discussions and REELL sessions.
  - series of staff discussions about personal and professional experiences of racism facilitated by BHSB's Medical Consultant
  - Language as an Equalizer
  - How to Use an Interpreter

- 4-part training series: *Racism Education with Engagement of Leaders into Liberation (REELL)*
- A marker of an antiracist organization is shared decision making. Supervisors, who are critical drivers of organizational culture, meet at least monthly for peer education and support in promoting a positive work environment and equitably implementing policies and procedures. The supervisors continue to enhance knowledge of supervisory practices and focus on increasing understanding of what it means to share power, why doing so is critical to developing the culture employees envision, and how to do it.
- BHSB supports low-threshold employment for people with lived experience related to drug use through Bmore POWER, which provides peer-based harm reduction education, distributes harm reduction supplies, and links people with community resources to support their health and well-being.

2. *What has been the impact?*

- A committed, engaged, and diverse Board of Directors
- Strong working relationships with community members and other stakeholders
- Employment of people with lived experience related to drug use
- Active and engaged staff-led work groups that promote a healthy, connected, and trauma-informed work environment

3. *What has not been accomplished and why?*

The work of becoming an antiracist and inclusive organization is ongoing. Some of BHSB's next steps are outlined in the *Three-Year Strategic Plan: FY 2023-2025* (see Section 3 of this document.)

4. *What still needs to be addressed and why?*

The work of becoming an antiracist and inclusive organization is ongoing. Some of BHSB's next steps are outlined in the *Three-Year Strategic Plan: FY 2023-2025* (see Section 3 of this document.)

5. *How will it be addressed relative to the 2024-2026 CLCSP?*

The work of becoming an antiracist and inclusive organization that advances culturally and linguistically appropriate services is integrated in BHSB's *Three-Year Strategic Plan: FY 2023-2025*. Some of BHSB's strategies related to the national CLAS standards are listed above in BHSB's FY 2024 goals.

## 8. Sub-grantee monitoring

BHSB utilizes a team-based approach, comprised of a Program Lead, Grants Accountant, Contract Administrator, Quality Coordinator, and Accounting Monitor, to manage, monitor, and audit each contract. BHSB's Contract Management System (CMS), which is a web-based, electronic application for contract development, management, monitoring, and reporting, supports the work of the contract team. It provides each contract team member with the opportunity to manage, review, approve and monitor contracting activities, including letters of award, deliverables, budgets, program reports, fiscal reports and invoices, and approval of payments. BHSB completes a retrospective audit of each contract after it has terminated to review if service delivery met contractual requirements and relevant federal, state, and local regulations.

### Contract documentation

The Contract Administrator reviews and ensures all required documentation is submitted by sub-vendors on a schedule as required in the contract. This includes the Risk Assessment Form, W-9, insurance documentation, and independent financial audit(s). The Contract Administrator also ensures that BHSB contracts are issued and executed within the appropriate timeframe.

### Program reports

A program report form is created in CMS based on the contract deliverables. Sub-vendors are required to submit program reports throughout the contract period, and the Program Lead reviews these reports to monitor progress on deliverables. If the Program Lead determines, based upon the review of program reports, that the sub-vendor is meeting all deliverables, the Program Lead will approve the program reports. If the Program Lead determines that the sub-vendor is not meeting its programmatic deliverables without a satisfactory explanation outlining the contributing factors and how the sub-vendor intends to course correct, the Program Lead, in collaboration with the contract team, will collaborate with the sub-vendor to identify the challenges and solutions. If the sub-vendor is unable or unwilling to address the concerns, the contract team will consider other approaches, such as a site visit, requiring a corrective action plan, training, and/or a more sustained process of technical assistance.

### Sub-vendor budgets, fiscal reports, and invoices

The Grants Accountant reviews and approves budgets, invoices, and fiscal reports, along with any supporting detail documentation, if applicable, that are submitted by sub-vendors on a schedule as required in the contract. If budgets or fiscal reports include unallowable expenses or other errors, the Grants Accountant explains the issues to the sub-vendor and requests that they make the corrections and resubmit an accurate budget or fiscal report. Mathematical errors can be corrected by the Grants Accountant.



### Sub-vendor audit report

Sub-vendors who are required to submit an annual independent audit must do so within nine months following the contract fiscal year. The Accounting Monitor ensures that audits are collected and documents compliance with this requirement. The Accounting Monitor reviews audits for findings that may affect contract performance and follows up on findings to collect management responses. The Accounting Monitor also reviews audits to ensure that the contract amount listed in the audit reconciles to the final report submitted to BHSB.

The BHSB contract team documents sub-vendor compliance throughout the year to determine if conditions may require an onsite or desk financial audit. These conditions could include non-compliance in contracting, performance, financial reporting, or audit submission, as well as a determination of high risk from sub-vendor risk assessments and/or audit findings.

### Accountability compliance audits

All contracts are audited on an annual basis to review if service delivery met contractual requirements and relevant federal, state, and local regulations. The Accountability Compliance Audit (ACA) structure varies depending on the total annual contract award:

- \$99,999 or less: annual desk audit
- \$100,000 or greater: annual audit alternates every other year between a desk audit and an onsite audit at the location where services are provided

An onsite audit may occur if a problem is identified that requires further investigation. Onsite audits are scheduled with sub-vendors in advance unless there are concerns that warrant an unscheduled visit.

The Quality Coordinator verifies many aspects of the contract during the ACA, such as evidence that services were delivered as reported in the program reports, that employees have the credentials needed to perform services, and that required policies are posted or otherwise available to consumers. The Quality Coordinator also reviews consumer charts for best practice standards, such as the progress notes reflecting consumer goals, etc.

The Quality Coordinator documents the results of the audit in the *Accountability Compliance Audit Report*, which is shared with the sub-vendor. This report includes any quality improvement recommendations made and whether a Performance Improvement Plan (PIP) is required because of non-compliance.

### Contract termination

The decision to terminate or not renew a contract is an organizational one that is made with the input of the full contract team. Factors that are considered in making this decision include:

- Review of all technical assistance and technical support that has been provided, including documented meetings, conversations with the sub-vendor to address

concerns, email communications, status of Performance Improvement Plan(s) if applicable, etc.

- Consideration if BHSB provided sufficient technical support and/or technical assistance or if there is more that BHSB can and should do
- Funder's perspective on this situation, if any
- Potential impact on consumers, their families and/or the community of the services provided by the sub-vendor as well as the impact of ending those services
- Impact on the broader system of care if the contract is terminated

The contract team and their supervisory chain up to the executive team will review the above factors and consider the nature, extent, seriousness, and duration of non-compliance and/or poor performance and decide if BHSB will terminate the contract. If so, the Program Lead notifies the program contact of the organization that funds the contract of the decision to terminate and begins planning for reallocation of the funds.

To support good customer service, BHSB's practice is to have a conversation with the sub-vendor or consultant, followed by written communication summarizing the reason for the decision to terminate, before delivering written notice of a contract termination. Efforts are made to contact the sub-vendor by phone, followed up with email outreach. Once notification is provided, the Program Lead emails the Contract Administrator formally requesting the termination of the contract. The Contract Administrator disseminates a formal letter notifying the sub-vendor of the contract termination.

## **Appendix A – Antiracist Organizational Framework**

# Antiracist Organizational Framework



## PURPOSE

BHSB is intentionally shifting its culture inside and outside the organization toward becoming a fully inclusive antiracist organization in a transformed Baltimore City. We envision a city where all residents have access to culturally and linguistically competent behavioral health and wellness services that affirms their identities. This framework clarifies why BHSB is building an antiracist culture that advances diversity, equity, and inclusion (DEI), what we are doing to advance it, how we are doing it, how it intersects across departments and workgroups, and how we are measuring progress.

## WHY IS BHSB IS DOING THIS?

White supremacy and other systems of oppression are embedded in interpersonal interactions, institutions, and broader societal structures, causing untold generations of harm. The impact extends beyond race, intersecting with oppression based on gender, class, sexual orientation, disability, and other identities. For this reason, becoming an antiracist organization necessarily includes addressing all systems of oppression.

## WHEN IS BHSB DOING THIS?

The work builds on an array of trainings and initiatives that form the foundation for the work today and going forward. **Some key activities in recent years include:**



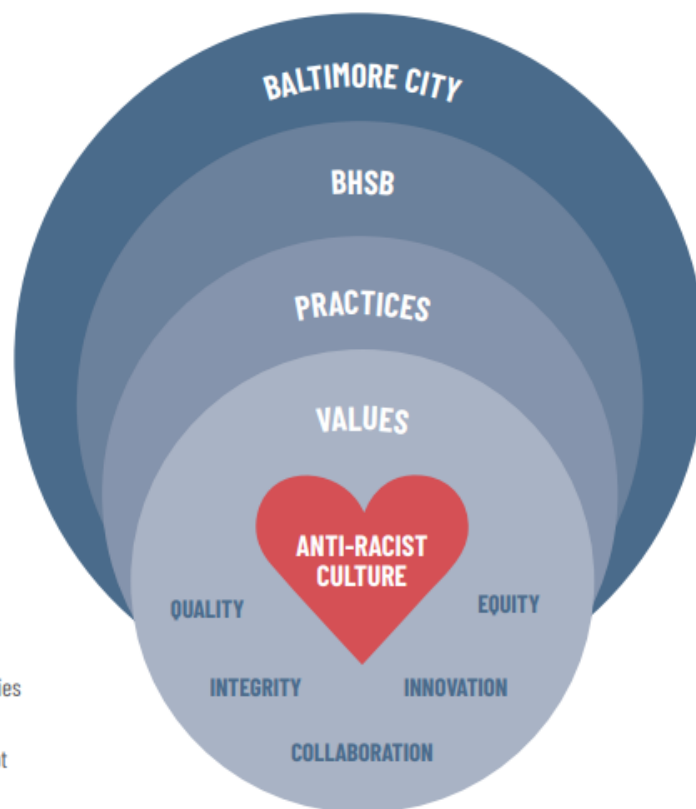
## HOW BHSB IS DOING THIS?

Fundamental changes are necessary to address systemic inequities and barriers to inclusion. This is foundation-shifting work that has the goal of transforming the organizational culture to prioritize humanity so that everyone “fits.”

BHSB's core Values guide us in the work of creating an antiracist culture. The Strategic Plan drives day-to-day work toward overarching goals, one of which is to increase health equity in Baltimore City.

### Other practices BHSB uses to advance an antiracist culture include:

- **Shared decision-making** - advancing the leadership capabilities of all members of the organization by ensuring that decisions are made by those who are closest to the work and that our most mission-critical decisions are informed by a diversity of perspectives.
- **Transparent decision-making** - ensuring that the process guiding how a decision is made is clear. This includes what information was considered, who provided input and feedback, and who made the final decision.
- **Communication** - practicing communication strategies beyond the written word to ensure that information is widely shared and readily accessible.
- **Individual accountability** - creating practices and tools that operationalize the expectation that each of us educates ourselves about white supremacist culture and opportunities in which we can use our professional roles to undue systemic racism.
- **Collective accountability** - creating processes and systems designed to help groups hold themselves responsible for their decisions, goals, and actions, and acknowledge whether the work reflects and embodies antiracist principles. It requires a transparent agenda, process, and sense of urgency, with each individual becoming a true stakeholder in the outcome. From a relational point of view, collective accountability is not always about doing it right; sometimes it is really about what happens after it is done wrong.



## WHAT BHSB IS DOING

BHSB's six departments and four cross-organizational workgroups advance an antiracist culture:



### President's Office

Implementing processes to revise and equitably implement HR policies/practices, enhancing procurement policies/practices to build a broad and diverse network of community-based vendors, and supporting the Board of Directors in engaging a diverse membership that is representative of the demographics of Baltimore City.

### Programs

Supporting Baltimore City's Public Behavioral Health System provider network to assure service delivery is provided through a lens of equity and inclusion that fosters culturally attuned services and eliminates racist practices, resulting in services that are increasingly easy to access and experienced as meaningfully relevant by all individuals and families, empowering them to become full partners in their wellness.

### Accountability

Implementing transparent policies/practices focused on compliance and the preservation of health and safety in an equitable way, promoting Continuous Quality Improvement initiatives using a structured approach (Plan, Do, Study, and Act) to achieve targeted outcomes related to quality, and recognizing consumers as "experts" and key informants about the subjective quality of their experience accessing and engaging culturally relevant behavioral health and wellness services.

### Policy & Communications

Engaging community members and stakeholders to build meaningful partnerships and intentionally addressing systemic racism and equity in advocacy and when speaking with media.

### Finance

Developing financial and contractual policies/practices to support equitable decision making across the organization.

### Operations

Supporting cross-organizational policies/practices that facilitate shared decision making, advancing harm reduction practices, supporting equity-related training for providers, using data to measure progress, and engaging the community in co-creating plans to build protective factors that reduce the harm of substance misuse.

### Equity & Inclusion

Creating opportunities to learn, working with departments to develop policies/practices related to their work, and conducting annual racial justice organizational assessment.

### Social

Creating opportunities to build connections with one another.

**Wellness** Educating about and facilitating wellness activities.

### NEAR

Educating about the impact of toxic stress and trauma and supporting policies and practices that promote wellness.





## MEASUREMENT AND ACCOUNTABILITY

In order to know if BHSB is advancing as an anti-racist organization, the departments and cross-organizational workgroups must outline measures to track progress. For the past two years, BHSB has conducted a staff Racial Justice Organizational Assessment, and the organization will continue to conduct this assessment in the future.

**Results Based Accountability** is a framework for realizing population results and program-level performance by asking How much did we do? How well did we do it? Is anyone better off? Each department and workgroup will define performance measures and engage in Turn the Curve thinking to advance the goal of antiracism. From these, the organization will select a few headline measures to track on the organizational level.

## GLOSSARY

**Antiracist** is expressing ideas of racial equality and promoting policies that lead to racial equity.

**Diversity** is valuing that each of us has a unique set of perspectives, experiences, and cultural backgrounds.

**Equity** is the distribution of resources based on the exact needs of each individual or group to achieve an intended outcome, whereas Equality is the distribution of the same resources to each individual or group to achieve an intended outcome. Both promote fairness, but Equity recognizes that people start from different places.

**Inclusion** is a supportive environment that promotes a sense of belonging and authentic participation.

**Systems of oppression** are policies, practices, and other structures that perpetuate inequities by disadvantaging groups based on race/ethnicity, disability, sexual orientation, gender identity, or socioeconomic status.

**Power** is the extent to which an individual or group can influence an outcome. The amount of power that an individual or group has depends on many factors, including the beliefs and norms of the dominant culture. For example, a culture of white supremacy limits the power of people who identify as races other than white.

**Racism** is a system of power that includes ideas supporting the false belief that White people are superior and policies leading to racial inequities.

**Systemic inequities** are disparities that are perpetuated by policies that disadvantage particular groups.

**White supremacy culture** is the beliefs, group norms, policies, and practices that work together to maintain the power of white people over people of other races.

## **Appendix B – FY 2022 Implementation Report**



## **Three-Year Strategic Plan: FY 2020-2022 FY 2022 Implementation Report**

### **Background**

The *Three-Year Strategic Plan: FY 2020-2022* serves as a guide to drive BHSB's day-to-day work and set a strategic direction that is responsive to system partners and the needs of the community. It supports ongoing, adaptive learning and agility, with a focus on broad, overarching goals to build out the system of care and develop BHSB's organizational capacity to effectively lead this work. This approach represents a significant shift from the structure of prior plans, which were much more granular.

The current three-year plan was created with the support and partnership of the BHSB Board of Directors and is structured to have static goals and strategies over the three-year span, with action steps being updated annually by staff. To this end, each year BHSB reviews progress, assesses changing conditions, and adjusts action steps that will guide implementation activities for the subsequent year of this plan.

This document reports on progress in implementing BHSB's strategic plan during FY 2022, which is the third and final year of the three-year plan. It includes population-level outcome measures that serve as indicators of behavioral health and wellness across Baltimore City, as well as the status of each FY 2022 action step and an analysis of our implementation progress.

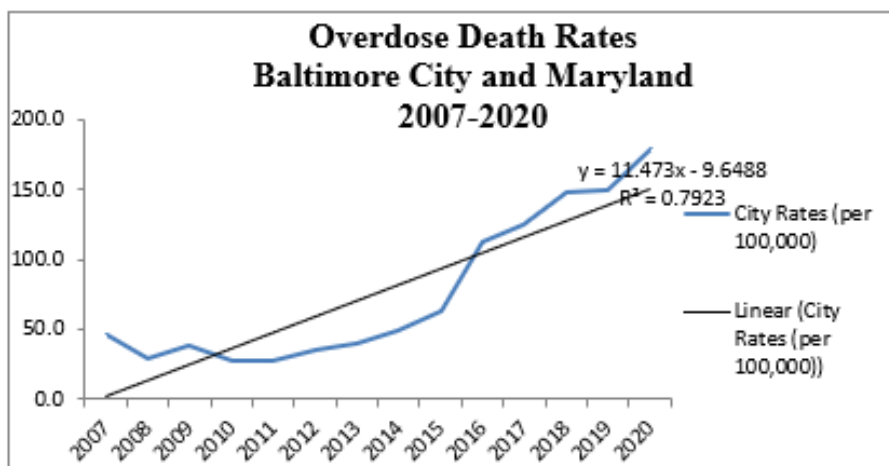
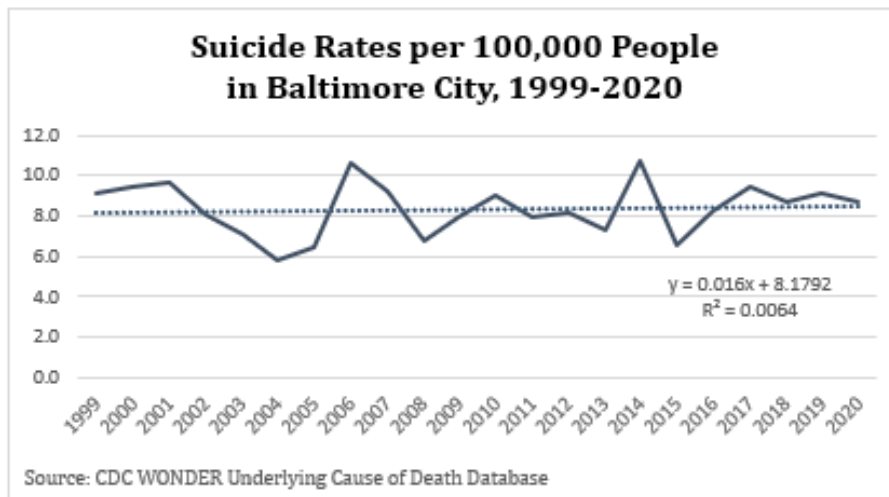
### **Indicators**

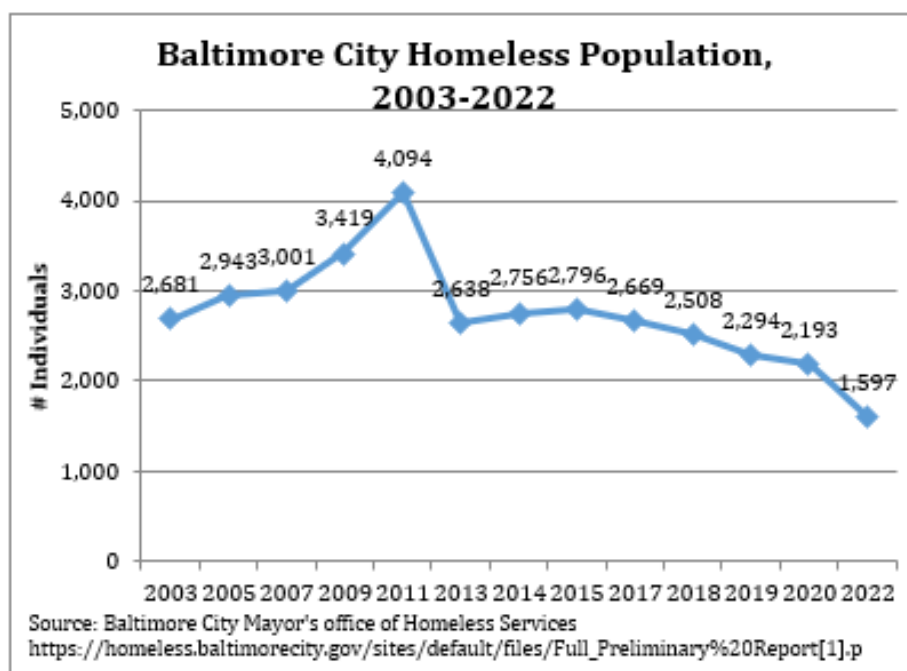
Individuals, families, and communities impacted by mental illness and substance use are served by a complex system of publicly funded services. BHSB collaborates with stakeholders in other systems, such as schools, housing, criminal justice, and social services, to achieve positive outcomes.

The *Three-Year Strategic Plan: FY 2020-2022* established five population-level metrics that serve as indicators of Baltimore City's behavioral health and wellness. Unfortunately, the data source for two of the five outcome measures is no longer available. The Maryland Department of Health has discontinued the use of the Outcomes Measurement System to gather data for the public behavioral health system (PBHS). It is unclear at this time if a new system will be implemented to measure outcomes for the PBHS. For this reason, BHSB is not able to report on two measures: reduction in overall psychiatric symptoms and improvement in quality of life. The most recent publicly available for two measures, suicide and overdose death rates, is calendar year 2020.

### **Annual Outcomes**

- Reduction in suicide deaths (data source: Maryland Department of Health (MDH))
- Reduction in overdose deaths (data source: MDH)
- Reduction in homelessness (data source: Mayor's Office of Human Services)
- (Note: data no longer available) Reduction in overall psychiatric symptoms (data source: Outcomes Measurement System; difference between initial and follow up interviews)
- (Note: data no longer available) Improvement in quality of life indicators (data source: Outcomes Measurement System: Recovery & Functioning Indicators; difference between initial and follow up interviews)





















### **FY 2022 Action Steps Implementation Status**



The implementation status of FY 2022 action steps is below. Each action step is marked as completed (green), partially completed (yellow), or not completed (red). Some action steps were not fully completed because they reflect work that is ongoing beyond the boundaries of a single year, and others because BHSB has adapted the work in response to shifting conditions.

















### Goal 1 Action Steps and Status

Implementation Status  
 COMPLETED  
 PARTIALLY COMPLETED  
 NOT COMPLETED



Strategy 1	Facilitate meetings and information sessions that address secondary trauma and resilience among BPD and provide resources guides to residents that offers various services and programs	
	Implement several key tasks for of the GBRICS Partnership: 1) Develop and test the Care Traffic Control software technology, 2) Release a RFP to identify a provider for the Regional Call Center; 3) Develop mobile crisis team (MCT) standards and incorporate them into a MCT RFP and contract(s).	
Strategy 2	Collaborate with the Administrative Services Organization to develop a mechanism for receiving regular reports on individuals identified as high utilizers of behavioral health services and implement process for follow-up to coordinate services for these individuals.	
	Collaborate with the Baltimore City Health Department and other partners to develop a plan to increase capacity of the Maryland Stabilization Center to thirty-five (35) beds.	
	Ensure full implementation of two overnight mobile crisis teams operating between the hours of 11PM and 7AM and responding to requests for service from both hospitals and community referrals.	
Strategy 3	Offer on-demand harm reduction trainings on the online Thinkific training platform.	
	Build capacity in Baltimore City to ensure peers have access to Intentional Peer Support training by ensuring that staff from at least 10 providers participate in a Train the Trainer training.	
	Develop a curriculum for individuals who are seeking to become certified peer recovery specialists, using a harm reduction approach.	
Strategy 4	Implement Communities That Care and provide life skills and SELF training to reduce risk factors that lead to unhealthy behaviors in youth and build protective factors around them using the social development strategy.	
	Increase utilization of Care Coordination services by at least 50 youth, employing a family-focused, team-based approach.	
Strategy 5	Establish the compliance rate of FY 21 audited contracts.	
	Complete pre-readiness steps and prepare for implementing a Contract Compliance Policy.	
	Incorporate the definition and associated elements of a sub-vendor "in good standing" into the Quality Review that is part of BHSB's procurement process.	






## Goal 2 Action Steps and Status

Implementation Status  
 COMPLETED  
 PARTIALLY COMPLETED

Strategy 1	Streamline procedures and clarify functions, roles, and timelines for 3 internal processes (training, GBRICS, and service line meetings).	
	Develop Finance Library in Sharepoint with procedures by area and function with FAQ.	
	Develop and implement a Financial Monitoring plan for sub-vendor contracts to ensure compliance with funding agencies.	
	Continue to enhance upgrades to BHSB's Contract Management System by refining administrative and budgeting procedures and developing integrations for Chart of Accounts and Accounts Payable.	
	Develop accounting procedures and financial reporting for tracking and communicating contract spending and guidelines for reallocation of funds.	
	Develop and release purchasing policy updates with accompanying accounting procedures and forms.	
Strategy 2	Partner with Mental Health Association of Maryland (MHAMd) to bring Mental Health First Aid training to three target communities (TED) in Baltimore City.	
	Partner with MHAMd to create a dashboard reflecting Consumer Quality Team (CQT) feedback and results.	
	Implement a cross-organizational workgroup tasked with developing strategies to strengthen connections between Elmore POWER and BHSB's other teams.	
	Document feedback from community engagement activities and its impact on programming decisions. Identify creative ways to share this information internally and externally.	
	Partner with Baltimore City Health Department to leverage existing resources and collaborate on projects and campaigns to disseminate information to our target youth population on substance use prevention and opioid misuse in an effort to report a 50% increase in knowledge of substance misuse prevention and opioid misuse prevention strategies by June 2022.	
	Host a local community forum with funded partners and potential partners to present data and outcome measures that derived from the prevention work.	
Strategy 3	Create and implement a process to review and update the employee handbook that incorporates feedback from employees throughout the organization.	
	Review and update the hiring and the onboarding process to ensure each new employee feels welcomed and receives the information needed to be successful in their work.	
	Update monthly internal dashboard to include at least 5 areas of interest to the entire organization and implement a strategy to educate staff in multiple forums about what data is included and what it means for BHSB's work.	
	Work with a third-party vendor to implement a compensation plan that positions BHSB within the non-profit sector to equitably recruit and retain employees and ensures an ongoing strategy for fair and equitable compensation for all staff.	

## Goal 3 Action Steps and Status

Implementation Status  
 COMPLETED  
 PARTIALLY COMPLETED  
 NOT COMPLETED

Strategy 1	Educate and coach 25 faith leaders and members of the community to facilitate Healing Us Together groups using the SELF Community Conversations model.	
	Advance organizational-level change within the provider network by sponsoring a learning community that provides technical assistance and coaching to implement anti-racist, inclusive, and trauma-informed policies and practices.	
	Implement the Results-Based Accountability framework as a system of measurement for BHSB's anti-racism work as defined in the One Organizational Framework.	
Strategy 2	Develop a dashboard to track housing outcomes for consumers served by the Interdisciplinary Street Outreach team.	
	Partner with the Housing Authority of Baltimore City and the Mayor's Office of Homeless Services (MOHS) to establish a small pilot project offering housing opportunities to those enrolling in the Outpatient Civil Commitment project.	



## Analysis: FY 2022 Action Steps Implementation

Of the 34 action steps that were established for FY 2022, 13 (38%) were completed, 19 (56%) were partially completed, and 2 (6%) were not completed. Some action steps were not fully completed because the work is ongoing beyond the boundaries of a single year, and others because BHSB adapted the work in response to shifting conditions and ongoing learning. BHSB values the learning that happened, as well as the collaborative efforts within and across teams to integrate new knowledge by adapting implementation activities.

BHSB's core values serve as important lenses through which BHSB analyzes its progress in implementing FY 2022 action steps, one of which is **innovation**. Innovation requires building an inclusive culture that promotes growth and learning, fosters the generation of creative solutions, and supports employees to take chances and learn from mistakes. Setting challenging action steps that require a reasonable amount of "stretch" is one practice that can help create conditions that yield innovative thinking. Partial completion of 56% of action steps, with an additional two that were not completed, indicates that we set "stretch goals" for ourselves.

**Collaboration** is another of BHSB's core values. Implementing each of the FY 2022 action steps required effective information-sharing, problem-solving, and communication within and across teams and with external partners.

One of the learning points from the first year (FY 2020) of implementing BHSB's three-year strategic plan was that there was inconsistency in the degree to which action steps were specific, measurable, and designed to be completed within the year timeframe. BHSB adopted the SMART (specific, measurable, attainable, relevant, and time-based) framework to guide the development of FY 2021 action steps, thereby uplifting another core value: **quality**.

During the winter and spring of 2021, BHSB's leadership team developed a process for planning FY 2022 action steps that incorporated lessons learned from prior years:

- Integrate the implementation of the strategic plan into organizational processes in a way that advances BHSB's core value of **equity**.
- Engage staff in planning action steps.
- Structure the planning process in a way that increases leadership and decision making at all levels of the organization.

The planning process for FY 2022 action steps included:

- 1) Staff across the organization were invited to review three documents, BHSB's *Three-Year Strategic Plan: FY 2020-2022*, the *FY 2020 Implementation Report*, and *FY 2021 Action Steps*, to prepare for team discussions.
- 2) Team leaders facilitated team discussions, asking the following questions:
  - In which strategies of BHSB's strategic plan does this team's work show up?
  - Of those strategies, which ones are at the core of this team's work?
  - Are there any FY 2020 or FY 2021 action steps that relate to this team's work?
  - If so, should this team build on those action steps during FY 2022?
- 3) Teams were invited to propose up to three SMART (specific, measurable, attainable, relevant, and time-based) action steps that the team could lead during FY 2022 to advance one or more strategies and BHSB's core values. For each proposed action step, teams responded to the following questions:
  - Are there other teams that may have a role in implementing this action step?
  - How will cross-team collaboration happen?

- Who within the team will lead implementation and cross-team collaboration for each proposed strategy?
- 4) The Leadership team reviewed the full list of proposed action steps and responded to a survey form that included the below questions.
  - Do the proposed action steps make sense?
  - Should any be combined?
  - Is anything missing?
  - Do you have any comments or questions about specific action steps?
- 5) The Leadership team reviewed its feedback and recommended changes to the proposed action steps and rationale for the recommendations.
- 6) The Leadership team facilitated processes with their respective teams to respond to recommendations relevant to their teams' work.
- 7) The Leadership team reviewed teams' responses and finalized the FY 2022 action steps.

### **Next Steps**

The FY 2022 planning process built in opportunities for leadership and shared decision making at all levels of the organization, which advanced BHSB's core value of **equity**. The lessons learned informed the ten-month planning process that BHSB conducted to create the three-year strategic plan setting BHSB's strategic direction for FY 2023-2025.