



Three-Year Strategic Plan: FY 2023-2025

FY 2023 Implementation Report

Purpose

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.

This document reports on the first year of implementing this plan.

Strategic planning process

Participants

BHSB conducted an eight-month process during 2022 to develop this three-year strategic plan. It began with the convening of a workgroup that included representatives from BHSB's board and staff from all departments and levels of the organization. This workgroup provided input and ongoing feedback throughout the entire planning process.

BHSB's Leadership Team, which includes directors, vice presidents, and the President & CEO, played a critical role in supporting a structured, cross-organizational process that engaged staff in collaborative, innovative, and critical thinking. Directors and vice presidents engaged their respective teams to gather input and feedback at various stages of the planning process, which was collated and shared broadly to inform ongoing decision making.

Decision making practices

The planning process was grounded in the practices of shared and transparent decision-making. Shared decision making helps to advance an inclusive and antiracist culture by ensuring that decisions are informed by a diversity of perspectives, and operational decisions are informed by those who are closest to the work. This practice supports staff across the organization in developing leadership skills.

As described above, the Leadership Team worked together to ensure all staff had multiple opportunities to inform and help shape the plan. To support transparency, an overview of the planning process was shared with board members and staff, including how information would be gathered, who would provide input and feedback, and who would participate in making decisions along the way. Periodic updates through the planning stages included reminders of this information.

Data

The first step in the planning process was to gather data to inform planning. BHSB prepared 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.

It is important to note that BHSB is committed to building an antiracist and data-driven culture. Because bias is structured into data collection and analysis processes, a tension can arise from this dual commitment. BHSB holds itself accountable for taking measures to mitigate bias and the harm that can result.

Results Based Accountability™ (RBA)

BHSB's strategic plan is based on the Results Based Accountability™ (RBA) framework, which is a method to create measurable change in the lives of the people, families, and communities we serve. It offers a disciplined way of thinking and acting to improve entrenched and complex social problems by using data-driven decision-making processes to get beyond talking about problems to taking action to solve problems. Importantly, it organizes the work to include **population accountability, performance accountability** and **turn the curve thinking**.

Population accountability aligns BHSB's work with that of other systems and organizations to promote community wellbeing. It asks: *what is the right thing to do?* The RBA process begins at this level with **results** and **indicators**.

- **Results** are broad, overarching visions for Baltimore City that together serve as a framework to guide BHSB's work.
- **Indicators** measure **results**. They require efforts from multiple stakeholders (not just BHSB) to move in the right direction.

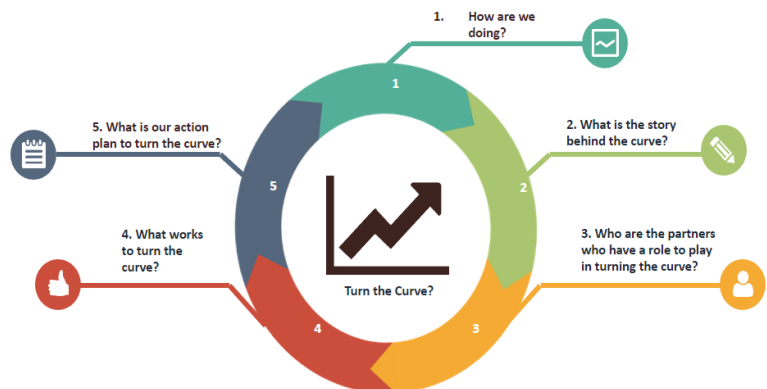
Performance accountability organizes BHSB's work to ensure that it has the greatest impact on those we serve. It asks three questions:

- *How much did we do?*
- *How well did we do it?*
- *Is anyone better off?*

The RBA framework supports iterative and ongoing processes to generate change. One of the key tools is the **Turn the Curve** exercise, which is a step-by-step process in which the data is reviewed and analyzed, and action steps are identified. This exercise is repeated over time. As the data changes, action steps are adapted.

Because BHSB is building its capacity to use RBA, it applied a hybrid approach to the organization's strategic plan that includes 1) strategies that will be monitored using RBA tools and 2) strategies that will be monitored using tools other than RBA.

TURN THE CURVE THINKING



FY 2023 implementation status

BHSB learned during the first year of implementation that one of the strategies originally designated to be an RBA strategy (*Develop processes to ensure maximum expenditures of awarded funds*) is better suited to being a non-RBA strategy. While the work to maximize expenditures of awarded funds will be shared by many staff across the organization, BHSB's Chief Financial Officer will plan and guide the action steps to advance this strategy, rather than using a **Turn the Curve** exercise to support groups of staff members in developing action steps to improve BHSB's performance in this area of work.

Non-RBA strategies implementation status

The implementation status of action steps for non-RBA strategies is below. Each action step is marked as COMPLETED (green), PARTIALLY COMPLETED (yellow), or NOT STARTED (red).

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

Strategy	Action steps	Measures	Status	Comments
Result #1, Strategy 1 <i>Increase knowledge and implementation of safe sleep practices by families and programs across Baltimore City that have contact with the public behavioral health system</i>	Sponsor at least two safe sleep trainings per year and record trainings and make available through BHSB website	Number of safe sleep trainings held and recorded training posted on BHSB website	PARTIALLY COMPLETED	Training held on 3/2/2023. Additional training is scheduled during Fall 2023. Exploring whether it can be recorded & posted on website.
	Create specific guidance for behavioral health providers on safe sleep practices that outline recommendations for integration into assessment and ongoing treatment planning	Guidance is drafted, approved and distributed to provider network	PARTIALLY COMPLETED	Guidance for the provider network was drafted and is in the process of being finalized.
	Recommend that distribution of safe sleep materials be integrated into practices of all child-serving and prevention programs	Targeted outreach to child-serving and prevention providers on distribution of safe sleep materials	PARTIALLY COMPLETED	Included as standard deliverable for all direct service contracts. Integrated into guidance/training for 2 groups of child-serving providers.
	All BHSB programmatic staff will complete a safe sleep training	% of programmatic staff who have completed safe sleep training	COMPLETED	100% of programmatic staff members have completed a safe sleep training.
Result #1, Strategy 2 <i>Implement processes and practices that advance an antiracist</i>	Develop an organizational culture document that outlines the type of beliefs, behaviors, and practices voluntarily demonstrated by the individuals within the	Document is created	PARTIALLY COMPLETED	BHSB's <i>Antiracist Community Agreements</i> was released. The next step will be to integrate the agreements with other organizational

<i>organizational culture</i>	organization to uplift our values and operationalize BHSB's antiracist organizational framework			documents that discuss BHSB's values and culture.
	Add specific questions to the annual antiracist organizational assessment to capture employee feedback regarding the organization's progress in operationalizing its desired culture	Specific questions added and 80% of all BHSB staff complete the annual organizational assessment	COMPLETED	Specific questions were added. The 4 th assessment was conducted in 2023, with a total of 79 employees responding. BHSB did not record the number of employees on the day the assessment was sent out, so the response rate is not available.
Result #1, Strategy 3 <i>Develop processes to ensure maximum expenditures of awarded funds</i>	Analyze historical finance data to determine what internal and external factors contribute to underspending and the reports needed to track various contributors	Analysis is completed, contributing factors are identified, and reports to track contributing factors are created	PARTIALLY COMPLETED	Analysis is occurring, and three reports have been developed.
	Develop organization-wide procedures to systematically track and recognize underspending and what methods to use to minimize underspending in current and future periods	Procedures to track and methods to minimize underspending are developed	NOT STARTED	This action step will begin after the first one is completed.

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

Strategy	Action steps	Measures	Status	Comments
Result #2, Strategy 1 <i>Create, maintain, and hold accountable a coordinated behavioral health crisis system for the lifespan in central Maryland</i>	BHSB will work with partners to define crisis system performance measures	By January 2023: performance measures defined	COMPLETED	Completed February 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	By January 2023: first of monthly collaborative accountability meetings convenes	PARTIALLY COMPLETED	Accountability meetings were delayed due to lack of data from the 988 Regional Call Center. BHSB is now working to analyze data from the Call Center.

<i>(Baltimore City and Baltimore, Carroll and Howard Counties)</i>	inequities and opportunities for system improvements			
	Work with system partners to develop a triage and dispatch protocol for the Call 988 Helpline and the four 911 centers in Central Maryland	By July 2023: triage and dispatch protocol is developed	PARTIALLY COMPLETED	Dispatch protocol developed. Work under way to develop implementation plan.
Result #2, Strategy 2 <i>Increase number of certified Peer Recovery Specialists in programs that are funded by BHSB to provide peer recovery services</i>	Create a system to collect data from programs to track the number and percentage of peers who are certified Peer Recovery Specialists	By January 2023: system is created	COMPLETED	Survey tool completed
		By July 2023: system is implemented	COMPLETED	System implemented
		By November 2023: 75% of all programs funded by BHSB to provide peer recovery services will have all Peer Recovery Specialists certified within 18 months of employment	COMPLETED	78% of peers funded through BHSB contracts are Certified Peer Recovery Specialists (CPRS). 86% of funded programs have one or more CPRS. This data will fluctuate due to the high turnover amongst CPRS, which is likely due to pay inequity. Many peers do not receive health benefits, regardless of the number of hours they work, because they are often hired as a consultant versus an employee of the organization.
		By November 2024: 85% of all programs funded by BHSB to provide peer recovery services will have all Peer Recovery Specialists certified within 18 months of employment	PARTIALLY COMPLETED	Will continue to collect data on peer certification status and provide required peer trainings to peers working within funded programs.

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

Strategy	Action steps	Measures	Status	Comments
<p>Result #3, Strategy 1 Create a process to collect qualitative data from community members and use it to inform our work</p>	Convene a meeting with an identified expert to educate staff about available tools for collecting qualitative data	Meeting before November 2022	COMPLETED	Held initial meeting with Dr. David Fakunle, Morgan State University. Met with the Peale Museum to discuss a potential partnership on collecting community stories.
	Orient staff to existing tools to determine which is best for our purposes	Select at least one tool before December 31, 2022	COMPLETED	Selected storytelling as the tool because much of the data that is organically received from the community is told through stories.
	Pilot selected tool to collect data from community	Use tool to collect data from community before June 2023	PARTIALLY COMPLETED	Partnering with Dr. Fakunle to plan a community storytelling session, which he will host on July 8, 2023.
	Investigate barriers to collecting qualitative data from the community	Form a focus group of community leaders about barriers to collecting data from the community before June 2023	NOT STARTED	Work on this action step is anticipated to begin during FY 24.
<p>Result #3, Strategy 2 Increase staff knowledge and understanding of co-design principles</p>	Conduct a series of learning sessions across the organization (1-3) about the codesign framework	Complete first meeting by February 2023	PARTIALLY COMPLETED	Co-design training session held on April 12, 2023.
	Distribute written material about the codesign framework across the organization	Disseminate information to supervisors across the organization	PARTIALLY COMPLETED	Created a one-pager on co-design to explain the model to a broad audience of policymakers and other stakeholders.

RBA strategies implementation status

During the first year of implementing this three-year strategic plan, BHSB began using the RBA methodology and tools to create performance measures and action steps. As described above, the RBA framework supports performance accountability by asking three questions when developing the measures for each strategy:

- How much did we do?
- How well did we do it?
- Is anyone better off?

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

RBA Strategy 1 implementation progress

Strategy	Measures	FY 23 Data
Result 1, Strategy 1: <i>Supervisors will integrate an antiracist lens into day-to-day work activities and 1:1 discussions</i>	How much? # supervisor trainings	5 trainings
	How well? % attendees who thought training contributed to their understanding of the supervisor's part in co-creating BHSB's culture	<ul style="list-style-type: none"> • 76% • 72% • 57% • 93% • 86%
	Is anyone better off? TBD	TBD

To advance this strategy, supervisors must be adequately prepared to engage in conversations about racism and other forms of oppression. If they do not have the required skills, they may cause unintentional harm, particularly to people who are Black or Brown and/or have another non-dominant cultural identity. The inherent power differential between a supervisor and supervisee amplifies the risk that harm could result from such conversations if supervisors have not participated in opportunities that support education, self-reflection and skill-building.

For these reasons, the first stage of implementing this strategy is organized around training and coaching for supervisors. The consultant group began facilitating monthly sessions for supervisors in March 2023.

The *how much* and *how well* measures for this strategy are specific to this first stage of implementation. A measure for *is anyone better off?* has not yet been created.

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

RBA Strategy 1 implementation progress

Strategy	Measures	Data
Result 2, Strategy 1: <i>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</i>	How much? total dollars BHSB subcontracts to organizations that provide housing or behavioral health services in a residential setting	<ul style="list-style-type: none"> • Work is under way to create this data source
	How well? % of dollars allocated to organizations that provide housing or behavioral health services in a residential setting and do not require abstinence for continued care	<ul style="list-style-type: none"> • Work is under way to create this data source
	Is anyone better off? #/% of BHSB employees who see supporting people who use drugs as part of BHSB's mission	<ul style="list-style-type: none"> • Work is under way to create this data source

The first year of implementation for this strategy was devoted to creating processes to measure performance and collect data. One of the key strengths of RBA is its focus on whether people served are better off as a result of the services. This is also one of the key challenges in learning to use the framework. There is not an existing data source to measure if 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 who are actively engaged in treatment. BHSB must create data sources to measure performance in advancing this strategy.

Creating data sources required significant collaboration across teams that are involved in this area of work, as well as strengthening data skills across programmatic staff. BHSB focused first on creating the *how well?* measure, which is: *% of dollars allocated to organizations that provide housing or behavioral health services in a residential setting and do not require abstinence for continued care.* To establish baseline data for this measure, BHSB created a survey to collect data from providers of residential and housing services that receive funding through BHSB to learn if they embrace harm reduction principles in their policies related to substance use and discharge policies for consumers. The survey was forwarded to identified providers, who were invited to complete it. However, the number of responses to the survey was insufficient to make meaningful use of the data.

BHSB has reviewed the results, considered feasible alternative measures, and decided to make another attempt to collect responses to the survey. To increase the number of responses, BHSB staff will reach out via phone to identified providers and use BHSB’s communication channels to encourage participation. When the data is collected, the next step will be to conduct a **Turn the Curve** exercise to identify action steps.

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

RBA Strategy 2 implementation progress

Strategy	Measures	Data
<p>Result 2, Strategy 2: <i>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</i></p>	<p>How much? # of schools that have ESBH for</p> <ul style="list-style-type: none"> ○ mental health ○ substance use 	<p><u>Mental health</u></p> <ul style="list-style-type: none"> • FY 20: 131 • FY 21: 131 • FY 22: 131 • FY 23: 128 <p><u>Substance use</u></p> <ul style="list-style-type: none"> • FY 20: 18 • FY 21: 18 • FY 22: 18 • FY 23: 15
	<p>How well? clinician to student ratio</p>	<ul style="list-style-type: none"> • (FY 20) 1:580 • (FY 21) 1:590 • (FY 22) 1:580 • (FY 23) 1:595
	<p>Is anyone better off? #/% of students who showed improvement in evidence-based assessments</p>	<p><u>Reduction in total PSC-17 score</u></p> <ul style="list-style-type: none"> • FY 20: 0.41 • FY 21: 0.93 • FY 22: 0.66

The Expanded School Behavioral Health (ESBH) program is a long-standing partnership between BHSB and Baltimore City Public Schools (City Schools). Various funding sources are braided to

provide a consistent array of prevention, early intervention, crisis response, and treatment services in schools. ESBH clinicians receive funding to provide preventive, non-billable services, in addition to providing traditional therapy services that are billable through the fee-for-service system.

One of BHSB’s key areas of focus in implementing this strategy is funding. Increasing the number of clinicians requires building and strengthening relationships with stakeholders and advocating for additional funding. During FY 23, BHSB worked with City Schools to increase buy-in for the ESBH program among administrators and other school personnel, in addition to working to support providers in managing staffing challenges. Going forward, a newly created Director of Child & Family position will help lead this work.

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

RBA Strategy 1 implementation progress

Strategy	Measures	FY 23 Data
<p>Result 3, Strategy 1: <i>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</i></p>	<p>How much? # staff trained in youth codesign</p>	<ul style="list-style-type: none"> • 31
	<p>How well? % staff scoring 80% or better on codesign training post-test</p>	<ul style="list-style-type: none"> • 74%
	<p>Is anyone better off? #/% staff indicating knowledge of youth codesign is beneficial to their work</p>	<ul style="list-style-type: none"> • 24 • 77%

Codesign is a philosophy and approach to human services that challenges the systemic imbalance of power held by institutions, government agencies, and other organizations that fund programs intended to serve communities. This philosophy requires that those who have more power share it by creating meaningful ways for those with less power to participate in planning, designing and deciding what gets implemented. This is a radically different approach, and BHSB recognizes that advancing this strategy requires staff education.

The first stage of implementing this strategy is therefore focused on training. An internal training to orient staff to the principles of codesign was created and conducted during the spring of 2023. The measures are specific to this first stage of implementation.