Behavioral Health System Baltimore

# BHA Annual Report

*Submitted to the Behavioral Health Administration (BHA) per the Fiscal Year Local Annual Report Guidelines*

## March 2024

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# 1. Introduction

## Jurisdiction description

Baltimore City is a jurisdiction with a population of nearly 585,708 community members.[1] The city has a rich culture with more than 250 public murals that tell the stories of the majority Black population. Baltimore City is also a jurisdiction that has experienced and continues to experience the harm of systemic racism. According to the Baltimore Neighborhood Indicator Alliance's (BNIA) analysis of the American Community Survey data from 2017-2021, 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 58.4, indicating a diverse city.[2] However, one-third of the individual community statistical areas in Baltimore City have racial diversity indices lower than 30, indicating a city that is highly segregated by race.

## Key indicators of behavioral health conditions

The Substance Abuse and Mental Health Services Administration (SAMHSA) released a Strategic Plan for 2023-2026[3], 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 COVID-19 pandemic, have been exacerbated by the losses, trauma, and physical and social isolation related to the pandemic.

### Overdose rates

Based on preliminary data posted on Maryland's Overdose Data Dashboard,[4] Baltimore City saw a 7.0% increase in fatal overdoses, with 1,074 in calendar year (CY) 2023, versus 974 in CY 2022. The city also experienced an increase in the rate of non-fatal, opioid-related emergency department visits per 10,000 population, from 60.8 in FY 2022 to 63.8 in FY 2023.

### Suicide rates

The age-adjusted intentional self-harm (suicide) rate for Baltimore City, increased from 8.8 per 100,000 in 2020[5] to 10.2 per 100,000 in 2021.[6]

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[1] American Community Survey, 2016-2021 5-year estimates, https://data.census.gov/.
[2] https://bniajfi.org/indicators/Census%20Demographics/racdiv
[3] https://www.samhsa.gov/sites/default/files/samhsa-interim-strategic-plan.pdf
[4] https://health.maryland.gov/vsa/Documents/Overdose/Preliminarys/2022_PrelimIntoxReport_20231027.pdfMaryland's Overdose Data Dashboard
[5] https://health.maryland.gov/vsa/Documents/Reports%20and%20Data/Annual%20Reports/2020Annual.pdf
[6] https://health.maryland.gov/vsa/Documents/Reports%20and%20Data/Annual%20Reports/2021AnnualReport_Final_v1023.pdf

## Systemic racism, other forms of oppression and trauma

Systemic racism, other forms of oppression, and childhood trauma are major drivers of the disproportionately high rates of mental health conditions and substance use in Baltimore City. The behavioral health care system contributes to systemic oppression through policies and practices that create barriers to accessing services and resources.

## Organizational overview

Behavioral Health System Baltimore, Inc. (BHSB) is a non-profit organization that manages the public behavioral health system in Baltimore City. In this capacity, BHSB serves as the local behavioral health authority and oversees a network of private, predominantly non-profit providers that delivered services to more than 107,000 Baltimore City residents in FY 2023. BHSB partners closely with Baltimore City and the State of Maryland to build an efficient and responsive system that comprehensively addresses mental illness and substance use and meets the needs of the whole person.

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 services that are available, along with our expertise, to structure the system's resources to meet the unique needs of our communities. 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.

### Vision, mission and core values

*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

Organizational structure

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 that BHSB, as a non-profit 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 and government and community relations for BHSB, implements public education and advocacy campaigns to create positive change, and actively engages with community members to identify prevention opportunities, promote resiliency, and ensure that BHSB decision making is well informed by the community. BHSB participates in several coalitions and collaborates with a range of partners to advance policies and practices 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 maintaining processes that align resources and decision making across departments to maximize BHSB's capacity to build an antiracist and inclusive culture that advances equity and behavioral health and wellness of individuals, families, and communities. The department achieves this by developing and maintaining a robust and secure electronic network, providing operational support to cross-organizational processes and functions, managing procurements, advancing a harm reduction philosophy and practices, supporting the development of continuing education and training opportunities for BHSB staff and the provider network, coordinating BHSB's emergency response planning and activities, and leading 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 organization-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.

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

- Communications
- Grants accounting and monitoring

- Budget analysis
- Programmatic monitoring, service development and quality improvement for child and family services and crisis services
- Harm reduction training and outreach
- Data collection and analysis
- Prevention and community resilience
- Human resources

This support included the creation of new positions as well as several realignments of the work internally. One key area of realignment was moving the Prevention Team from the Operations Department to join the Community Resilience Team in the Policy and Communications Department. This organizational change integrates the resources of the prevention portfolio with the work in communities that is led by Policy and Communications.

# 2. Highlights, achievements, new developments and challenges

## BHSB's operations

### Building a justice-oriented, antiracist and inclusive culture

Cultivating a healthy work culture is a prerequisite for becoming an antiracist organization. To transform, an organization must embody kindness, respect, collaboration, safety, trust, vulnerability, emotional regulation, and accountability. Community agreements aid in this transformation by providing a framework for employees to engage in emotional, honest, authentic, painful, and uncomfortable conversations that are necessary for change.

In 2021, BHSB created an *Antiracist Organizational Framework* that affirms our commitment to intentionally shifting the culture inside and outside the organization toward becoming a fully inclusive antiracist organization in a transformed Baltimore City. There is support for this organizational change at all levels of the organization, including the Board of Directors. As a next step, BHSB recognized a need for a consultant to help operationalize the framework. A consultant was selected through a competitive procurement and began its work with BHSB during the winter of 2023.

One of the consultant's first activities was to facilitate an inclusive process to create community agreements. A series of sessions with staff was held, through which input was gathered that informed and shaped BHSB's *Antiracist Community Agreements*. This document was released in June 2023. It provides a collective vision for how we relate to one another at BHSB and sets expectations for how each of us individually agrees to treat our colleagues.

The next phase of the consultant's work with BHSB is a series of facilitated sessions with staff to learn how to interrupt racism when it happens. Through these sessions, the consultant is gathering staff input to create a restorative structure that will help manage conflict within the organization in a way that builds relationships among staff and facilitates a positive, collaborative and just culture.

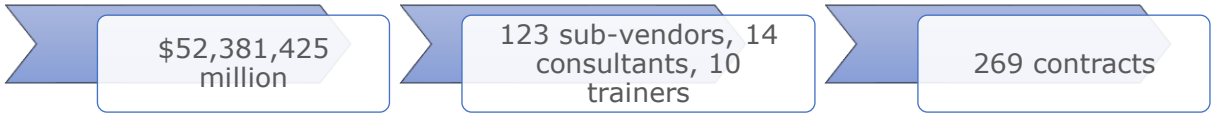
## Procurements and contracting

Procurements and contracting are core components of BHSB's work. In FY 2023, BHSB released 17 competitive procurements, i.e., requests for proposals (RFPs), resulting in 41 contracts totaling $5.5 million of awarded funding, of which eight contracts were with new sub-vendors.


BHSB also approved 11 sole source awards, resulting in 11 contracts totaling $1,125,727 of awarded funding.


BHSB continuously reviews its procurement processes to ensure that they are equitable, effective and consistently implemented across the organization. Work over the last year has focused on enhancing written documentation of procurements and increasing understanding of procurement processes throughout the organization.

In FY 2023, BHSB awarded $52,381,425 million in grant funds, with 269 contracts issued to 123 sub-vendors, 14 consultants and 10 trainers.




During FY 2024, BHSB is projecting funding from more than 36 sources in the amount of $64,911,133. Not all funding agreements have been received for FY 2024. It is expected that awards and modifications of awards will be received throughout the fiscal year.

## Incident and investigation management

BHSB reviews critical incidents and complaints to identify trends and target activities to improve quality of care in Baltimore City. During FY 2023, BHSB advanced efforts to obtain feedback from community voices that enhance these activities. The Awareness Campaign was highlighted at BHSB's Recovery Month event in September 2023.

During FY 2023, BHSB investigated:

- 104 critical incidents - all closed
- 81 complaints – all closed and resolved

## Audits and inspections

BHSB conducts retrospective Accountability Compliance Audits (ACAs) to review if service delivery met contractual requirements and relevant federal, state, and local regulations. Additionally, inspections are performed to ensure safe and healthy environments for consumers, both annually and upon initiation of residential services. Targeted case management services are reviewed every year, resulting in issuance of a Certificate of Approval for each program. During FY 2023, BHSB completed the following audits and inspections:

- Accountability Compliance Audits (ACAs): 112
- Administrative Service Organization (ASO) audits: 35
- ASO performance improvement plans (PIPs): 26
- Environmental health & safety inspections (annual) - residential rehabilitation program (RRP): 83
- Environmental health & safety inspections (expansion) - RRP: 7
- Targeted case management - Certificate of Approval (adult): 11
- Targeted case management - Certificate of Approval (child): 5

## Consumer Quality Team (CQT)

The Consumer Quality Team (CQT) records and addresses individual consumer satisfaction. BHSB collaborates with partners to identify, discuss, and resolve problems that consumers experience with the public behavioral health system (PBHS). During FY 2023, BHSB completed:

- CQT records - 67

## 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 evidence-based screening tools or assessments.

## System of care updates

### Language access and cultural responsiveness

Language access

Providing meaningful language access is an essential component of ensuring high quality behavioral health services. Language barriers and the inability to read or understand health information can pose serious health risks to individuals with limited English proficiency (LEP) or who are Deaf or hard of hearing.

BHSB participates in some of the contracts that the State of Maryland holds with LanguageLine Solutions® to provide interpretation and translation services. To increase staff's capacity to support providers and other stakeholders in adopting practices that support language access, BHSB partnered with LanguageLine Solutions to offer refresher trainings for staff on best practices when using interpreting services.

As noted in the *Behavioral health crisis system* section of this report, BHSB is funding 17 additional clinics to work with a consultant to build capacity to offer Open Access appointments. Of these clinics, eight have Spanish-speaking therapists.

Deaf and hard of hearing

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 build their knowledge and skills in serving this population. ASL services are available within several levels of care: outpatient mental health treatment and residential and psychiatric rehabilitation programs (RRP, PRP). During FY 2023, ten unique consumers were served in outpatient mental health treatment, ten in PRP, ten in RRP, and one specialized consumer.

BHSB collaborated with BHA's Office of Treatment Services to support planning for a Deaf and hard of hearing conference. The purpose of the conference was to expand access and educate community partners and stakeholders of resources for consumers who are Deaf or hard of hearing.

Native American Lifeline

BHSB received funding to partner with Native American Lifeline (NAL) to provide outreach and opioid use disorder prevention to Baltimore City's Native population. NAL engages in activities focused on the behavioral health needs of urban American Indians in Baltimore by providing culturally informed education on opioids, how to access medication-assisted treatment, harm reduction strategies, and/or services related to risk factors that are associated with opioid and/or stimulant use disorder. NAL experienced some delays in project implementation, and it is expected that these services will begin in 2024.

Lesbian, gay, bisexual, transgender, queer/questioning, intersex, and asexual (LGBTQIA)

BHSB has continued to engage as a member of the Transgender Response Team. BHSB has used its membership in this coalition to leverage resources with multiple community-based LGBTQIA advocates and other stakeholders in Baltimore City. As a member, BHSB discusses and shares 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.

During FY 23, BHSB participated in identifying and creating goals for three priority areas of focus:

1. Securing funding for rapid rental housing to increase home ownership for LGBTQIA individuals.
2. Advocating for funding for housing specific to homeless and housing insecure transgender youth and young adults.
3. A Gender Euphoria Campaign to showcase transgender and non-binary joy through highlighting local transgender excellence as thriving, valued members of the community through storytelling and amplifying the voices of Trans people for Trans people.

In addition to its work with the coalition, BHSB responds to behavioral health inquiries from community providers and child serving systems by providing resources related to programming and housing support specific to LGBTQIA youth and young adults.

Trauma-Informed Care (TIC) and Antiracism Learning Community

During FY 2023, BHSB sponsored the second year of its TIC and Antiracism Learning Community. A new facilitator was selected through a competitive procurement, and seven providers participated in monthly sessions that alternated between group educational forums on TIC and antiracist principles and individual technical assistance meetings. The learning community culminated in the development of a plan from each participating organization to integrate trauma-informed and antiracist practices into its internal policies and practices and service delivery to consumers.

BHSB is sponsoring a third year of this learning community during FY 2024, with five new providers participating.

## Engaging with the community

### Prevention activities

During FY 2023, BHSB partnered with the Baltimore City Health Department and community partners to organize and execute four Kids Off Drugs events at middle and high schools in Baltimore City. Kids Off Drugs is a prevention campaign that uses hip-hop culture, art, poetry, performance and music to help educate youth on the impact of substance use and empower them with tools to explore alternatives to substance use.

In recognition of National Prevention Week, BHSB hosted more than 700 Baltimore City middle and high schoolers for two days of fun and learning about healthy life choices on May 10 and 11, 2023. During the event, students engaged with more than 16 resource providers.

### Community events and outreach

In 2023, BHSB attended 75 community events and festivals, including:

- Baltimore Trans Pride, which was sponsored by Baltimore Safe Haven as an opportunity to increase the strength of the trans and gender diverse community and allies through increased visibility, connection, love, and celebration
- Baltimore City AFRAM, which celebrates life, music, and culture
- Sowebo Music and Arts Festival, which brings the community together to support local musicians, visual artists, and entertainers of all ages
- Baltimore PRIDE, which honors the contributions made to society by sexual and gender minorities
- National Night Out, which enhances the relationship between neighbors and law enforcement and foster a sense of community

In follow up to the largest mass shooting event in the history of Baltimore, BHSB provided long-term resources to the Brooklyn community. BHSB also supported students at Morgan State University after an on-campus shooting in which five students were shot.

BHSB participated on panels or presentations for several organizations, including the Mayor's Office of Immigration Affairs, DMV Faith in Action, BDS Older Adult Network, and a presentation entirely in Spanish with the Maryland Insurance Administration. We also continued to build on existing community partnerships with the Housing Authority of Baltimore City, Market Center (the area around Lexington Market), the city's public markets, the Immigration Outreach Service Center, and faith institutions of all denominations throughout Baltimore City. Several new partnerships were developed as part of 988 outreach, including the National Federation of the Blind and the Office of the Public Defender.

## Training

During FY 2023, BHSB convened a total of 87 educational events attended by 2,454 people. Training topics and attendance are summarized in the chart below.

One of the trainings was designed specifically for assisted living facilities, apartment buildings, and provider programs that serve members of the community who struggle with behavioral health challenges. BHSB partnered with Emergency Medical Services/911 to identify locations where people contact emergency services via 911 for mental health reasons at a high volume, with the goal of decreasing the use of 911 for mental health crises by connecting the residents and staff at those locations with community resources that may meet their needs. The training included an overview of the public behavioral health system, 988, behavioral health stigma, and resources available to the public.

| Training Topic | Audience | Number of Trainings | # Attended |
|---|---|---|---|
| Connecting Residents with Community-Based Mental Health Services | Assisted living facilities & apartment building staff | 1 | 61 |
| Managing Mental Health Emergencies, Trauma, Suicide Prevention | Behavioral health providers | 3 | 136 |
| Recovery Month Celebration, Overdose Awareness Day | Behavioral health providers, community members & others | 2 | 300 |
| Mental Health First Aid | Faith community members | 2 | 22 |
| Outreach & engagement, overdose response, trauma informed care, etc. | Harm reduction program staff & others | 37 | 1,130 |
| Child, youth, and family support services | Head Start teachers, child & family therapists | 6 | 277 |
| Mental Health Awareness, Crisis Intervention Training | Law enforcement | 11 | 172 |
| Advocacy, Ethics, Mentoring, Recovery, Wellness, etc. | Peer recovery specialists | 25 | 356 |
| TOTAL | | 87 | 2,454 |

## Behavioral health crisis system

A behavioral health crisis system is an essential community service. It includes an organized set of structures, processes and services, designed to meet the full range of behavioral health crisis

needs effectively and efficiently.[7] BHSB engaged in a broad range of activities during FY 2023 to advance the region's crisis system, including providing 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.

Fund MD988 Campaign

BHSB worked with partners in the Fund MD988 Campaign to pursue 988 and behavioral health crisis funding in Maryland. The group now has over 80 partners and worked with the General Assembly in 2023 to allocate an additional $12 million for the 988 Trust Fund. Looking ahead, the Fund MD988 Campaign hopes to see a dedicated revenue source for 988 similar to how 911 is funded. This will be critical to ensure the initiatives funded through the GBRICS Partnership are sustainable long-term.

988 Regional Helpline

New cloud-based technology for the integrated regional 988 Helpline went live in April 2023. This software allows three crisis providers in the region - Baltimore Crisis Response Inc (BCRI), Affiliated Sante Group (ASG), and Grassroots Crisis - to answer 988 calls as one integrated provider. The 988 Helpline answers close to 2,000 calls per month, places over 1,400 outbound (care-coordination and follow-up) calls per month and has an 88% answer rate. The remaining calls are rolled over to a back-up center. BHSB is monitoring staffing capacity to determine when and if staffing needs to increase to meet demand.

BHSB, along with our partners in the Fund MD988 Campaign, promoted 988 in the run up to the one-year anniversary of its launch on July 16, 2022. BHSB was interviewed for several stories and worked with 988 helpline staff to connect them with the media. BHSB and the Fund MD988 Campaign also organized a digital video campaign that ran on various social media platforms during July 2023 to help raise awareness of 988 and build public good will to support future advocacy efforts.

Mobile response team expansion

During calendar year (CY) 2023, BHSB funded five additional regional mobile response team shifts, composed of a behavioral health clinician and a peer. Three of these shifts are fully operational, and staff for the other two shifts will be on-boarded soon. In CY 2024, an additional regional shift will be added, resulting in 24/7 coverage of mobile response teams serving Baltimore City and Baltimore, Carroll, and Howard counties. During October 2023, 125 mobile response teams were dispatched regionally through the 988 Care Traffic Control, GPS-enabled dispatch system.

[7] https://www.thenationalcouncil.org/wp-content/uploads/2022/02/042721_GAP_CrisisReport.pdf

The new regional teams operate in addition to the existing teams based in Baltimore City, which completed 961 assessments in FY 2023.

Youth crisis and mobile response services

During FY 2023, BHSB increased access to mobile response services for youth and their families. Through a competitive procurement process, BCRI was selected to implement a new youth mobile response team (MRT) serving children and youth under the age of 18 in Baltimore City for two eight-hour shifts, seven days per week (7am-11pm). The MRT is comprised of one licensed mental health professional and one peer support specialist.

The decision by a provider during the spring of 2023 to close a longstanding program that had provided comprehensive community-based services for children in mental health crisis created a gap in the system of care that BHSB has been addressing in multiple ways. As a short-term strategy, BHSB collaborated with BCRI to increase its capacity to respond to children and families' needs by connecting them with child-serving providers, resources, and system partners. BCRI has been building relationships with service providers and enhancing its knowledge about community-based services for children and families. The connections with system partners (i.e., Baltimore City Public Schools, Baltimore City Department of Social Services, etc.) created opportunities for BCRI to learn more about the specific needs of youth served by other systems. As a longer-term strategy BHSB released a competitive procurement during FY 2024 to select a new vendor to provide comprehensive community-based services for children in mental health crises. The competitive procurement did not produce qualified providers, and a sole source was issued to fill this gap.

Open access model

BHSB continued to advance its Open Access program during FY 2023 to expand access to services for people in immediate need of care. It is part of a larger initiative to strengthen the services and infrastructure of behavioral health crisis services in Maryland. The Open Access model is essential to increase the system capacity to prevent behavioral health crises and address crisis situations within existing outpatient clinic settings by providing people with the means to immediately access services in these settings.

Outpatient behavioral health clinics offering Open Access appointments began receiving referrals from the Regional 988 Helpline through a secure portal in April 2023. BHSB will fund 17 additional clinics to work with a consultant to build their capacity to offer Open Access appointments in CY 2024. BHSB and the consultant will also continue to support previous cohorts of clinics offering Open Access appointments. (A list of these clinics can be found on the 988 Helpline website).

From January to August 2023, over 1,000 consumers were served through Open Access appointments. Only a small portion of referrals (15-20 per month) came through the 988 Helpline. BHSB is working with providers to increase referrals from the 988 Helpline.

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. The center saw an increase in unduplicated individuals served and in admissions in FY 2023 when compared to FY 2022: 1,996 unduplicated individuals with a total of 2,885 admissions were served in FY 2022, versus 2,612 unduplicated individuals and a total of 4,272 admissions in FY 2023.

## Criminal justice system collaborations

Baltimore City Behavioral Health Collaborative

The consent decree between Baltimore City, Baltimore Police Department, and the Department of Justice is entering its sixth year. This means that the nature of the activities changed 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 co-led a planning process to restructure the stakeholders group that is a requirement of the Consent Decree.

Through this process, the group changed its name from the Collaborative Planning and Implementation Committee (CPIC) to Baltimore City Behavioral Health Collaborative, with the following purpose:

> *The Behavioral Health Collaborative is a group of stakeholders in Baltimore City that works to improve accountability to the people of Baltimore and reduce unnecessary interaction with emergency personnel by ensuring*
>
> - *a full and comprehensive range of behavioral health services are accessible and high quality,*
> - *city personnel, in particular police, fire and emergency medical services (EMS), are just in their interactions with people living with or impacted by mental illness and substance use,*
> - *city policies are collaboratively developed, and*
> - *system efforts across the city are coordinated.*

The collaborative includes community members, people with lived experience with mental illness and/or substance use disorders, service providers, institutional leaders and other advocates. It holds a vision that Baltimore City will develop a system of care that

- treats all people with dignity and respect,
- prevents people from having unnecessary contact with police,
- diverts people away from the criminal justice system into services that will meet the needs of the individual and their family, and

- de-escalates crisis situations with minimal or no use of force.

Crisis Intervention Team (CIT)

BHSB staffs a Crisis Intervention Team (CIT) Coordinator position that is embedded at the Police Academy and collaborates with the Baltimore Police Department to conduct CIT certification courses and Behavioral Health Awareness trainings for recruits. During FY 2023, five 40-hour CIT certification courses were held, training 64 sworn officers. In addition, six three-day Behavioral Health Awareness trainings were held for 108 recruits.

Law Enforcement Assisted Diversion (LEAD) Program

To address the criminalization of individuals with behavioral health disorders and increase access points to services, BHSB collaborates with the Baltimore Police Department and other partners to implement Law Enforcement Assisted Diversion (LEAD), which is a diversionary pilot program that provides public safety officials with an alternative to incarceration by diverting people with low-level drug and criminal offenses from the criminal justice system to treatment and support services.

LEAD experienced a significant upward trend in referrals from both community organizations and police during FY 2023, indicating increased community and law enforcement engagement. The program received 32 referrals and served 70 participants.

Supported employment for returning citizens

BHSB collaborated with the Mayor's Office of Employment Development (MOED) to provide supported employment opportunities to residents and returning citizens with a substance use disorder. BHSB provided a letter of support for a grant application MOED is submitting to fund a supported employment project that will serve returning citizens and others who might be involved in the criminal justice system.

Drug Treatment and Adult Recovery Court

Two BHSB clinical care coordinators function as members of multidisciplinary teams at the Circuit Court's Drug Treatment Court (DTC) and District Court's Adult Recovery Court (ARC) (previously called the District Drug Treatment Court). In addition, BHSB contracts with a community-based program to provide peer specialists and a clinical care coordinator, who also function as members of the DTC and ARC multidisciplinary teams.

The DTC resumed in-person docket hearings post-COVID during July 2023. The Baltimore City State's Attorney Office is re-evaluating the screenings of potential participants, with the goal of increasing referrals and retention rates and diverting from incarceration individuals who commit non-violent crimes and have a substance use disorder.

The ARC re-envisioned its operations during FY 2023. One key change was to incorporate driving under the influence (DUI) referrals, with the goal of increasing participation and

facilitating better access to services and treatment. In addition, BHSB facilitated increased utilization of the Addicts Changing Together-Substance Abuse Program (ACT-SAP), which is a state-certified substance use disorder treatment program for female offenders located at the Baltimore Central Booking and Intake Center (BCBIC). The 45-day intensive treatment regimen includes formal treatment planning; individual, group and family counseling; HIV/AIDS education, testing and counseling; acupuncture treatment; life skills training; computer literacy; adult basic education and groups such as Narcotic's Anonymous, You Are Not Alone, and Parents Anonymous, Inc. Previously these services were being underutilized.

During FY 2023, a total of 64 consumers were served between the DTC and ARC. Each participant received clinical and peer support services, which included referrals to resources such as community behavioral health services, employment services, health benefits, education services and other community supportive services. Five individuals graduated from the Circuit Court's DTC, and four individuals from the Circuit Court's ARC.

## Adult services

### Residential rehabilitation programs

BHSB continues to ramp up its efforts to provide clinical oversight to residential rehabilitation programs through annual visits to each program. In FY 2023, seven site visits were conducted at the residential rehabilitation program (RRP) providers operating in Baltimore City. During the site visits, charts are reviewed for clinical appropriateness of treatment planning, formal and informal support involvement, appropriate level of care placement, discharge planning, and record keeping. After each site visit, BHSB facilitates a follow-up meeting in which the findings are reviewed and recommendations are given to providers to ensure best practices are being implemented.

### Baltimore City Capitation Project

The Baltimore City Capitation Project provides a comprehensive range of mental health services. Providers receive a partially "capitated" rate each month to manage and pay for all of each participant's psychiatric care and support services, including inpatient care. BHSB was able to successfully advocate for a 15% increase in the Medicaid reimbursement rate starting in April of 2023. The project has historically been excluded from the rate increases given to the public behavioral health system in recent years.

There was a 30% increase in referrals to the project during FY 2023, as compared to FY 2022, for a total of 97 individuals referred. Of the referrals received, 37 were from state hospitals, as compared to 15 during FY 2022. This increase reflects the enhanced outreach by BHSB to the state hospital system.

Increasing Access

BHSB created a video toolkit for a target audience of staff from state psychiatric hospitals, community psychiatric hospitals and outpatient providers in Baltimore City. These videos can be found on BHSB's YouTube channel and include overviews of RRP, Capitation Project, assertive community treatment (ACT), care coordination for children and youth, and a general overview of the adult public behavioral health system. Cumulatively, these videos have over 2,000 views.

Electronic Pill Dispenser

BHSB's electronic pill dispenser project is advancing. This project allows for technology enhancements to be incorporated into the delivery of medication for opioid use disorder treatment services. It will increase the availability of methadone take-home doses dispensed to consumers in a way that is much safer and more secure than usual methadone take-home dispensing strategies.

Consumers will have a secure electronic lock box with an internal modem which will continuously communicate with a remote management program that will be established within an opioid treatment program. There is no need for the consumer to have a phone line or internet access, and the box remains locked until it is time for the consumer to take their medication. At that time, the box unlocks the specific dose compartment.

The box provides multiple visual and (as an option) auditory reminders to consumers to take their dose daily during the specified time window, which will be established by the consumer and opioid treatment program (OTP). The box will automatically contact the OTP if the dose is not removed from the box during the specific window. It will also automatically contact the OTP if there are any attempts to forcibly access medication in other trays (which are designated for other days).

By Grace, which is an OTP, was selected through a competitive procurement to implement the electronic pill dispenser project. By Grace has worked with the Johns Hopkins School of Medicine to gain training and technical assistance with implementation. By Grace has started the development and implementation of patient eligibility criteria, identifying individuals appropriate for the electronic lock box, bringing on dedicated staff for this project and partnering with evaluators to collect and analyze this data.

Older adults

BHSB launch a pilot program during FY 2023 that provides assisted living facilities (ALFs) with wraparound behavioral health support for older adults with serious mental illness to prevent unnecessary institutionalization. Individuals served by the program require assistance with daily activities or have medical conditions that require nursing assessment. BHSB's work to launch the program has created opportunities to build relationships with programs that serve older

adults and expand BHSB's reach into the community. There is growing awareness of the program, as evidenced by receiving 37 referrals from hospitals, state hospitals, community-based behavioral health programs, residential rehabilitation programs, and nursing facilities.

In addition, BHSB continues to maintain a list of ALFs in Baltimore City that are committed to working with people with forensic involvement, serious mental illness and/or substance use disorders. The list currently includes 12 providers that have been vetted by BHSB. The vetting process includes an in-person site visit during which admission requirements, payment options, services offered, handicap accessibility and verification of ALF licensure issued by the Office of Healthcare Quality are reviewed.

BHSB collaborates with the Mental Health Association of Maryland (MHAMD) to connect stakeholders serving older adults with its *Engage With* training, which is an informative and interactive training designed to teach providers how to work effectively with older adults for more favorable outcomes. In FY 2023 MHAMD held eight trainings for Baltimore City stakeholders, with 80 participants being trained.

During FY 2023, BHSB joined a Baltimore City collaborative group working to address quality of care issues among assisted living providers. It includes the Baltimore City Health Department Division of Aging, the Ombudsman's Office, Baltimore City Fire Department, the Office on Health Care Quality, Baltimore Police Department, Medicaid, Adult Protective Services, and other stakeholders.

## Child and family services

### Baltimore City Department of Social Services (BCDSS) partnership

BHSB has a long-standing partnership with the Baltimore City Department of Social Services (BCDSS). BCDSS frequently solicits BHSB as a partner to guide system work and design and implement behavioral health services provided to children, youth, adolescents, and families involved in the child welfare system. In October 2023, BCDSS invited BHSB to participate in supporting the statewide Family First initiative to divert families from becoming involved in the child welfare system through prevention services and community-based behavioral health services. This work is ongoing, and BHSB will continue to support BCDSS in the endeavor.

In addition, BHSB continues to partner with BCDSS by facilitating access to services available through the public behavioral health system and managing contracts that support its Making All the Children Health (MATCH) program, mental health assessments, psychiatric consultation, family peer navigation, mental health stabilization services, and wellness services for youth in out-of-home care. BHSB also participates in the BCDSS Behavioral Health Subcommittee, which reviews the status of BCDSS-funded behavioral services, trends, resources and training opportunities. It also monitors relevant changes in the public behavioral health system (PBHS). In December 2023, BHSB will conduct an annual two-session presentation on the PBHS for BCDSS staff and managers.

Collaboration with schools and Head Start programs

BHSB works to strengthen our partnership with Baltimore City Public Schools by educating leadership, administrators, and principals about BHSB's role as the local behavioral health authority and identifying opportunities for collaboration, as well as resources available through the public behavioral health system.

During FY 2023, BHSB participated in comprehensive, on-site meetings with providers, which helped inform the strengths and needs of programming and future monitoring guidelines for school and head start-based programs. BHSB also provided school-based training for over 100 school-based providers that included a comprehensive overview of Baltimore City's crisis system. In addition, BHSB encourages Mental Health First Aid (MHFA) training for non-licensed school and provider staff by sharing training information, regularly communicating the benefits of MHFA training, and advocating on an ongoing basis for funding for MHFA training dollars. To ensure providers are aware of community-based services, BHSB also provides an annual back to school training that includes training and presentations of various resources available through the PBHS in Baltimore City.

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 2023, 27 families were served, which consisted of 27 mothers and a total of 41 children.

Baltimore City's Child Fatality Review and Fetal Infant Mortality Review teams

BHSB continues 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 requiring that sub-vendors implement practices to increase knowledge about and reduce the occurrence of sleep-related deaths among their consumers and staff. To build BHSB's capacity to educate and support providers around safe sleep practices, BHSB implemented internal safe sleep trainings for staff.

Justice-Involved youth and families

Through previous proactive engagement of the Department of Juvenile Services and Juvenile and Family Court, the existing Juvenile Program Court Early Intervention Program (JCEIP) and LINKS programs have expanded significantly. JCEIP and LINKS are two services funded through

BHSB to provide services directly to system-involved youth and families. These services support youth and families through assessment, educational groups, and youth substance use disorder groups. The overall goal is to have easily accessible services for system-involved families that address the needs of the families while assisting youth in creating alternatives to the actions, engagements, and behaviors that lead to system involvement. As a family approach, parent groups are also available to assist parents with the management of stressors and parenting during challenging times.

Residential rehabilitation beds for youth

During FY 2023, a provider was selected through a competitive procurement to implement a new transitional age youth residential rehabilitation program that will serve eight youth in Baltimore City. The provider is tasked with providing safe and stable housing to youth with mental health diagnoses while working on life skills, with the goal of rehabilitation and transitioning to independent living and a less intensive level of care within the PBHS.

## Harm reduction

BHSB has two harm reduction teams: the Maryland Harm Reduction Training Institute (MaHRTI) and Bmore POWER (Peers Offering Wellness Education and Resources).

Maryland Harm Reduction Training Institute (MaHRTI)

MaHRTI partners with the MDH Center for Harm Reduction Services to develop the Maryland harm reduction workforce and support Maryland programs in providing optimal services to people who use drugs. During FY 2023, MaHRTI launched a new recruitment process for external curriculum developers and trainers, which will enrich and diversify MaHRTI's harm reduction training portfolio. BHSB also began a close review of existing MaHRTI training content to ensure accessibility for trainees who are Deaf, hard-of-hearing, blind, have visual impairment, have lower health literacy, and have different learning styles.

During FY 2023, MaHRTI:

- facilitated 39 trainings, leading to 1,130 people across the state of Maryland being trained on harm reduction topics and averaging an 87% satisfaction rate with participants;
- launched Drugs 101, a new training series covering the foundational information of the science behind drugs and their effects, as well as social and cultural contexts of drug use;
- launched a Speaker's Club, which empowers people who use drugs to share their experiences with others by teaching facilitation skills and providing opportunities to lead trainings; and
- continued to hold the Leadership Series and Syringe Services Program Academy twice annually, with sessions highly-attended and well-received.

During FY 2024, MaHRTI is:

- creating a Drugs 201 series, building off of Drugs 101;
- developing an Overamping 101 training to support Marylanders to recognize and respond to stimulant overamping;
- producing an array of workforce development training supports for organizations that employ peers, outreach workers, and other frontline, direct service staff who have shared lived and living experience with members of the communities they serve; and
- collaborating with the MDH Center for Harm Reduction Services to incorporate what was learned from the OD2A-supported Black & Latinx Outreach Overdose Disparity Campaign (BLOC) into all MaHRTI training.

Bmore POWER (Peers Offering Wellness, Education, and Resources)

Bmore POWER is a team of people with lived and living experience related to drug use. The term *living experience* refers specifically to people with ongoing experience with drug use, personally or within their communities. This language shift is being made within the harm reduction field to ensure that relevant voices are uplifted. For example, while a person in abstinence-based recovery for 20 years has much to share, they may not understand what is happening at the community level among people who currently use drugs. This distinction was noted prominently in SAMHSA's draft Harm Reduction Framework.

Bmore POWER conducts outreach in neighborhoods impacted by drug-related harms and overdose spikes and connects with people in those areas. The team provides overdose prevention and safer drug use education, tools such as naloxone and drug testing strips, treatment referrals, and overdose reversal reporting.

During FY 2023, Bmore POWER:

- distributed 12,690 naloxone kits (2 doses per kit)
- documented 2,120 overdose reversals

## Advancing behavioral health and wellness

To identify the most pressing concerns for people across Baltimore and the region, BHSB engaged over 100 stakeholders through facilitated discussions and electronic surveys. Respondents shared a wide array of issues and policy ideas, but some trends and commonalities were clear. This data shaped BHSB's Policy Priorities 2024-2025.

BHSB collaborated with the U.S. Department of Health and Human Services (HHS) to host a roundtable discussion on youth mental health on January 27, 2023 with Health and Human Services Secretary Xavier Becerra, Maryland governor Wes Moore, HHS Assistant Secretary Miriam Delphin-Rittmon and Maryland Lieutenant Governor Aruna Miller. During the discussion, Governor Moore called for bold action in partnership with local and federal leaders.

He added that his team will move swiftly on the issue of mental health and is honored to partner with BHSB in this work.

To commemorate Bebe Moore Campbell Minority Mental Health Awareness Month, BHSB cohosted a webinar on mental health challenges and resources for Baltimore's youth on July 26, 2023 with NAMI Metro, Centro Sol, the Maryland Peer Advisory Council and the Black Mental Health Alliance. More than 80 people attended the discussion, which explored barriers to care and best practices to provide culturally appropriate support to young people across the city.

### 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 for the Point of Care Testing Initiative, designed to provide small grants to substance use disorder (SUD) residential treatment facilities to perform COVID-19 point of care rapid and frequent testing within residential providers that reported multiple and consistent COVID-19 outbreaks within their facility. Through this procurement, four Baltimore City residential SUD facilities were selected to receive additional funding to support expanded testing availability across their staff and consumers. In FY 2023, three of these facilities were able to utilize this funding to conduct 8,327 COVID-19 tests.

In addition, BHSB received funding to support all community mental health and substance use disorder providers in ensuring continuity of services by expanding dedicated testing and mitigation resources for people with mental health and substance use disorders. In FY 2023, BHSB approved three requests and issued $7,406 to support providers in implementing additional mitigation strategies within their programs.

## Challenges

Administrative 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 instead 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.

Contracting

Contractual processes at MDH are complicated, which has resulted in recent years in delays in funding awards and cash flow. BHSB appreciates the opportunity to participate in a workgroup

with other local behavioral health authorities and MDH to create a more streamlined planning and budgeting process.

Programmatic work

The programmatic work of BHSB is complex and requires ongoing attention to resources and structure to manage workload. Challenges persist including:

- Finding the dedicated time to take on new projects and do the complicated work of finding sustainable funding sources within an evolving and changing system of care
- Resourcing and supporting coordination between programmatic, project and grants management activities and system change activities

Administrative Service Organization

Maryland's transition to the current Administrative Service Organization (ASO) in January 2020 has been enormously challenging for the public behavioral health system. Ongoing efforts to reconcile claims has required 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.

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 (MCORR) 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 PBHS in Baltimore City include:

- LBHAs 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 evidence-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 PBHS includes multiple small, non-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 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. 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 at various stages of the planning process to gather input and feedback, 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, which has inherent tensions. We each see the world through a unique perspective that is formed through our individual life experiences, which creates conscious and unconscious biases that are intrinsic to the human brain. Biases, in turn, impact decisions in the workplace, including how data is collected and analyzed. For example, data sources that are used to research effective health care practices often include populations in which Black and Brown people are underrepresented. When this happens, the results that emerge from studies may not accurately reflect how a practice affects Black and/or Brown people, creating unknown and hidden gaps in knowledge, and possibly perpetuating racial injustices. 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**.

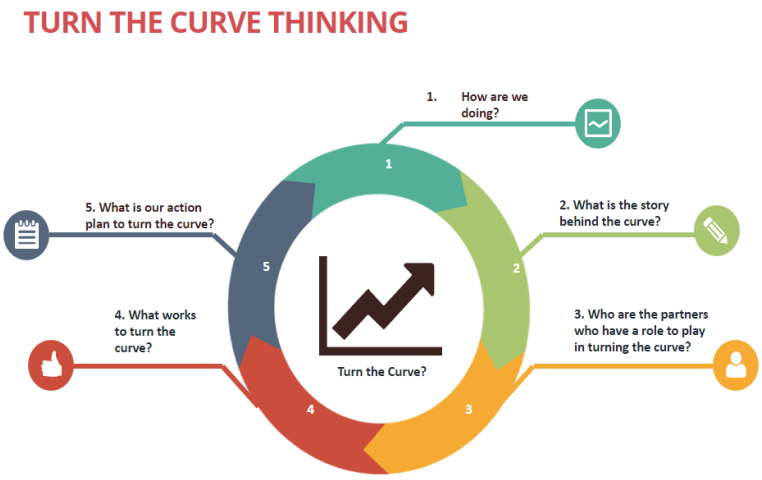
**Population accountability** aligns BHSB's work with that of other systems and organizations to promote community wellbeing. It asks: *what is the right thing to do?* The RBA process begins at this level with **results** and **indicators**.

- **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.

## 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*** *Increase knowledge and implementation of safe sleep practices by families and* | 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. |

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| *programs across Baltimore City that have contact with the public behavioral health system* | 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*** *Implement processes and practices that advance an antiracist organizational culture* | 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 | Document is created | **PARTIALLY COMPLETED** | BHSB's *Antiracist Community Agreements* was released.<br>The next step will be to integrate the agreements with other organizational 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.<br>The 4th 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*** *Develop processes to ensure maximum expenditures of awarded funds* | 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 | **PARTIALLY COMPLETED** | Analysis is occurring, and three reports have been developed. |

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| | | factors are created | | |
| | 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*** *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)* | 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 inequities and opportunities for system improvements | 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. |
| | 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*** *Increase number of certified Peer Recovery Specialists in programs that are funded by BHSB to provide* | 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 | **COMPLETED** | 78% of peers funded through BHSB contracts are Certified Peer Recovery Specialists (CPRS). |

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| *peer recovery services* | | recovery services will have all Peer Recovery Specialists certified within 18 months of employment | | 86% of funded programs have one or more CPRS.<br>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 |
|---|---|---|---|---|
| ***Result #3, Strategy 1*** *Create a process to collect qualitative data from community members and use it to inform our work* | 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.<br>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. |

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| | 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. |
| ***Result #3, Strategy 2*** *Increase staff knowledge and understanding of co-design principles* | 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**: | **How much?** # supervisor trainings | 5 trainings |

| | | |
|---|---|---|
| *Supervisors will integrate an antiracist lens into day-to-day work activities and 1:1 discussions* | **How well?** % attendees who thought training contributed to their understanding of the supervisor's part in co-creating BHSB's culture | • 76%<br>• 72%<br>• 57%<br>• 93%<br>• 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**: *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* | **How much?** total dollars BHSB subcontracts to organizations that provide housing or behavioral health services in a residential setting | • 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 | • 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 | • 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 |
|---|---|---|
| **Result 2, 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* | **How much?** # of schools that have ESBH for<br>○ mental health<br>○ substance use | Mental health<br>• FY 20: 131<br>• FY 21: 131<br>• FY 22: 131<br>• FY 23: 128<br>Substance use<br>• FY 20: 18<br>• FY 21: 18<br>• FY 22: 18<br>• FY 23: 15 |
| | **How well?** clinician to student ratio | • (FY 20) 1:580<br>• (FY 21) 1:590<br>• (FY 22) 1:580<br>• (FY 23) 1:595 |

| | | |
|---|---|---|
| | **Is anyone better off?** #/% of students who showed improvement in evidence-based assessments | Reduction in total PSC-17 score<br>• FY 20: 0.41<br>• FY 21: 0.93<br>• 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 |
|---|---|---|
| **Result 3, 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* | **How much?** # staff trained in youth codesign | • 31 |
| | **How well?** % staff scoring 80% or better on codesign training post-test | • 74% |
| | **Is anyone better off?** #/% staff indicating knowledge of youth codesign is beneficial to their work | • 24<br>• 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.

# 4. Targeted Case Management/Care Coordination

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.

## Youth care coordination

Youth care coordination, also referred to as targeted case management (TCM), is a system of care model that provides support to youth and families with intensive mental health needs. Care coordinators facilitate the creation of a youth-guided, family-driven, strengths-based plan of care by identifying individualized needs, strengths, and goals utilizing a team-based approach that includes both formal and informal supports and interventions. Services are offered through tiered levels of care based on assessed needs. TCM Plus and 1915i waiver care coordination programming offer an additional layer of services that are designed by the Behavioral Health Administration (BHA) to support youth and families that have a combination of risk factors and intensive mental health or substance use issues. Children must have or be eligible for Medical Assistance to receive care coordination services, with the exception of TCM Plus. TCM Plus provides 100 slots statewide that are available on a first come first serve basis to youth and families who meet eligibility criteria and have private insurance.

Utilization and capacity analysis

In FY 2023, 1,975 youth across the state received TCM services. During 2022 and 2023, there was an increase in the total number of youth served in Baltimore City. Claims data shows these total numbers to be:

- FY 2021 = 227
- FY 2022 = 193
- FY 2023 = 267

The Baltimore City penetration rate for mental health services in the past year in Baltimore City was 22.9%, which is higher than the state rate of 17.8% and the national average of 22.8%. In FY 2023, 80,285 youth ages 0-17 in Maryland received mental health services through the PBHS. Of those youth, 20,847 lived in Baltimore City. During this timeframe 1,975 youth in Maryland received services from care coordination organizations (CCO). Of those youth, 267 lived in Baltimore City, representing .93% of the total served through the PBHS.

The following data reflects utilization of mental health and substance use services statewide as compared to Baltimore City. In FY 2023, there were 20,847 youths with Medical Assistance in Baltimore City receiving mental health treatment services and 79,002 state-wide. The number of youth with Medical Assistance in Baltimore City receiving substance use disorder treatment services in FY 2023 was 1,026 and 4,225 statewide. This data demonstrates a high utilization of mental health and substance use treatment services for children and adolescents in Baltimore City who would qualify for - but did not receive - care coordination services.

As of the first quarter of FY 2024, 131 youth are receiving CCO services in Baltimore City. Current data appears to reflect an upward trend in the number of youth to be served during the FY 2024 fiscal year. The Maryland Administrative Service Organization data shows a slightly higher penetration rate of mental health symptoms in the public behavioral health system 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. After a decrease in the overall number of youth served during fiscal years 2021 and 2022, FY 2023 data shows an increase in utilization of care coordination. However, even with the 2023 increase, CCO utilization continues to indicate proportionately fewer youths were served in Baltimore City compared to statewide averages. Furthermore, national and statewide prevalence data suggests higher needs in Baltimore City.

Strengths and challenges

BHSB has shown a sustained commitment to supporting the implementation of the nationally recognized values and practices of high-quality care coordination that are known to promote positive outcomes for youth and families. Through our close partnership with BHA, training consultants, and local CCOs, BHSB has ensured that jurisdictional implementation remains aligned with state priorities as the regulations governing the services evolve.

BHSB continues to build partnerships with stakeholders at the local and state levels to maximize service effectiveness and to provide consumer and provider feedback. BHSB also engages in consultation regarding youth/family-specific situations in which complex needs are identified. In these instances, BHSB consistently prioritizes referral and enrollment in care coordination, as this service is well-positioned to coordinate services from multiple child-serving agencies to effectively address the needs of the young person and family. This approach is often applied to youth referred to or meeting residential treatment center medical necessity criteria, as well as to support a smooth transition back into the community from residential

treatment centers or upon discharge from inpatient psychiatric care. Care coordination is also frequently utilized with youth and families involved with the Baltimore City Department of Social Services (BCDSS) and/or Department of Juvenile Services (DJS) to effectively enhance family functioning and prevent out-of-home placement.

BHSB has found stakeholder knowledge of care coordination services to be a significant contributing factor associated with the disproportionately low rate of referrals for CCO services. Presentations and outreach have not resulted in a significant increase in referrals from inpatient hospital staff, the juvenile justice system, the public school system, or BCDSS. Despite efforts to collaborate with other child serving systems, the lower rate of referrals has directly impacted providers' capacity to serve youth in need of care coordination services.

Another contributing factor impacting CCO utilization is the continued growth in the utilization of psychiatric rehabilitation program (PRP) services for youth. There is misinformation regarding rules around accessing both PRP and care coordination services simultaneously, as well as a lack of knowledge about the most appropriate level of services. Many families receive misinformation that they have to choose one service or the other or are referred to PRP when CCO service are more appropriate to meet youth and family needs.

Strategies to increase utilization and capacity

BHSB continues to collaborate across systems to educate stakeholders about CCO services, with the goal of including more of the child and adolescent population that can benefit from care coordination services. BHSB has established a more substantial presence in cross-system meetings and workgroups to provide education and consultation on available services to youth and families. BHSB collaborates with relevant systems and stakeholders, including BCDSS, DJS, juvenile court, inpatient psychiatric hospitals, Baltimore City Public Schools, the Local Care Team, and LGBTQIA (lesbian, gay, bisexual, transgender, queer/questioning, intersex, and asexual) advocacy groups.

To manage the continued concerns regarding PRP and CCO services, BHSB has increased planned targeted outreach and education for stakeholders, community-based providers, and school-based mental health providers to ensure that youth and families receive accurate information regarding services available to their children. BHSB provides regular and ongoing updates and information regarding program eligibility, clarification that utilizing the services does not preclude access to PRP and other behavioral health supports, and explanation about how the design of care coordination and wraparound services helps facilitate a team-based approach.

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 other cross-systems work. Planned targeted outreach, education, and technical assistance are offered to partners and stakeholders to foster a stronger connection and understanding of CCO, 1915i, and TCM Plus services.

To support adoption of the mobile response and stabilization services (MRSS) strategic vision, BHSB emphasizes connections with CCOs 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 the medical necessity criteria and purpose of each service by identifying what services or combination of services would be recommended to achieve the best outcomes based on identified youth and family needs. 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 connecting youth and families to sustainable treatment and resources in their communities, while also modeling and teaching system navigation and advocacy skills. 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 system relationships, promote continuum of care quality, and maximize referral efficiency, with the intent of reducing unnecessary inpatient and residential utilization and costs. As the analysis indicates a need to serve more youth with unaddressed needs, BHSB continues to work with the current CCOs to improve service publicity by strengthening communication and increasing opportunities for collaborative partnerships between providers and stakeholders that serve populations that are likely eligible for and in need of care coordination.

Furthermore, BHSB continues to provide intensive technical assistance to local care coordination providers to ensure the implementation of nationally recognized values and practices of high-quality wraparound services, which lead to increased positive outcomes, interest, and utilization of care coordination services.

Provider selection

BHSB selected five CCO providers for fiscal years 2021-2025, with options to renew annually. BHSB is providing ongoing individual and group technical assistance to support the capacity and utilization of selected CCOs.

The FY 2025 CCO procurement process began with the release of a request for proposals on November 8, 2023, which will be completed prior to the start of FY 2025. The competitive procurement, award, and transition process is designed to ensure a smooth transition for any new providers and continuous availability of care coordination for children and adolescents in Baltimore City, both for existing recipients and newly referred individuals.

## Mental health case management for adults

Previously referred to as targeted case management, the purpose of mental health case management (MHCM) for adults is to assist participants in gaining access to services. MHCM 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. MHCM 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 2023, 3,041 adults across the state received MHCM services, representing 2.5% of the total adults that received mental health treatment services in the PBHS. In comparison, 713 adults received MHCM in Baltimore City in FY 2023, representing 2% of the total Baltimore City adult residents receiving mental health services through the PBHS. This represents an under-utilization of this service in Baltimore City in comparison to statewide rates. Claims data shows these total numbers to be:

- FY 2021 = 825
- FY 2022 = 828
- FY2023 = 713

Currently, there are ten MHCM 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 21.7%, 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 January 2023, 1,551 persons were identified as experiencing homelessness in Baltimore City, with 40% self-reporting having a serious mental illness, and one in five self-reporting substance use issues.[8]

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

[8] https://homeless.baltimorecity.gov/sites/default/files/Baltimore%20City%202023%20PIT%20Count%20Report.pdf

turn be higher than statewide averages. However, actual MHCM utilization data for Baltimore City 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 MHCM is not currently meeting the needs of adults in Baltimore City.

Strengths and challenges

The number of MHCM providers in Baltimore City and their total current capacity continue to be significant strengths. Because of this capacity, consumers have meaningful 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.

MHCM 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

To address the identified need to serve more people, including the unaddressed needs of those experiencing homelessness and criminal justice involvement, BHSB will work with the MHCM providers to increase awareness 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 MHCM, particularly those specific populations identified in the above analysis.

MHCM 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 MHCM 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 MHCM programs will work together to strengthen relationships with supported employment program (SEP) providers to increase utilization of SEP as a resource for individuals receiving MHCM services.

Provider selection

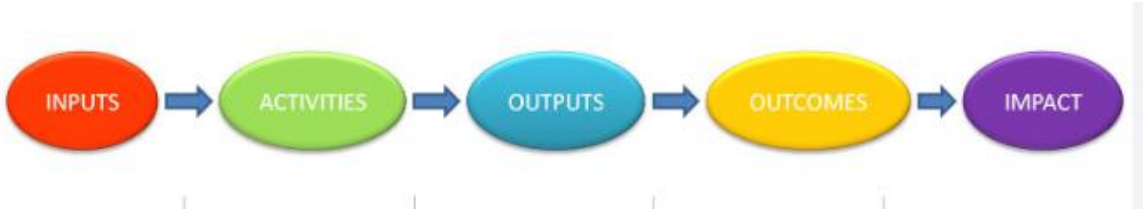
BHSB released a request for proposals for mental health case management for adults on November 8, 2023. Proposals were due on December 7, 2023, and the anticipated award date

is February 5, 2024, with the contracts starting July 1, 2024. Up to ten providers will be selected through this process to enter into FY 2025 contracts with BHSB, with the option to renew annually for fiscal years 2026-2029. The selection and contracting processes will be conducted to ensure continuous availability of MHCM for adults in Baltimore City, both for existing recipients and newly referred individuals.

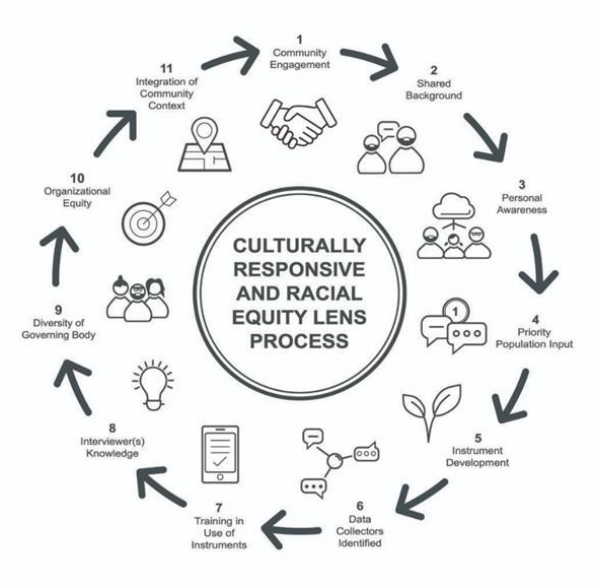
# 5. Data

## Introduction and operationalizing a justice lens

BHSB is working to increase its agency and capacity to use data and evaluation to tell the stories of Baltimore City community members in their own way.




Collaborating with the communities we serve to create change is an essential part of BHSB's work to build an antiracist and inclusive culture that advances justice. In our approach to data and evaluation, BHSB seeks to develop culturally responsive and racially equitable processes.




Source: MPHI, Limitless Power

Results Based Accountability™ (RBA) is one of the tools BHSB uses to create measurable change in the lives of the people, families, and communities we serve. 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.

Power building with communities

Research has been experienced as deeply harmful by many people who identify as Black, Indigenous and People of Color (BIPOC), as well as people from other marginalized and oppressed communities. It has been used as a mechanism that perpetuates racism and other forms of oppression, as well as a foundation to create and sustain inequitable structures.

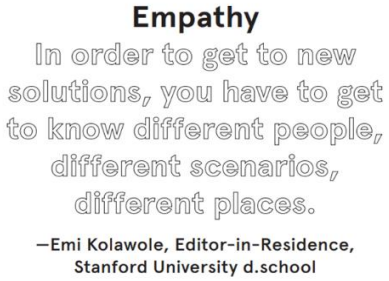
To advance BHSB's organizational learning, we successfully applied to participate in the REALize (Racial Equity, Evaluation, and Learning) Power Leadership Program, which is sponsored by the Center for Culturally Responsive Engagement at MPHI. This program supports participants in building skills to center data and evaluation practices around equity, with an explicit focus on racial equity and understanding and navigating power dynamics. It also focuses on healing traumas around data and evaluation and strengthening emotional wellbeing.

REALize supports organizations in developing a power building approach that invests in communities most impacted by structural inequities. This approach helps to organize and sustain a base of people to act together to drive systemic and policy changes by lifting community priorities, influencing decisions and decision-makers, and holding people and institutions in power accountable to the communities they serve.

Human-centered design

BHSB is also working to embrace a human-centered design approach that views all problems, even seemingly intractable ones like poverty, inequality, and substance use and mental health conditions, as having room for improved outcomes. One of the tenets of this approach is that the people who face such problems are the ones who hold the key to their answers.

Human-centered design offers BHSB an opportunity to design with communities. We seek to deeply understand the people we serve and together create innovative new solutions rooted in addressing actual needs. This approach is premised on empathy and the idea that the people BHSB serves are our roadmap to innovative solutions.



## Data and indicators

### Gathering qualitative data to guide BHSB's policy priorities

During FY 2023, BHSB gathered qualitative data from communities in Baltimore City, specifically engaging over 100 partner organizations through 36 survey responses and 11 facilitated discussions. While this qualitative data has its delimitations and is limited in scope, it provides BHSB with information to guide efforts to advance behavioral health and wellness. Six broad priorities emerged from the community feedback, which shaped BHSB's Policy Priorities 2024-2025.

### Suicide behavior amongst youth

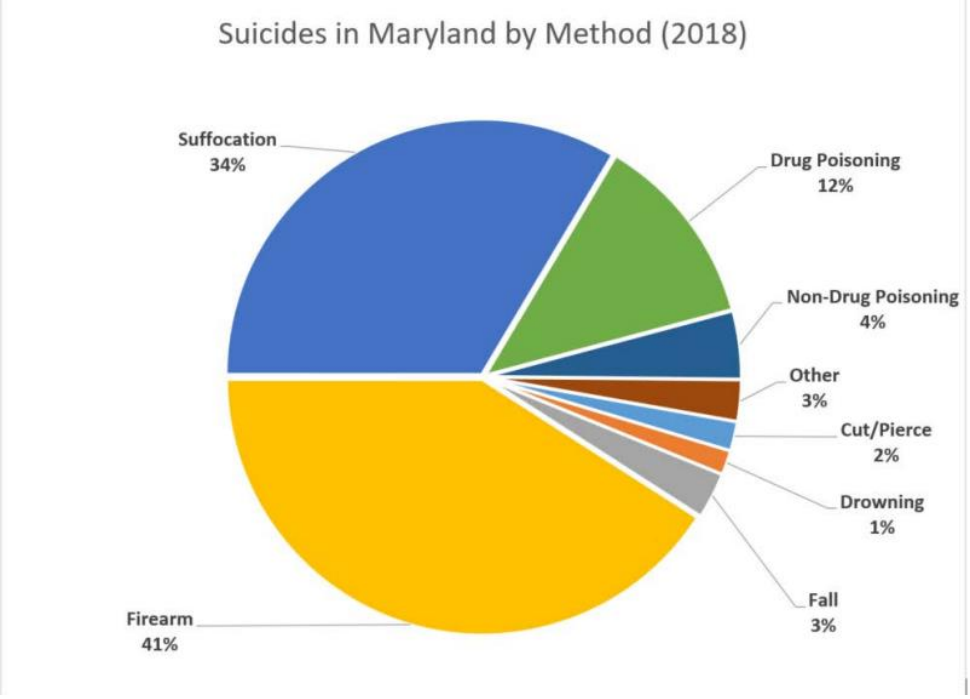
From 2016 to 2020, in Baltimore City there was the same number of child suicides as there had been from 2011- 2015. The youth's ages ranged from nine to seventeen, and 86% were boys, while 14% were girls. Of the total children, 71% were non-Hispanic Black, 4% were non-Hispanic white, and 14% were Hispanic.[9]

In 57% of the cases, the child died by hanging. In 29% the child died by gunshot. In these cases, guns were stored in the home and accessible to the child. In the 14% of remaining cases, the child jumped from a structure.

In cases in which the information about the immediate circumstances preceding the child's death was known, the child had had an argument with a caregiver or teacher or experienced the breakup of a romantic relationship. Peers or siblings sometimes knew of the child's distress prior to the death but did not recognize the immediate danger to the child, indicating a possible need for mental health education amongst youth.

Maryland suicide statistics statewide are higher than Baltimore City's, though research is showing that the rates of suicides amongst African Americans boys in urban areas such as Baltimore City are steadily increasing. The Baltimore City Health Department will be sharing updated data for 2021-2023 in March 2024.

[9] Baltimore City Child Fatality Report 2016-202



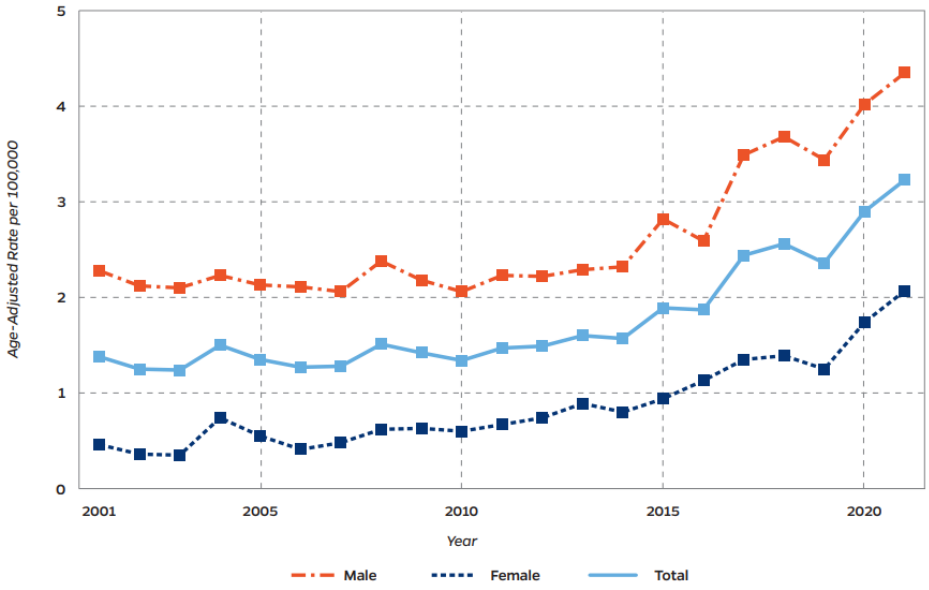

Source: Maryland State Suicide Prevention Plan

The Congressional Black Caucus Emergency Task Force on Black Youth Suicide and Mental Health sounded the alarm concerning suicide trends among Black youth in its 2019 report, *Still Ringing the Alarm, An Enduring Call to Action for Black Youth Suicide*.[10] The report critically interrogated the socioecological factors and structures—including institutional racism—that contribute to suicide risk among Black youth and how those factors create significant barriers for researchers and implementors trying to save their lives. The data are alarming—Black youth have the fastest rising suicide rate among their peers of other races and ethnicities. Even more disconcerting, we may not have the full picture of how suicide deaths are impacting Black youth due to misclassification errors. In the 13-year period between 2007 and 2020, the suicide rate among Black youth ages 10–17 increased by 144%. Black boys ages 0–19 have more than twice the suicide rate compared to Black girls of their age group. In 2021, one in five Black high school students reported seriously considering attempting suicide in the past year. That same year, nearly 18% of Black high school students had made a suicide plan in the past year, and 15% reported attempting suicide. Nearly 1 in 20 needed medical attention as a result of their suicide attempt.[11]

[10] Still Ringing the Alarm: An Enduring Call to Action for Black Youth Suicide Prevention | Johns Hopkins | Bloomberg School of Public Health (jhu.edu)
[11] Still Ringing the Alarm: An Enduring Call to Action for Black Youth Suicide Prevention | Johns Hopkins | Bloomberg School of Public Health (jhu.edu)

BHSB works to engage Black male youth through our collaborations with Baltimore City Public Schools to ensure all youth and children have access to high-quality behavioral health care that promotes social-emotional health and academic success.

**FIGURE 1: Suicide Deaths Among Black Youth Ages 0–19 in the United States by Sex, 2001–2021**




*Source: Centers for Disease Control and Prevention (CDC) Web-based Injury Statistics Query and Reporting System (WISQARS)*

As shown in the above chart, between 2007 and 2020, the suicide rate among Black youth ages 10–17 increased by 144%, from 1.54 per 100,000 in 2007 to 3.77 per 100,000 in 2020. The chart also highlights that Black boys ages 0–19 had a suicide rate 2.3 times higher than Black girls of the same age group.[12]

## Youth mental health

The Maryland Youth Risk Behavior Survey and Youth Tobacco Survey (YRBS/YTS) is an on-site survey of students in Maryland public middle and high schools, focusing on behaviors that contribute to the leading causes of death and disability. It is conducted every other year, with the most recently available data from 2021-2022.

Survey findings show that the COVID-19 pandemic greatly affected the mental health of Baltimore City youth.[12] In Baltimore City, 41% of middle school students reported feeling sad or hopeless for at least two weeks in a row during the past year, with 25% reporting that their mental health was not good most of the time or always.[13] This compares to 29% reporting

[12] https://health.maryland.gov/phpa/ccdpc/Reports/Pages/State-Level-Data,-2021-2022.aspx
[13] These data are not available for Baltimore City high school students in the 2021-2022 YRBS survey report.

feeling sad or hopeless for at least two weeks in a row during the past year in the 2018-2019 survey.

Statewide, more than one-third of middle (37%) and high school (39%) students reported feeling sad or hopeless for at least two weeks or more within the past year, with 29% of high school students and 23% of middle school students reporting that their mental health was not good most of the time or always. Female students were significantly more likely to report feeling sad or hopeless or that their mental health was not good compared to male students.

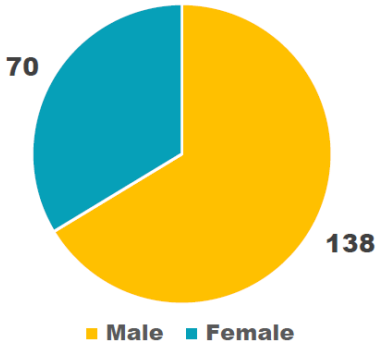
## Child fatalities

From 2016 to 2020, 208 children from birth to age 17 living in Baltimore City died in unusual and unexpected circumstances, each a tragedy for the child's family and community. The Baltimore City Child Fatality Review Team conducted a comprehensive multidisciplinary review of each death.[14] Some of its findings include:

- Homicide was the leading cause of child fatality, with 45 youth ages seven to 17 killed by a third party who was not the primary caregiver, and 24 children from birth to age seven killed by a parent or other caregiver.
- Victims of fatality were predominantly vulnerable infants and toddlers and 16- and 17-year-old youth struggling in school and involved in the juvenile justice system.
- 90% of children who died were children of color, reflecting the structural racism that is a root cause of the harrowing social and environmental factors underlying child fatality.
- Children's caregivers were struggling with substance use, mental health disorders, domestic violence, their own histories of abuse and neglect, poverty, and living in violent neighborhoods.
- Two-thirds of the children were found to have four or more adverse childhood experiences (ACEs), indicating a high level of trauma and adversity in their short lives.
- Baltimore City's health, child welfare, education, and criminal justice systems represent tremendous opportunity for prevention and intervention, but resources are sorely needed.

Of the 208 fatalities, 138 (66%) were boys, and 70 (34%) were girls (see below pie graph). This disparity is most pronounced among homicide victims. Of the 69 child homicides, 53 (77%) of the victims were boys, and 16 (23%) were girls.

[14] Child Fatalities in Baltimore City, 2016-2020 Report

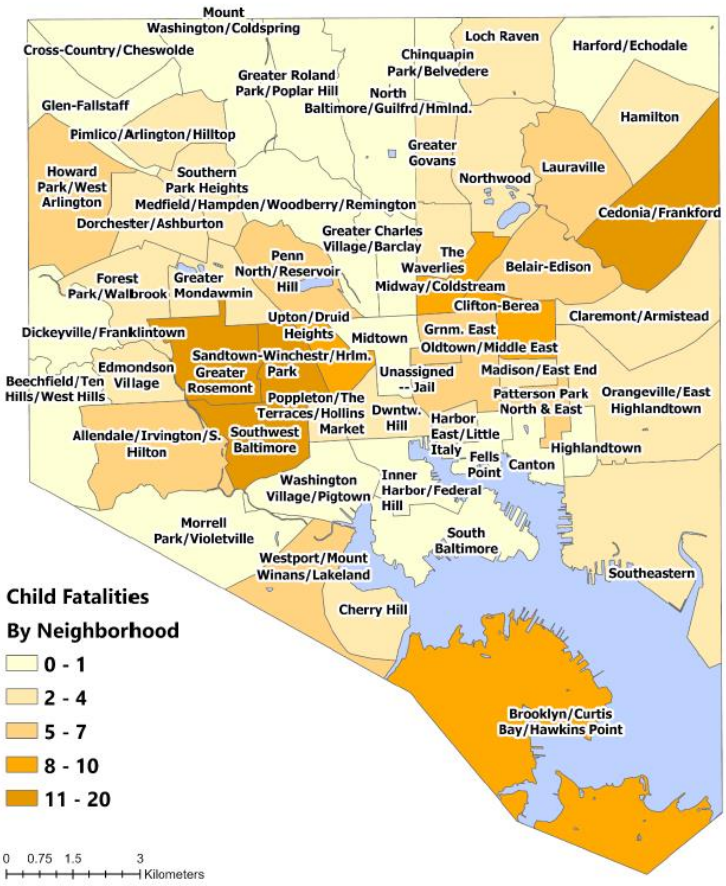



Child Fatalities in Baltimore City, 2016-2020 Report

In Baltimore City, a little more than half of all newborns are insured through Medicaid, the nation's public health insurance program for people of low income. Of the 208 fatalities, 183 children (88%) were insured through Medicaid, 11 (5%) were privately insured, and 1% were uninsured. In 11 cases (5%), insurance status was unknown.

The greatest concentration of child fatalities based on the child's neighborhood of residence is in West Baltimore, in the areas of Sandtown-Winchester/Harlem Park, Greater Rosemont, Southwest Baltimore, and Upton/Druid Heights, and in East Baltimore in Cedonia/Frankford, Midway/Coldstream, Clifton-Berea, and Belair-Edison. There is also a concentration in South Baltimore in Brooklyn/Curtis Bay/Hawkins Point. These neighborhoods trend higher in both poverty and violence, as evidenced by the comparison maps from the Baltimore Neighborhood Indicators Alliance (BNIA) showing the percentage of children living in poverty and the number of shootings per 1,000 residents by neighborhood. Further, all of these maps align with the BNIA map of Baltimore City showing racial diversity, with areas with the least diversity and greater racial residential segregation having more fatalities on the whole. Racial residential segregation is often referred to as "isolation segregation" because those living in segregated areas are often isolated from resources needed to keep families healthy and safe, including affordable and safe housing, healthy food, jobs, and accessible public transportation.[15]

[15] Child Fatalities in Baltimore City, 2016-2020 Report



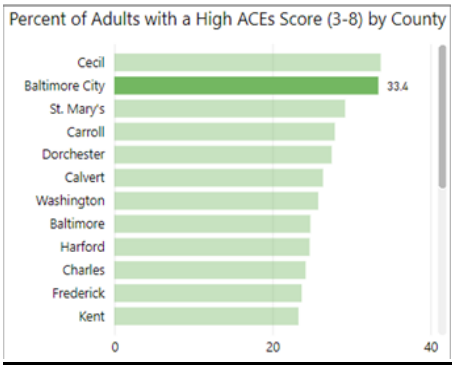

Child Fatalities in Baltimore City, 2016-2020 Report

From 2016 to 2020, 45 children died by a homicide committed by a third party (i.e., someone who is not a primary caregiver). This is a slight increase from 2011-2015, when there were 43 third-party homicides. The youth's ages ranged from seven to 17 years, and 89% were boys, while 11% were girls. Of the total youth, 93% were non-Hispanic Black, 4% were Hispanic, and 2% were non-Hispanic white.

## Adverse childhood experiences (ACEs)

Adverse childhood experiences (ACEs) are potentially traumatic events that can dramatically upset a child's sense of safety and well-being. They can include abuse, neglect, violence, growing up in a household with parental conflict, mental illness, and substance misuse, and other chronic stressors. ACEs can cause harmful levels of stress that can negatively impact healthy brain development and result in long-term negative effects on learning, behavior and health. They can also increase the risk of smoking, substance misuse, depression, heart disease, and dozens of other illnesses and unhealthy behaviors throughout the lifetime.

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 African American adults who have experienced four or more ACEs.

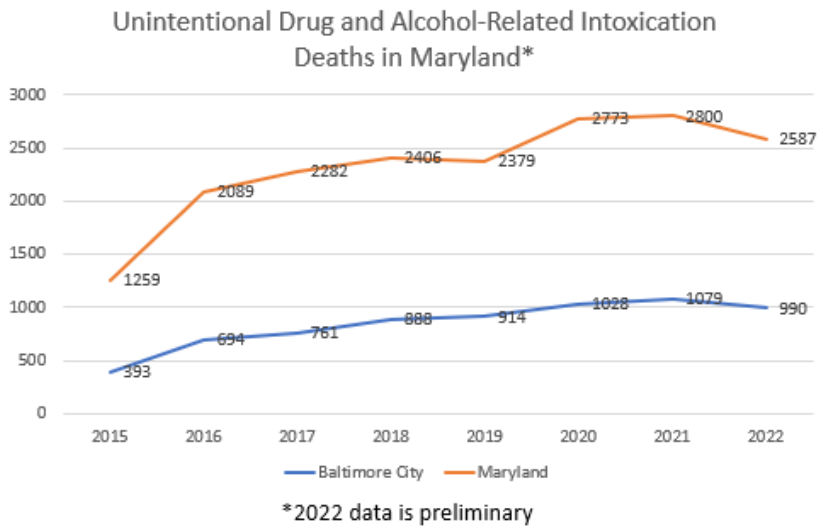



Source: Maryland State ACE's Dashboard-Baltimore City 2018

As more is learned about the causes and effects of adverse childhood experiences, new efforts are emerging nationwide, statewide and in the local jurisdictions such as Baltimore City to advance policies and environments that help families raise healthy children and increase resilience. BHSB continues to support a broad array of activities, as described in the *Highlights, achievements, new developments and challenges* section of this report, to increase access to the resources that community members need to prevent or mitigate the harm that can result from adverse experiences. The *System of care updates* section describes language access, community engagement, crisis system development, child and family services, harm reduction, and other areas of work that support the behavioral health and wellness of individuals, families and communities.

## Overdose deaths

After many years of steadily rising overdose deaths in Baltimore City, the preliminary data for 2022 suggests that the number of deaths may have decreased. It is uncertain if the residual effects of the pandemic have played a role in this decrease. The continued presence of fentanyl, as well as the introduction of the non-opioid xylazine in recent years, contribute to the ongoing high rate. BHSB continues to support a broad array of activities, as described in the *Highlights, achievements, new developments and challenges* section of this report, to meet the needs of people who use drugs. The *System of care updates* section describes community engagement, training, crisis system development, harm reduction, and other areas of work that support the behavioral health and wellness of people who are at risk of overdose.




MDH Vital Statistics Administration, Unintentional Drug and Alcohol-Related Intoxication Death, Annual Reports

## Public behavioral health expenditures

Analysis of Baltimore City's FY 2022 and 2023 public behavioral health system expenditures is based on the information shared with BHSB through the Administrative Service Organization (ASO). This information is limited, so observations are casual and indications rather than rigorous scientific analysis. BHSB continues to seek data on consumer race and additional detail-level data, though we have been able to share experiences and will share analysis through looking at the measures in the below charts.

An increase in reimbursement rates for case management, crisis, and inpatient services could account for changes in costs per consumer between FY 2022 and 2023. Other possible factors are greater access and increased mental health awareness through BHSB community engagement efforts, 988 marketing and consumer support provided in response to complaints. In addition, the number of SUD inpatient services decreased slightly between FY 2022 and FY 2023, with FY 2024 data still coming. The causal relationship for this could be due to referrals to outpatient programs and uptake in buprenorphine medication used for supporting those with substance use disorders in meeting their substance use goals. Despite the number of participants utilizing opioid treatment programs decreasing between FY 2022 and FY 2023, there were still close to 10,000 Baltimore City residents utilizing these services during FY 2023. Psychiatric rehabilitation program expenditures continued to increase. Individuals benefiting from these services can develop the emotional, social and intellectual skills needed to live in the community. The data shows that there was an increase from FY 2022 to FY 2023 of approximately 4,000 consumers receiving psychiatric rehabilitation services, which accounts for a portion of the increase in expenditures.

BHSB continues to advocate for receipt of the weekly claims detail data report. Prior to the change in the ASO, 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 our duties as the local system manager.

In the past BHSB has also recommended that 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 transitioning to the new 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.

# PUBLIC HEALTH BEHAVIORAL HEALTH SYSTEMS EXPENDITURES IN BALTIMORE CITY FY23

## (CLAIMS PAID THROUGH 10/31/23)

**Statewide PBHS Mental Health Service Utilization FY 2022-24***

| | Total Unduplicated Consumer Counts | | | Total Expenditures | | |
|---|---|---|---|---|---|---|
| Service Category | FY 22 | FY 23 | FY 24 | FY 22 | FY 23 | FY 24 |
| Case Management | 5,220 | 5,309 | 3,777 | $17,942,945 | $19,474,194 | $5,960,983 |
| Crisis | 3,199 | 3,211 | 1,205 | $18,334,444 | $21,084,270 | $5,601,614 |
| Inpatient | 16,016 | 16,378 | 5,883 | $258,922,172 | $281,863,457 | $78,186,511 |
| Mobile Treatment | 4,802 | 4,775 | 3,663 | $52,263,223 | $56,563,543 | $14,775,301 |
| Outpatient | 229,219 | 242,532 | 172,257 | $539,380,055 | $641,247,366 | $193,355,775 |
| Partial Hospitalization | 1,112 | 1,390 | 381 | $4,823,370 | $7,312,930 | $1,701,611 |
| Psychiatric Rehabilitation | 45,965 | 52,320 | 38,997 | $333,495,371 | $405,489,584 | $96,891,792 |
| Residential Rehabilitation | 2,677 | 2,666 | 2,167 | $12,060,932 | $12,808,257 | $3,635,366 |
| Residential Treatment | 282 | 271 | 161 | $28,280,938 | $33,460,520 | $7,616,796 |
| Respite Care | 230 | 208 | 83 | $566,328 | $487,355 | $70,877 |
| Supported Employment | 2,929 | 2,963 | 1,988 | $10,183,514 | $10,277,256 | $2,376,010 |
| Baltimore Group (Capitation) | 359 | 339 | 307 | $9,011,551 | $8,684,830 | $3,192,485 |
| Emergency Petition | 114 | 47 | * | $69,046 | $32,907 | $1,043 |
| Purchase of Care | * | * | * | $35,304 | * | * |
| 1915(i) Waiver | 36 | 16 | * | $133,272 | $46,192 | $2,758 |
| Grand Total | 245,564 | 259,699 | 190,727 | $1,285,502,466 | $1,498,832,662 | $413,368,922 |

Data Source: ASO Optum claims paid through 10/31/2023. *Data for FY 2023 and 2024 are not yet complete as a provider has 12 months from the time of service in which to submit a claim for payment. Totals are unduplicated to account for the fact that an individual can receive more than one service or funding source throughout the fiscal year.

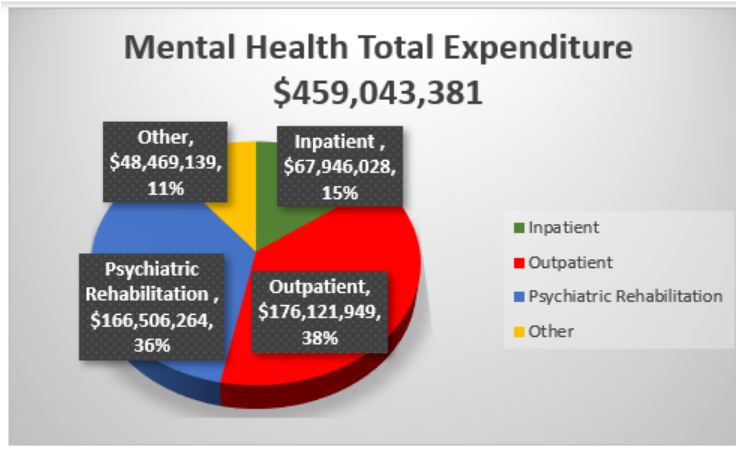
**Baltimore City PBHS Mental Health Service Utilization FY 2022-24***

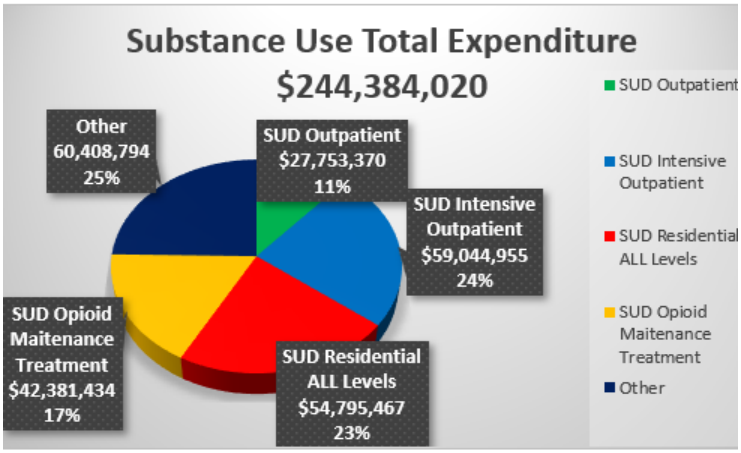
| | Total Unduplicated Consumer Counts | | | Total Expenditures | | |
|---|---|---|---|---|---|---|
| Service Category | FY 22 | FY 23 | FY 24 | FY 22 | FY 23 | FY 24 |
| Case Management | 1037 | 980 | 716 | $3,087,276 | $3,441,379 | $1,643,131 |
| Crisis | 823 | 783 | 344 | $3,598,404 | $3,784,587 | $1,458,540 |
| Inpatient | 3806 | 3858 | 1723 | $68,118,835 | $67,946,028 | $31,080,857 |
| Mobile Treatment | 1347 | 1298 | 1014 | $14,318,268 | $15,049,967 | $6,466,788 |
| Outpatient | 63907 | 66716 | 51001 | $150,921,641 | $176,121,949 | $85,060,742 |
| Partial Hospitalization | 288 | 355 | 153 | $1,111,760 | $1,870,380 | $662,426 |
| Psychiatric Rehabilitation | 21956 | 25473 | 20730 | $129,732,513 | $166,506,264 | $79,215,439 |
| Residential Rehabilitation | 454 | 438 | 352 | $1,658,960 | $1,668,043 | $689,668 |
| Residential Treatment | 147 | 137 | 80 | $10,741,390 | $14,220,139 | $5,316,149 |
| Respite Care | 15 | 30 | 17 | $27,010 | $55,069 | $15,947 |
| Supported Employment | 286 | 369 | 235 | $747,634 | $860,773 | $427,799 |
| Baltimore Group (Capitation) | 325 | 304 | 273 | $7,991,311 | $7,508,146 | $3,826,763 |
| Emergency Petition | 18 | 13 | * | $10,702 | $10,658 | $844 |
| Purchase of Care | * | * | * | $35,304 | * | * |
| 1915(i) Waiver | * | * | * | * | * | * |
| Grand Total | 70192 | 73719 | 58996 | $392,101,008 | $459,043,381 | $215,865,093 |

Data Source: ASO Optum claims paid through 10/31/2023. *Data for FY 2023 and 2024 are not yet complete as a provider has 12 months from the time of service in which to submit a claim for payment. Totals are unduplicated to account for the fact that an individual can receive more than one service or funding source throughout the fiscal year.*Data not shared as results are below 10

| Statewide PBHS Substance Use Utilization FY 2022-24* | | | | | | |
|---|---|---|---|---|---|---|
| | Total Unduplicated Consumer Counts | | | Total Expenditures | | |
| Service Category | FY 22 | FY 23 | FY 24 | FY 22 | FY 23 | FY 24 |
| SUD Inpatient | 3,317 | 3,230 | 1,050 | $11,575,165 | $11,023,340 | $3,680,045 |
| SUD Outpatient | 48,792 | 51,510 | 29,855 | $75,820,456 | $86,134,052 | $27,115,066 |
| SUD Intensive Outpatient | 14,714 | 17,382 | 10,508 | $83,541,888 | $119,438,185 | $47,280,607 |
| SUD Labs | 60,492 | 63,537 | 30,698 | $40,145,341 | $45,162,131 | $13,078,670 |
| SUD Opioid Maintenance Treatment | 28,502 | 26,795 | 20,387 | $115,986,350 | $120,196,115 | $32,811,404 |
| SUD Partial Hospitalization | 5,909 | 7,185 | 3,354 | $42,369,687 | $58,866,568 | $22,111,160 |
| SUD Gambling | 110 | 110 | 74 | $127,703 | $170,452 | $54,551 |
| SUD MD Recovery Net | 1,731 | 2,046 | 1,061 | $2,747,138 | $3,448,968 | $1,691,922 |
| SUD Residential ICFA | 16 | 33 | 14 | $116,969 | $175,913 | $62,395 |
| SUD Residential All Levels | 14,437 | 15,598 | 7,433 | $139,802,398 | $172,738,830 | $54,886,855 |
| SUD Residential Room and Board | 14,308 | 15,516 | 7,452 | $37,579,542 | $48,659,133 | $16,133,581 |
| SUD Court Ordered Placement - Residential | 596 | 579 | 252 | $11,705,469 | $11,712,592 | $3,578,940 |
| SUD Residential Room and Board Court Ordered Placement | 598 | 562 | 281 | $4,200,097 | $3,944,750 | $1,320,971 |
| SUD Women with Children/Pregnancy - Residential | 176 | 128 | 59 | $1,984,483 | $2,180,577 | $620,426 |
| SUD Residential Room and Board Pregnant Women/Women with Ch | 189 | 161 | 64 | $1,905,447 | $1,927,051 | $460,817 |
| Grand Total | 104,561 | 107,495 | 65,351 | $569,608,133 | $685,778,655 | $224,887,412 |
| Data Source: ASO Optum claims paid through 10/31/2023. *Data for FY 2023 and 2024 are not yet complete as a provider has 12 months from the time of service in which to submit a claim for payment. Totals are unduplicated to account for the fact that an individual can receive more than one service or funding source throughout the fiscal year. *Data not shared as results are below 10 | | | | | | |

| Baltimore City PBHS Substance Use Utilization FY 2022-24* | | | | | | |
|---|---|---|---|---|---|---|
| | Total Unduplicated Consumer Counts | | | Total Expenditures | | |
| Service Category | FY 22 | FY 23 | FY 24 | FY 22 | FY 23 | FY 24 |
| SUD Inpatient | 1143 | 1093 | 455 | $3,317,687 | $3,129,136 | $1,503,458 |
| SUD Outpatient | 14207 | 14298 | 10438 | $23,900,462 | $27,753,370 | $14,819,886 |
| SUD Intensive Outpatient | 5860 | 6930 | 5621 | $39,807,083 | $59,044,955 | $39,388,253 |
| SUD Labs | 15329 | 15385 | 9198 | $8,133,841 | $10,309,088 | $5,080,164 |
| SUD Opioid Maintenance Treatment | 11537 | 9668 | 8617 | $42,683,634 | $42,381,434 | $18,285,249 |
| SUD Partial Hospitalization | 2551 | 2888 | 1674 | $18,860,101 | $25,792,615 | $16,358,883 |
| SUD Gambling | * | * | * | $5,330 | $21,388 | $4,199 |
| SUD MD Recovery Net | 286 | 363 | 224 | $630,540 | $605,965 | $378,131 |
| SUD Residential ICFA | * | * | * | $9,709 | $29,589 | $12,945 |
| SUD Residential All Levels | 4947 | 4898 | 2923 | $47,914,963 | $54,795,467 | $28,398,344 |
| SUD Residential Room and Board | 4889 | 4874 | 2880 | $13,598,519 | $16,407,264 | $8,566,116 |
| SUD Court Ordered Placement - Residential | 173 | 137 | 54 | $2,861,570 | $2,565,850 | $962,332 |
| SUD Residential Room and Board Court Ordered Placement | 172 | 136 | 69 | $1,123,873 | $957,895 | $448,653 |
| SUD Women with Children/Pregnancy - Residential | 41 | 20 | * | $323,105 | $318,186 | $153,373 |
| SUD Residential Room and Board Pregnant Women/Women with Ch | 43 | 23 | * | $336,898 | $271,816 | $100,808 |
| Grand Total | 61178 | 60713 | 23448 | $203,507,315 | $244,384,020 | $134,460,794 |
| Data Source: ASO Optum claims paid through 10/31/2023. *Data for FY 2023 and 2024 are not yet complete as a provider has 12 months from the time of service in which to submit a claim for payment. Totals are unduplicated to account for the fact that an individual can receive more than one service or funding source throughout the fiscal year. *Data not shared as results are below 10 | | | | | | |




# 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 |
| **TOTAL INTEGRATION STATUS SCORE (0-24)** | **23** |

**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)*

- [x] 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.
- [x] b. The local plan describes a shared vision and strategic priorities that include a focus on integrated system planning and management
- [x] 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
- [x] 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)*

- [x] 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
- [x] b. The local Advisory Council(s) includes community members who have lived experiences with mental health, substance use, and co-occurring disorders
- [x] c. The local Advisory Council(s) includes providers with clinical and service expertise in mental health, substance use, and co-occurring disorders

[x] 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)*

[x] 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

[x] 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

[x] 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

[x] 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)*

[x] a. There is a local understanding of the meaning of integrated behavioral health services

[x] 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

[x] 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)*

[x] 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

[x] 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

[x] 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

[x] 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)*

[x] 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

[x] 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

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

[x] 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 strategic implementation

**Instructions:** The following Implementation Template is to be completed by local CSAs, LAAs and LHBAs that receive funding from the MDH/BHA. These entities were required to submit Cultural and Linguistic Competency Strategic Plans (CLCSP) as part of their FY 2024-26 CLCSP Submissions. The following CLCSP Implementation Template should be used to list the activities to advance CLC efforts in your jurisdiction in the first year of this strategic plans implementation phase. As you have established goals for the FY 2024-2026 CLCSP, consider assessing what has been the impact and/or progress made so far. 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.

**Name of Local Authority/Jurisdiction:** Behavioral Health System Baltimore, Inc./ Baltimore City

**Address:** 100 S. Charles St., Tower II, 8th Floor

**Region (MDH/BHA designated region):** Baltimore City

**Name of contact person (Agency/Organization Lead or Designee):** Crista Taylor, President & CEO

**Brief overview of services provided by agency/organization (***no more than 95 words***):**

a) **Agency/organization 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.

b) **Agency/organization vision statement:**
We envision a city where people thrive in communities that promote and support behavioral health and wellness.

**c) Core values:**

Our work embodies these core values:

- Collaboration
- Equity
- Innovation
- Integrity
- Quality

## OVERARCHING GOALS & CLAS STANDARDS FOR PRIORITY FOCUS

| **GOAL 1: ESTABLISH AND MAINTAIN CULTURALLY AND LINGUISTICALLY COMPETENT BEHAVIORAL HEALTH SERVICES** |
|---|
| ***1 Selected a standard for priority focus*** *(What is the standard selected; include language for the standard as stated in the CLAS Self-Assessment Tool):*<br><br>We have established culturally and linguistically appropriate goals, management accountability, and infused them throughout the organization's planning and operations. (Standard 9) |
| ***2. Strategies to build competency*** *(What tasks and activities have been implemented to build competency for the prioritized standard):*<br><br>Result 1, non-RBA Strategy 2 of BHSB's strategic plan: Implement processes and practices that advance an antiracist organizational culture. |
| ***Performance Measures*** *(How has success been measured):*<br><br>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. |
| ***Service Gaps*** *(What has not been accomplished or still needs to be addressed):*<br><br>During FY 2022, BHSB conducted a competitive procurement process to select a consultant group to help BHSB operationalize its *Antiracist Organizational Framework*. Throughout the spring of 2023, the consultant facilitated a series of sessions with staff to gather input that informed the creation of BHSB's *Antiracist Community Agreements*, which was released in June 2023. It provides a collective vision for how we relate to one another at BHSB and sets expectations for how each of us individually agrees to treat our colleagues. |
| ***Future Plans*** *(How will gaps be addressed relative to the FY25 Implementation CLCSP)*<br><br>The next phase of the consultant's work with BHSB is a series of facilitated discussions with staff to learn how to interrupt racism when it happens. The consultant is also gathering staff input to create a restorative structure for BHSB that will help manage conflict within the organization in a way that builds relationships among staff and facilitates a positive, collaborative and just culture. |
| ***Impact*** *(What has been the impact on the prioritized/selected Standard):*<br><br>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 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)

Important note:

One of BHSB's priority areas of work is to reduce cultural barriers to accessing behavioral health services by advancing harm reduction practices across Baltimore City's provider network. None of the standards for this goal align with this approach.

***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):*

- **How much?** total dollars BHSB subcontracts to organizations that provide housing or behavioral health services in a residential setting
- **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
- **Is anyone better off?** #/% of BHSB employees who see supporting people who use drugs as part of BHSB's mission

***Service Gaps*** *(What has not been accomplished or still needs to be addressed):*

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 Results Based Accountability™ (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.

***Future Plans*** *(How will gaps be addressed relative to the FY25 Implementation CLCSP)*

Creating data sources requires significant collaboration across teams that are involved in this area of work, as well as strengthening data skills across programmatic staff. BHSB encountered a number of challenges during the first year of implementation that has informed planning to adjust our processes to collect meaningful data.

***Impact*** *(What has been the impact on the prioritized/selected Standard):*

The intent of this strategy is to 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 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):*

- Meeting with an identified expert convened to educate staff about available tools for collecting qualitative data
- Staff oriented staff to existing tools to determine which is best for our purposes
- Selected tool piloted to collect data from community
- Barriers to collecting qualitative data from the community investigated

***Service Gaps*** *(What has not been accomplished or still needs to be addressed):*

Work to investigate barriers to collecting qualitative data from the community is anticipated to begin during FY 2024.

***Future Plans*** *(How will gaps be addressed relative to the FY25 Implementation CLCSP)*

See above

***Impact*** *(What has been the impact on the prioritized/selected Standard):*

The intent of this strategy is to build BHSB's capacity to collect qualitative data to learn about community health needs and use the results to plan and implement services that meet needs identified by community members 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 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):*

- Conduct a learning sessions for staff about the codesign framework
- Written material about the codesign framework distributed to supervisors

***Service Gaps*** *(What has not been accomplished or still needs to be addressed):*

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 therefore focused on training. An internal training to orient staff to the principles of codesign was created and conducted during the spring of 2023.

***Future Plans*** *(How will gaps be addressed relative to the FY25 Implementation CLCSP)*

Create opportunities for staff to engage more deeply in learning about co-design principles and how to integrate them into BHSB's work.

***Impact*** *(What has been the impact on the prioritized/selected Standard):*

The intent of this strategy is to shift the systemic imbalance of power such that community members participate in planning, designing, and deciding what services and resources are available.

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

***Selected 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
- LGBTQIA (lesbian, gay, bi-sexual, transgender, 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

***Service Gaps*** *(What has not been accomplished or still needs to be addressed):*

BHSB has had difficulty recruiting youth and young adults to serve on the Board of Directors.

***Future Plans*** *(How will gaps be addressed relative to the FY25 Implementation CLCSP)*

BHSB is developing an intentional recruitment process to identify young adults to serve as members of the Board of Directors.

***Impact*** *(What has been the impact on the prioritized/selected Standard):*

The intent of this strategy is to ensure that BHSB's Board of Directors reflects the community that BHSB serves and includes members who bring the skills, talents, experiences, and perspectives that are needed to provide high-quality governance to BHSB.

**Cumulative Assessment of Progress to Date**

*Please elaborate further on any points that were not included in the figures but reflect CLCSP implementation.*

BHSB submitted a Cultural and Linguistic Competency Strategic Plan (CLCSP) as a component of the January 2023 Annual Report and Plan. As required by MDH/BHA, the CLCSP plan was organized based on the National Culturally and Linguistically Appropriate Services (CLAS) Standards. The CLAS standards were developed by the U.S. Department of Health and Human Services (HHS) to advance health equity, improve quality, and help eliminate health care disparities. By tailoring services to an individual's culture and language preferences, health care workers can help bring about positive health outcomes for diverse populations.

The CLAS standards are geared to providers of direct services. BHSB, however, is a non-profit organization that serves as the local behavioral health authority for Baltimore City. In this capacity, BHSB manages a network of private, predominantly non-profit 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.

BHSB is working to build an inclusive, antiracist, and justice-driven organizational culture. This is an essential step to build its capacity to advance a system of care that meets people with cultural humility and offers language assistance that ensures effective communication between providers and the people they serve.

In 2021, BHSB created an *Antiracist Organizational Framework* that affirms our commitment to intentionally shifting the culture inside and outside the organization toward becoming a fully inclusive antiracist organization in a transformed Baltimore City. As a next step, BHSB recognized a need for a consultant to help operationalize the framework. A consultant was selected through a competitive procurement and began its work with BHSB during the winter of 2023.

One of the consultant's first activities was to facilitate an inclusive process to create community agreements. To transform, an organization must embody kindness, respect, collaboration, safety, trust, vulnerability, emotional regulation, and accountability. Community agreements aid in this transformation by providing a framework for employees to engage in emotional, honest, authentic, painful, and uncomfortable conversations that are necessary for change. A series of sessions with staff were held through which input was gathered that informed and shaped BHSB's *Antiracist Community Agreements*, which was released in June 2023. This document provides a collective vision for how we relate to one another at BHSB and sets expectations for how each of us individually agrees to treat our colleagues.

The next phase of the consultant's work with BHSB is a series of facilitated sessions with staff to learn how to interrupt racism when it happens. The consultant is also gathering staff input to create a restorative structure that will help manage conflict within the organization in a way that builds relationships among staff and facilitates a positive, collaborative and just culture.

# 8. Sub-grantee monitoring

BHSB utilizes a multi-team-based approach to manage, monitor, and audit contracts. Contract teams are composed of a program lead, grants accountant, contract administrator, quality coordinator, and accounting monitor. BHSB's Contract Management System (CMS), which is a web-based, electronic application, supports contract development, management, monitoring, and reporting. It provides each contract team member with the opportunity to manage, review, approve and monitor contracting activities. This includes letters of award, budgets, program reports and deliverables, fiscal reports and invoices, and approval of payments. BHSB completes a retrospective audit of contracts after they have ended to review if service delivery met contractual requirements and relevant federal, state, and local regulations.

Contract documentation

The contract administrator ensures that all required documentation is submitted by sub-vendors on a schedule as required in the contract and that BHSB contracts are issued and executed within the appropriate timeframe. Required documentation includes the Risk Assessment Form, W-9, insurance documentation, accreditation certification, MD Department of Health Program Certification, MD Department of Assessments and Taxation status and independent financial audit(s).

The contract administrator ensures that all required documentation is reviewed internally to identify potential risk. If a sub-vendor has a high risk assessment score, the Behavioral Health Administration (BHA) Program Monitor and Compliance and Monitoring staff in the Office of Local Planning and Management are notified.

Programmatic monitoring

A program report form is created in CMS based on the contract scope of work and deliverables. Sub-vendors are required to submit program reports throughout the contract period, and the program lead reviews these reports to monitor progress. 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. Solutions may include providing increased monitoring and technical assistance. If the contract is funded by the Behavioral Health Administration (BHA), Maryland Department of Health (MDH), the program lead may consult with the BHA Program Monitor to discuss barriers, challenges, and potential 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 for ongoing 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

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 the 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. If the funder is BHA, the BHA Program Monitor and Compliance and Monitoring staff in the Office of Local Planning and Management are notified.

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

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## 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:**

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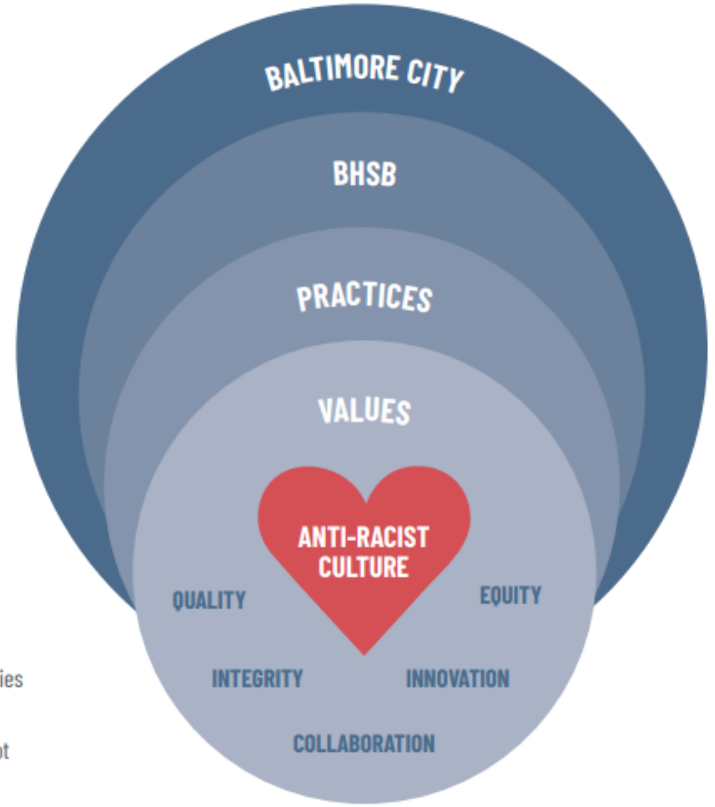
## HOW BHSB IS DOING THIS?

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:

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**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.

ANTI-RACIST CULTURE

Behavioral Health System Baltimore

## 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 – Antiracist Community Agreements

Behavioral Health System Baltimore

# ANTIRACIST COMMUNITY AGREEMENTS

## *Introduction*

This document is one way BHSB is operationalizing its Antiracist Organizational Framework. BHSB recognizes that 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.

## PURPOSE

Cultivating a healthy work culture is a prerequisite for becoming an antiracist organization. To transform, an organization must embody kindness, respect, collaboration, safety, trust, vulnerability, emotional regulation, and accountability. Community agreements aid in this transformation by providing a framework for employees to engage in emotional, honest, authentic, painful, and uncomfortable conversations that are necessary for change.

These agreements represent a collective vision for how we relate to one another at BHSB, and they set expectations for how each of us individually agrees to treat our colleagues.

## BACKGROUND

In 2021, BHSB created an Antiracist Organizational Framework that affirms our commitment to intentionally shifting the culture inside and outside the organization toward becoming a fully inclusive antiracist organization in a transformed Baltimore City. As a next step, BHSB recognized a need for a consultant to help operationalize the framework. However, this work is costly and exceeds what the organization is able to budget on its administrative funding agreements. BHSB's Board of Directors demonstrated its commitment to this critical work by voting to use funds in the board-designated Strategic Investment Fund to pay for the consultation. Through a competitive procurement, Avant Consulting Group (Avant Consulting) was selected.

One of Avant Consulting's first activities was to facilitate an inclusive process to create community agreements. Two series of meetings were held, during which Avant Consulting gathered from staff 1) input into what should be included and 2) feedback on the initial draft to help shape the final version. Staff were expected to participate in at least one meeting of each series. Avant Consulting created this document based on the input and feedback received during the two series of meetings.

**Overview**

- When it comes to matters of race and racism, white employees will humbly honor and amplify the voices, feedback, and antiracist leadership of Black, Indigenous and other People of Color (BIPOC).[1]
- White employees will commit to seeing everyone as equals and peers, regardless of job titles, economic status, or other identity markers. This is an expectation for all employees but particularly important for white employees because it advances an antiracist and inclusive culture.
- White employees will engage in courageous conversation by staying focused, staying engaged, expecting discomfort, and not expecting closure or comfort in antiracist work. White employees will commit to antiracist education and action as a lifelong process.
- In order to establish an antiracist community, white employees commit to trusting that Black and Brown employees are the most accurate and reliable source in sharing their own grievances, needs, complaints and concerns about racial oppression. They commit to challenging implicit biases that equate whiteness with objectivity, rationality and superiority.
- All employees will commit to not using racist, misogynistic, fat hostile, ableist, queer antagonistic, or any other kind of discriminatory language. Most importantly, white employees will commit to engaging in a continual process of unlearning oppressive or prejudicial biases, so they can treat one another with dignity and care.

[1] Throughout this document, "BIPOC" is used in some places, and "Black and Brown" in other places. This document intentionally uses both terms in recognition that some people who identify as Black or Brown use the term BIPOC, and others do not use it because it combines many identities into a single term.

## TRANSPARENCY

- Employees will be transparent around values, intentions, motivations and expectations in the workplace.
- This transparency, however, does not mean employees will be required to disclose confidential matters, personal or sensitive matters, and details that they have no professional or legal obligation to share, and which upon sharing, may jeopardize their well-being or safety.

## SAFETY

There is a difference between being uncomfortable and unsafe. Safety has to do with threats to physical, emotional, and psychological survival, as well as reliable access to necessary resources. Comfort has to do with maintaining what is familiar and known to us. White employees wanting to remain in their comfort zone about race, and an organization insisting on maintaining white employees' comfort (oftentimes by suppressing Black and Brown voices through denial, pushback or punishment), are key aspects of white supremacy.

- White employees will intentionally welcome discomfort around racial matters. They will make an active effort to learn the difference between being unsafe and being uncomfortable and will prioritize the safety and well-being of BIPOC colleagues.
- All employees who have formal authority within the organization, including members of the Executive Team, directors, and all other supervisors, will be open to feedback and commit to follow-up, regardless of rank, so others may feel comfortable and safe offering critiques.
- White employees will refrain from interrupting others mid-conversation and will hold space for people to finish their thoughts before contributing. This is an expectation for all employees but particularly important for white employees because it is a practice that perpetuates white supremacy. If something problematic is being said, interruption is necessary and encouraged.
- The safety and well-being of Black and Brown employees will be treated as urgent and of utmost importance when they have faced racial microaggressions or overt racism. All white colleagues will commit to ensuring BIPOC employees can safely share their grievances, objections and hurt, call for accountability, and name the

harm done openly if they desire, without being interrupted or met with denial, silencing, and blame. When triggered by racism, microaggressions included, the community will ensure Black and Brown employees can address or safely exit the situation without being expected to educate white employees, reassure them, or convince them of the harmful impact of their actions.

- All employees will commit to refraining from unwanted or negative commentary about body size, shape, skin shade, or any other physical characteristics. All employees will commit to unlearning sizeist and colorist biases in order to ensure plus size and dark skinned employees are treated equitably and with care. White employees will commit to learning how sizeist and colorist biases may be experienced by people who also experience racialization.
- All employees will refrain from judging others for their choice to opt in or out of camera use during virtual meetings. Being visible on camera can be a tiring experience for people who experience racialization, as well as chronically ill, neurodivergent and disabled employees. People's choices will be respected. This agreement cultivates a culture of bodily autonomy, consent, and compassion instead of surveillance, authority, control, and dominance.
- White employees will commit to co-creating an environment of radical authenticity where no code-switching will be required of BIPOC employees to feel safe and valued.
- White employees will commit to a community space where Black and Brown employees are able to discuss racial matters openly, including concerns about racism on the job, without risk of retaliation, silencing or alienation.
- All employees will listen to and accommodate the access needs of disabled, neurodiverse and chronically ill employees, so they don't have to mask or over-function to be fully valued and appreciated.
- White employees will not ask BIPOC employees to initiate talks about race or educate them on racial matters. Any feedback Black and Brown employees provide needs to be based on their consent and received with appreciation, as neither the labor nor the risk involved (to their wellbeing) is owed to white employees.
- All employees will commit to approaching each other's faith-based and spiritual practices, or absence of faith-based and spiritual practices, with openness and compassion. All employees will refrain from making negative comments about the faith-based and spiritual practices of others and will embrace employees wearing

culturally or religiously significant articles such as hijabs, bindis, yarmulkes and turbans. Religious and spiritual observances of all employees, and BIPOC members of marginalized faiths such as Judaism, Hoodoo/Voodoo/Vodun, African traditional religions, Islam, Hinduism, Buddhism, Sikhism, to name a few, will be given due respect.

## EMOTIONAL REGULATION

- When racially harmed and triggered, Black and Brown employees will be able to remove themselves individually or as a group in order to access a safe space and support one another.
- When feeling overwhelmed or activated (anger, grief, sadness, anxiousness, etc.) in discussions around racism, white employees will commit to the following steps.
    1. They will take an intentional pause, excuse themselves and self-regulate, such as through calming breathing, taking a walk, or journalling. They will commit to returning to the conversation or subject within one business day, ideally, so it is not postponed for too long.
    2. They will reach out to other antiracist white colleagues so they can navigate and express feelings of shame, guilt, powerlessness, etc. in a supportive environment, which will help them unpack and unlearn racist biases better than they would alone.
    3. They will practice accountability, offer an unconditional timely apology, stop the racist behavior, and not discharge anger, defensiveness, crying or reassurance-seeking on BIPOC employees.

The above steps also apply to non-Black people of color who have been racist towards Black employees. Colleagues who identify as non-Black people of color will actively commit to antiracist education in order to unpack, unlearn, and disrupt anti-Blackness.

## ACCOUNTABILITY

- If a BIPOC colleague has pointed out an instance of racial discrimination, including microaggressions and microinvalidations, or directly addressed a white co-worker with a call for accountability, ideally, the white colleague will commit to offering an apology that takes ownership of their action and impact (e.g., "I am sorry for

making a racist remark.") even if they didn't mean harm. They will do so without explaining themselves (e.g., "I was just tired."), beating themselves up (e.g., "I am a terrible person."), tone policing (e.g., "Can you speak calmly?"), or asking for/demanding explanations (e.g., "Can you explain why what I said/did was racist?"). This last item (not asking for or demanding explanations is important because it is an expectation that the colleague who caused harm should do the work to understand the harm they've caused and learn how to do better in the future. For example, they could read a book, research online, or ask another white colleague.

- White employees will commit to interrupting instances of racism and other forms of discrimination by fellow white employees, and, when needed, moving with them to a separate space if they are unable to process corrective feedback or are responding defensively. White employees may have a public or private conversation to explain the nature of the harm done, provide guidance on timely and effective apologies and, if they have the skill and education, how the harm can be prevented moving forward.
- White employees commit to immediately stopping behavior that is identified as harmful by Black or Brown employees, even if they don't fully grasp "why" at the time. They will be intentional about not repeating the harm as an ethical responsibility.
- White employees, men, able-bodied employees, straight employees, and other employees holding privilege will commit to not insisting that a more marginalized colleague speak to them in a neutral tone without displaying vulnerable emotions such as fear, anger and grief. This is called tone policing. All employees will make an intentional and sincere effort to focus on the concerns and needs of the marginalized colleague, instead of criticizing the anxiety, frustration, anger, or sadness they may be expressing as a natural response to being harmed. All employees will commit to valuing learning, practicing compassion for self and others, and choosing progress over perfection.
- White employees will not defend white colleagues who have engaged in racist behavior, regardless of their intent. Such alliances against BIPOC employees upholds white supremacy and justifies racism. White employees will stand by Black and Brown employees, validate their experience as true and acknowledge the harm.

## FREQUENTLY ASKED QUESTIONS

1. **What is anti-Blackness?**
   Anti-Blackness is defined as the beliefs, attitudes, actions, practices, and behaviors of individuals and institutions that devalue, minimize, and marginalize the full participation of Black people who are visibly (or perceived to be) of African descent.[2] It is the systematic denial of Black humanity and dignity, making Black people effectively ineligible for full citizenship. The anti-Blackness paradigm positions Blackness as inherently problematic, rather than recognizing the long, rich, and diverse history of Black people throughout the African diaspora and acknowledging that Black communities across the United States (and the world) have been severely disadvantaged as a result of historical and contemporary systemic racism.

2. **What are community agreements?**
   Community agreements represent a collective vision, not rules or norms, for how we want to treat one another. They have been developed and will be upheld by all BHSB employees, with the full support of BHSB's Executive Team and supervisors.

3. **Why do we need community agreements?**
   BHSB recognizes that 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 expression, class, sexual orientation, disability, and other identities. For this reason, becoming an antiracist organization necessarily includes addressing all systems of oppression. These relational community agreements are one way BHSB is operationalizing its Organizational Antiracist Framework.

   The prerequisite for an antiracist organization is cultivating a healthy work culture. To transform, an organization must embody kindness, respect, collaboration, safety, trust, vulnerability, emotional regulation, and accountability. Community agreements aid in this transformation as they provide a framework for employees to engage in emotional, honest, authentic, painful, and uncomfortable conversations necessary for change.

[2] Boston University. Moving Towards Anti Bigotry. 2022.

4. **How can we offer feedback on these community agreements?**
   As a reminder, Avant Consulting facilitated an inclusive process to create this document. Two series of meetings were held during which Avant gathered 1) staff's input into what should be included in the document and 2) staff's feedback to the initial draft to help shape the final version. Staff were expected to participate in at least one meeting for each series.

   That said, BHSB values feedback and will carefully consider it in future iterations of this work. You may share feedback with the President & CEO, Vice President of Accountability, Vice President of Operations, or other member of the program lead workgroup that is working together to shape the consultation with Avant Consulting.

5. **Are the community agreements final or will there be future versions to come later?**
   BHSB will continue learning, and we anticipate that the community agreements will evolve over time to reflect our learning.

6. **How will BHSB support all employees in upholding the agreements?**
   The agreements in this document are relational community agreements. They set expectations for how each of us individually agrees to treat our colleagues. One of the next steps is to identify structures or processes that support upholding the relational agreements. For example, Avant Consulting will be working with BHSB employees to develop a structure to elevate situations when relational interactions need more support, in addition to other structures to help support the organization in becoming a justice-oriented, antiracist, and equitable organization.

# Appendix C – Three-Year Strategic Plan: FY 2023 -2025

Behavioral Health System Baltimore

# 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*

- *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.*