Behavioral Health System Baltimore

BHA Annual Report and Plan

Submitted to the Behavioral Health Administration (BHA)

per the Local Strategic Plan Implementation and Financial Plan Guidelines for Fiscal Year 2026

April 11, 2025

Table of Contents

1. Introduction

Jurisdiction Description

With a population of 577,193 community members,[1] Baltimore City has a rich history and vibrant arts scene. The city is known for its front stoops that were typically constructed from marble. For generations, they have served as a place where neighbors gather and build community with one another. The public market system offers fresh food, savory dishes, and sweet treats from some of the nation's oldest markets, and the restaurant scene is dynamic, with multiple award nominations and national press. The Black Arts District along Pennsylvania Avenue is dedicated to the empowerment of Black creatives and their communities.[2] This neighborhood has a long history as a cultural center for the city's majority Black population, and the district was designated to honor this legacy and support community-based revitalization efforts through culture, arts, and entertainment.[3]

Some communities in Baltimore City have undergone many decades of disinvestment that continues to the present day. Many of these same communities experience disproportionately high rates of poverty, violent crime, and childhood trauma.

Organizational Overview

Behavioral Health System Baltimore, Inc. (BHSB) is a non-profit organization that serves as the Local Behavioral Health Authority (LBHA) on behalf of Baltimore City and operates in this role under the authority of the Maryland Department of Health (MDH). The role of the LBHA is outlined in state regulations, and BHSB operates under a Memorandum of Agreement with MDH that details LBHA functions within the state's behavioral health system.

BHSB is responsible for planning, managing and monitoring resources, programs and policies within the larger Medicaid fee-for-service system, as well as services directly funded by BHSB through private and public grants. 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 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. BHSB is 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.

[1] American Community Survey, 2023: 5-Year Estimates, https://data.census.gov .
[2] https://www.blackartsdistrict.org/programs
[3] https://www.blackartsdistrict.org/about-us

BHSB is led by Crista M. Taylor, a clinical social worker and leader in behavioral health in Maryland with more than 30 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 an 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. The 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 ensure that BHSB is effectively meeting its mission by strategically implementing and maintaining processes that manage organizational risk and align resources and decision making across departments, fostering an accountable organizational culture and building a system of care that works better for all people and communities in Baltimore City. The overall goal is to increase BHSB's capacity to be nimble, efficient, and adaptive to change. Activities include 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 development and 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.

BHSB continues to strengthen its organizational capacity to carry out its mission effectively and efficiently. This is done by creating an operating budget that is aligned with BHSB's strategic priorities and appropriately resources the functions BHSB is required by the state to perform as the city's LBHA and by its various funders. The Executive team regularly reviews the operating budget and identifies opportunities to refine the organization's structures and processes in support of the work.

BHSB values each and every employee as an important contributor to fulfilling the organization's mission, and human resources continues to be a high priority. The ongoing health and wellness of employees is critical to BHSB's success, and we continuously assess employee benefits, policies and practices to ensure opportunities are available for all people. BHSB is an equal opportunity employer and does not utilize practices that give preference to individuals in hiring or promotion based on protected characteristics and requires all sub-vendors to do the same. BHSB has also taken steps to proactively prevent and address discrimination by investing in organizational education to foster the development of an accountable and respectful workplace where all employees are supported and encouraged to do their best work.

2. Highlights, Achievements, New Developments and Challenges

Funding and Regulatory Requirements

BHSB is a non-profit organization that receives funding from federal, state, and local government to perform the public function of managing the behavioral health system on behalf of the Maryland Department of Health (MDH) and Baltimore City. As a non-profit organization, BHSB must meet legal and regulatory requirements and comply with requirements set by all funders. It is BHSB's intent to align its work with the parameters set forth through recent

Presidential Executive Orders, including the requirement to terminate illegal diversity, equity and inclusion (DEI) and all discriminatory mandates, policies, programs, preferences, and activities. BHSB is seeking clarity concerning the multiple and changing federal executive orders and has asked BHA for further guidance to balance competing requirements.

Work on the initiatives detailed in this document predates the issuance of the executive orders by the federal government.

BHSB's Operations

An Accountable Culture

BHSB selected a consultant through a competitive procurement to support skill building and accountability across the organization. The consultation began in March 2023 and continued through June 2024, including the following activities:

- Facilitated process to engage staff in drafting community agreements.
- Conducted trainings for all staff to build communication skills and ability to navigate conflict.
- Facilitated intensive education workshops for supervisors to foster open and honest dialogue within and across teams and between colleagues who have different backgrounds.
- Facilitated in-person sessions to build readiness across the organization to engage in honest dialogue and navigate conflict in day-to-day interactions.
- Made initial recommendations toward building an accountability structure to assist BHSB in sustaining and continuing to advance a culture that meets people where they are and builds a system of care that works better for all people and communities in Baltimore City.

Work is under way during FY 2025 to create an accountability framework that establishes in one place the principles and practices for how BHSB cultivates authentic interpersonal interactions based on mutual trust.

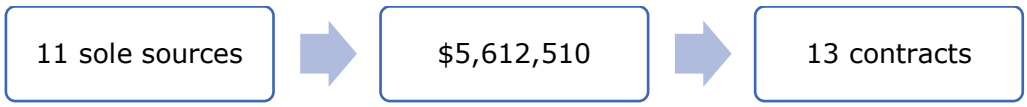
Procurements and Contracting

Procurement and contracting are core components of BHSB's work and represent an area of ongoing opportunity to streamline workflow, enhance contract monitoring and measure contract performance.

<u>Procurement</u>

In FY 2024, BHSB released 15 competitive procurements, resulting in 25 contracts totaling $2,846,369 of awarded funding. Through these procurements, BHSB contracted with four new sub-vendors.

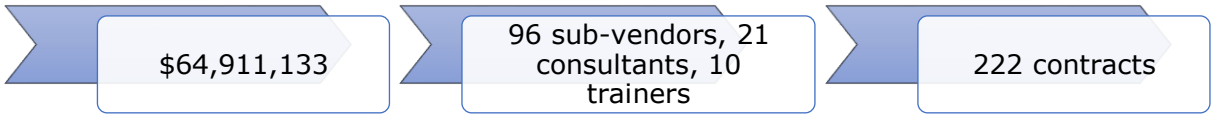
BHSB also approved 11 sole source awards, resulting in 13 contracts totaling $5,612,510 of awarded funding.



BHSB manages competitive procurements very carefully due to the potential risk that they pose to the organization. Procurement procedures and guidelines are continuously reviewed to ensure that processes effectively manage BHSB's risk and are consistently implemented across the organization. Each procurement presents opportunities to learn, and BHSB integrates the learning into its written procedures and practices on an ongoing basis.

Contracting

In FY 2024, BHSB awarded $64,911,133 in grant funds, with 222 contracts issued to 96 sub-vendors, 21 consultants and 10 trainers.



Incident and Investigation Management

BHSB investigates critical incidents and complaints, viewing them as opportunities to build relationships with providers and have meaningful dialogue about ways to enhance compliance activities. In addition, BHSB reviews critical incidents and complaints to identify trends and target activities to improve quality of care in Baltimore City. During FY 2024, BHSB investigated:

- 138 critical incidents - all closed
- 91 complaints – all closed and resolved

Audits and Inspections

BHSB conducts retrospective Accountability Compliance Audits to review if service delivery met contractual requirements and complied with relevant federal, state, and local regulations. Additionally, inspections of residential programs 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.

BHSB also partners with the Consumer Quality Team (CQT), which conducts interviews of individuals served by identified public behavioral health programs statewide to record and address individual consumer satisfaction. BHSB reviews CQT records related to service delivery in Baltimore City and collaborates with providers to identify, discuss, and resolve problems experienced by consumers.

During FY 2024, BHSB completed the following audits, inspections and record reviews:

- Accountability Compliance Audits: 272
- Administrative Service Organization (ASO) audits: 30
- ASO performance improvement plans: 76
- Environmental Health & Safety Inspections (annual) of residential rehabilitation programs: 133 (83 were announced, and 50 were unannounced)
- Targeted case management (adult) - Certificate of Approval: 9
- Targeted case management (child) - Certificate of Approval: 5
- Consumer Quality Team record reviews: 53

Training

During FY 2024, BHSB sponsored 84 training and educational events attended by a total of 3,021 people. Training content included:

- Specialized content for peer recovery specialist certification
- Mental Health First Aid
- Harm reduction
- Anti-stigma
- Trauma-informed care
- De-escalation techniques
- Grief and loss
- Motivational interviewing

BHSB also sponsored a learning community during FY 2024 that included a cohort of five behavioral health providers serving Baltimore City. Participating organizations received education, consultation, and peer support to transform their organizational cultures and service delivery to increase the effectiveness of care, taking into consideration family, community, and regional differences. Providers also engaged with alumni from the FY 2023 learning community cohort as part of a peer learning group.

Baltimore City Updates

Overdose prevention and response

The overdose crisis continues to be a serious concern for Baltimore City. Baltimore City makes up 9% of Maryland's population but represents 44% of Maryland's overdose deaths during 2024. While fatal overdoses are beginning to decrease at the national level, during 2023 there was an increase in Baltimore City (989 to 1,043 overdose deaths), which may increase further when the data is finalized.[4]

BHSB participates in multiple partnerships convened by the city to address its ongoing overdose crisis. One convening is the newly formed Overdose Stat, which is a multiorganizational approach to gather and use data to help define the scope of the overdose problem and look at progress over time. The stat meeting is convened monthly. Additionally, the Baltimore City Health Department (BCHD) asked BHSB to co-chair the Overdose Prevention Team, which is a state-mandated body tasked with developing a strategy to address the overdose crisis in the city.

In August 2024, the mayor issued an executive order outlining how opioid restitution funds would be administered, and the city began working during the fall of 2024 to set up a structure for decision making and management. The executive order directs the establishment of a Restitution Advisory Board that will make recommendations for allocating funds. BHSB has a seat on this board and participated in interview panels with applicants for open seats.

The executive order charges the city government with developing an overdose reduction strategy to guide efforts to address the overdose epidemic, that is informed by a needs assessment that identifies the city's most pressing needs related to substance misuse and overdose. BCHD is leading the needs assessment process, and BHSB participates in meetings with the city to plan the assessment and coordinate efforts. During the fall of 2024, BHSB hosted three listening sessions with behavioral health providers to support the needs assessment process and the development of the overdose response strategy. Providers shared valuable feedback and recommendations on existing services and needs for overdose prevention and response within the public behavioral health system. BHSB has also been supporting the city's efforts to create a community engagement plan, which is required by the executive order. The draft Overdose Response Community Engagement Plan was created and posted for comments during the fall of 2024.

Baltimore City Behavioral Health Collaborative

The City of Baltimore and the Baltimore Police Department (BPD) entered into a consent decree with the United States Department of Justice (DOJ) in 2017 to resolve the DOJ's findings that

[4] Overdose Data Portal, Maryland Department of Health, https://health.maryland.gov/dataoffice/Pages/mdh-dashboards.aspx#Overdose.

BPD had engaged in a pattern and practice of conduct that violates the First, Fourth, and Fourteenth Amendments to the United States Constitution. Specifically, Paragraph 97 of the Consent Decree outlines the city's responsibilities to identify gaps in the behavioral health service system and recommend and implement solutions. BHSB, the Mayor's Office and BPD co-chair the Behavioral Health Collaborative, which is a group of stakeholders that assists Baltimore City in meeting its obligations under the Consent Decree. The city released the Consent Decree Paragraph 97 Implementation Report (January to June 2023) for public comment in October 2024.

The Consent Decree Monitoring Team is in the process of developing a methodology, in consultation with the city, BPD, and DOJ, by which to measure the city and BPD's progress in implementing paragraph 97. This process is anticipated to provide clarity regarding what the city and BPD are required to do in order to achieve compliance with paragraph 97, as well as how to measure the City's and BPD's progress in implementing paragraph 97 where non-city entities such as BHSB are involved in this work.

Francis Scott Key Bridge Collapse

Baltimore City and the State of Maryland declared a state of emergency in the wake of the tragic collapse of the Francis Scott Key Bridge in March 2024. As a result, and in support of our provider network, BHSB activated its Behavioral Health Disaster Preparedness Plan.

In the days that immediately followed the collapse, there were mental health teams on scene to support victims, families and emergency responders. In addition, BHSB reached out to providers operating in communities surrounding the bridge to understand how its loss would affect access to care. To support the emotional health of community members more broadly, BHSB was in touch with media outlets to proactively promote 988 and also distributed 988 materials in surrounding communities to educate community members on what to expect if someone calls 988.

Because the bridge span and its access points covered three jurisdictions (Baltimore City, Baltimore County, and Anne Arundel County), the response to the bridge collapse was multi-jurisdictional. BHSB worked to facilitate a coordinated behavioral health response by convening the other local behavioral health authorities, crisis response providers, bilingual case managers and local jurisdiction mayor/county executive and immigration offices to develop a collaborative approach that organized and aligned resources from the three jurisdictions.

System of Care Updates

An annual Memorandum of Understanding (MOU) between the Maryland Department of Health (MDH) and BHSB details the responsibilities and functions that BHSB, as the Local Behavioral Health Authority (LBHA) for Baltimore City, is expected to perform. The MOU requires BHSB to provide local management of the public behavioral health system (PBHS),

developing strategies that result in a comprehensive and well-integrated community behavioral health system that provides equitable, accessible, high quality, culturally competent, and medically necessary services for individuals seeking services. This includes, but is not limited to, individuals who have experienced or are experiencing homelessness, trauma, or brain injury; have forensic or criminal justice involvement; are pregnant, postpartum, or parenting; are deaf or hard of hearing; or who may need additional assistance because of language barriers, such as limited English proficiency (LEP).

BHSB fulfills the terms of its MOU with MDH by working to build a system of care that serves all community members in need of services. We work to ensure that the most appropriate care is provided, taking into consideration family, community, and regional differences, and improving the effectiveness of care by designing services to meet specific needs identified by BHA.

The MOU also requires BHSB to

assist BHA to safeguard against unnecessary utilization of publicly funded services in its jurisdiction and assure that these services are medically appropriate and necessary.

BHSB safeguards public resources through the implementation of comprehensive policies and procedures for procurement, contracting, financial management and monitoring of grant-funded service delivery. The scope of authority for management of quality and service utilization in the fee-for-service delivery system is limited at the LBHA level. Some of the ways BHSB partners with BHA and the Administrative Service Organization (ASO) to manage those services is through performing utilization management activities within the ASO system as directed by BHA (i.e., extended stay authorizations, uninsured eligibility exceptions, etc.), providing systems care coordination for consumers who have complex behavioral health needs, investigating complaints and critical incidents, supporting providers to develop and implement performance improvement plans to address BHA/ASO audit findings, managing access to residential rehabilitation services, and directing grant-funded service delivery to various groupings and ages of people to meet their unique needs.

Integrated Mental Health and Substance Use Disorder Service Delivery

As required by the guidelines for this plan, BHSB completed a systems integration self-assessment (see the *Local Systems Management Integration* section of this document), 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 LBHAs. 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.

MDH's Priority Populations

BHSB works to improve the efficacy and impact of care by tailoring it to individual needs and experiences. One of the requirements in the Conditions of Award (COA) that is incorporated into the MOU that details the responsibilities and functions that BHSB is expected to perform as the LBHA for Baltimore City is to

> *have a system to provide for the behavioral health needs of minority and underserved populations, to include, but not be limited to those populations who are non-English speaking or Limited English Proficient (LEP), individuals who are deaf and hard of hearing, and the LGBTQ+ community*.

BHA's guidelines for this document also require that LBHAs address the needs of several groupings of people.

> *As outlined in Health General §10-1201-1203, local jurisdictions' implementation plans must address the needs of priority populations. These populations include but are not restricted to, veterans, LGBTQ+, immigrants, refugees, and non-English speakers, deaf or hard of hearing, rural and geographically isolated, and individuals who have been forensically involved.*

BHSB works to build a system that is responsive to the needs of all people and is reporting on specific populations served within the system of care as per the plan instructions received from MDH and aligned with the above detailed MOU requirements. It is also BHSB's intent to align its work with the parameters set forth through recent Presidential Executive Orders, including the requirement to terminate illegal diversity, equity and inclusion and all discriminatory mandates, policies, programs, preferences, and activities. BHSB is seeking clarity concerning changing federal executive orders and has asked MDH for further guidance to balance competing requirements.

Language access and low vision

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 have low vision or 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 promote 988, BHSB created several Spanish-language postcards, as well as a multilingual one (with English, Spanish, French, Arabic, Chinese and Korean) and one for

individuals with low vision. During FY 2025, BHSB will be working to make harm reduction training content more accessible to people who speak Spanish.

In addition, BHSB periodically reminds providers about language access requirements. During FY 2024, education was offered during a quarterly provider check-in meeting and included in a subsequent email to the provider network. To further support providers, BHSB created a Language Access Resource Guide that is posted to its website.

As described in the *Behavioral Health Crisis System* section of this document, BHSB has supported the implementation of Open Access, which is a model that offers same-day or next-day intakes for individuals in immediate need of behavioral health services. Of the 43 clinic sites in the Central Maryland Region offering Open Access, eight have Spanish-speaking therapists.

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 line meetings at BHSB to build their knowledge and skills in serving this population. ASL services are available within several levels of care: outpatient, residential rehabilitation program (RRP), and psychiatric rehabilitation program (PRP). During FY 2024, ten unique consumers were served in outpatient, ten in PRP, seven in RRP, and one specialized consumer.

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

BHSB continues to engage as a member of the Transgender Response Team, which is a coalition of community-based LGBTQIA advocates and other stakeholders, focused on partnership to leverage resources in Baltimore City. As a member, BHSB discusses and shares information, webinars, training, and events that are beneficial in improving services and connection for LGBTQIA youth, adults, and families within Baltimore City's behavioral health system and other systems that may engage with this population.

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.

Immigrants and refugees

BHSB has produced and distributed multilingual resources on the 988 Helpline through our community engagement team, as well as our 988 partners in Central Maryland. Crisis system providers partner with Behavioral Health Equity Across Maryland (BHEAM), the Latino Provider's Network, Esperanza Center, and others to provide services to the immigrant community. In addition, crisis providers have a pool of Spanish bilingual physicians to support culturally and linguistically competent services as needed, and they work closely with the

Mayor's Office of Immigrant Services to ensure that the crisis services system has capacity to support immigrant communities.

Veterans

BHSB joined the Statewide Veteran Deflection Committee, which is a new collaboration established by the U.S. Department of Veterans Affairs and VA Maryland Health Care System. This initiative is focused on improving the well-being of veterans experiencing substance misuse and/or mental health challenges by diverting them from the criminal justice system toward comprehensive treatment and supportive services. Its mission is to foster collaboration across sectors, expand outreach to at-risk and justice-involved veterans, and share best practices to ensure seamless transitions to care. Goals include identifying and reducing barriers to service access, maintaining access to healthcare and benefits, and safeguarding against suicide. BHSB participates in the Supportive Services and Intergovernmental sub-committees, which are respectively tasked with:

- identifying federal, state, and local government agencies to collaborate in referring veterans, service members, and their families to appropriate treatment and support services and
- identifying community resources and addressing barriers to accessing them.

In addition, BHSB promotes the Veterans Crisis Line and recruited veterans to serve as 988 ambassadors in Central Maryland to support outreach to that community. This line was created to connect veterans, active-duty service members, and their families and friends with trained responders to provide support and resources.

Providers are encouraged to participate in opportunities to build skills to meet the unique needs of veterans. Information about the Trained Military Assistance Provider (TMAP) Program was included in a monthly provider update email communication. TMAP is an ongoing initiative to reduce suicides and increase lethal means safety for military-connected individuals. In addition, providers were encouraged to register for the service members, Veterans, and families October workshop: *Intimate Partner Violence in the Military and Veteran Community: Understanding Its Impact on Family Structure*.

Forensic services

BHSB partners with the Baltimore City Circuit Court Medical Office (CCMO) to conduct court-ordered:

- screenings and evaluations of defendants' competency to stand trial or criminal responsibility,
- pre-sentence psychiatric evaluations, and
- Juvenile Court competency to proceed evaluations.

Screenings provide rapid evaluations for the District Court without unnecessary hospitalization in state facilities. Any cases in District Court requiring full evaluations are referred to the Circuit Court.

During FY24, CCMO completed the following competency screenings and evaluations:

- Circuit Court competency to proceed screenings and evaluations: 114
- Juvenile Court competency to proceed evaluations: 10
- Juvenile Court competency to proceed re-evaluations: 5

BHSB also partners with the CCMO to operate the Forensic Alternative Services Team (FAST) Program, which is an early diversion program that serves adults with mental illness who are involved in the criminal justice system. The goal of this program is to prevent or reduce incarceration and recidivism by connecting people to the behavioral health care they need to live as stably in the community as possible.

During FY 24, the FAST Program:

- Screened 389 consumers for eligibility for diversion services, of whom:
    - 117 were eligible for FAST,
    - 74 were referred to Mental Health Court and
    - 163 were deemed ineligible for FAST services due to legal history, lack of mental health diagnosis or not amenable. Those deemed ineligible were referred to other community resources.
- Conducted 284 behavioral health assessments.
- Developed a plan of care for 82% of consumers.

Prevention and Community Engagement

Prevention activities

BHSB continues to collaborate with the Baltimore City Health Department and community-based nonprofit organizations to deliver the Kids Off Drugs program. 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. During FY 2024, over 350 students participated in three events.

During May, BHSB hosted a “Celebrating Possibilities” event to promote National Prevention Week (NPW). NPW is a public education platform originating from the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services that highlights the efforts of communities and organizations nationwide to promote substance misuse prevention and positive mental health. Over the course of two days, approximately 740 Baltimore City middle school and high school students and staff came to

Main Event in Columbia, MD to learn about substance misuse prevention and participate in activities designed to promote positive mental health.

Community events

BHSB hosted its first Community Safety Day event in April 2024 at the Y in Waverly, engaging with over 190 community members and collecting 17 pounds of disposed sharps and 19 pounds of disposed medication. Community members also received resources on overdose prevention and harm reduction, as well as safe storage tools such as pill locks and child-safe pill dispensers. Plans are under way to host two Community Safety Day events during FY 2025.

During FY 2024, BHSB attended over 50 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,
- Artscape, one of the country's largest free outdoor arts festivals,
- 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, and
- National Night Out, which enhances the relationship between neighbors and law enforcement and fosters a sense of community

BHSB also participated on several panels and presentations, including the BDS Older Adult Network and the National Federation of the Blind. In addition, BHSB continued to strengthen existing community partnerships with the city's public markets and faith institutions of all denominations, as well as increasing engagements within several Housing Authority of Baltimore City locations, including Johnston Square Apartments, Rosemont Towers, and Latrobe Homes.

Qualitative Data through Storytelling

BHSB is embracing storytelling as a qualitative data methodology to gather information about the needs of different communities in Baltimore City through a collaboration with Morgan State University. BHSB hosted two 90-minute storytelling and listening sessions in June 2024 with Morgan State Faculty and BHSB Board member, Dr. David Olawuyi Fakunle, in Rosemont Towers and the New Israelite Family Worship Center, each with 10-15 participants. It is expected that expanding the use of qualitative data methodologies will help BHSB better understand the needs of community members and organize resources to meet those needs.

Crisis Response System Infrastructure

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.[5] BHSB engaged in a broad range of activities during FY 2024 to advance the region's crisis system, including providing project management for the Central Maryland Regional Crisis System (formerly known as GBRICS), a public-private partnership between BHSB and 17 hospitals that invests $45 million funded through the Health Services Cost Review Commission (HSCRC) in behavioral health crisis services in Baltimore City and Baltimore, Carroll, and Howard Counties. In FY 2024, BHSB focused on maintaining and improving newly implemented programs and planning for sustainability after the HSCRC funding ends in December 2025.

Fund MD988 Campaign

BHSB collaborated with partners in the Fund MD988 Campaign to secure a permanent funding source for the 988 Trust Fund using a mechanism similar to how 911 is funded. This objective was accomplished during the 2024 legislative session when a bill was passed to establish a 988 telecom fee that generates revenue through a nominal monthly charge on cell phones and landlines. This charge will generate more than $25 million each year for the 988 Trust Fund, which will contribute to the sustainability of the Central Maryland Regional Crisis System.

988 Regional Helpline

Baltimore Crisis Response Inc (BCRI), Affiliated Sante Group (ASG), and Grassroots Crisis continue to answer 988 calls in the Central Maryland region as one integrated provider. The 988 Helpline answers over 4,000 calls per month, places over 1,400 outbound (care-coordination and follow-up) calls per month and has an 87% answer rate. The remaining calls are rolled over to a back-up center. The Central Maryland 988 Helpline is expected to see a 15% increase in call volume due to changes in how 988 calls are routed. BHSB is monitoring staffing capacity to determine when and if staffing needs to increase to meet demand. BHSB expects that funding from the 988 telecom fee will support the continuation of the regional 988 helpline after the HSCRC funding ends.

In FY 2024, BHSB and our partners expanded marketing and outreach efforts for the CALL 988 campaign across Central Maryland (Baltimore City, Baltimore County, Carroll County and Howard County). We mounted billboards in Baltimore City (locations based on zip codes that received the highest number of 911 calls for behavioral health concerns) and placed on-screen ads in seven movie theaters throughout Howard, Carroll, and Baltimore Counties, as well as on digital screens (transit, urban panels, entertainment venues, etc.) in priority geographies. In the latter half of FY 2024, we also conducted research to develop 988 messaging focused on substance use disorders, for use in FY 2025 outreach.

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

Mobile response team expansion

In FY 2024, BHSB continued to expand access to mobile crisis teams throughout the Central Maryland region. Affiliated Sante Group now operates 24/7 throughout the region and in January 2025 will be adding additional staffing during high-volume shifts. BCRI continues to provide expanded mobile crisis services two shifts a day in Baltimore City and County, in addition to its Baltimore City-specific teams. BHSB has been working with a new provider of child-specific mobile services, Advanced Behavioral Health, to build its programming and promote its services among stakeholders. During FY 2024, BHSB began planning for mobile crisis teams funded by Howard and Carroll counties to be dispatched through the Central Maryland 988 care traffic control software, which will allow for better coordination of services in the region.

BHSB has greatly improved our ability to analyze mobile crisis volume and response time data. In FY 2024, we began to analyze whether the crisis system is meeting the demand for mobile services and are communicating this data with our stakeholders. In FY 2024 the system completed over 125 non-law enforcement mobile crisis visits a month throughout the region, and we expect the volume to increase in FY 2025 as capacity increases.

BHSB has been working with mobile crisis providers to support sustainability through Maryland's new fee-for-service system. Regional mobile crisis providers should be able to start billing through this system in December 2024. BHSB secured additional grant funding to help mobile providers with this transition and continues to coordinate with BHA to provide technical assistance support.

Open access model

In 2024, 17 outpatient behavioral health clinics participated in a cohort that received seed funding to implement Open Access, a project that offers same-day or next-day intakes for individuals in immediate need of behavioral health services. From January through June, these clinics worked with a consulting group to prepare to implement Open Access. In July 2024, the cohort clinics began accepting Open Access referrals from 988 and other referral sources. Additionally, 13 other clinic sites that were already offering same-day or next-day appointments also started accepting referrals from 988 starting in July 2024. Altogether, there are now 43 clinic sites implementing Open Access in the Central Maryland region. (A list of these clinics can be found on the 988 Helpline website.)

BHSB procured an evaluation of the Open Access project, which will be conducted in 2025. BHSB will use the results of the evaluation to plan for the sustainability of the Open Access model.

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 had a total of 4,032 admissions in FY 2024, which was consistent with the FY 2023 volume.

Law Enforcement Assisted Diversion (LEAD) Program

BHSB continues to collaborate with the Baltimore Police Department and other organizations to implement the Law Enforcement Assisted Diversion Program (LEAD), which currently operates within the Baltimore City Central Police District. LEAD provides law enforcement with an alternative to arrest by diverting individuals away from the criminal justice system to supportive services.

During FY 2024 LEAD received a total of 19 referrals from community organizations and law enforcement and provided services to approximately 379 individuals. Currently, 62% of LEAD consumers have access to safe housing, 47% have been connected to mental health services, 49% to substance use treatment and 73% of consumers receive entitlements.

Promoting Public Behavioral Health System Services

BHSB continues to maintain a toolkit of videos on the residential rehabilitation program (RRP), Capitation Project, assertive community treatment (ACT), care coordination for children and youth, and a general overview of the adult public behavioral health system for a target audience of staff from state psychiatric hospitals, community psychiatric hospitals and outpatient providers in Baltimore City. These videos are available on BHSB's YouTube channel and, cumulatively, have received more than 3,900 views.

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 with providers and recommendations offered 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.

There was a 38% decrease in referrals to the project during FY 2024, as compared to FY 2023, with a total of 60 individuals referred. Of the referrals received, 18 were from state hospitals, which is a decrease from the 37 state hospital referrals during FY 2023. To address this reduction in referrals, BHSB identified opportunities to educate state and community hospitals about the Capitation program and supported increased communication between the hospitals and Capitation providers. To support efforts to increase referrals of appropriate consumers, BHSB attends a weekly meeting with Spring Grove Hospital and other referring jurisdictions to review and discuss potential clients, referral options, discharge planning and suitability.

BHSB has been providing technical assistance to support the Capitation providers in building capacity to meet the needs of the consumers they serve. In addition to retraining their staff, providers have been updating policies and procedures. BHSB has also collaborated with BHA to increase providers' reporting requirements to monitor referrals, barriers and progress.

Older adults

BHSB launched a program during FY 2023 that provides assisted living facilities (ALFs) with wraparound behavioral health support for older adults with serious mental illness, with the goal of preventing unnecessary institutionalization. Individuals served by the program require assistance with daily activities or have medical conditions that require nursing assessment. Up to 12 consumers can be served at any point in time. During FY 2024, a total of 15 applications were received from state hospitals, area hospitals and community-based behavioral health programs. To date, 50**%** of older adults placed in the ALF project were discharged from state hospitals. Of those from state hospitals, 100% have successfully maintained residency in the ALF project.

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 twelve 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 2024 MHAMD held six trainings for Baltimore City stakeholders, during which 39 participants were trained.

BHSB continues to partner with a collaborative group led by the Baltimore City Health Department Division of Aging that is working to address quality of care issues among assisted living providers. Other partners include the Ombudsman's Office, Baltimore City Fire Department, the Office of Health Care Quality, Baltimore Police Department, Medicaid, Adult Protective Services, and other stakeholders. The focus during FY 2024 consisted of reviewing current regulations and suggesting amendments to ameliorate compliance concerns regarding unlicensed assisted living facilities, which are often reported in calls to 911.

Support for parents

People with children in need of behavioral health services have unique needs. BHSB is funded by BHA to provide support to women with children in substance use disorder treatment. Specifically, BHSB, in partnership with BHA's Gender Specific Unit (GSU), contracts with two recovery residences 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 20224, 54 families were served, which consisted of 47 mothers, seven pregnant women and a total of 60 children.

In partnership with GSU, BHSB also initiated a new project that enables mothers entering residential ASAM 3.3 level of care to enter treatment with their child or children. The funding covers childcare staff who provide care for the children during treatment hours. During FY 24, four families were served, which included four mothers, one pregnant mother and three children.

BHSB also funds 16 beds at Chrysalis House Healthy Start (CHHS), which serves consumers who are pregnant or with one child under the age of three and who have a history of substance use disorder or mental health issues. During FY 2024, 60 consumers and their families were served.

Child and Family Services

Collaboration with schools

BHSB continues to collaborate with the Baltimore City Public School System (BCPS) to manage the Expanded School Behavioral Health (ESBH) program, which promotes school readiness, addresses barriers to learning, enables children and youth to make better use of educational programs, fosters positive interpersonal relationships, and provides an alternative to behavioral health services within the structure of special education programs. During FY 2024, ESBH clinicians began participating in Student Wellness Support Team meetings with other school-based health staff. These team meetings are opportunities for behavioral health staff in schools to promote the social-emotional health needs of all students. The collaboration helped increase school leadership interest in and support for the ESBH program.

In addition, Baltimore City is participating in a state-wide project that will provide expanded access to comprehensive behavioral health services for children from kindergarten to high school. The Baltimore City Community Supports Partnership (BC CSP) provides behavioral health services and support in the community and in schools for youth enrolled in BCPS and their families. BHSB is serving as the Hub for this project in Baltimore City.

Collaboration with juvenile justice and child welfare systems

During FY 2024, BHSB participated in a time-limited collaboration facilitated by Georgetown University to implement the Crossover Youth Practice Model, which aims to address the unique needs of youth who are at risk of or are fluctuating between the child welfare and juvenile justice systems. This initiative focuses on fostering collaboration between systems in which youth and families often engage simultaneously or consecutively, with the goal of reducing the number of youth crossing over and becoming dually involved in both systems. BHSB contributed by sharing information with participants from the juvenile justice and child welfare systems about resources and services available for children and families in Baltimore City through the public behavioral health system and how to access those resources.

BHSB also collaborated with the Department of Juvenile Services, Baltimore City Department of Social Services, Juvenile Court, and Family Court to redesign the Juvenile Court Early Intervention Program (JCEIP) to increase utilization and more effectively serve its focus population post-COVID. To meet the changing needs of the youth and families it serves, the program was redesigned to expand services such as adolescent harm reduction support groups and educational groups focused on mental health and wellness, harm reduction, current substance use laws, and triggers for substance use. During FY 2024, JCEIP served 206 youth and 43 adults.

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

On an ongoing basis, BHSB supports multiple fatality review boards, including the Child Fatality Review, Fetal Infant Mortality Review and Maternal Mortality Review. This participation continues to increase awareness of public behavioral health system resources, as well as create opportunities to partner with other systems and organizations that serve children and families. BHSB's support helps to identify where gaps in communication, referrals and other processes may exist and consider opportunities to address any barriers.

Residential rehabilitation beds for youth

Through a FY 2024 procurement, a provider was selected to implement a transitional age youth (TAY) residential rehabilitation program in Baltimore City. The provider is tasked with providing eight beds in safe and stable housing for TAY with mental health diagnoses. Program participants receive life skills training and linkages to resources, with the goal of rehabilitation and transitioning to independent living and a less intensive level of care within the PBHS.

Service delivery did not begin until FY 2025 due to a delay in state licensure and the need to secure staffing.

Peer Support Services

BHSB implemented a new Community Peer Project during FY 2024. The project will provide intensive peer support services to consumers who are experiencing a behavioral health crisis, diversion to community resources for consumers at risk of hospitalization because of a behavioral health crisis, and support upon discharge from a hospital setting after experiencing a behavioral health crisis. A community provider with an extensive history in systemic peer support services was selected through competitive procurement to implement the project, with services to be initiated in early FY 2025.

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 Office of Harm Reduction to develop the Maryland harm reduction workforce and support Maryland programs in providing optimal services to people who use drugs. During FY 2024, BHSB continued to review existing MaHRTI trainings to ensure that all trainees are able to benefit from the content and educational materials, including anyone who may be Deaf, hard-of-hearing, blind, or have visual impairment. MaHRTI also began to expand training audiences, developing content applicable to the broader behavioral health workforce, exploring training of certified community health workers, and increasing continuing education unit (CEU) offerings for members of the workforce who have various professional licenses or certifications.

During FY 2024, MaHRTI:

- facilitated 45 trainings, leading to 2,333 people across the state of Maryland being trained on harm reduction topics and averaging a 90% satisfaction rate from participants;
- launched new trainings entitled *Xylazine Test Strips 101* and *Overamping 101*;
- trained the third annual Speaker's Club cohort, 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 twice annually and increased the Syringe Services Program Academy to thrice annually, with highly attended and well-received sessions.

During FY 2025, MaHRTI is:

- creating a Drugs 201 series, building off of Drugs 101;
- 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
- laying the foundation to become an Accredited Community Health Worker Training Program;
- further expanding CEU offerings for members of the workforce who have various professional licenses or certification;
- preparing to offer regional in-person Syringe Services Program Academy training across the state of Maryland by FY 2026.

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

Bmore POWER is a team of people that 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 2024, Bmore POWER:

- distributed 9,873 naloxone kits (2 doses per kit)
- documented 973 overdose reversals

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. BHA's processes hinder the organization with securing additional funds to support its administrative work. Some MDH grants allow for the funding of specific positions to directly support the service delivery. When funders, including MDH, permit an indirect, BHA reduces its administrative funding, stating that it is the payor of last resort.

Contracting processes

Contractual processes at MDH are complicated and have undergone significant and ongoing changes during the past few years, creating unnecessary bureaucracy and inefficiencies that impact the day-to-day work at the local level. During the FY 26 financial planning process, BHSB has received instructions from BHA staff that conflict with written guidance for the financial plan submission. In addition, some of the instructions verbally communicated by BHA staff may conflict with Generally Accepted Accounting Principles or requirements associated with federal or state grants. The increased time and attention required to manage conflicting and changing

processes from MDH affects staff morale and impacts BHSB's capacity to more fully engage in the proactive, system-level work that LBHAs are expected to do.

Misalignment of contracting roles

BHA added a new requirement to the FY 2026 planning and budgeting process requiring LBHAs to submit sub-vendor budgets as part of the FY 2026 Financial Plan. This requirement does not align with the MOU between MDH and BHSB that details the responsibilities and functions that BHSB, as the LBHA for Baltimore City, is expected to perform.

The Conditions of Award (COA) that is incorporated into the MOU requires LBHAs to

> *develop and manage the budget for PBHS program and service grants that have been awarded to the LBHA by BHA and other funding sources.*

Additionally, the COA requires that:

> *unless specifically excluded, all funding included in this agreement is subject to the provisions of the MDH Local Health Department Funding System Manual (LHDFSM), or the Human Service Agreements Manual (HSAM), whichever is applicable, which are incorporated by reference […]*

As a non-profit organization, BHSB fulfills the above terms of its MOU with MDH by aligning its policies and procedures to comply with the HSAM, LHDFSM, and the federal Uniform Guidance. BHSB submits a description of its procedures to monitor sub-vendor budgets, performance and overall contract compliance for review by BHA as a part of the financial planning process (see the *Local Planning and Management – Sub-Grantee Monitoring* section of this document). In addition, BHA conducts quarterly monitoring of BHSB's performance, and MDH regularly audits BHSB's financial management of state funds.

Late execution of funding awards

To prevent future audit findings, BHSB cannot contract with a sub-vendor unless there is written notification of a funding award for the specific program service. Untimely MDH processes have resulted in BHSB receiving executed funding agreements close to or after the start of the service delivery period. In the past, BHA has either issued a written notice to LBHAs instructing them to begin contracting before receipt of the fully executed funding agreement or has provided COA/SOWs signed by the department, which implies an intent to contract for those services. However, the FY 26 financial plan guidelines do not account for a notification to LBHAs to begin contracting, and COA/SOWs are no longer signed in advance. Without some type of confirmation of funding per specific service (not just ceiling allocation letters), BHSB will not be able to issue letters of award or begin any other contracting processes with sub-vendors until an executed funding agreement is received. This delay may cause providers to stop service delivery, which may result in staff layoffs, consumers not receiving needed services, and underspending.

Potential future MDH audit findings

As noted above, BHSB will not begin sub-vendor contracting processes until after receiving written notification of a funding award for the specific program service. This means that BHSB will not have FY 26 sub-vendor budgets when the FY 2026 Financial Plan is submitted. Per BHA's instructions, BHSB is including FY 25 sub-vendor budgets as placeholders. However, BHA has not issued written guidance describing the process to replace the FY 25 budgets in the COAs/SOWs with FY 26 budgets. If FY 26 funding agreements are executed and include COAs/SOWs that have FY 25 budgets, and if the funding agreements are not subsequently modified to include FY 26 sub-vendor budgets, audits conducted by MDH and independent auditors will potentially have findings.

Payments

Payments from MDH have been very slow, creating cash flow challenges for sub-vendors that provide services without receiving timely payment and for BHSB due to the need to pay some sub-vendors to ensure service delivery is not disrupted. In addition, as of the end of March 2025, MDH owes BHSB a total of $2.2 million from prior years:

- FY 21: $1,271,168 owed
- FY 22: $1,349 owed
- FY 23: $342,993 owed
- FY 24: $608,965 owed

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

Housing

Having safe and stable housing is a key driver of health outcomes. Housing instability can have a serious negative impact on physical and behavioral health and wellbeing. 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.

System 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 and private, for-profit providers 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 burdens, 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. Key Priorities, Goals, Objectives, and Outcomes

Three-Year Strategic Plan: FY 2023-2025, FY 2024 Implementation Report[6]

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 second year implementation of this three-year plan.

Strategic Planning Process

Guidelines

The planning process for this strategic plan happened during FY 22. It was organized to follow state guidance and requirements as outlined in:

- the Behavioral Health Administration FY 2024-2026 Local Three Year Strategic Plan and
- the Conditions of Award incorporated into the Memorandum of Understanding between the Maryland Department of Health and BHSB, which detailed the responsibilities and functions that BHSB was expected to perform as the Local Behavioral Health Authority (LBHA) for Baltimore City.

In January 2025, the federal government began issuing multiple executive orders that may impact BHSB's work, including the requirement to terminate illegal diversity, equity and inclusion and all discriminatory mandates, policies, programs, preferences, and activities. As a Federal contractor, these orders apply to BHSB for work going forward. This document reports on work that was conducted between July 1, 2023 – June 30, 2024.

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.

[6] The *FY 2024 Implementation Report* is posted to BHSB's website: https://www.bhsbaltimore.org/learn/publications/

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 about this process.

Data

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

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

Results Based Accountability™ (RBA)

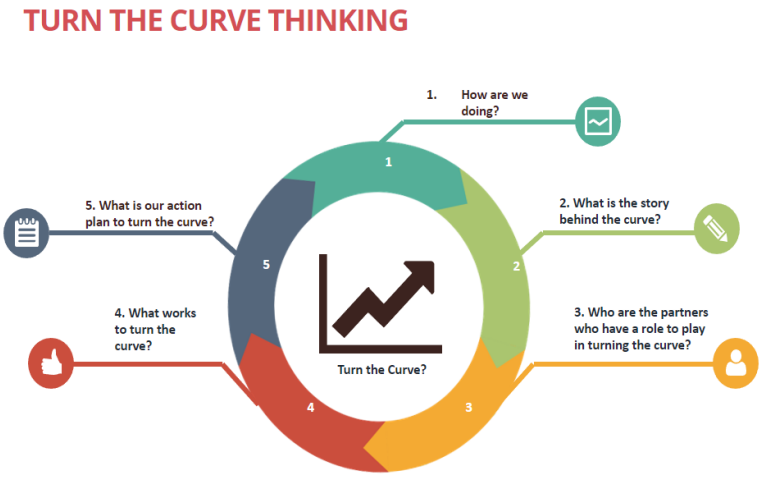
BHSB's strategic plan is based on the Results Based Accountability™ (RBA) framework, which is a method to create measurable change in the lives of the people, families, and communities we serve. It offers a disciplined way of thinking and acting to improve entrenched and complex social problems by using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

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

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

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

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



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

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

FY 2024 Implementation Status

FY 2024 was the second year of implementing BHSB's three-year strategic plan. The following sections report on the implementation status of the non-RBA strategies and RBA strategies.

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 programs across Baltimore City that have contact with the public behavioral health system*	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	**COMPLETED**	Completed
	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	**COMPLETED**	Completed
	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	**COMPLETED**	Completed
	All BHSB programmatic staff will complete a safe sleep training	% of programmatic staff who have completed safe sleep training	**COMPLETED**	Completed
(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	**COMPLETED**	Completed
	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	**PARTIALLY COMPLETED**	Specific questions were added to the assessment that was conducted at the end of 2022. BHSB did not record the number of employees on the day it was sent out, so the response rate is not available.

				BHSB is developing alternate strategies to track progress in operationalizing its desired culture.
(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 factors are created	**PARTIALLY COMPLETED**	Reports were created but need to be re-developed because BHSB shifted to a different reporting platform. This work was on hold for much of FY 24 due to staffing vacancies that were recently filled. The work will continue during FY 25.
	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
	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**	Delayed due to a staffing vacancy that was recently filled. First meeting scheduled for September 2024.
	Work with system partners to develop a triage and dispatch	By July 2023: triage and	**COMPLETED**	Completed

	protocol for the Call 988 Helpline and the four 911 centers in Central Maryland	dispatch protocol is developed		
(Result #2) Strategy 2 *Increase number of certified Peer Recovery Specialists in programs that are funded by BHSB to provide peer recovery services*	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**	Completed
		By July 2023: system is implemented	**COMPLETED**	Completed
		By November 2023: 75% of all programs funded by BHSB to provide peer recovery services will have all Peer Recovery Specialists certified within 18 months of employment	**COMPLETED**	Note: this action step was completed by November 2023. However, the % has decreased since then as described below.
		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**	Of programs funded to provide peer recovery services, 67% have certified Peer Recovery Specialists. Factors impacting this measure include: • Staff turnover after certification has been a challenge. During FY 25, BHSB will offer additional trainings to support peer certification. • Due to peer services becoming reimbursable in several services lines, BHSB decreased grant-funded contracts for these services. • During FY 25, BHSB will fund peer services in additional 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**	Completed
	Orient staff to existing tools to determine which is best for our purposes	Select at least one tool before December 31, 2022	**COMPLETED**	Completed
	Pilot selected tool to collect data from community	Use tool to collect data from community before June 2023	**COMPLETED**	Completed
	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**	
(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**	Due to staff turnover, BHSB is rebuilding its capacity to educate and support implementation of co-design principles. During FY 25, BHSB will create opportunities for staff and external partners to learn about codesign as a philosophy and practice.
	Distribute written material about the codesign framework across the organization	Disseminate information to supervisors across the organization	**PARTIALLY COMPLETED**	

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	Data
Result 1, Strategy 1: *Supervisors will integrate an antiracist lens into day-to-day work activities and 1:1 discussions*	**How much?** # supervisor trainings	FY 23: 5 trainings FY 24: 10 trainings
	How well? % attendees who thought training contributed to their understanding of the supervisor's part in co-creating BHSB's culture	FY 23: 77% FY 24: 91%
	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 has been organized around training and coaching for supervisors. 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.

<u>Action steps</u>

BHSB contracted with a consultant group to facilitate intensive monthly education workshops for supervisors. The workshops covered key concepts of antiracism, effective communication strategies, and techniques for fostering open and honest dialogue about race, other marginalized identities, and power. The sessions began in March 2023 and continued through June 2024.

BHSB also provided general human resources trainings for supervisors during FY 24. The goals of the trainings were to:

- educate supervisors about their role and responsibilities implementing policies and procedures and

- uplift BHSB's core value of equity by increasing consistency across the organization in how policies and procedures are implemented.

Anticipated work to advance this strategy during FY 25

BHSB will continue general human resources trainings for supervisors to support consistency across the organization in how policies and procedures are implemented. In addition, BHSB will contract with the same consultant group, with the following key areas of focus:

- accounting for multiple cultural identities and the wide impact of supremacy in interpersonal interactions and within systems and
- developing an organizational accountability framework to track and measure BHSB's progress in this work.

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	$9,575,738 in total FY 24 funding to providers that offer housing, shelter, and residential services • 65% of these identified providers completed a survey • $5,465,122 of the total FY 24 funding (57%) was allocated to providers that completed the survey
	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	For funding allocated to providers that completed the survey: • 83.7% of funding is to providers that do not require abstinence before receiving services • 2.4% of funding is to providers that do not require abstinence while receiving services
	Is anyone better off? #/% of BHSB employees who see supporting people who use drugs as part of BHSB's mission	• Before a harm reduction-focused staff training, 20% of BHSB staff were unsure or disagreed that supporting people who use drugs was a part of BHSB's mission. • After a harm reduction-focused staff training, 10% of BHSB staff were unsure or disagreed that supporting people who use drugs was a part of BHSB's mission.

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 was 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 therefore needed to spend the first year of implementation (FY 23) creating data sources to measure performance in advancing this strategy. The second year of implementation (FY 24) was devoted to collecting baseline data and conducting a Turn the Curve activity to analyze the data and identify action steps.

Data collection

During FY 23, BHSB created the *how much?* measure, which is: *total dollars BHSB subcontracts to organizations that provide housing or behavioral health services in a residential setting*. To do so, BHSB staff collaborated across teams to identify all providers funded by BHSB that offer housing, residential, or shelter services. The award amounts for all contracts to providers on this list were then totaled.

Also during FY 23, BHSB created a process to collect data for 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*. BHSB created a survey to collect data from funded providers that offer housing, residential, or shelter services to learn if they embrace harm reduction principles in their policies related to substance use and discharge policies for consumers. The survey was administered during FY 23 but received a poor response rate. During FY 24, the survey was revised and administered via phone calls to providers, which yielded a 65% response rate.

During FY 23, BHSB created the *Is anyone better off?* measure, which is: *#/% of BHSB employees who see supporting people who use drugs as part of BHSB's mission*. During FY 24, BHSB conducted a staff training that introduced the philosophy and practices of harm reduction and provided an overview of BHSB's harm reduction work. Staff in attendance were asked to respond to the following anonymous poll question at the beginning and end of the meeting "To what extent do you agree or disagree with the following statement: *Supporting people who use drugs is a part of BHSB's mission*?"

Action steps

After data were collected, BHSB conducted a **Turn the Curve** exercise during FY 24 to analyze the data and identify action steps. Action steps included:

1) Implement a standard deliverable in BHSB's contracts with providers that offer housing, shelter, and residential services requiring that the provider implement and document

approaches to increase harm reduction knowledge and integrate the philosophy into practices.

FY 24 status update: The deliverable was created and included to relevant FY 25 contracts, and BHSB built capacity to provide training for providers that request it.

2) Integrate harm reduction education and approaches into BHSB's work with the city's behavioral health providers and community members

FY 24 status update: BHSB teams that manage various services in the city's behavioral health network began meeting regularly to identify opportunities and collaboratively plan to integrate harm reduction education and support integrating it into practice.

3) Develop an ongoing intentional collaboration between BHSB and external partners, including faculty and staff at Baltimore City Public Schools, to support greater awareness of harm reduction education and practices for youth and families.

FY 24 status update: BHSB began planning internally for this collaboration. Monthly planning meetings are ongoing to support this work.

4) Annual (or more frequent) harm reduction training for BHSB staff to continue to educate and build skills to operationalize harm reduction practices.

FY 24 status update: Harm reduction training was provided for staff. In addition, planning for a FY 25 staff training began, with the goal of continuing to advance organizational learning.

5) Develop and maintain a solution to enhance reporting efficiency for BHSB's harm reduction work

FY 24 status update: BHSB began creating an integrated data collection and reporting platform using Microsoft Power Pages, with an anticipated agile release in the fall of 2024.

<u>Anticipated work to advance this strategy during FY 25</u>

- BHSB will monitor progress toward achieving the action steps on a monthly basis.
- BHSB will conduct a second round of data collection for each of the three RBA measures associated with this strategy.
- BHSB will conduct a follow-up Turn the Curve exercise in the spring of 2025 to analyze the second round of data collection and determine if action steps should be adjusted.

RBA Strategy 2 implementation progress (Result #2)

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 ○ mental health ○ substance use	<u>Mental health</u> • FY 21: 131 • FY 22: 131 • FY 23: 128 • FY 24: 129 <u>Substance use</u> • FY 21: 18 • FY 22: 18 • FY 23: 15 • FY 24: 15
	How well? clinician to student ratio	• (FY 21) 1:590 • (FY 22) 1:580 • (FY 23) 1:595 • (FY 24) 1:589
	Is anyone better off? #/% of students who showed improvement in evidence-based assessments	<u>Reduction in total PSC-17 score</u> • FY 21: 0.93 • FY 22: 0.66 • FY 23: 1.5 • FY 24: 0.63

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.

<u>Action steps</u>

During FY 24, BHSB conducted a **Turn the Curve** exercise to analyze the data collected for the *How well?* measure. Action steps included:

1. Reengage key contacts at City Schools to continue to educate school administrators about the ESBH program and resources in the public behavioral health system.

   FY 24 status update: BHSB connected ESBH staff with school-wide opportunities to promote the program, introduced ESBH clinicians to other school-based behavioral health staff, and offered other technical assistance. BHSB also promoted the program during site visits to 18 ESBH schools.

   In addition, ESBH clinicians began participating in Student Wellness Support Team meetings with other school-based health staff. These team meetings are opportunities for behavioral health staff in schools to promote the social-emotional health needs of all

students. The collaboration helped increase school leadership interest in and support for the ESBH program.

2. Monitor the status of the application BHSB submitted to serve as a hub for Baltimore City through the Maryland Community Health Resource Commission (MCHRC) Consortium on Coordinated Community Supports Partnership (CSP).

   FY 24 status update: BSHB was selected to participate in the CSP Hub Pilot Program and began working to implement the requirements of the program. BHSB anticipates that the CSP will increase access to behavioral health services in City Schools. In addition, students and families will have opportunities to help shape the services that are available for their school community through focus groups and periodic surveys, as well as participating in the governance structure.

3. Discuss burnout as a shared challenge during monthly meetings with ESBH providers and identify resources to support clinicians.

   FY 24 status update: BHSB included staff burnout as an agenda item for monthly meetings with providers. Providers had the opportunity to share their concerns, challenges, and approaches that worked/did not work with one another. Resources to support clinicians were also shared.

During FY 24, the ESBH program expanded its reach by adding one school with mental health services, bringing the total to 129 schools.

<u>Anticipated work to advance this strategy during FY 25</u>

- One of the CSP Hub Pilot Program requirements that BHSB will work to operationalize during FY 25 is establishing a memorandum of understanding (MOU) with City Schools. BHSB anticipates that the MOU will enhance school administrators' knowledge of available behavioral health services and collaboration to increase opportunities to support improved educational outcomes.
- Another CSP Hub Pilot Program requirement is to establish MOUs with current CSP providers that were selected and are funded by the MCHRC.
- BHSB will conduct a competitive procurement during FY 25 to select ESBH providers that will provide service delivery beginning in FY 26. One key focus will be to include more providers and diversify the availability of clinicians.

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	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 co-design	• 31
	How well? % staff scoring 80% or better on co-design training post-test	• 74%
	Is anyone better off? #/% staff indicating knowledge of youth co-design is beneficial to their work	• 24 • 77%

Co-design 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 from how services are traditionally planned, and BHSB recognizes that advancing this strategy requires education.

The first stage of implementing this strategy is therefore focused on training. Due to staff turnover, BHSB identified a need during FY 24 to rebuild its capacity to educate and support the implementation of co-design principles. This work began during FY 24.

During FY 25, BHSB anticipates creating opportunities for staff and external partners to learn about co-design as a philosophy and practice.

Three-Year Strategic Plan: FY 2026-2028[7]

FY 2025 marks the third year and final year of BHSB's *Three-Year Strategic Plan: FY 2023-2025*. While work to implement this plan has continued throughout FY 2025, BHSB began developing the next strategic plan, which will serve 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 during fiscal years 2026 through 2028. The planning process engaged Board members and all staff members, which helps to ensure that BHSB's most mission-critical decisions are informed by a wide range of information and perspectives.

[7] The *Three-Year Strategic Plan: FY 2026-2028* will be posted to BHSB's website before it becomes effective on July 1, 2025.

A workgroup was convened to oversee the planning process. It included members of the Board and staff representing each department of the organization. The workgroup provided input and ongoing feedback throughout the planning process, and BHSB's Leadership team played a critical role in supporting a cross-organizational process that engaged staff in collaborative, innovative, and critical thinking.

At each step of the planning process, BHSB's Leadership team engaged their respective teams in providing input and offering feedback, which was collated and shared across the organization.

The strategic plan has a hybrid structure that incorporates 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. Some strategies will be monitored using the RBA framework, and others 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 its methodology and tools to create performance measures and action steps and to repeatedly re-evaluate progress. BHSB will release annual implementation reports that will include updates on progress made toward implementing both RBA and non-RBA strategies.

Behavioral Health System Baltimore

Behavioral Health System Baltimore, Inc. (BHSB)

Three-Year Strategic Plan: FY 2026-2028

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 uses the Results Based Accountability™ (RBA) framework to create measurable change in the lives of the people, families, and communities we serve. RBA processes are iterative, with action steps and measures updated based on periodic Turn the Curve exercises, during which the data is reviewed and action steps adapted as needed. Because not all areas of work are well-suited to the RBA process, BHSB has taken a hybrid approach to this strategic plan, incorporating a mix of RBA strategies and non-RBA strategies.

Organizational Role and Purpose

BHSB serves as the Local Behavioral Health Authority (LBHA) on behalf of Baltimore City and operates in this role under the authority of the Maryland Department of Health (MDH). The role of the LBHA is outlined in state regulations, and BHSB operates under a Memorandum of Agreement with MDH that details LBHA functions within the state's behavioral health system.

BHSB is responsible for planning, managing and monitoring resources, programs and policies within the larger Medicaid fee-for-service system, as well as services directly funded by BHSB through private and public grants. BHSB plays a critical role in helping the city be successful by knowing what the state's public behavioral health system (PBHS) offers and how to leverage it, while aligning resources with the city's needs.

Key System Indicators

BHSB uses data to make strategic decisions and identify opportunities to improve operations and enhance programmatic outcomes. The organization identified the following key system indicators to measure Baltimore City's behavioral health and wellness and the capacity of the PBHS to meet the city's behavioral health needs:

- Fatal overdoses
- Non-fatal overdoses
- Suicides

- 988 call volume and outcome
- Mobile crisis response team capacity
- Crisis stabilization utilization
- Number of people utilizing PBHS services
- Emergency department utilization
- Maryland Department of Health consumer perception of care surveys
- Medicaid penetration rate

Result #1: People in Baltimore City are empowered to navigate the public behavioral health system and interrelated systems, free from barriers

RBA Strategies

Strategy 1: Ensure that public behavioral health system services integrate harm reduction principles into practice and 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

Implementation lead: Overdose Prevention & Response Workgroup

Measures:

- How much?

  Total grant funds allocated to sub-vendors that provide housing or behavioral health services in a residential setting

- How well?

  Percent of grant funds allocated to sub-vendors that provide housing or behavioral health services in a residential setting that do not require abstinence for continued care

- Is anyone better off?

  Percent of BHSB employees who see supporting people who use drugs as part of BHSB's mission

Non-RBA Strategies

Strategy 1: Increase effective use of peers in the public behavioral health system

Implementation lead: Special Populations team

Collaborating teams: Harm Reduction

Action steps and measures:

- Create and implement a process to collect data from individuals who participate in BHSB's peer recovery specialist trainings regarding the areas in which they work (e.g., substance use, mental health, criminal justice) and their interests.

  Measure: Process created and implemented

- Increase the number of qualified trainers with curriculums approved by the Maryland Addiction & Behavioral-Health Professionals Certification Board (MABPCB) that are contracted with BHSB to facilitate core trainings for peer recovery specialists

  Measure: Number of contracted trainers increased from 5 to 8

- Create and implement a process to communicate the availability of peer recovery specialist trainings to the behavioral health provider network

  Measure: Process created and implemented

- Create and implement a survey to collect feedback from consumers who have engaged with a peer recovery specialist to measure the effectiveness of services received.

  Measure: Survey created and implemented

Strategy 2: Reduce eligible community members' involvement with the legal system by increasing community visibility, provider partnerships, and knowledge of the Law Enforcement Assisted Diversion (LEAD) program

Implementation lead: Adult Services team

Collaborating teams: Communications, Data, Crisis

Action steps and measures:

- Educate 988 and mobile crisis providers about LEAD and how to make a referral

  Measure: Track referrals from 988 and mobile services to LEAD

- Develop a comprehensive communications strategy (print/digital material, digital promotion)

Measure: Communications plan created

- Create a dashboard to track LEAD data

  Measure: Dashboard created

Strategy 3: Develop processes to support BHSB purchasing goods and services from locally owned and/or operated businesses

Implementation lead: Operations team

Collaborating teams: Finance Department

Action steps and measures:

- Identify types of goods and services that BHSB can procure from locally owned and/or operated businesses

  Measure: Types of goods and services identified by March 2026

- Develop and maintain a list of locally owned and/or operated businesses

  Measure: List of locally owned and/or operated businesses created by June 2026

- Create and implement procedures to support BHSB purchasing goods and services from locally owned and/or operated businesses

  Measure: Procedures created and implemented by December 2026

Result #2: People in Baltimore City have access to a full range of high-quality public behavioral health care and interrelated services

RBA Strategies

Strategy 1: Enhance BHSB's capacity to build a system of care that promotes behavioral health and wellness in Baltimore City by advancing organizational learning through increasing supervisors' 1) understanding of their role in the employee experience, 2) active use of resources/tools that support employee engagement and individual employee development, 3) active engagement in shared learning, and 4) collaboration with other supervisors to consistently implement BHSB policies and practices

Implementation lead: Supervisors Meeting

Measures:

- How much?

  Number of employees who had at least one meeting with their supervisor monthly to discuss their assigned work

- How well?

  Percent of employees who report that meetings with their supervisor meet their needs to manage their assigned work

- Is anyone better off?

  Percent of employees who report that supervision positively contributes to their effectiveness at work

Strategy 2: Increase timely access to high-quality mobile crisis team services for people in Central Maryland (Baltimore City and Baltimore, Carroll and Howard Counties)

Implementation lead: Crisis & Diversion Workgroup

Measures:

- How much?

  Number of visits canceled or rescheduled due to lack of available teams as a percentage of total mobile requests

- How well?

  Total response time from placement of the dispatch to mobile team arrival

- Is anyone better off?

  Provider-administered satisfaction survey shows satisfaction with services

Strategy 3: Empower children, youth, and their families to access services that support their behavioral health and wellbeing by enhancing opportunities to educate system partners, youth-serving organizations, and community members about public behavioral health services

Implementation lead: Child & Family Workgroup

Measures:

- How much?

  Number of trainings and information-sharing sessions provided

- How well?

  Percent of targeted audiences that participated in a training or information-sharing session

- Is anyone better off?

  Percent of participants in a training or information-sharing session who self-report an increase in knowledge about resources for children and families and how to access them

Non-RBA Strategies

Strategy 1: Increase access to supportive services that are tailored to meet the needs of people most impacted by drug use-related harms, taking into consideration individual, family, and community differences

Implementation lead: Harm Reduction team

Collaborating teams: Special Populations, Provider Relations, Adult Services, Child & Family

Action steps and measures:

- Identify and implement innovative harm reduction approaches that meet the needs of people most impacted by drug-use related harms

  Measure: Three new harm reduction-informed projects are funded via BHSB or with BHSB's support

- Provide harm reduction training for BHSB staff who support programs serving people most impacted by drug-use harms

  Measure: 100% of BHSB programmatic staff attend a harm reduction training relevant to their area of work

- Expand collaboration with partners serving people impacted by drug use

  Measure: Six new or renewed collaborations are formed with partners that serve people impacted by drug use

- Support organizations to expand access to harm reduction services for Spanish-speaking people who use drugs

  Measure: Four providers receive training, resources, or technical assistance from BHSB to expand access to harm reduction services for Spanish-speaking people who use drugs

  Measure: 50% of BHSB programmatic staff receive training, resources, or technical assistance to expand access to harm reduction services for Spanish-speaking people who use drugs

- Offer four population-specific harm reduction trainings to public behavioral health system providers

  Measure: Four population-specific, harm reduction trainings are provided during BHSB All Provider Meetings

Strategy 2: Create an ongoing monitoring structure to ensure a coordinated behavioral health crisis system for the lifespan in Central Maryland (Baltimore City and Baltimore, Carroll and Howard Counties)

Implementation lead: Crisis & Diversion Workgroup

Action steps and measures:

- Hold 6 meetings per year with representation from each jurisdiction where 988, mobile crisis and other aspects of the Central Maryland crisis system are reviewed, and the group provides meaningful input

  Measure: Six meetings held per year, for which minutes reflect meaningful input by the group

- Develop a process for people with lived experience to provide meaningful feedback on crisis data

  Measure: Process for people with lived experience to provide meaningful feedback on crisis data is developed

Strategy 3: Enhance processes to ensure maximum expenditures of awarded funds

Implementation lead: Finance Department

Collaborating teams: Data and Operations teams; Programs and Policy & Communications Departments

Action steps and measures:

- Develop reports to analyze historical finance data to determine what internal and external factors contribute to underspending and the reports needed to track various contributors

  Measure: Analysis is completed, contributing factors are identified, and reports to track contributing 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

  Measure: Procedures to track and methods to minimize underspending are developed

Strategy 4: Categorize operating budget and expenditures based on BHSB services

Implementation lead: Finance Department

Collaborating teams: Data, Operations and Executive teams; Programs and Policy & Communications Departments

Action steps and measures:

- Determine organizational categories, review contracts and assign services

  Measure: BHSB contracts are categorized by organizational services

- Determine contract numbering standards and train staff who create contract numbers

  Measure: Organizational services are designated in the contract number and/or a field in CMS

- Designate fields in the accounting system for budget development, expense tracking and board reporting. Update accounting and contracting systems integration.

  Measure: Accounting system is updated to include organizational services by contract

  Measure: Budgets and expenses are tracked and reported by organizational services

Strategy 5: Develop processes to identify training needs across the city's behavioral health workforce and increase access to educational opportunities that address identified needs

Implementation lead: Operations team

Collaborating teams: Communications, Provider Relations, Leadership, Harm Reduction, and Community Resilience teams; Programs Department

Action steps and measures:

- Develop strategies to gather information on training needs of the Baltimore City provider network

  Measure: Strategies to gather information on training needs developed by September 2025

- Collect and analyze data on training needs of the Baltimore City provider network

  Measure: Data on training needs collected and analyzed by February 2026

- Develop action plan to address identified training needs, including funding that would be needed and potential funding sources

  Measure: Action plan developed by June 2026

Result #3: People in Baltimore City are actively engaged in co-creating thriving communities that support emotional health and wellness

Non-RBA Strategies

Strategy 1: Enhance BHSB's capacity to engage with people in Baltimore City to co-create thriving communities by implementing processes and practices that advance an accountable organizational culture

Implementation lead: President's Office

Collaborating teams: Executive, Operations

Action steps and measures:

- Create and release an Organizational Accountability Framework

  Measure: Framework created and released

- Create and release an Organizational Accountability Work Plan

  Measure: Work plan created and released

- Implement BHSB Community meetings for all staff

  Measure: BHSB Community meetings held

Strategy 2: Build processes to gather feedback from community members and other stakeholders on strengths and weaknesses of the public behavioral health system

Implementation lead: Community Resilience team

Collaborating teams: Adult Services, Harm Reduction, Communications, Policy & Advocacy, Accountability, Child & Family, Special Populations, Data, Quality

Action steps and measures:

- Identify opportunities during which BHSB staff members collect feedback from community members and external partners

  Measure: All community feedback data collected by BHSB staff members is identified

- Create a dashboard that collates feedback data BHSB staff members have collected from community members and external partners by June 2026

  Measure: Dashboard created

- Host events during which key informants, stakeholders, and community members are invited to provide feedback

  Measure: 2-3 events hosted annually

- Develop and implement a process to share with community members the data BHSB gathers and ways it shapes priorities by June 2026

  Measure: Processes created

Strategy 3: Enhance BHSB's capacity to collect and use qualitative data

Implementation lead: Data team

Collaborating teams: Community Resilience, Communications, Harm Reduction

- Create and release an Organizational Accountability Work Plan

  Measure: Work plan created and released

- Implement BHSB Community meetings for all staff

  Measure: BHSB Community meetings held

Strategy 2: Build processes to gather feedback from community members and other stakeholders on strengths and weaknesses of the public behavioral health system

Implementation lead: Community Resilience team

Collaborating teams: Adult Services, Harm Reduction, Communications, Policy & Advocacy, Accountability, Child & Family, Special Populations, Data, Quality

Action steps and measures:

- Identify opportunities during which BHSB staff members collect feedback from community members and external partners

  Measure: All community feedback data collected by BHSB staff members is identified

- Create a dashboard that collates feedback data BHSB staff members have collected from community members and external partners by June 2026

  Measure: Dashboard created

- Host events during which key informants, stakeholders, and community members are invited to provide feedback

  Measure: 2-3 events hosted annually

- Develop and implement a process to share with community members the data BHSB gathers and ways it shapes priorities by June 2026
  Measure: Processes created

Strategy 3: Enhance BHSB's capacity to collect and use qualitative data

Implementation lead: Data team

Collaborating teams: Community Resilience, Communications, Harm Reduction

Action steps and measures:

- Identify opportunities to collect qualitative data
  Measure: Opportunities to collect qualitative data identified
- Identify cost-effective and sustainable tools to support qualitative data collection
  Measure: Tools identified

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

Youth Care Coordination

Child and adolescent TCM is generally referred to as youth care coordination. It 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 that are designed 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 served basis to youth and families who meet eligibility criteria and have private insurance.

Utilization and capacity analysis

There has been an increase in utilization of care coordination organization (CCO) services in Baltimore City over the last three fiscal years. Importantly, the city enrolled its first two youth into TCM Plus during FY 2024, reaching a new demographic of youth in need of intensive community-based support through CCO services. Claims data shows the numbers served by fiscal year to be:

- FY 2022 = 177
- FY 2023 = 245
- FY 2024 = 250 (includes 2 youth who have TCM Plus)

As of the first quarter of FY 2025, 138 youth are receiving CCO services in Baltimore City. Current data appears to reflect a continued upward trend in the number of youth to be served during the FY 2025 fiscal year. However, even with the increase, CCO services continue to be underutilized in Baltimore City.

Data from the 2022-2023 Youth Risk Behavior Survey/Youth Tobacco Survey indicates that 40.6% of Baltimore City students, as compared to 36.3% of students statewide, reported that they felt sad or hopeless almost every day for at least two weeks in a row so that they stopped doing some usual activities.[8] This data suggests a higher need for care coordination services in Baltimore City as compared to the state.

Utilization of mental health services also indicates a higher need in the city. During FY 2024, 18,718 of the 78,699 Baltimore City youth ages (0-17) with Medicaid utilized mental health services (23.8%), as compared to 83,212 of the 512,880 youth statewide (16.2%). However, during this time period, 1.3% Baltimore City youth (250, including two with TCM Plus), received services from a care coordination organization (CCO), as compared to 2.3% statewide (1,883).

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 a close partnership with BHA, training consultants, and the local CCOs, BHSB has ensured that jurisdictional implementation remains aligned with state priorities as the regulations governing the services evolve.

BHSB continues to find that a lack of stakeholder knowledge and understanding of care coordination services is a significant contributing factor associated with the disproportionately low rate of referrals for CCO services. An additional factor that has historically contributed to lower referrals is misinformation regarding rules around accessing both psychiatric rehabilitation program (PRP) and care coordination services simultaneously. Many families

[8] Maryland Department of Health, "2022-2023 Youth Risk Behavior Survey and Youth Tobacco Survey Data," accessed March 26, 2025, https://health.maryland.gov/phpa/ccdpc/Reports/Pages/YRBS-Main.aspx.

receive misinformation that they have to choose one service or the other, or they are referred to PRP when CCO service are more appropriate to meet youth and family needs.

Strategies to increase utilization and capacity

BHSB maintains partnerships with stakeholders at the local and state levels to maximize service effectiveness. In collaboration with the local CCOs, the crisis response system, the Administrative Services Organization (ASO), local emergency departments, inpatient psychiatric units, and residential treatment centers, BHSB works to strengthen system relationships and enhance referral efficiency, with the intent of identifying children, adolescents, and families that can benefit from care coordination services and reducing unnecessary inpatient and residential utilization and costs.

BHSB has established and maintains a substantial presence in cross-system meetings and workgroups to provide continued education and consultation on available services for youth and families. In addition, BHSB collaborates with relevant systems and stakeholders, including the Baltimore City Department of Social Services (BCDSS), the Department of Juvenile Services (DJS), juvenile and family courts, inpatient psychiatric hospitals, Baltimore City Public Schools, the Local Care Team, and advocacy groups to educate child-serving systems and organizations about available services.

BHSB provides consultation regarding youth/family-specific situations where 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.

BHSB created marketing materials and presentations about CCO services and has made intensive outreach efforts to increase awareness of the services with inpatient hospital staff, residential treatment centers, the Local Care Team, and the public school system. Educational efforts highlight how CCO services 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, in addition to modeling and teaching system navigation and advocacy skills to empower youth and families and support a smooth transition back into the community from residential treatment centers or upon discharge from inpatient psychiatric care.

BHSB works to educate the juvenile and family courts about the intensive community-based support that CCO services offer. Outreach to BCDSS and DJS highlights the ways in which CCO services can effectively enhance family functioning and prevent out-of-home placement. In support 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.

To address ongoing misinformation regarding PRP and CCO services, BHSB has continued targeted outreach efforts to educate stakeholders, community-based providers, and school-based mental health providers so that they are equipped to provide accurate information to youth and families about the services. 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 education about how the design of care coordination services helps facilitate a team-based approach.

BHSB works with the local CCOs to support expanded awareness of the services by strengthening communication and increasing opportunities for collaborative partnerships between providers and stakeholders that serve youth and families who may be eligible for and in need of care coordination. BHSB also provides local CCOs with intensive technical assistance to ensure the fidelity of implementation to nationally recognized values and practices of high-quality wraparound services, which lead to increased positive outcomes, interest, and utilization of care coordination services. Technical assistance also clarifies the medical necessity criteria by identifying the services or combination of services recommended to achieve the best outcomes based on identified youth and family needs. In addition, BHSB conducts quarterly check-ins with each CCO provider and facilitates quarterly service line meetings with the local CCOs to provide timely support addressing challenges/barriers hindering utilization and capacity.

Another strategy to increase utilization is a partnership with the 988 Regional Helpline's counseling team to increase the influx of referrals for caregivers who may not know about available services and how to access supports for their child. Based on a 988 counselor assessment and in collaboration with the caregiver, a determination can be made that the youth and family would benefit from and meet criteria for CCO services. A referral is then made by a 988 counselor using the Behavioral Health Link software platform. This process is anticipated to increase referrals to CCO providers and support enhanced collaboration within the provider network.

Effective December 9, 2024, BHSB expanded 988 Open Access services to include youth care coordination. This expansion represents a crucial step toward building a more responsive and accessible behavioral health network in Baltimore City, enhancing timely access to community-based services and strengthening the system's ability to address behavioral health emergencies locally.

Provider selection

During FY 2024 BHSB conducted a competitive procurement process for child and adolescent TCM/care coordination services, resulting in the selection of six providers to enter into FY 2025 contracts with BHSB, with the option to renew annually for fiscal years 2026-2029. The selection of six providers represents an increase from the five selected during the previous

procurement. Selected providers have committed to serving a minimum of 50 youth and families annually.

The selection and contracting processes were planned and conducted to ensure continuous availability of care coordination services for youth and families in Baltimore City. Three of the selected applicants were new care coordination providers, and BHSB supported a smooth transition process to ensure continuous availability of care coordination for children and adolescents in Baltimore City, both for existing recipients and newly referred youth and families.

Targeted Case Management for Adults

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

- a priority population diagnosis,
- at risk of, or in need of continued community treatment to prevent inpatient psychiatric treatment,
- at risk of, or in need of continued community treatment to prevent being homeless, OR
- at risk of incarceration or being recently released from a detention center or prison.

Utilization and capacity analysis

In FY 2024, 3,690 adults across the state received TCM services, representing 1.5% of the total adults that received mental health treatment services in the PBHS. In comparison, 612 adults received TCM in Baltimore City in FY 24, representing 0.9% of the total Baltimore City adult residents receiving mental health services through the PBHS, indicating an under-utilization of this service in Baltimore City relative to statewide rates. Claims data shows the city's numbers over the past three years to be:

- FY 2022 = 812
- FY 2023 = 670
- FY 2024 = 612

Currently, there are ten TCM providers that serve adults across Baltimore City. Each provider currently serves an average of 75 consumers. 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.

As discussed in more detail in the *Public and Behavioral Health Indicators* section of this document, communities with high poverty rates often experience higher rates of housing

instability, food insecurity, and unemployment, all of which can contribute to increased levels of psychological distress. Baltimore City's relatively high poverty rate points to a potentially higher prevalence of mental illness in Baltimore City than statewide. In addition, 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.[9]

A higher prevalence of mental illness in Baltimore City could indicate a higher need for TCM services than statewide. However, the number served in Baltimore City has declined by 24.6% over the past three years (812 to 612), whereas it has increased by 10.9% statewide (3,327 to 3,690). This data suggests that TCM is not currently meeting the needs of adults in Baltimore City.

Strengths and challenges

The number of TCM providers in Baltimore City and 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.

TCM is available separately 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 increase awareness of TCM services, BHSB supports opportunities to strengthen communication and collaborative partnerships between providers and stakeholders serving people who are likely to be eligible for and in need of TCM. For example, people experiencing homelessness and/or who have criminal justice involvement often have unaddressed needs and may be eligible for TCM.

One strategy to increase utilization and capacity is a partnership with the 988 Regional Helpline's counseling team to increase the influx of referral sources for callers who are unsure of the services that they need. Based on a 988 counselor assessment and in collaboration with the consumer, a determination can be made that they would benefit from and meet criteria for TCM. The 988 counselor makes a referral using the Behavioral Health Link software platform, and TCM teams are trained to use 988's Behavioral Health Link software, which creates access

[9] 2023 Baltimore City Point-in-Time Count Report. Mayor's Office of Homeless Services and The Journey Home, https://homeless.baltimorecity.gov/sites/default/files/Baltimore%20City%202023%20PIT%20Count%20Report.pdf

for them to view and process these referrals. This process is anticipated to increase referrals to TCM providers and support enhanced collaboration within the provider network. Since its launch in December 2024, there has been an increase in referrals to TCM.

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

In an effort to improve employment outcomes for adults experiencing serious mental illness in Baltimore City, BHSB and TCM providers began collaborating during FY 2024 to strengthen relationships with supported employment program (SEP) providers, with the goal of increasing utilization of SEP as a resource for individuals receiving TCM services. BHSB is continuing this collaboration during FY 2025.

Provider selection

During FY 2024 BHSB conducted a competitive procurement for TCM for adults, resulting in the selection of ten providers to enter into FY 2025 contracts with BHSB, with the option to renew annually for fiscal years 2026-2029. The selection and contracting processes were planned and conducted to ensure continuous availability of TCM for adults in Baltimore City, both for existing recipients and newly referred individuals. Three providers that had been offering TCM services did not continue as contracted providers beginning in FY 2025. Consumers who had been enrolled in services with these providers were transitioned to other providers that were able to take on additional consumers.

5. Local 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 jurisdictions / 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.

Overall Status of Systems Management Integration in Baltimore City

As noted in *the System of Care Updates, Integrated Mental Health and Substance Use Disorder Service Delivery* section of this document, 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.

BHSB's 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)*

6. Cultural and Linguistic Competence (CLC) Implementation

BHA's guidelines for this document require that LBHAs provide an update on CLC strategies that were a required part of a previous annual plan and how they will continue to be implemented during FY 2026. BHSB submitted a Cultural and Linguistic Competency Strategic Plan (CLCSP) as a required component of the January 2023 Annual Report and Plan. As required by 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. The CLAS standards are geared to providers of direct services. BHSB does not provide 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.

Update on CLCSP strategies submitted in 2023

Strategy #1: We have established culturally and linguistically appropriate goals, management accountability, and infused them throughout the organization's planning and operations. (Standard 9)

BHSB collaborated with a consultant to support skill building and accountability across the organization through the activities listed in the *BHSB Operations, An Accountable Culture* section of this document.

Strategy #2: We provide easy-to-understand print and multimedia materials and signage in the languages commonly used by individuals in our community. (Standard 8)

BHSB created several Spanish-language postcards, as well as a multilingual one (with English, Spanish, French, Arabic, Chinese and Korean) to promote 988.

Strategy #3: 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)

To identify the most pressing concerns for people across Baltimore and the region, BHSB engaged over 100 stakeholders during FY 2023 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 is embracing storytelling as a qualitative data methodology through a collaboration with Morgan State University. BHSB hosted two 90-minute storytelling

and listening sessions in June 2024 with Morgan State Faculty and BHSB Board member, Dr. David Olawuyi Fakunle, in Rosemont Towers and the New Israelite Family Worship Center, each with 10-15 participants. It is expected that expanding the use of qualitative data methodologies will help BHSB better understand the needs of community members and organize resources to meet those needs.

Strategy #4: We partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness. (Standard 13)

BHSB is building capacity to advance a codesign framework. Codesign is a philosophy and approach to human services that engages community members to participate in planning, designing and deciding what gets implemented. Advancing this strategy requires significant staff education. Accordingly, the first stage of implementing this strategy focused on training. An internal training to orient staff to the principles of codesign was created and conducted during the spring of 2023. Additional education for staff and providers is planned for FY 2025.

Strategy #5: We recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the community we serve. (Standard 3)

BHSB values each and every employee and member of its Board of Directors as an important contributor to fulfilling the organization's mission. BHSB is an equal opportunity employer and does not utilize practices that give preference to individuals in hiring or promotion or selecting Board members based on protected characteristics. BHSB has also taken steps to proactively prevent and address discrimination by investing in organizational education to foster the development of an accountable and respectful workplace where all employees are supported and encouraged to do their best work.

The equal opportunity policy and practices described above have resulted in the following racial makeup of BHSB's Board of Directors and employees.

- The racial makeup of BHSB's Board of Directors is predominantly Black.
- The racial makeup of BHSB employees overall is similar to the racial makeup of Baltimore City, with the percentage of Black employees higher than Baltimore City and the percentage of Asian/Native American/Latino/Hispanic/multiracial employees lower than Baltimore City.
    - The majority of BHSB employees are Black.
    - The majority of BHSB's Leadership team, which includes directors, vice presidents, and the President & CEO, are Black.
    - The majority of BHSB's Executive team is white.

Questions included in BHA's FY 2026 plan guidelines

1. What are 2-3 accomplishments that the local jurisdiction has achieved since submission of the three-year CLCSP?
    - Collaborated with a consultant to support skill building and accountability across the organization.
    - Created several Spanish-language postcards, as well as a multilingual one (with English, Spanish, French, Arabic, Chinese and Korean) to promote 988.
    - Supported the implementation of Open Access, which is a model that offers same-day or next-day intakes for individuals in immediate need of behavioral health services, in eight clinics that have Spanish-speaking therapists.
2. What has been the impact of these accomplishments on consumers of the local public behavioral health system, the local communities served and your organization?
    - Increase in staff's communication skills and ability to navigate conflict .
    - Consumers who speak Spanish, French, Arabic, Chinese and Korean are able to receive 988 marketing materials in their language.
    - Consumers who speak Spanish are able to access Open Access appointments with Spanish-speaking therapists.
3. What has not been accomplished that was stated in the 3-year CLCSP? What barriers inhibited these efforts? Which Strategies/Objectives have been changed to overcome these obstacles?
    - Because BHSB does not provide direct services, its CLCP work has focused on shifting its culture to be more accountable in developing and managing a system of care that works for all people, taking into consideration family and community differences. Promoting an accountable organizational culture impacts decision making at BHSB, which in its role as the LBHA directly impacts the system of care. BHSB achieved its strategies as detailed in previous reports.
    - Work is under way during FY 2025 to create an accountability framework that establishes in one place the principles and practices for how BHSB cultivates authentic interpersonal interactions based on mutual trust.
    - BHSB's work during FY 2026 will focus on implementing the accountability framework and continuing to build processes to gather feedback from community members and other stakeholders on strengths and weaknesses of the public behavioral health system.

- The overarching challenge that BHSB has encountered in this work is the competing requirements from the state and the federal government that occurred on January 20, 2025, when the federal government issued Executive Order 14151 *Ending Radical and Wasteful Government DEI Programs and Preferencing*, ordering *the termination of all discriminatory programs, including illegal DEI and "diversity, equity, inclusion, and accessibility" (DEIA) mandates, policies, programs, preferences, and activities in the Federal Government*. As a Federal contractor, this order applies to BHSB for work going forward.

4. How will it be addressed by the local authority, relative to CLC and DEIB, during FY2026?
    - It is BHSB's intent to align its work with the parameters set forth by the federal government concerning diversity, equity and inclusion. BHSB is seeking clarity concerning changing federal executive orders and has asked BHA for further guidance to balance competing requirements.

7. Plan Approval Requirements

BHSB's Board of Directors serves as the local mental health advisory council and the local drug and alcohol council as defined by the State of Maryland. The Board participated in the planning and development of the BHSB's current (FY 2023-2025) and upcoming (FY 2026-2028) strategic plans by providing input to help shape the organization's priorities.

The Board will review BHSB's FY 2026 BHA budget during its June meeting, after which BHSB will submit a letter documenting approval and any recommendations that were made.

8. Local Planning and Management – 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, including 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 and consultants 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 and consultants 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 a program report, that the sub-vendor or consultant is meeting all deliverables, the program lead will approve the program report. If the program lead determines that the sub-vendor or consultant 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 or consultant is unable or unwilling to address the concerns, the Contract Team will consider other approaches, such as a conducting a site visit and/or 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 and consultants on a schedule as required in the contract. If a budget, invoice, or fiscal report includes unallowable, unreasonable, or unallocable expenses or other errors, the grants accountant explains the issues to the sub-vendor or consultant and requests that they make the corrections and resubmit an accurate budget, invoice, or fiscal report. Mathematical errors can be corrected by the grant accountant.

Sub-vendor audit and financial review

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 expense reported in the audit reconciles to the final expense 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 review. 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. The desk audit includes a review of the sub-vendor's policies and procedures, financial transaction testing, and interviews to assess the sub-vendor's ability to administer grant funding. At the conclusion of the financial review, the accounting monitor issues a report to the sub-vendor which outlines findings and/or recommendations that must be adhered to, in order to remain eligible for BHSB funding.

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 is required because of non-compliance.

BHA Universal Reporting Form

On a quarterly basis, Contract Team members collaborate to complete the BHA Universal Reporting Form for program services funded by BHA grants, as required by BHA. The program lead submits the completed form to the assigned BHA program monitor.

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 or consultant 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
- Impact on consumers, their families and/or the community of the services provided by the sub-vendor or consultant, as well as the potential impact of ending those services
- Impact on the broader system of care if the contract is terminated

The Contract Team members and their supervisory chains 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 or consultant by phone, followed by 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 or consultant of the contract termination.

9. Data

The *Data* section of this document provides a comprehensive analysis of key public health indicators and public behavioral health services utilization in Baltimore City. It includes data analyses of suicidality, adverse childhood experiences (ACEs), poverty, violence, life expectancy,

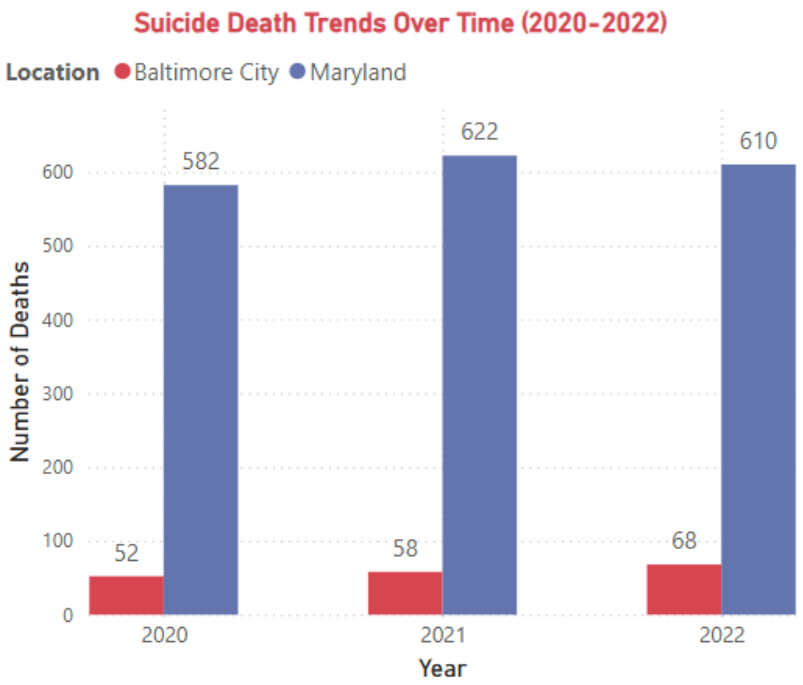
overdose events, food disparities, and crisis response. Data from the public behavioral health system (PBHS) is also presented. Through service utilization patterns, spending analyses, and accompanying visualizations, this section highlights changes in utilization over the past three fiscal years.

Public and Behavioral Health Indicators

Suicide

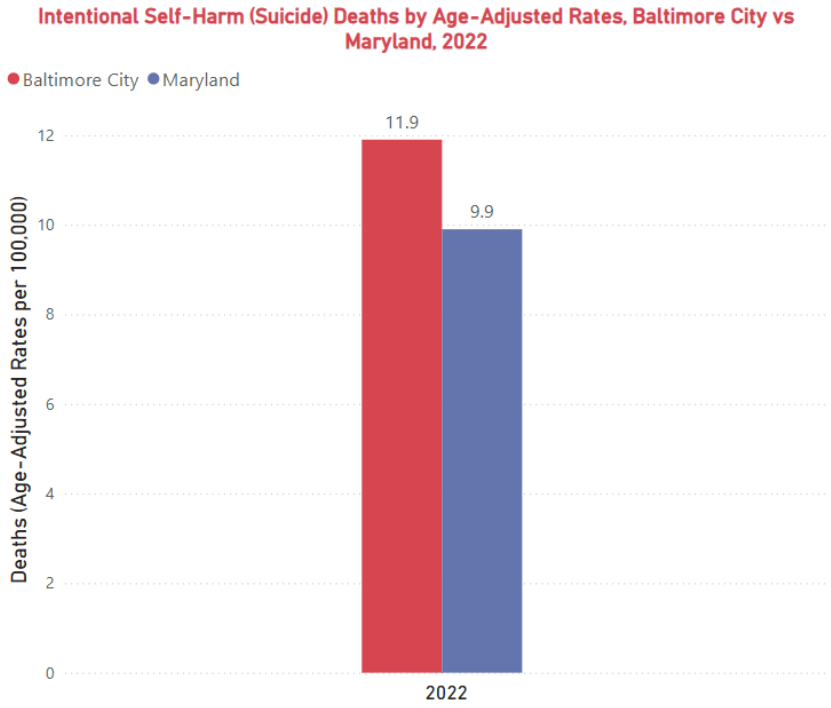
Intentional Self-Harm (Suicide) Deaths

The Maryland Department of Health (MDH) Vital Statistics Administration (VSA) aggregates and publishes data on suicide fatalities in Maryland. Official mortality data typically takes approximately two years to finalize. While the Baltimore City Health Department (BCHD) receives preliminary suicide data from the VSA, there are guidelines governing the public sharing of this information.



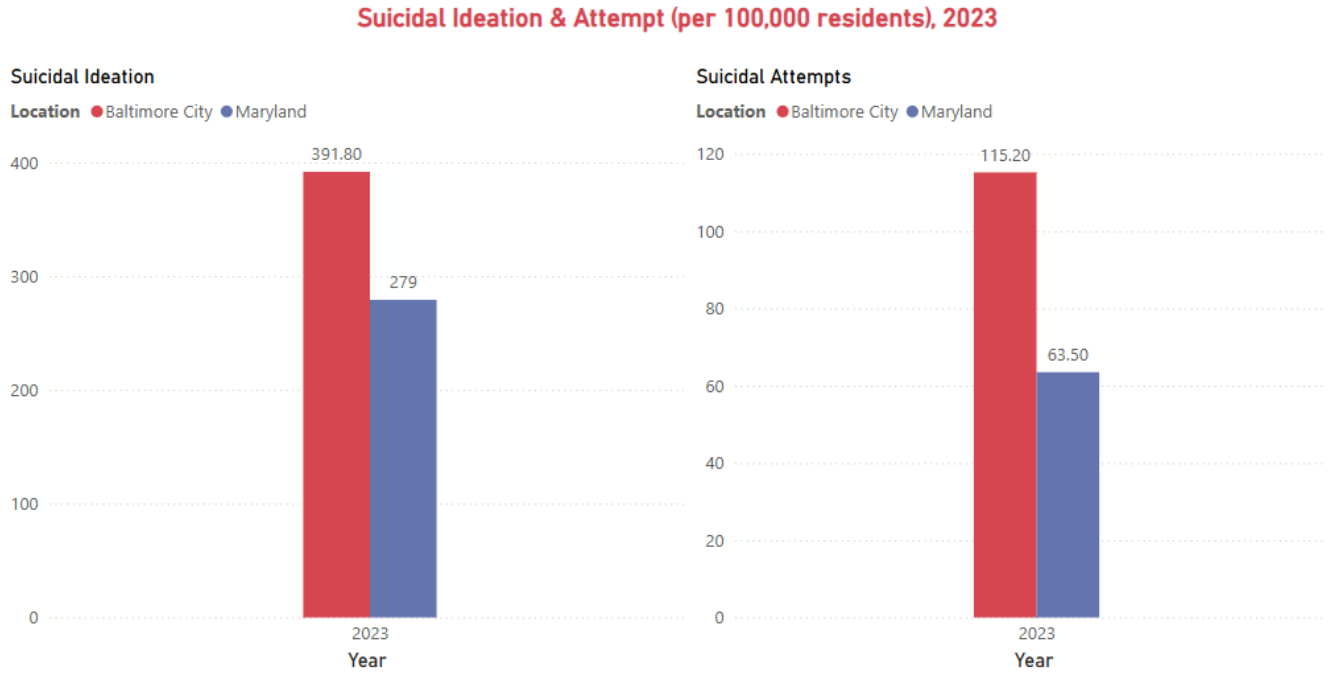
Maryland Department of Health Vital Statistics Administration (VSA) Annual Reports 2020-2022

Suicide deaths in Baltimore City increased steadily from 52 in 2020 to 68 in 2022, reflecting a 30.8% rise over three years. In contrast, Maryland's overall suicide deaths fluctuated, starting at 582 in FY 2020 and peaking at 622 in 2021 before decreasing to 610 in 2022, showing a 4.8% increase across the three years.



Maryland Department of Health Vital Statistics Administration (VSA) Annual Report 2022

The suicide rate in 2022 for Baltimore City (11.9 per 100,000) was higher than the overall Maryland rate (9.9 per 100,000), indicating a greater prevalence of intentional self-harm in the city compared to the state.

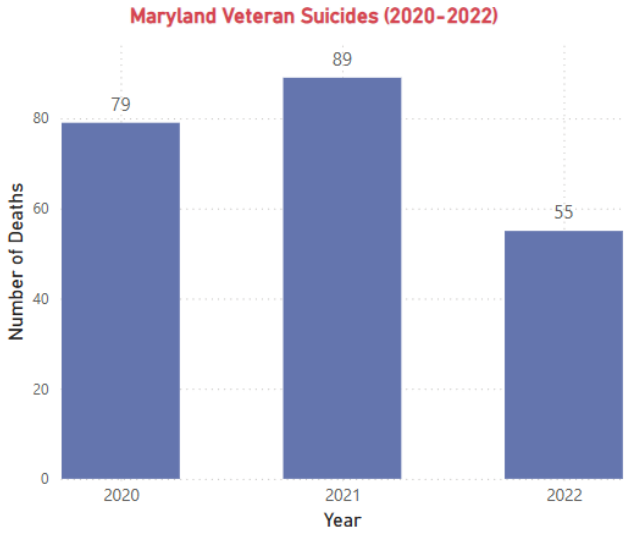


Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE)

In 2023, Baltimore City reflected a significantly higher rate of suicidal ideation per 100,000 residents (391.8) compared to Maryland (279). Similarly, the rate of suicide attempts per 100,000 residents in the city was markedly higher (115.2) than the state (63.5).

Veteran Suicide

Veteran suicides have historically been a very serious national concern.



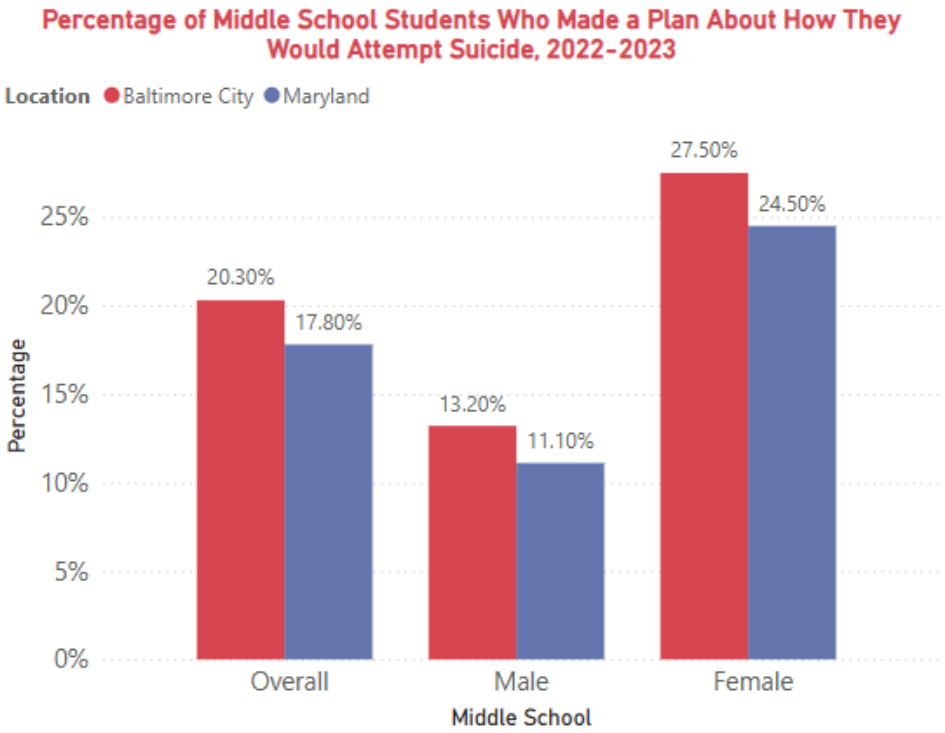
Maryland Department of Veterans and Military Families 2024 Annual report

Data specific to Veteran suicide deaths in Baltimore City is not publicly available. However, statewide, 79 Veterans died by suicide in 2020, increasing to 89 in 2021 and decreasing to 55 in 2022, showing a 30.4% decrease across the three years.[10]

Youth Suicide

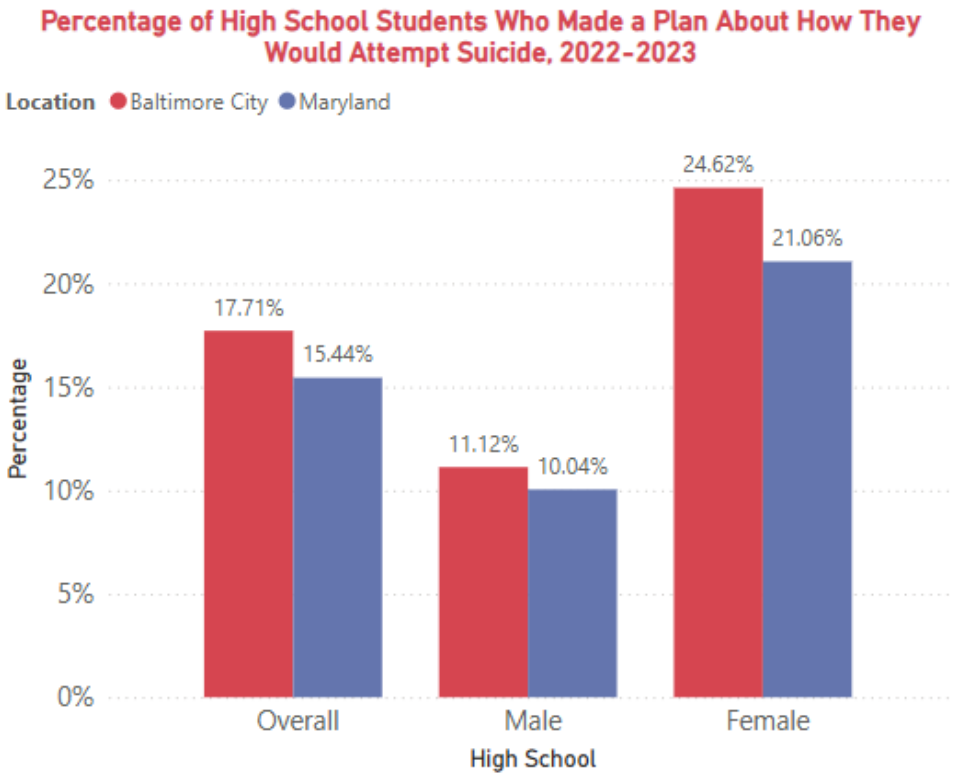
Suicide among adolescents is a significant concern, particularly in urban areas such as Baltimore City.

[10] Department of Veterans and Military Families 2024 annual report 2024-Annual-Report-FINAL-4.pdf



Youth Risk Behavior Survey/Youth Tobacco Survey, 2022-2023 School Year

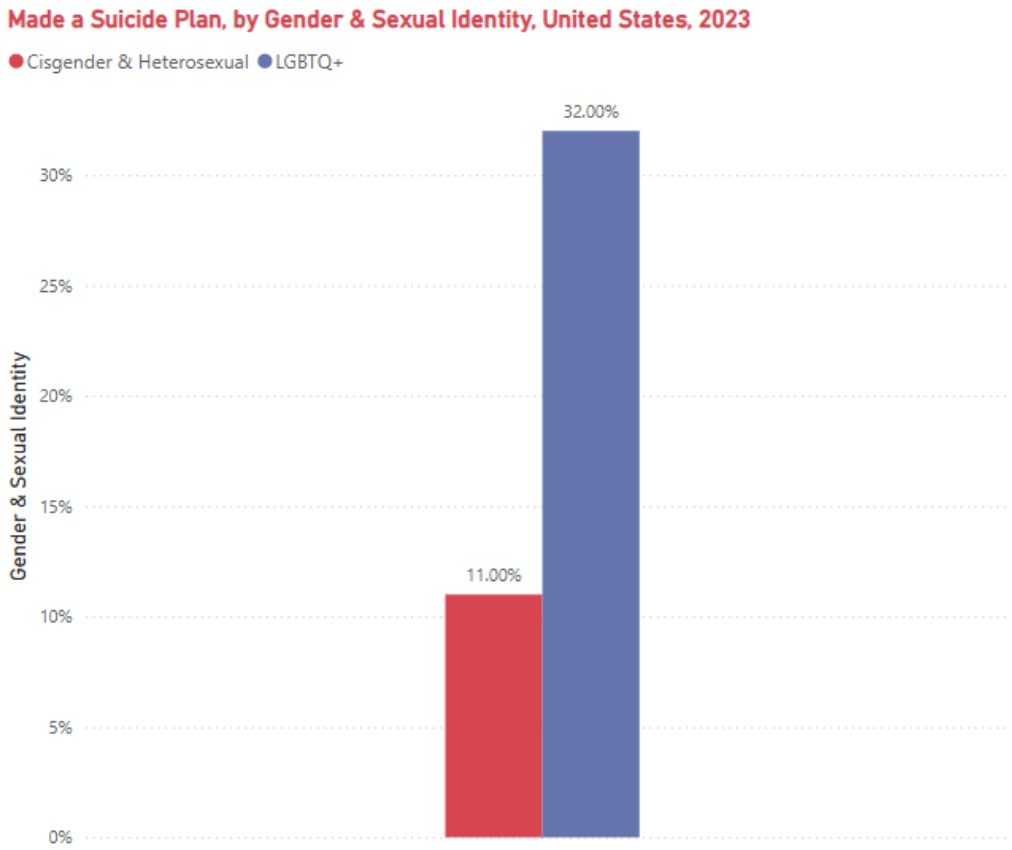
Data from the 2022-2023 school year Youth Risk Behavior Survey revealed that 20.3% of Baltimore City middle school students reported having made a plan about how they would attempt suicide, whereas the percentage across Maryland was 17.8%. At the city and state levels, female middle school students were more than twice likely as their male peers to report having made a plan to attempt suicide. In Baltimore City, 27.5% of middle school females reported having made a plan, compared to 13.2% of males. Statewide, the percentages followed the same pattern, 24.5% of females versus 11.1% of males.



Youth Risk Behavior Survey/Youth Tobacco Survey, 2022-2023 School Year

The percentage of high school students in Baltimore City who reported having made a suicide plan during the 2022-2023 school year was 17.71%, which is higher than the state average of 15.44%[11] As with middle school students, female high school students at the city and state levels were more than twice likely as their male peers to report having made a plan to attempt suicide. In Baltimore City, 24.62% of high school females reported having made a plan, compared to 11.12% of males. Statewide, the percentages followed the same pattern, 21.06% of females versus 10.04% of males.

[11] Maryland Department of Health, "2022-2023 Youth Risk Behavior Survey and Youth Tobacco Survey Data," accessed December 30, 2024, https://health.maryland.gov/phpa/ccdpc/Reports/Pages/YRBS-Main.aspx.



Youth Risk Behavior Survey Data Summary & Trends Report 2013-2023

Lesbian, gay, bisexual, transgender, and queer or questioning (LGBTQ+) youth are at significantly higher risk of suicide. Data specific to Baltimore City and Maryland is not publicly available; however, national 2023 YRBS data shows that 32% of LGBTQ+ teens report having made a suicide plan, compared to 11% of their cisgender and heterosexual peers.[12]

Preventing Suicide Deaths

Please refer to the *System of Care Updates, Crisis Response System Infrastructure* section of this document for a description of BHSB's work to strengthen and expand crisis response services that help people access support when they need it. In addition, the *System of Care Updates, Adult Services* section describes BHSB's work to support the behavioral health needs of veterans, and the *System of Care Updates, Child and Family Services* section describes BHSB's work to support the behavioral health needs of young people.

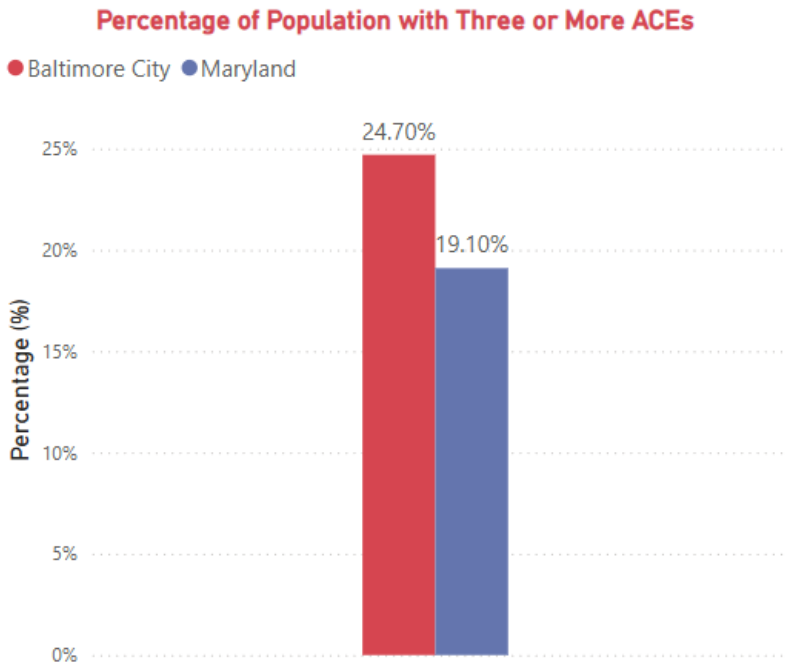
Adverse Childhood Experiences (ACEs)

Adverse childhood experiences (ACEs) can negatively affect children's brain development, immune system, and stress-response systems. ACEs are linked to every major chronic disease

[12] Maryland Department of Health, "2022-2023 Youth Risk Behavior Survey and Youth Tobacco Survey Data," https://health.maryland.gov/phpa/ccdpc/Reports/Pages/YRBS-Main.aspx.

across the lifespan, as well as social problems such as unstable work histories, costing many billions of dollars each year.

The original ACE survey included ten adverse experiences (such as household violence, abuse, neglect, substance use and mental health problems, and incarceration), with scores ranging from zero to ten.[13] Higher ACE scores are associated with a higher risk of health conditions and social problems.[14]



Adverse Childhood Experiences (ACEs) Data Inventory: Baltimore City 2019-2020

In Baltimore City, 2019-2020 data shows 24.7% of the population having three or more ACEs, as compared to 19.1% statewide.[15] Importantly, these ACE scores do not include social determinants of health such as community violence, housing instability and poverty, which are

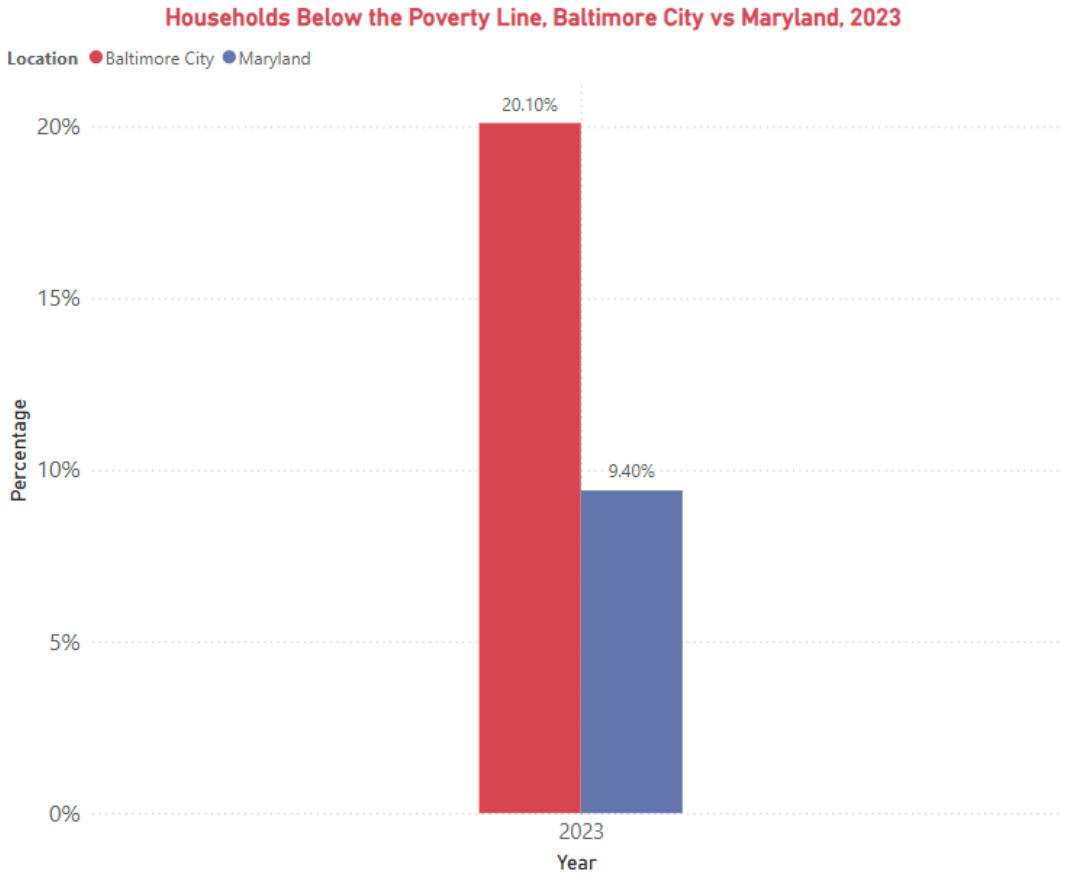
[13] About the CDC-Kaiser ACE Study. U. S. Centers for Disease Control and Prevention. About the CDC-Kaiser ACE Study |Violence Prevention|Injury Center|CDC, accessed March 2, 2025.

[14] Felitti, V. J., et al. (1998). Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults. *American Journal of Preventive Medicine*. 14(4), 245-258. Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults - American Journal of Preventive Medicine

[15] Governor's Office of Crime Prevention and Policy. Adverse Childhood Experiences (ACEs) Data Inventory: The State of Maryland from 2015-2020. https://app.powerbigov.us/view?r=eyJrIjoiMWMzM2E5YmYtZTRiZS00MmVhLWJmZmItZTEzYzMzMDkzNDY5IiwidCI6IjYwYWZlOWUyLTQ5Y2QtNDliMS04ODUxLTY0ZGYwMjc2YTJlOCJ9

higher in Baltimore City than many other jurisdictions. Research has demonstrated that these experiences are also associated with a higher risk of health conditions and social problems.[16]

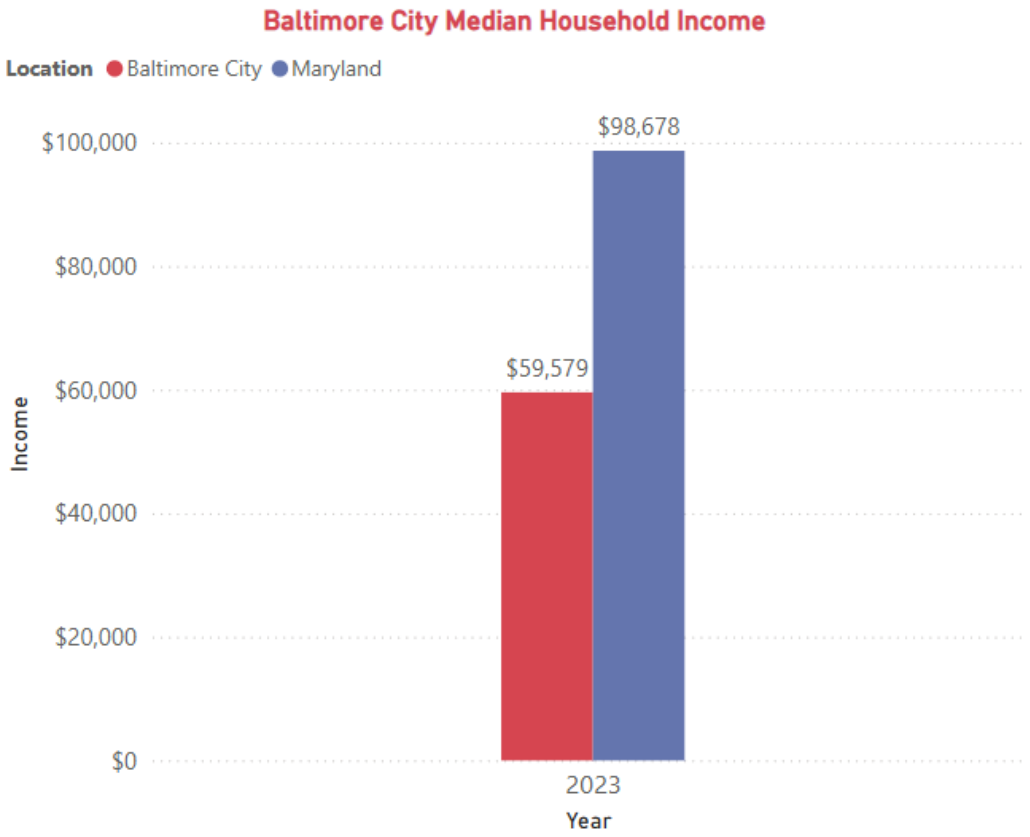
Poverty



U.S. Census Bureau QuickFacts

Poverty rates are higher in Baltimore City than statewide. In 2023, 20.1% of city households were below the poverty line, as compared to 9.4% of households statewide.

[16] U.S. Centers for Disease Control and Prevention. Advancing Health Equity in Chronic Disease. https://www.cdc.gov/health-equity-chronic-disease/social-determinants-of-health-and-chronic-disease/index.html



U.S. Census Bureau QuickFacts

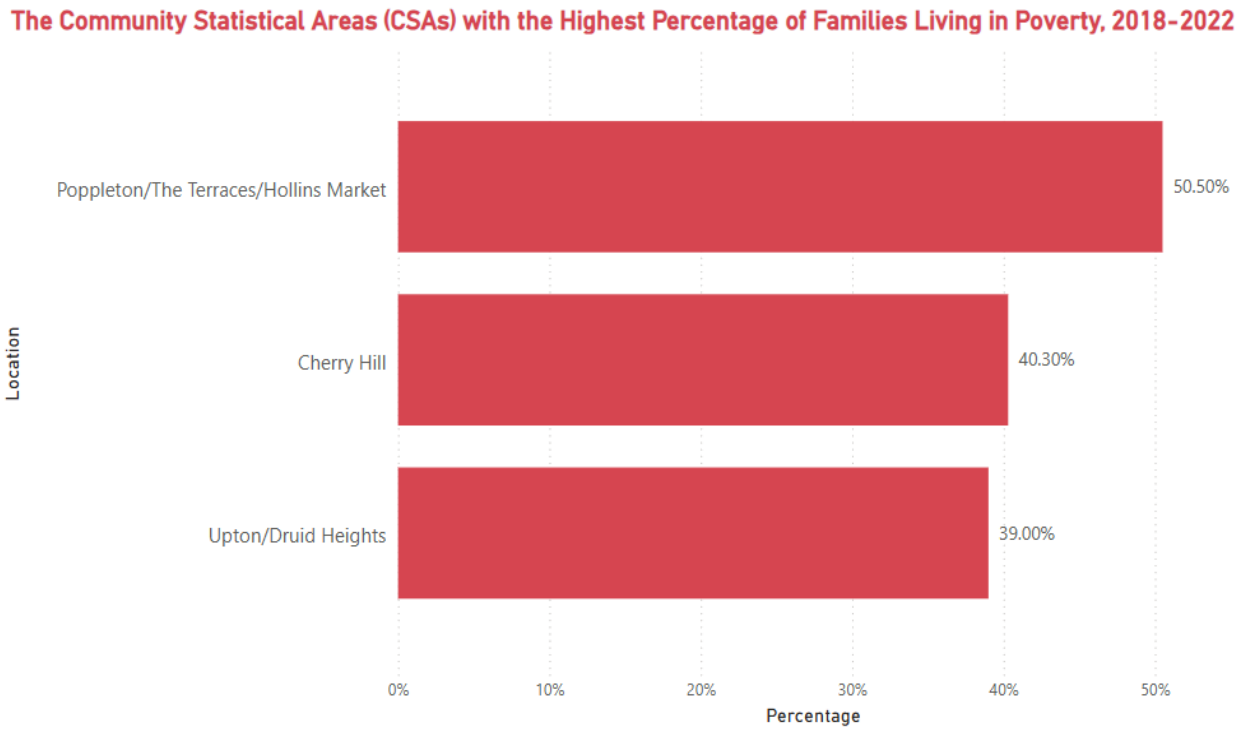
In 2023, the Baltimore City median household income was $59,579, whereas the state median income was $98,678.[17]

Neighborhoods and Poverty

Communities with high poverty rates often experience higher rates of housing instability, food insecurity, and unemployment, all of which can contribute to increased levels of psychological distress.[18] Baltimore City's data reflects a correlation between higher levels of poverty and poor mental health in certain neighborhoods.

[17] U.S. Census QuickFacts (2024). Baltimore City, Maryland. Accessed February 17, 2025.

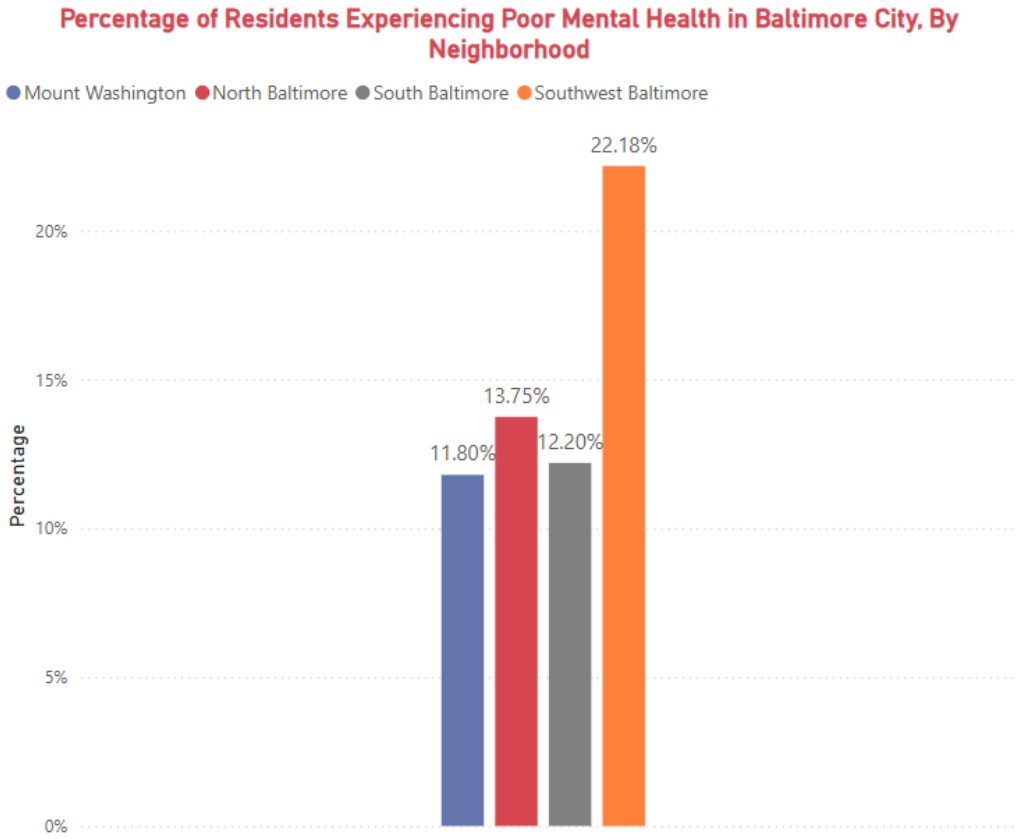
[18] Tall J, Biel M. The Effects of Social Determinants of Health on Child and Family Mental Health: Implications of the COVID-19 Pandemic and Beyond. Curr Psychiatry Rep. 2023 Sep;25(9):387-394. doi: 10.1007/s11920-023-01436-6. Epub 2023 Jul 20. PMID: 37470927.



Maryland Vital Statistics Annual Report 2022

Several neighborhoods in Baltimore City have overall poverty rates that exceed 35%. The Community Statistical Areas (CSAs) with the highest percentage of families living in poverty include Poppleton/The Terraces/Hollins Market (50.5%), Cherry Hill (40.3%), Upton/Druid Heights (39%).[19]

[19] Maryland Vital Statistics Annual Report 2022. Maryland Department of Health, https://health.maryland.gov/vsa/Documents/Reports%20and%20Data/Annual%20Reports/2022%20Annual%20Report_Final_v1024.pdf



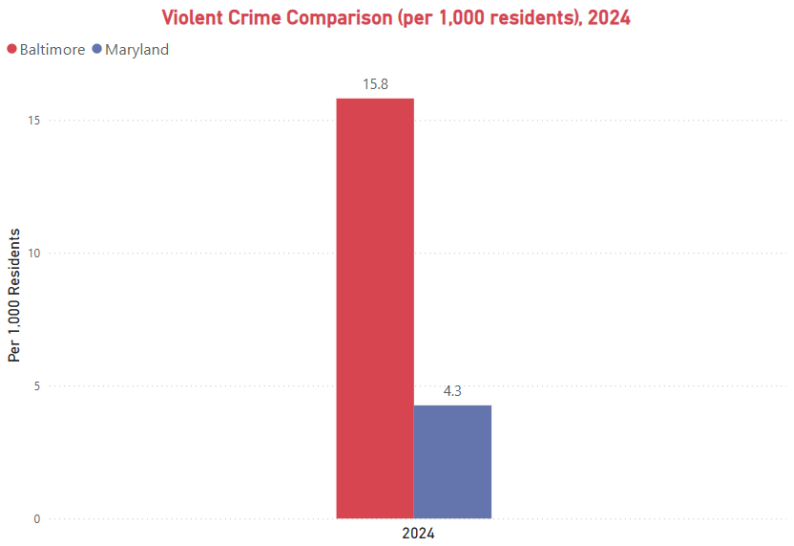
Baltimore Neighborhood Indicators Alliance

Southwest Baltimore has the highest percentage of residents experiencing poor mental health (22.18%). This section of the city includes Poppleton/The Terraces/Hollins Market, which also has the highest poverty rate. North Baltimore, South Baltimore, and Mount Washington reported lower percentages of residents experiencing poor mental health, with 13.75%, 12.20%, and 11.80% respectively.[20]

Violence

Violence remains a major public health concern in Baltimore and can have a negative impact on behavioral health and well-being.

[20] Maryland Vital Statistics Annual Report 2022, https://health.maryland.gov/vsa/Documents/Reports%20and%20Data/Annual%20Reports/2022%20Annual%20Report_Final_v1024.pdf.

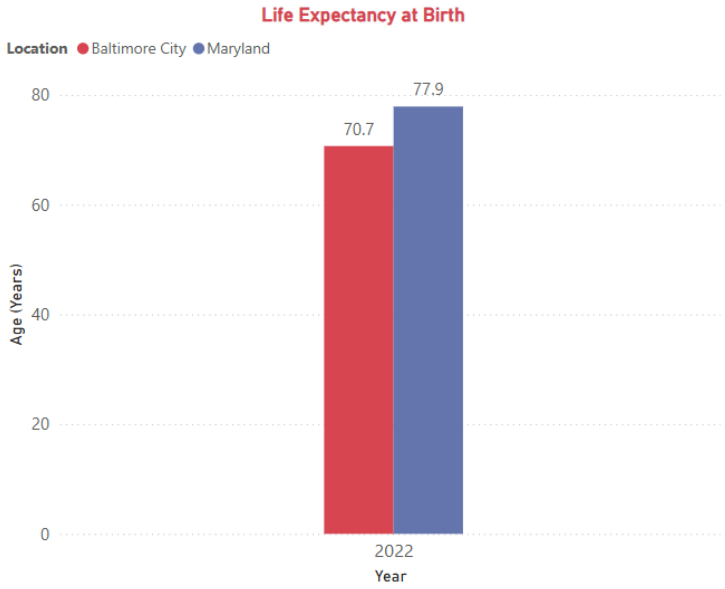


Neighborhood Scout

The city's violent crime rate was 15.8 per thousand residents in 2024, which is significantly higher than the state's rate at 4.3.[21]

Life Expectancy

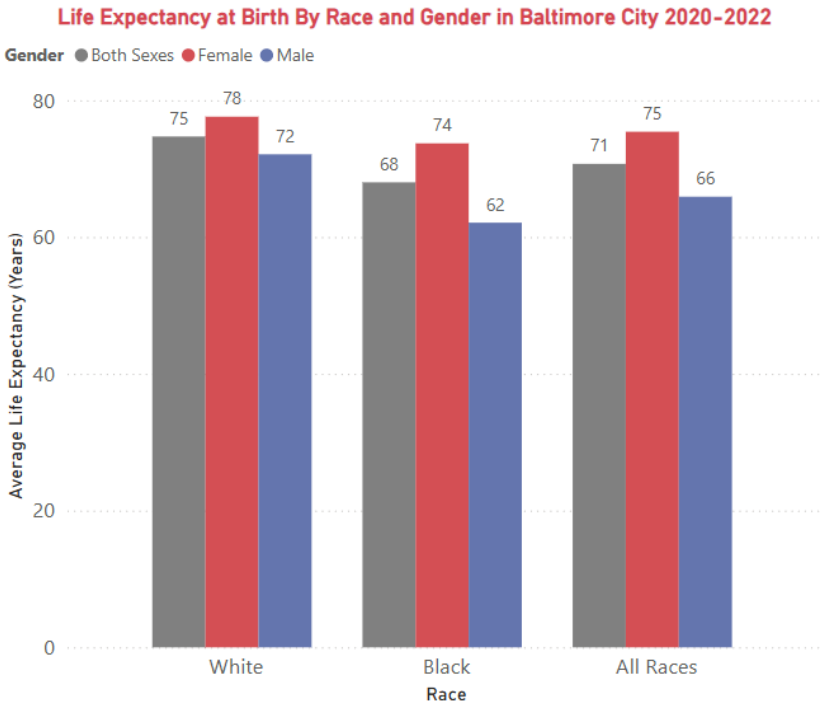
Life expectancy refers to the average number of years a person is expected to live. It is affected by many factors, including genetics, environment, nutrition, and physical activity.



Maryland Vital Statistics Annual Report 2022

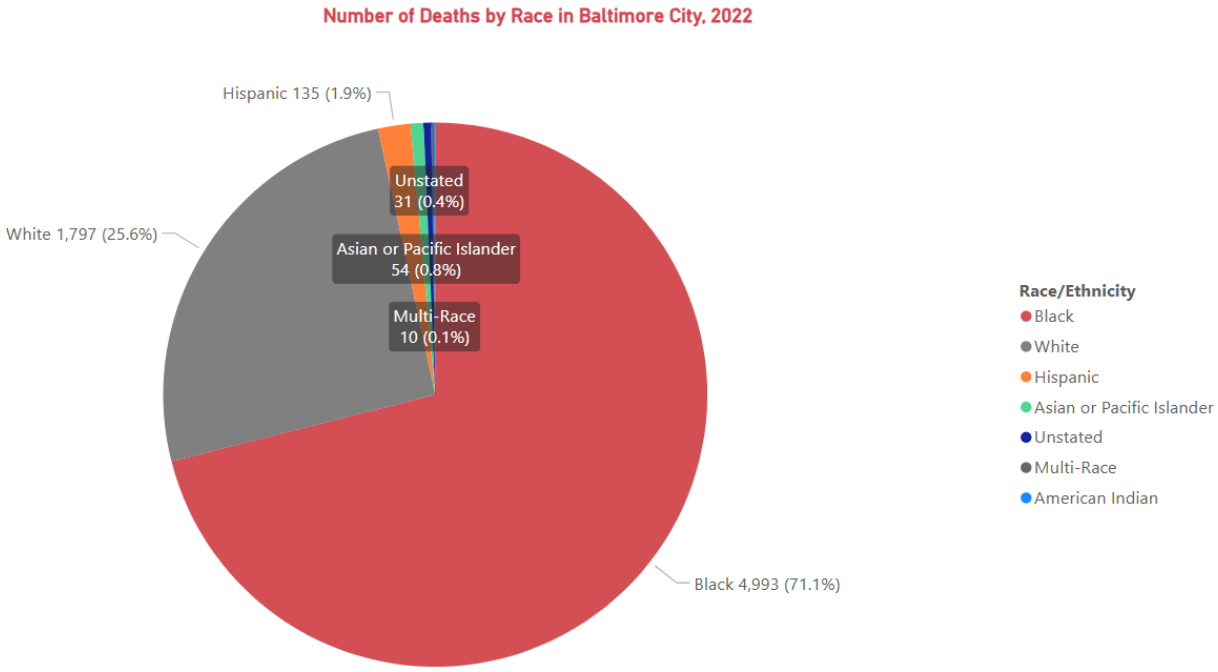
Life expectancy at birth is much lower for Baltimore City (70.7 years) than statewide (77.9 years).

[21] https://www.neighborhoodscout.com/md/baltimore/crime#data



Maryland Vital Statistics Annual Report 2022

In Baltimore City, there is a ten-year difference in life expectancy for Black males (62 years) versus white males (72 years). For females, the difference is four years: life expectancy is 74 years for Black females and 78 years for white females.



Maryland Vital Statistics Annual Report 2022

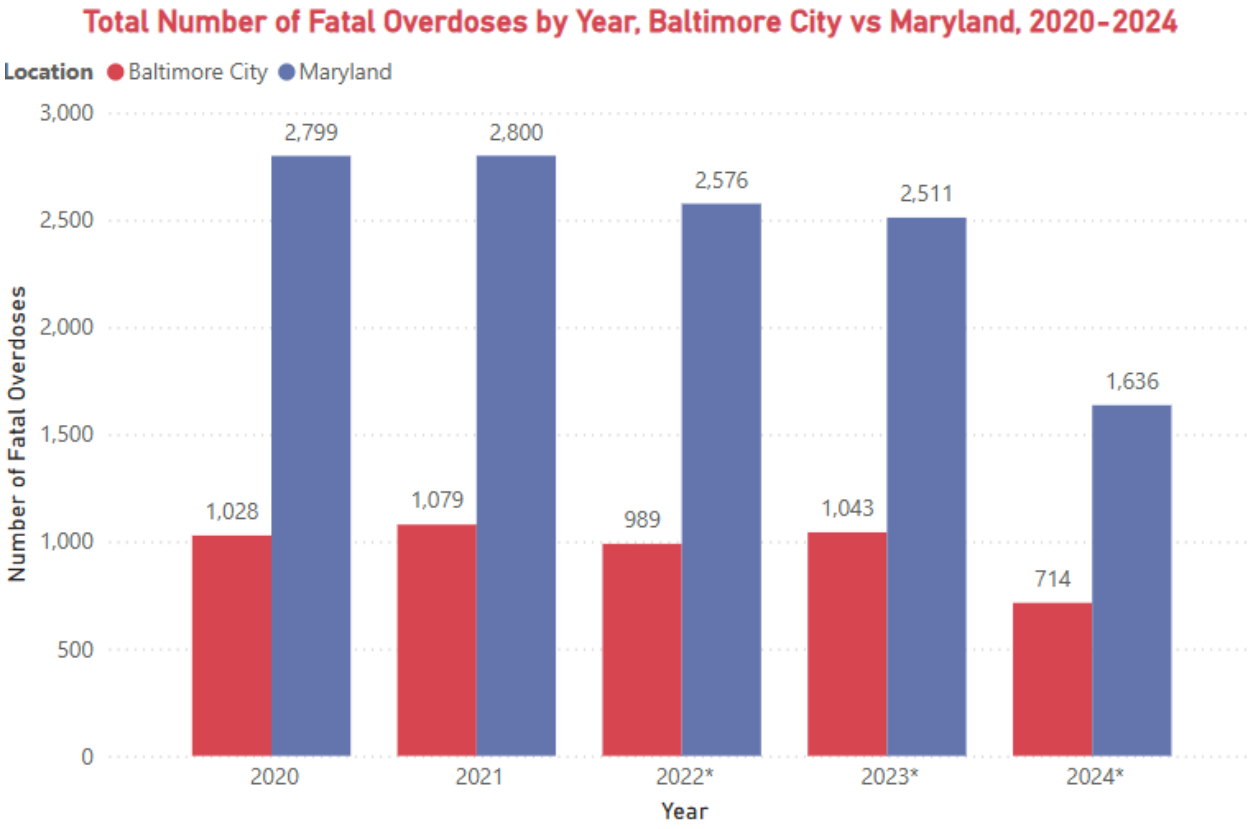
In 2022 Black people accounted for an estimated 61% of Baltimore City's population, but 71.1% (4,993) of deaths in 2022, which is significantly higher than whites, who made up 27.4% of the population but accounted for 25.6% (1,797) of deaths.[22]

Overdoses

The overdose crisis in Baltimore City remains a serious public health concern. To understand the evolution of the crisis, BHSB monitors two sets of data: fatal and non-fatal overdoses.

Fatal overdoses

Fatal overdose data is based on the results of death investigations conducted by Maryland's Office of the Chief Examiner (OCME). It is important to note that this data is preliminary for 2022-2024 and subject to change as death investigations are finalized.



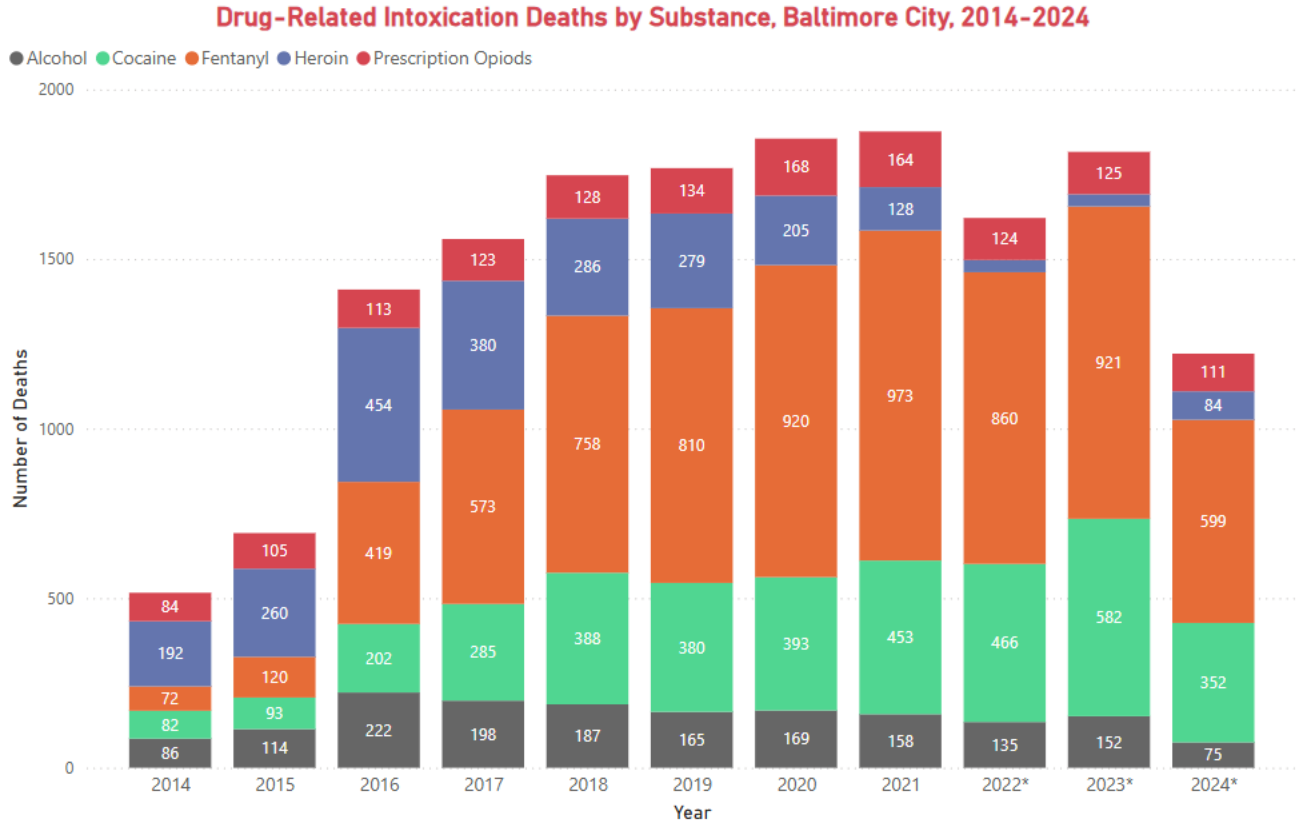
Vital Statistics Administration, Maryland Department of Health (MDH) and Office of the Chief Medical Examiner, MDH

*2022-2024 data is preliminary

As of February 17, 2025, the preliminary count of fatal overdoses that occurred within Baltimore City during 2024 stood at 714, although as noted previously the counts from 2022-

[22] *Maryland Vital Statistics Annual Report 2022*. Maryland Department of Health, https://health.maryland.gov/vsa/Documents/Reports%20and%20Data/Annual%20Reports/2022%20Annual%20Report_Final_v1024.pdf.

2024 are incomplete and subject to change as death investigations are finalized. From 2020 to 2023, the total number of annual fatal overdoses in Baltimore City fluctuated, with the lowest at 989 and highest at 1,079.[23]



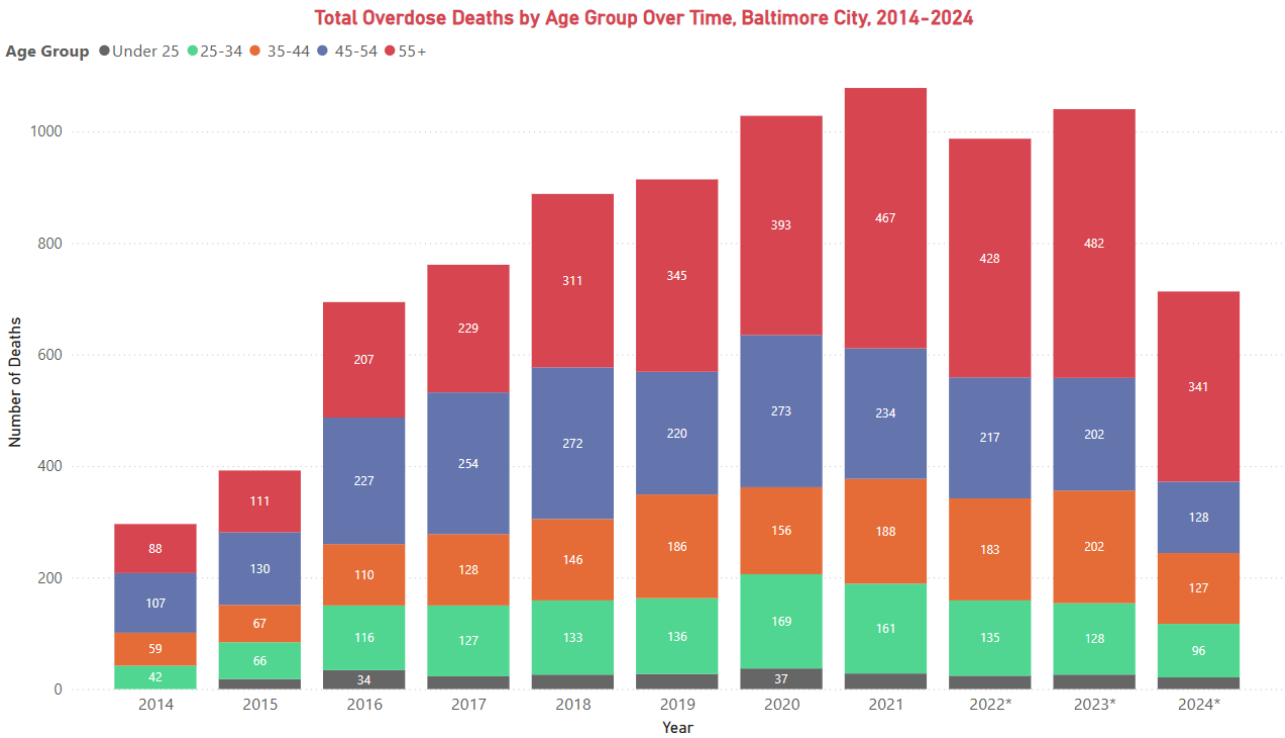
Vital Statistics Administration, Maryland Department of Health (MDH) and Office of the Chief Medical Examiner, MDH

*2022-2024 data is preliminary

The overdose crisis is driven largely by synthetic opioids such as fentanyl, which continues to be the most frequently detected substance in overdose deaths. Looking at long-term trends in drug-related intoxication deaths from 2014 to 2024, fentanyl-related deaths rose sharply in 2016, peaking around 2021 and showing fluctuating high levels since. Meanwhile, heroin-related deaths have shown a decline starting in 2017, while cocaine-related deaths rose significantly in 2016, followed by fluctuations ranging from 285 (2017) to 582 (2023).[24]

[23] Maryland Department of Health. Overdose Data Portal, MDH Interactive Dashboards, accessed February 17, 2025. Pages - MDH Interactive Dashboards

[24] Maryland Department of Health. Overdose Data Portal, MDH Interactive Dashboards, accessed February 17, 2025. Pages - MDH Interactive Dashboards

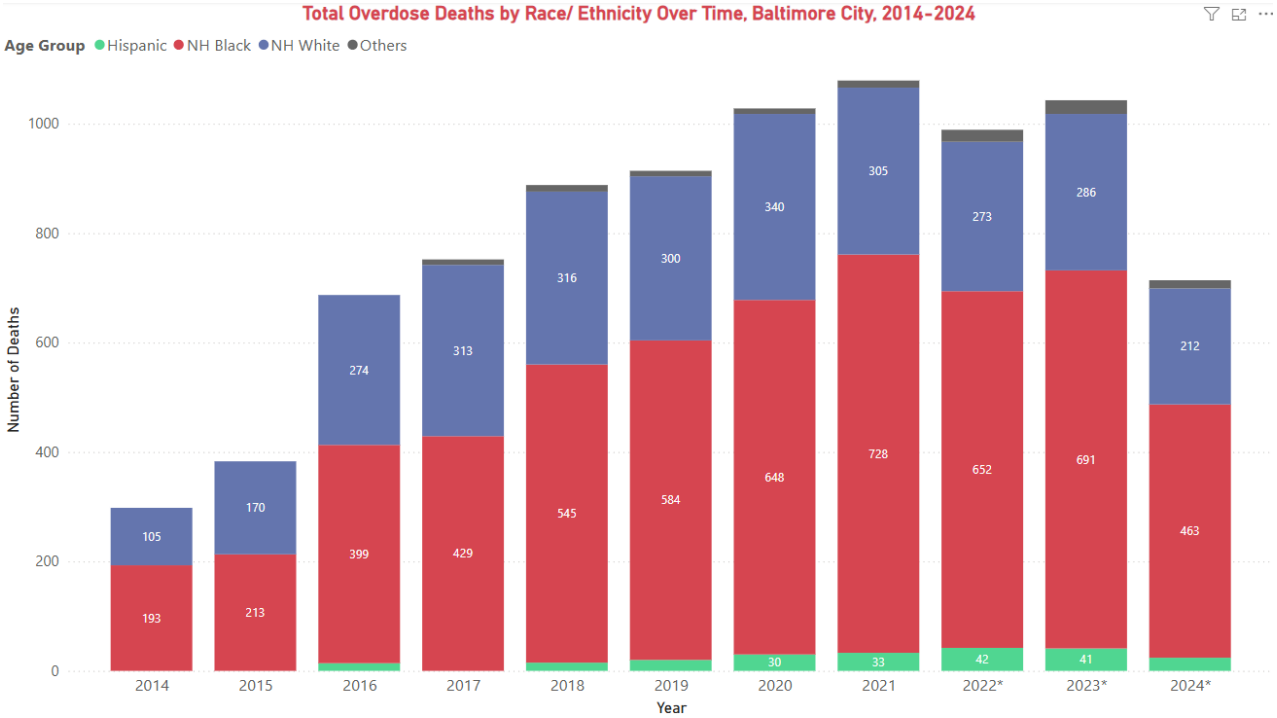


Vital Statistics Administration, Maryland Department of Health (MDH) and Office of the Chief Medical Examiner, MDH

*2022-2024 data is preliminary

The impact of overdoses varies across different demographic groups in Baltimore City, with adults over age 55 consistently showing the highest number of deaths across age groups beginning in 2018.[25]

[25] Maryland Department of Health. Overdose Data Portal, MDH Interactive Dashboards, accessed February 17, 2025. Pages - MDH Interactive Dashboards

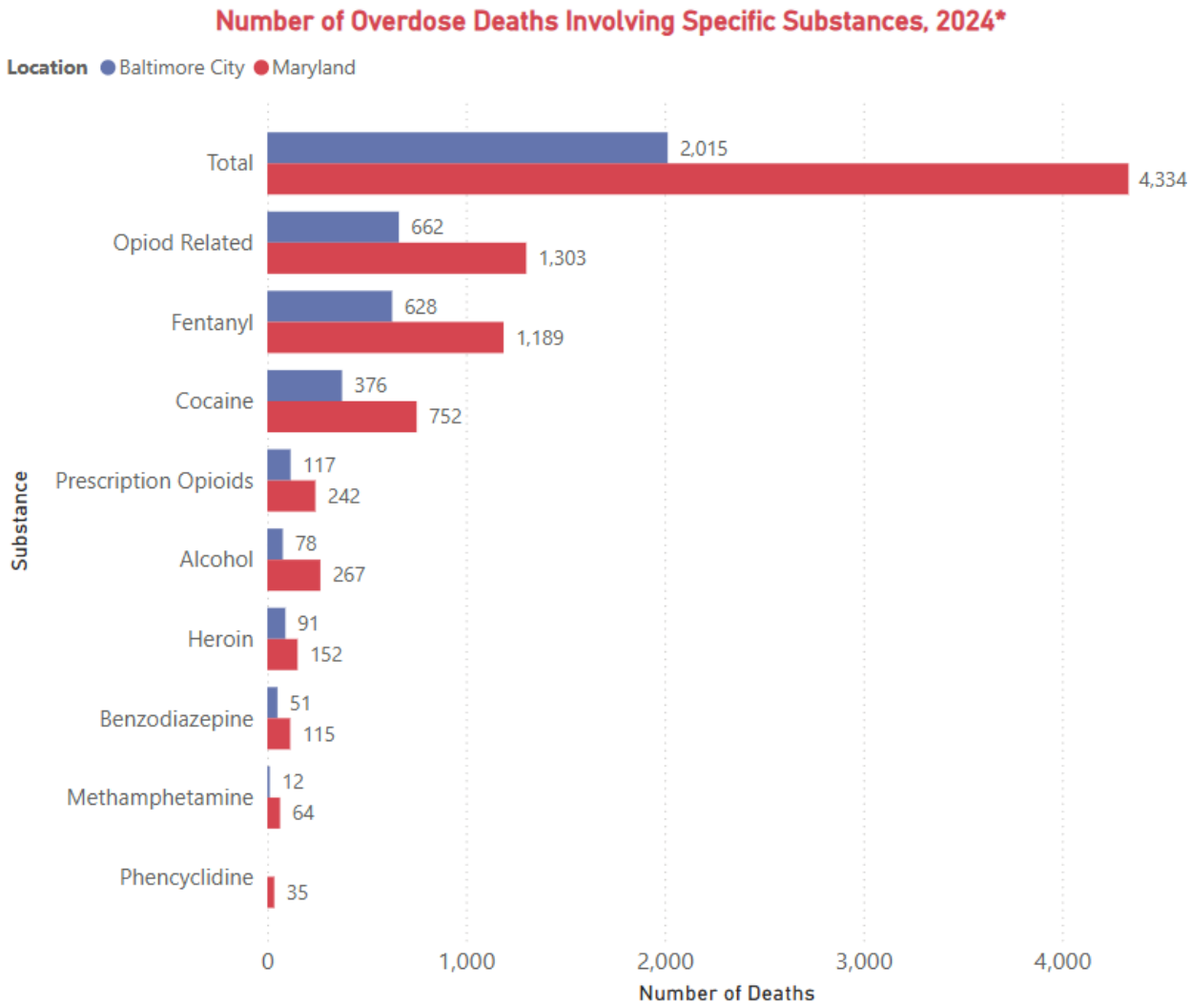


Vital Statistics Administration, Maryland Department of Health (MDH) and Office of the Chief Medical Examiner, MDH

*2022-2024 data is preliminary

Black people experience a higher number of overdose deaths in Baltimore City compared to white and Hispanic people. Blacks make up approximately 61% of Baltimore City's population but consistently account for around 70% or more of total overdose deaths.[26]

[26] Maryland Department of Health. Overdose Data Portal, MDH Interactive Dashboards, accessed February 17, 2025. Pages - MDH Interactive Dashboards



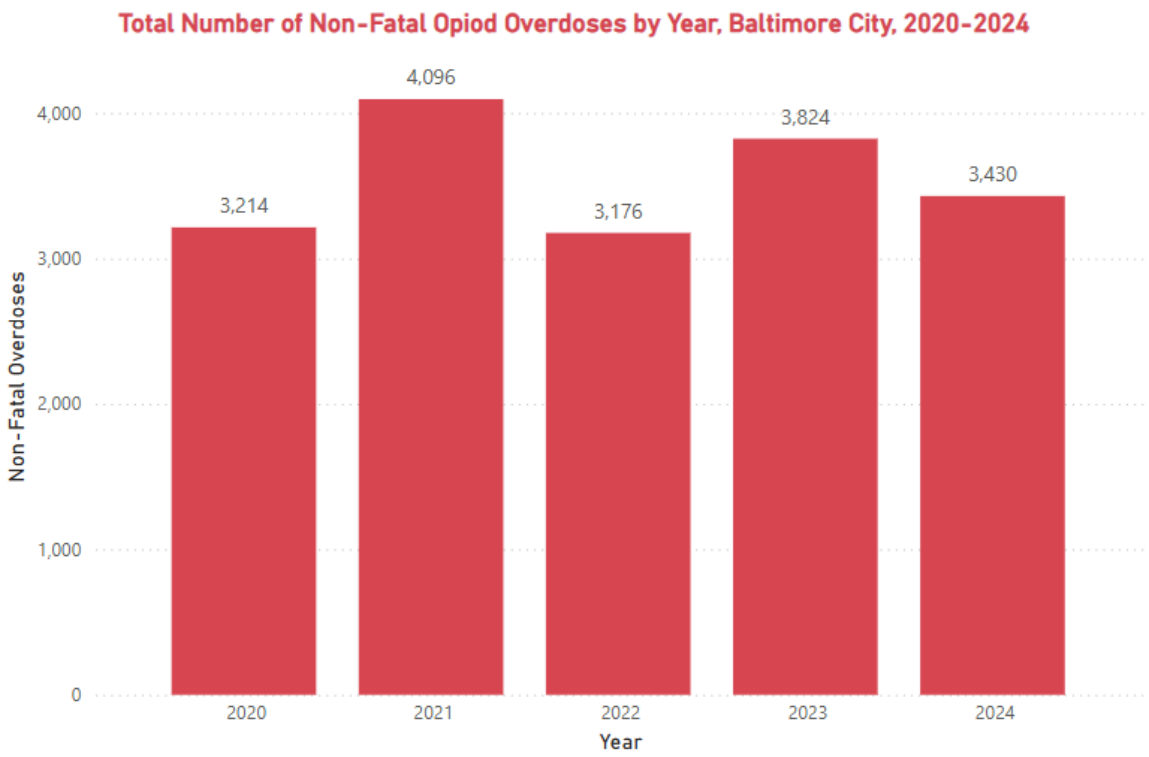
Vital Statistics Administration, Maryland Department of Health (MDH) and Office of the Chief Medical Examiner (OCME).

*2024 data is preliminary

Of the 714 overdose deaths reported within Baltimore City in 2024, as seen in an earlier graph, the number of substances involved totals 2,015. Similarly, of the 1,636 overdose deaths across Maryland in 2024, the number of substances involved totals 4,334. This data suggests that polysubstance use was highly prevalent among decedents in Baltimore City and across the state.

Non-fatal opioid overdoses

Non-fatal overdose data is based on non-fatal, opioid overdose-related hospital emergency department visits. This data can serve as a predictor of future drug overdose deaths.



Electronic Surveillance System of the Early Notification of Community-Based Epidemics (ESSENCE)

Non-fatal opioid overdoses have fluctuated in Baltimore City, peaking at 4,096 in 2021 before declining to 3,430 in 2024.[27]

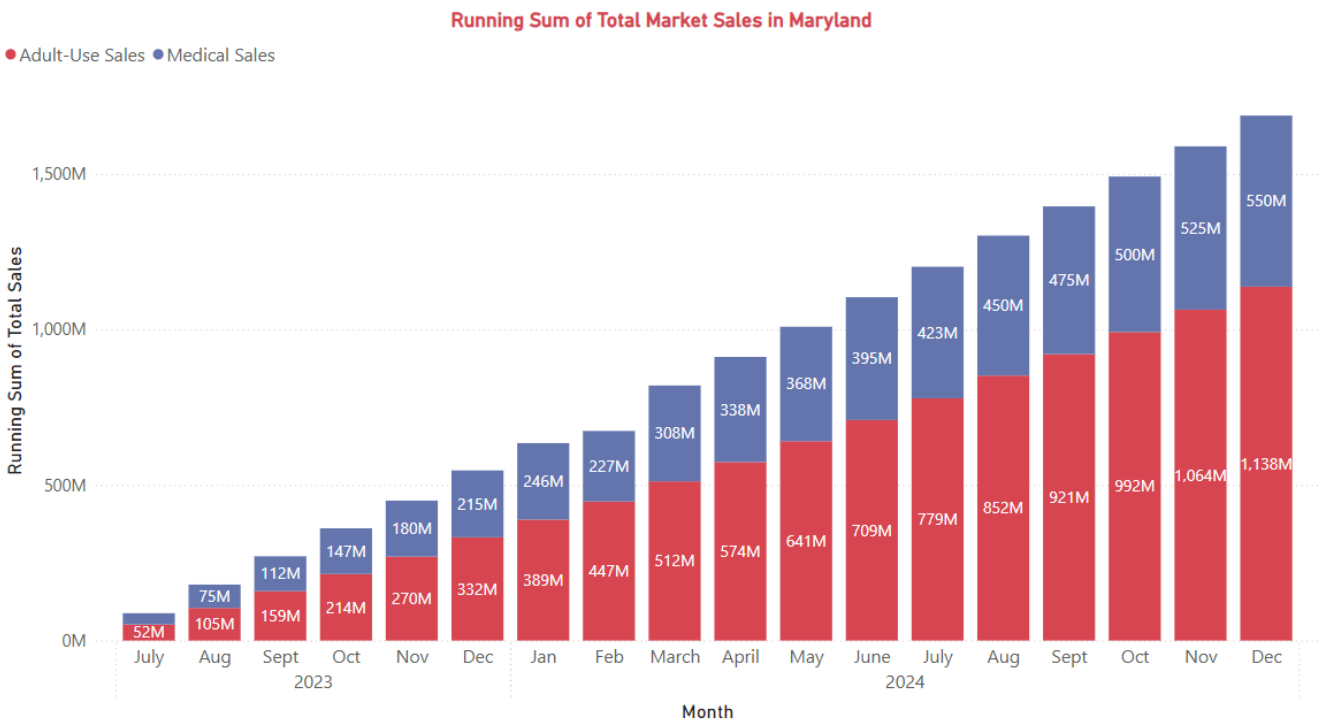
Preventing overdoses

BHSB is engaged in a broad range of initiatives to prevent overdoses. Please refer to the *System of Care Updates, Harm Reduction* section of this document for information on BHSB's outreach in neighborhoods impacted by drug-related harms and overdose spikes and its work to develop Maryland's harm reduction workforce and support providers in offering optimal services to people who use drugs.

Cannabis

Maryland legalized medical cannabis in 2014. Recreational adult-use of cannabis was legalized following a ballot referendum in November 2022, with sales beginning on July 1, 2023.

[27] Maryland Department of Health. (n.d.). Overdose Data Portal. Electronic Surveillance System of the Early Notification of Community-Based Epidemics (ESSENCE)



MCA Medical and Adult-Use Cannabis Data Dashboard

Total market sales includes medical and adult-use sales. While market sales data is not reported at the local level, sales across the state have been showing rapid and steady growth. By December 2024, total running market sales reached $1.6 billion, with adult-use sales at $1.14 billion, and medical sales at $550 million.[28]

Legalization of cannabis can result in increased usage amongst young people, and cannabis use can have harmful effects on young, developing brains. Legalization can also result in increases in unintended cannabis poisoning and cannabis-induced psychosis. National poison center data shows that from 2017-2021, reports of cannabis edible exposures for children under six years old increased from 207 cases in 2017 to 3,054 cases in 2021 (1,375% increase).[29] BHSB will continue to monitor available data to understand the impact of legalized recreational marijuana in Baltimore City.

Food Disparities

Access to nutritious food is critically important to overall health and wellbeing. Baltimore City uses the Healthy Food Availability Index to measure the quantity and variety of staple food groups and healthy options, with corner stores and convenience stores generally scoring low,

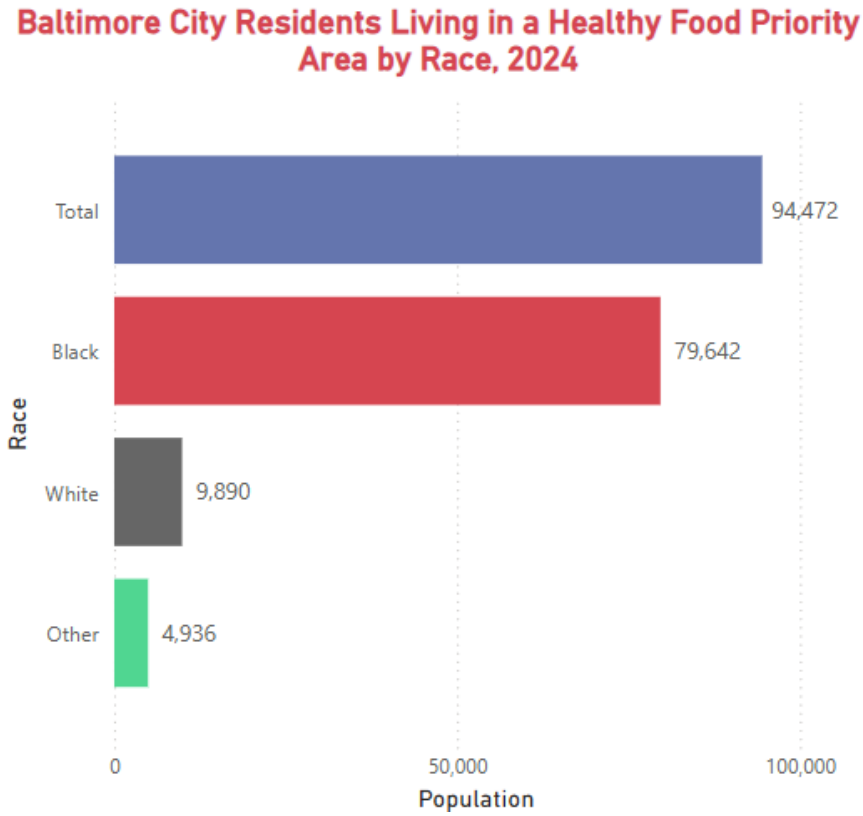
[28] Maryland Cannabis Administration. MCA Medical and Adult-Use Cannabis Data Dashboard. https://cannabis.maryland.gov/Pages/Data-Dashboard.aspx

[29] America's Poison Centers - Annual Reports 2021. 2021 Annual Report of the National Poison Data System© (NPDS) from America's Poison Centers: 39th An

and supermarkets high.[30] The density of corner stores and supermarkets varies substantially across neighborhoods.

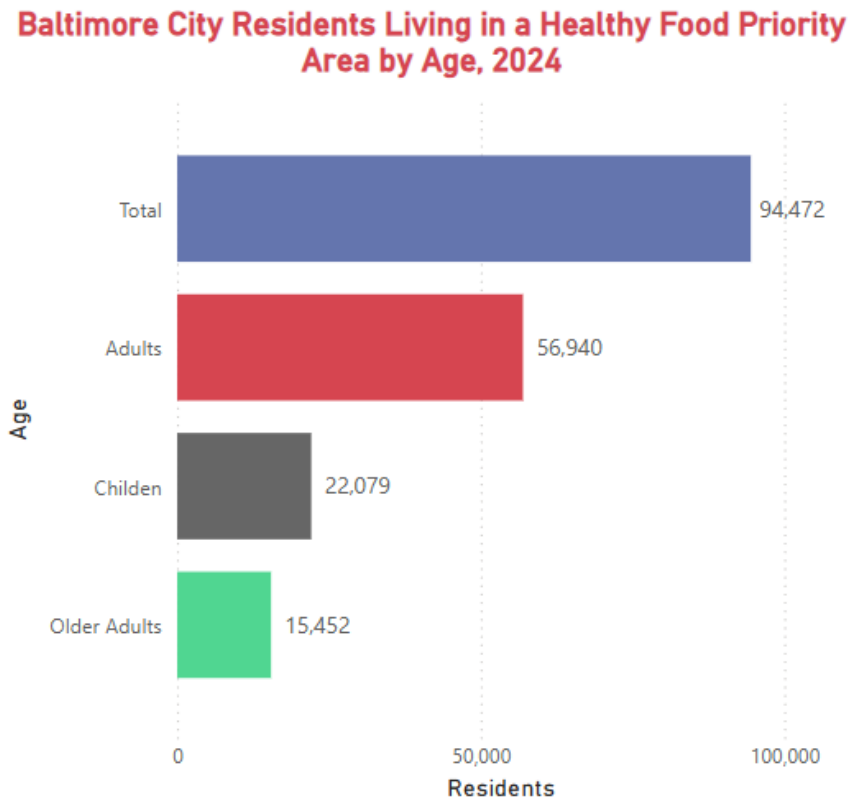
Healthy Food Priority Areas (HFPAs) are communities in Baltimore City that have less access to healthy food, as measured by the following factors:

1. the average Healthy Food Availability Index score for all food stores is low,
2. the median household income is at or below 185% of the Federal Poverty Level for a family of four,
3. over 30% of households have no vehicle available, and
4. the distance to a supermarket is more than ¼ mile.



Baltimore City 2024 Food Environment Brief

[30] Baltimore City 2024 Food Environment Brief, https://planning.baltimorecity.gov/sites/default/files/Food%20Enviornment%20Map%202024.1.pdf



Baltimore City 2024 Food Environment Brief

In Baltimore City, 94,472 of the city's 565,239 residents (16.7%) live in an HFPA.[31] Of those 94,472, 84.3% (79,642) are Black. Black people, however, comprise approximately 61% of the city's total population. Also of note, 23.4% of people who live in a HFPA (22,079) are children, although children comprise 20% of the city's total population.[32]

Crisis Response

The Central Maryland Regional Crisis System is a network of behavioral health crisis response services that has an overall goal of reducing unnecessary emergency department use and police interaction for people experiencing behavioral health crises. The primary point of access is through the 988 Regional Helpline.

[31] Baltimore City 2024 Food Environment Brief, https://planning.baltimorecity.gov/sites/default/files/Food%20Enviornment%20Map%202024.1.pdf

[32] Baltimore City 2024 Food Environment Brief, https://planning.baltimorecity.gov/sites/default/files/Food%20Enviornment%20Map%202024.1.pdf

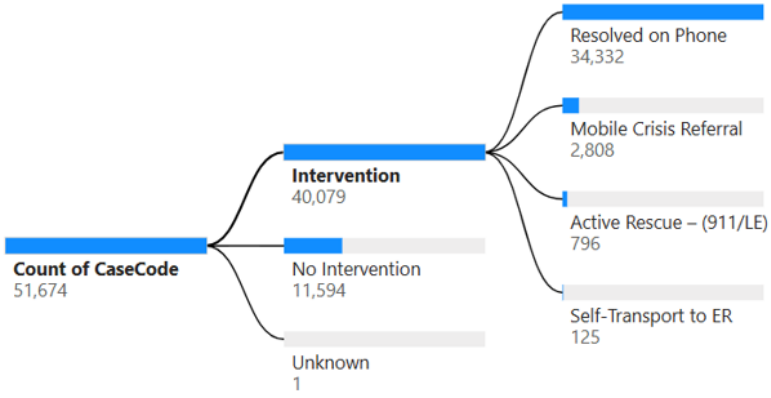
988 HELPLINE - OUTCOMES OF CALLS

ALL PHONE #S

JANUARY 2024 – DECEMBER 2024

Source = Behavioral Health Link

- No Intervention = hang ups, silent calls, wrong #s, inappropriate calls



The 988 Regional Helpline received 51,674 calls received during calendar year 2024. Among these, 40,079 calls (77.58%) resulted in an intervention, while the remaining 11,594 calls (22.42%) required no intervention, which included hang-ups, silent calls, wrong numbers, or nuisance calls. Of the calls that led to an intervention, the majority (34,332) were resolved on the phone, reflecting the effectiveness of the helpline in addressing the immediate needs of callers. A smaller portion resulted in more intensive responses, including mobile crisis referrals (2,808), active rescues (796), and self-transport to an emergency room (ER) (125).

988 REGIONAL HELPLINE

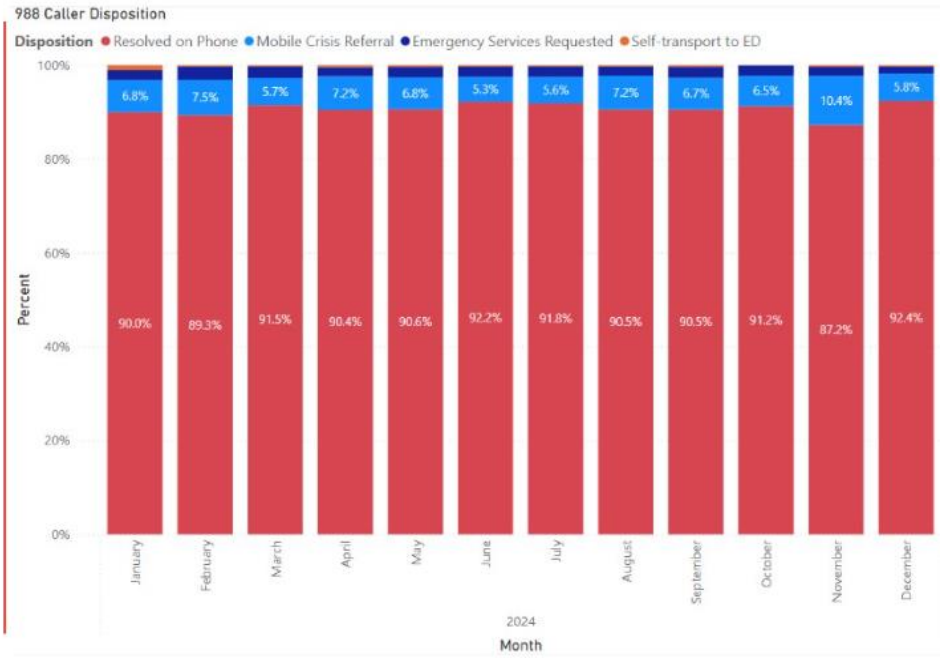
OUTCOMES OF CALLS

ALL PHONE #S

JANUARY 2024 – DECEMBER 2024

Source = Behavioral Health Link

- Includes all phone lines (988, Here2Help local line, etc.) where call wasn't a hang-up or wrong number
- Since December 2023, BHSB has required counselors to complete the call outcome indicator.



The monthly distribution of call dispositions during 2024 shows that over 87% of calls were resolved on the phone each month, with the lowest percentage (87.2%) occurring in November and the highest (92.4%) in December. This trend underscores the helpline's ability to de-escalate situations and provide adequate support without requiring additional emergency services. Mobile crisis referrals accounted for 5.3% to 10.4% of calls across the months, with a notable increase in November, suggesting heightened demand for a mobile crisis response during this period. Emergency services requested and self-transport to emergency departments (EDs) remained minimal, consistently under 6% each month, indicating that most crises were managed without burdening emergency healthcare systems.

Overall, the data reflects the crucial role of the 988 Regional Helpline in addressing behavioral health needs efficiently. Most interventions were successfully managed through phone resolutions, demonstrating the capability of trained counselors to provide support, guidance, and de-escalation remotely. The low proportion of emergency referrals highlights the helpline's effectiveness in minimizing the strain on healthcare facilities, while the consistent monthly trends suggest a steady demand for its services throughout the year. Notable spikes, such as the increase in mobile crisis referrals in November, could be indicative of seasonal factors or broader shifts in community needs.

<u>Strengthening the crisis system</u>

BHSB engaged in a broad range of activities during FY 24 to strengthen the crisis response system. Please refer to the *System of Care Updates, Crisis System Infrastructure* section of this document for more information.

Public Behavioral Health System Utilization

The data presented in this section are behavioral health (mental health and substance use) service utilization collected by the Administrative Services Organization (ASO) for Maryland's fee-for-service public behavioral health system (PBHS). These data are collected and reported separately, precluding an analysis of the extent to which individuals utilize both mental health and substance use services.

Incomplete data

The most recent data reported (FY 2024) is incomplete, as claims may be submitted up to 12 months after the date of service delivery. Therefore, the data for FY 2024 does not reflect all the claims for services rendered, while the data for previous years, to which it is being compared, represents 100% of claims for those years. This needs to be considered when comparing FY 2024 data to FY 2023 and FY 2022 data for trends over time. When comparisons with previous years show increases in FY 2024, it is likely that the actual increase is somewhat greater. Conversely, decreases in FY 2024 data compared to previous years will be somewhat offset by the missing claims data. This artifact of the PBHS is more pronounced for expenditures data and less for numbers of consumers served, since most consumers served receive services for a significant duration of time.

Previously reported data for the fiscal years prior to FY 2024 has been updated to include claims that were paid after September 30th of the respective fiscal year. Therefore, these data may differ from data reported in previous BHSB annual reports.

In addition, it should be noted that the data presented here does not provide a complete picture of the utilization of publicly funded behavioral health services. Services funded by Medicare are not included, nor are services that are purchased through grant-funded contracts.

Rate increases

Behavioral health providers received several rate increases (noted below) during the time period examined in this section. While increases have a relatively small impact on the number of consumers served in any given year, they increase the cost per service delivered, which should be considered when comparing expenditures over time.

Rate increases that occurred during the time period analyzed in this report include:

- FY 22 (effective July 1, 2021): 3.5%
- FY 23 (effective July 1, 2022): 3.25%, plus a one-time-only 4.0%
- FY 24 (effective January 1, 2024): 8%

The Baltimore City Capitation Project providers did not receive the above rate increases. However, a 15% increase was implemented on April 1, 2023.

Mental Health Service Utilization

The mental health utilization data describes the use of mental health services and associated expenditures by adults and youth statewide and in Baltimore City from FY 22 to FY 24. Data reports include claims submitted through September 30, 2024 (three months after the end of FY 2024).

Statewide and in Baltimore City, the data shows a clear trend of increased utilization of mental health services. BHSB, in partnership with BHA and other stakeholders, continues to engage in efforts to reduce and remove barriers to accessing services, which could be linked to increased utilization. It is also important to note that the COVID-19 pandemic has significantly affected the mental health of many people.[33] During the pandemic, many individuals experienced symptoms of anxiety and depression, which may have increased the need for services. It is also possible that there is increased likelihood of experiencing mental health conditions in the months following COVID-19 infection, as well as symptoms related to brain function and mental health for people with long COVID.[34]

Crisis services

Historically, Maryland's crisis services have been primarily grant-funded. Up until June 30, 2024, only residential crisis were billable through the state's PBHS, which means that the crisis services utilization reported in the following sections includes only residential crisis services.

Beginning on July 1, 2024, mobile crisis and crisis stabilization center services became billable through the fee-for-service PBHS. It is anticipated that this data will begin to show up in the FY 25 annual report. The 988 Regional Helpline services described in the *Public and Behavioral Health Indicators, Crisis Response* section of this document are solely grant-funded.

Total Utilization

Statewide PBHS Mental Health Service Utilization FY 2022-2024*	**Total Unduplicated Consumer Counts**		
Service Category	**FY22**	**FY23**	**FY24**
Case Management	**5,220**	**5,325**	**5,573**
Crisis	**3,202**	**3,229**	**3,120**
Inpatient	**15,898**	**16,608**	**16,482**
Mobile Treatment	**4,801**	**4,790**	**4,716**
Outpatient	**227,337**	**243,992**	**257,044**
Partial Hospitalization	**1,114**	**1,427**	**1,568**

[33] *COVID-19 and Mental Health*. National Institute of Mental Health. COVID-19 and Mental Health - National Institute of Mental Health (NIMH)https://www.scribbr.com/apa-examples/website/, accessed March 20, 2024.

[34] *COVID-19 and Mental Health*. National Institute of Mental Health. COVID-19 and Mental Health - National Institute of Mental Health (NIMH), accessed March 20, 2024.

Psychiatric Rehabilitation	**45,955**	**52,626**	**58,998**
Residential Rehabilitation	**2,673**	**2,656**	**2,650**
Residential Treatment	**280**	**271**	**276**
Respite Care	**230**	**213**	**186**
Supported Employment	**2,931**	**2,990**	**2,905**
Baltimore Group (Capitation)	**359**	**339**	**327**
Emergency Petition	**126**	**105**	**102**
Purchase of Care	**1**	**1**	**0**
1915(i) Waiver	**33**	**16**	**12**
Grand Total	**310,160**	**334,588**	**353,959**

*Administrative Service Organization (ASO) - FY 22-24 Data Consumers paid through 9/30/24, a portion of the data set was obtained 11/30/24 to ensure completeness

Statewide PBHS Mental Health Service Utilization FY 2022-2024*	**Total Expenditures**		
Service Category	**FY22**	**FY23**	**FY24**
Case Management	**$17,944,261**	**$19,693,359**	**$22,930,947**
Crisis	**$18,329,232**	**$21,197,597**	**$20,538,396**
Inpatient	**$259,697,558**	**$287,362,633**	**$305,122,445**
Mobile Treatment	**$52,174,753**	**$56,755,227**	**$59,824,939**
Outpatient	**$537,947,987**	**$646,960,571**	**$725,950,999**
Partial Hospitalization	**$4,840,252**	**$7,417,206**	**$8,370,999**
Psychiatric Rehabilitation	**$333,386,221**	**$407,580,140**	**$480,779,443**
Residential Rehabilitation	**$12,054,654**	**$12,810,337**	**$14,079,072**
Residential Treatment	**$28,195,903**	**$33,977,475**	**$35,600,258**
Respite Care	**$567,001**	**$541,728**	**$387,962**
Supported Employment	**$10,210,424**	**$10,370,605**	**$10,933,951**
Baltimore Group (Capitation)	**$9,011,551**	**$8,687,089**	**$9,449,292**
Emergency Petition	**$77,359**	**$84,538**	**$59,727**
Purchase of Care	**$35,304**	**$11,827**	**$0**
1915(i) Waiver	**$121,353**	**$45,925**	**$31,313**
Grand Total	**$1,284,593,813**	**$ 1,513,496,257**	**$1,694,059,743**

*Administrative Service Organization (ASO) - FY 22-24 Data Consumers paid through 9/30/24, a portion of the data set was obtained 11/30/24 to ensure completeness

Baltimore City PBHS Mental Health Service Utilization FY 2022-2024	**Total Unduplicated Consumer Counts**

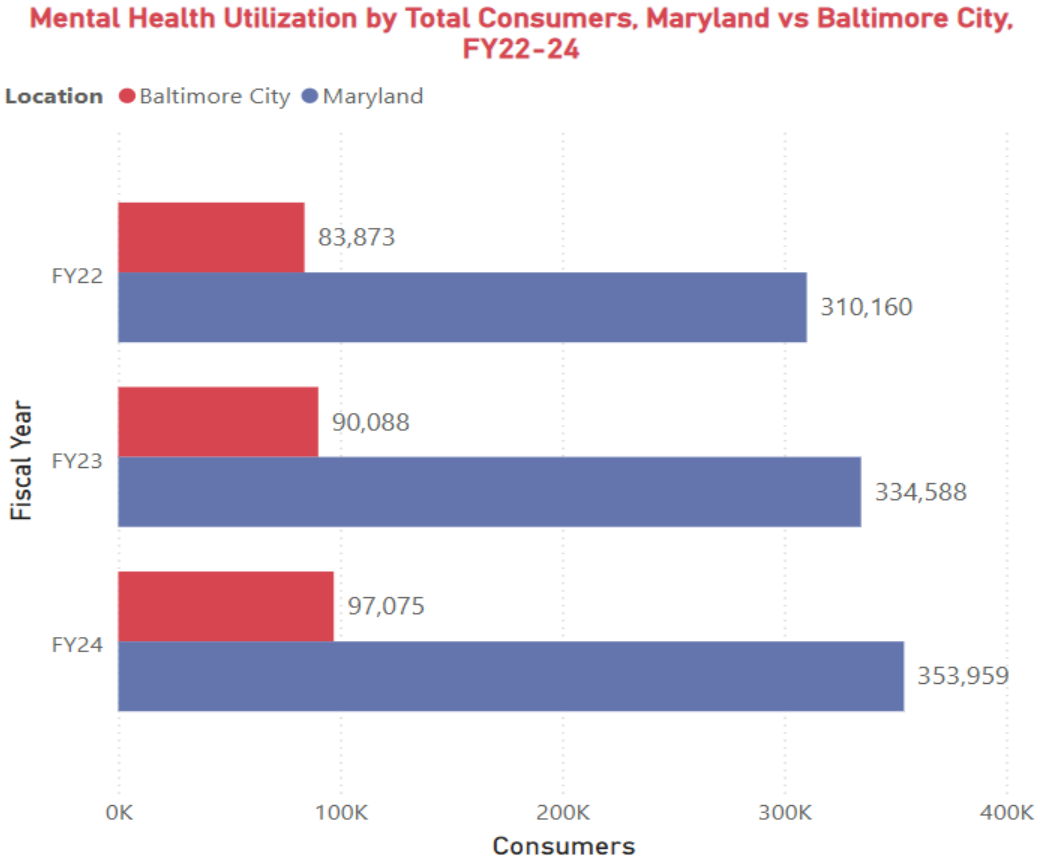
Service Category	FY22	FY23	FY24
Case Management	989	915	860
Crisis	783	752	662
Inpatient	3,415	3,488	3,488
Mobile Treatment	1,239	1,188	1,106
Outpatient	55,590	58,590	62,554
Partial Hospitalization	256	316	353
Psychiatric Rehabilitation	20,393	23,625	26,933
Residential Rehabilitation	452	411	397
Residential Treatment	143	119	119
Respite Care	18	30	26
Supported Employment	267	350	293
Baltimore Group (Capitation)	310	287	273
Emergency Petition	17	17	11
Purchase of Care	1	0	0
1915(i) Waiver	0	0	0
Grand Total	83,873	90,088	97,075

*Administrative Service Organization (ASO) - FY 22-24 Data Consumers paid through 9/30/24, a portion of the data set was obtained 11/30/24 to ensure completeness

Baltimore City PBHS Mental Health Service Utilization FY 2022-2024	Total Expenditures		
Service Category	FY22	FY23	FY24
Case Management	$3,072,959	$3,457,267	$3,932,051
Crisis	$3,616,481	$3,982,689	$3,531,358
Inpatient	$69,421,998	$70,243,435	$78,215,774
Mobile Treatment	$14,405,580	$15,185,012	$14,986,467
Outpatient	$151,049,175	$177,858,420	$202,383,277
Partial Hospitalization	$1,153,399	$1,891,440	$1,992,475
Psychiatric Rehabilitation	$129,716,051	$166,642,713	$199,659,987
Residential Rehabilitation	$1,697,127	$1,729,629	$1,692,994
Residential Treatment	$10,711,140	$13,177,937	$11,601,856
Respite Care	$28,989	$56,969	$45,613
Supported Employment	$757,163	$875,642	$994,695
Baltimore Group (Capitation)	$7,922,176	$7,539,860	$8,123,605
Emergency Petition	$10,702	$12,527	$5,902
Purchase of Care	$35,304	$0	$0

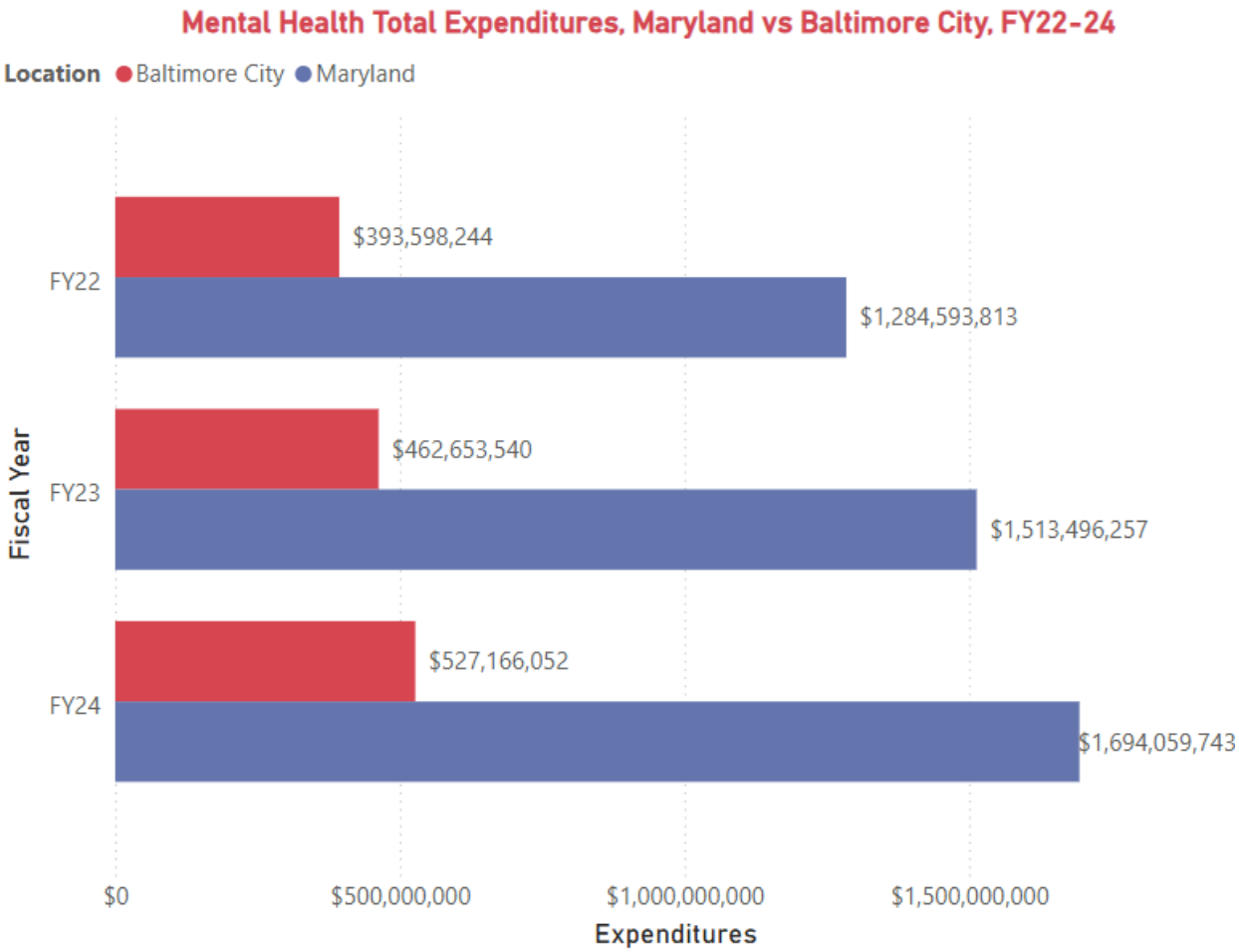
1915(i) Waiver	**$0**	**$0**	**$0**
Grand Total	**$393,598,244**	**$462,653,540**	**$527,166,054**

*Administrative Service Organization (ASO) - FY 22-24 Data Consumers paid through 9/30/24, a portion of the data set was obtained 11/30/24 to ensure completeness



Administrative Service Organization (ASO) - FY 22-24

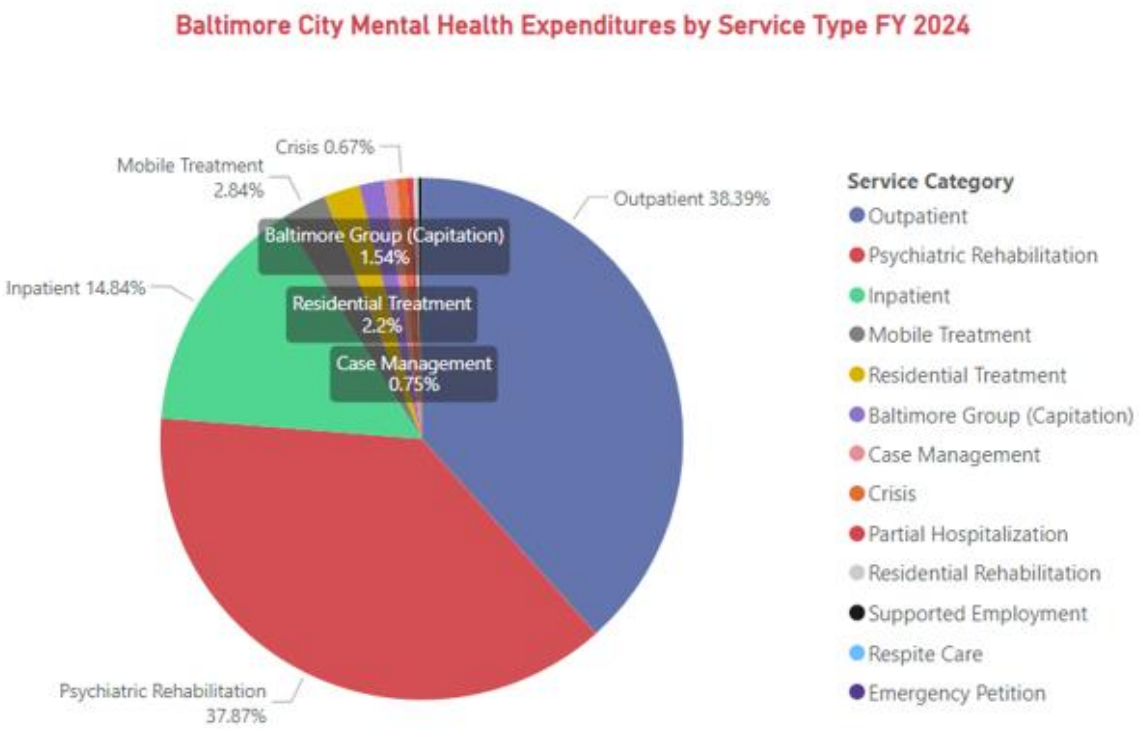
Mental health utilization in both Baltimore City and Maryland increased steadily from FY 22 to FY 24. Baltimore City saw a 15.7% rise from 83,873 in FY 22 to 97,075 in FY 24. Maryland experienced a 14.1% growth over the same period, with consumer numbers growing from 310,160 in FY 22 to 353,959 in FY 24. This trend suggests a growing demand for mental health services at both the city and state levels, possibly due to increased awareness of services availability or rising mental health needs.



Administrative Service Organization (ASO) - FY 22-24

Both the city and state experienced growth in mental health expenditures from FY 22 to FY 24. Baltimore City saw a 33.9% increase in expenditures, rising from approximately $393.6 million in FY22 to about $527.2 million in FY 24. Maryland as a whole experienced a 31.9% increase over the same period, with expenditures growing from around $1,284.6 million in FY 22 to approximately $1,694.1 million in FY 24.

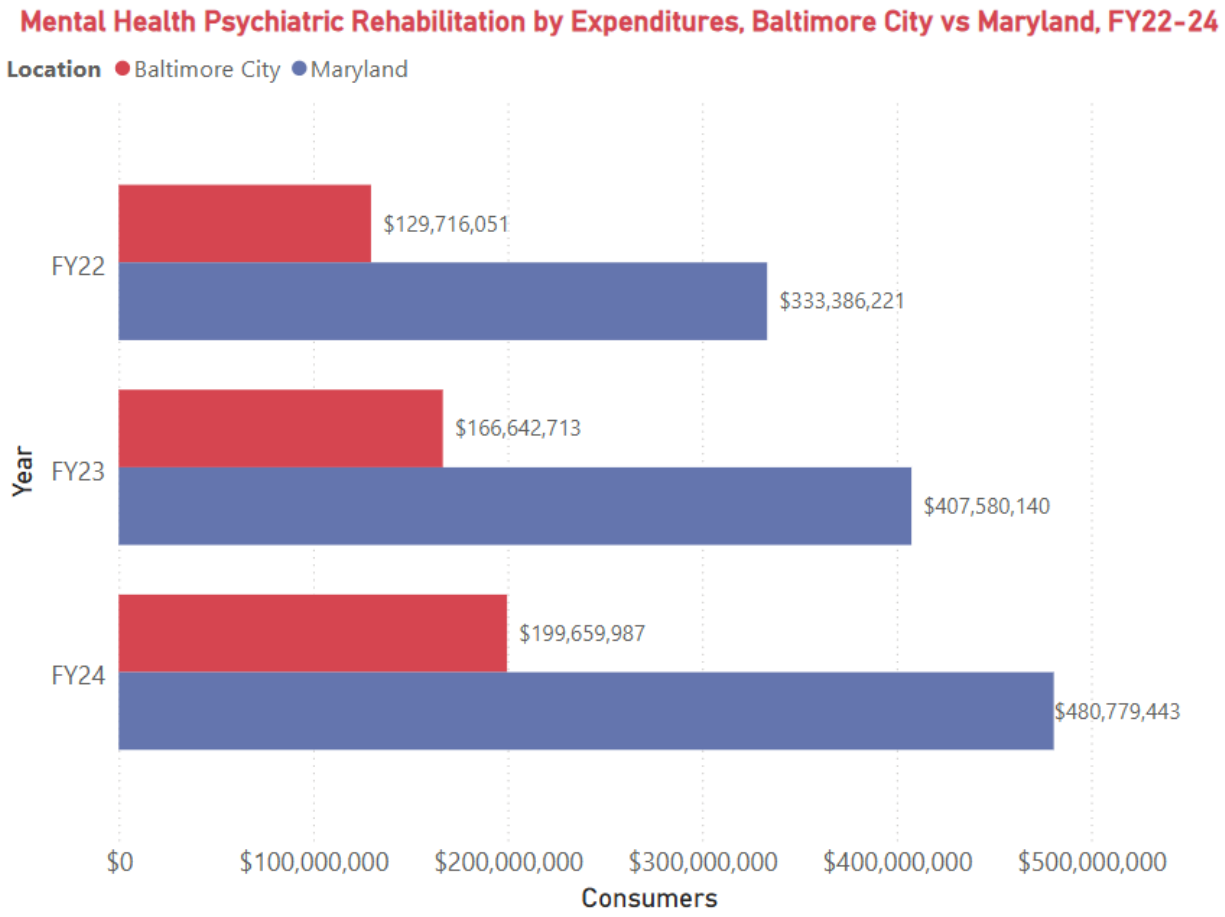
Expenditures for the city rose at a faster rate (33.9%) than the number of consumers (15.7%). The state showed a similar pattern, with expenditures increasing by 31.9% and consumers increasing by 14.1%. This difference may be related to rate increases.



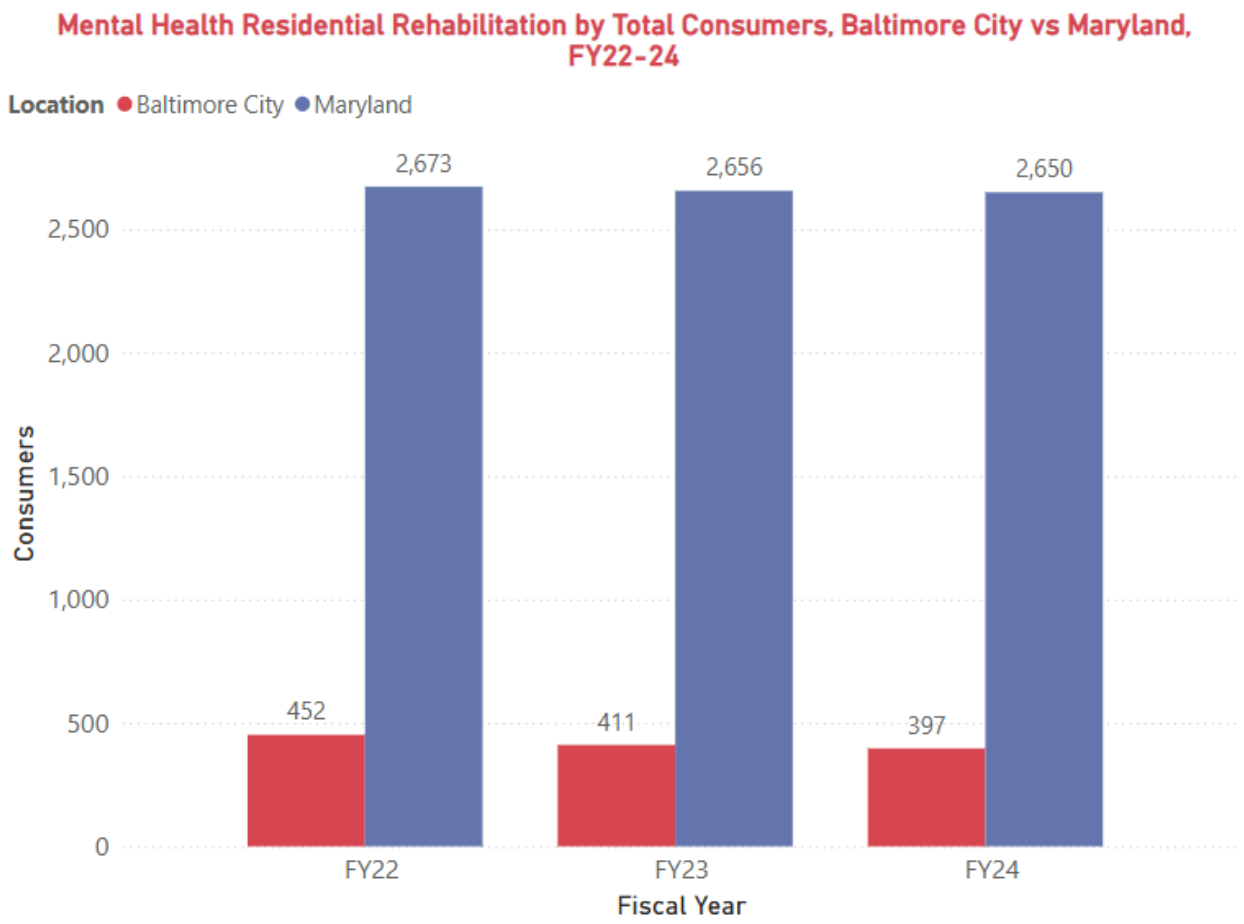
Administrative Service Organization (ASO) - FY 22-24

The pie chart illustrates the distribution of Baltimore City mental health expenditures by service type for FY 2024. Outpatient and psychiatric rehabilitation services dominate the expenditures, together accounting for more than three-quarters of the total spending. Outpatient services represent the largest share at 38.39%, and psychiatric rehabilitation follows closely at 37.87%. Inpatient services account for 14.84% of the expenditures. Mobile treatment and residential treatment represent a smaller portion at 2.84% and 2.2% respectively.

Other service types, such as Baltimore Group (i.e., the Capitation Project) at 1.54%, case management at 0.75%, and residential crisis services at 0.67%, represent smaller proportions of the overall expenditures. It is important to note that the Capitation Project is managed by BHSB. Services are available only in Baltimore City, although people who are not Baltimore City residents can choose to be referred to it if they meet the eligibility criteria.



Psychiatric rehabilitation program (PRP) expenditures rose sharply over the last three years, increasing by nearly $70 million (53.9%) in Baltimore City and over $147 million (44.2%) statewide. In response to this rapid growth, MDH imposed a six-month moratorium on new PRP licenses effective July 1, 2024, which was subsequently extended through June 30, 2025.



Administrative Service Organization (ASO) - FY 22-24

The number of people receiving residential rehabilitation program (RRP) services dropped over the past two years in both Baltimore City and Maryland. In Baltimore City, the count was 452 in FY 22, decreasing to 411 in FY 23, and declining further to 397 in FY 24. In Maryland, the count was 2,673 in FY 22, then slightly decreased to 2,656 in FY 23 and 2,650 in FY 24. The decline in Baltimore City reflects a decrease in RRP referrals and lower occupancy rates that providers in Baltimore City have been experiencing.

Utilization – Adult

Statewide PBHS Mental Health Service Utilization FY 2022-2024*	Total Unduplicated Consumer Counts, Adults (18-65+ Years Old)		
Service Category	**FY22 Adult**	**FY23 Adult**	**FY24 Adult**
Case Management	**3,327**	**3,350**	**3,690**
Crisis	**3,186**	**3,213**	**3,101**
Inpatient	**12,537**	**12,982**	**12,913**
Mobile Treatment	**4,543**	**4,504**	**4,425**
Outpatient	**152,987**	**165,798**	**176,580**
Partial Hospitalization	**658**	**790**	**772**

Psychiatric Rehabilitation	**29,587**	**35,019**	**40,319**
Residential Rehabilitation	**2,670**	**2,653**	**2,648**
Residential Treatment	**9**	**13**	**17**
Respite Care	**4**	**2**	**4**
Supported Employment	**2,902**	**2,963**	**2,882**
Baltimore Group (Capitation)	**359**	**339**	**327**
Emergency Petition	**105**	**92**	**88**
Purchase of Care	**1**	**1**	**0**
1915(i) Waiver	**0**	**433**	**415**
Grand Total	**212,875**	**232,152**	**248,181**

*Administrative Service Organization (ASO) - FY 22-24 Data Consumers paid through 9/30/24, a portion of the data set was obtained 11/30/24 to ensure completeness

Statewide PBHS Mental Health Service Utilization FY 2022-2024*	**Total Expenditures, Adults (18-65+ Years Old)**		
Service Category	**FY22 Adult**	**FY23 Adult**	**FY24 Adult**
Case Management	**$8,406,451**	**$9,575,527**	**$11,574,692**
Crisis	**$18,269,855**	**$19,635,822**	**$20,318,308**
Inpatient	**$182,863,710**	**$196,295,561**	**$212,060,934**
Mobile Treatment	**$50,231,403**	**$54,226,952**	**$57,172,548**
Outpatient	**$320,782,797**	**$398,759,975**	**$450,221,853**
Partial Hospitalization	**$3,007,048**	**$4,385,482**	**$4,346,489**
Psychiatric Rehabilitation	**$268,275,882**	**$333,386,526**	**$396,644,297**
Residential Rehabilitation	**$12,045,500**	**$12,806,601**	**$14,072,697**
Residential Treatment	**$921,999**	**$1,828,920**	**$1,759,070**
Respite Care	**$2,664**	**$12,342**	**$45,312**
Supported Employment	**$10,174,438**	**$10,320,194**	**$10,882,521**
Baltimore Group (Capitation)	**$9,011,551**	**$8,687,089**	**$9,449,292**
Emergency Petition	**$66,395**	**$70,455**	**$51,014**
Purchase of Care	**$35,304**	**$11,827**	**$0**
1915(i) Waiver	**$121,353**	**$785**	**$0**
Grand Total	**$884,216,350**	**$1,050,004,058**	**$1,188,599,027**

*Administrative Service Organization (ASO) - FY 22-24 Data Consumers paid through 9/30/24, a portion of the data set was obtained 11/30/24 to ensure completeness

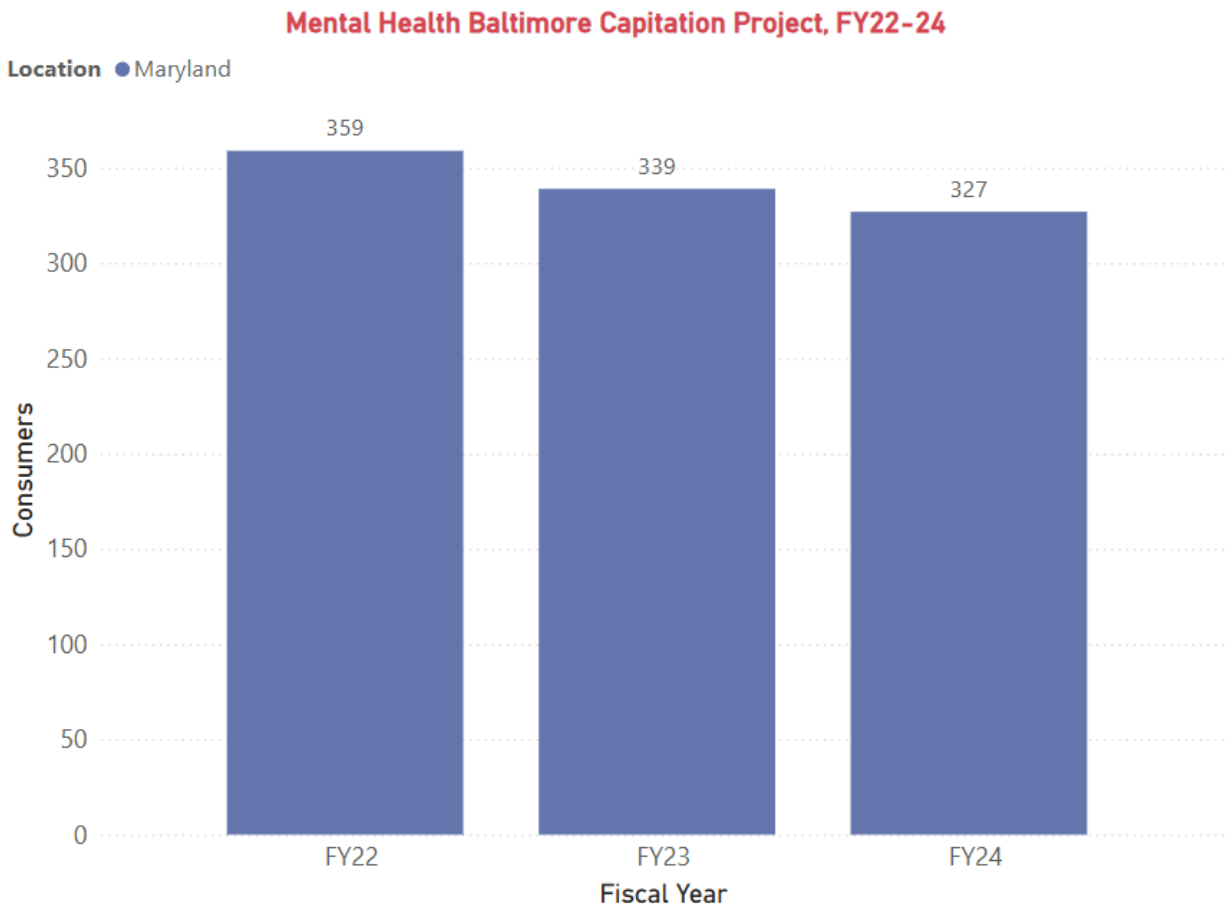
Baltimore City PBHS Mental Health Service Utilization FY 2022-2024*	**Total Unduplicated Consumer Counts, Adults (18-65+ Years Old)**		
Service Category	**FY22 Adult**	**FY23 Adult**	**FY24 Adult**
Case Management	**812**	**670**	**612**
Crisis	**783**	**751**	**661**
Inpatient	**2,868**	**2,897**	**2,912**

Mobile Treatment	**1,135**	**1,092**	**1,019**
Outpatient	**39,392**	**42,025**	**45,156**
Partial Hospitalization	**195**	**216**	**156**
Psychiatric Rehabilitation	**13,660**	**16,549**	**19,355**
Residential Rehabilitation	**451**	**411**	**396**
Residential Treatment	**3**	**7**	**6**
Respite Care	**0**	**0**	**1**
Supported Employment	**262**	**344**	**287**
Baltimore Group (Capitation)	**310**	**281**	**273**
Emergency Petition	**14**	**17**	**11**
Purchase of Care	**1**	**0**	**0**
1915(i) Waiver	**0**	**0**	**0**
Grand Total	**59,886**	**65,260**	**70,845**

*Administrative Service Organization (ASO) - FY 22-24 Data Consumers paid through 9/30/24, a portion of the data set was obtained 11/30/24 to ensure completeness

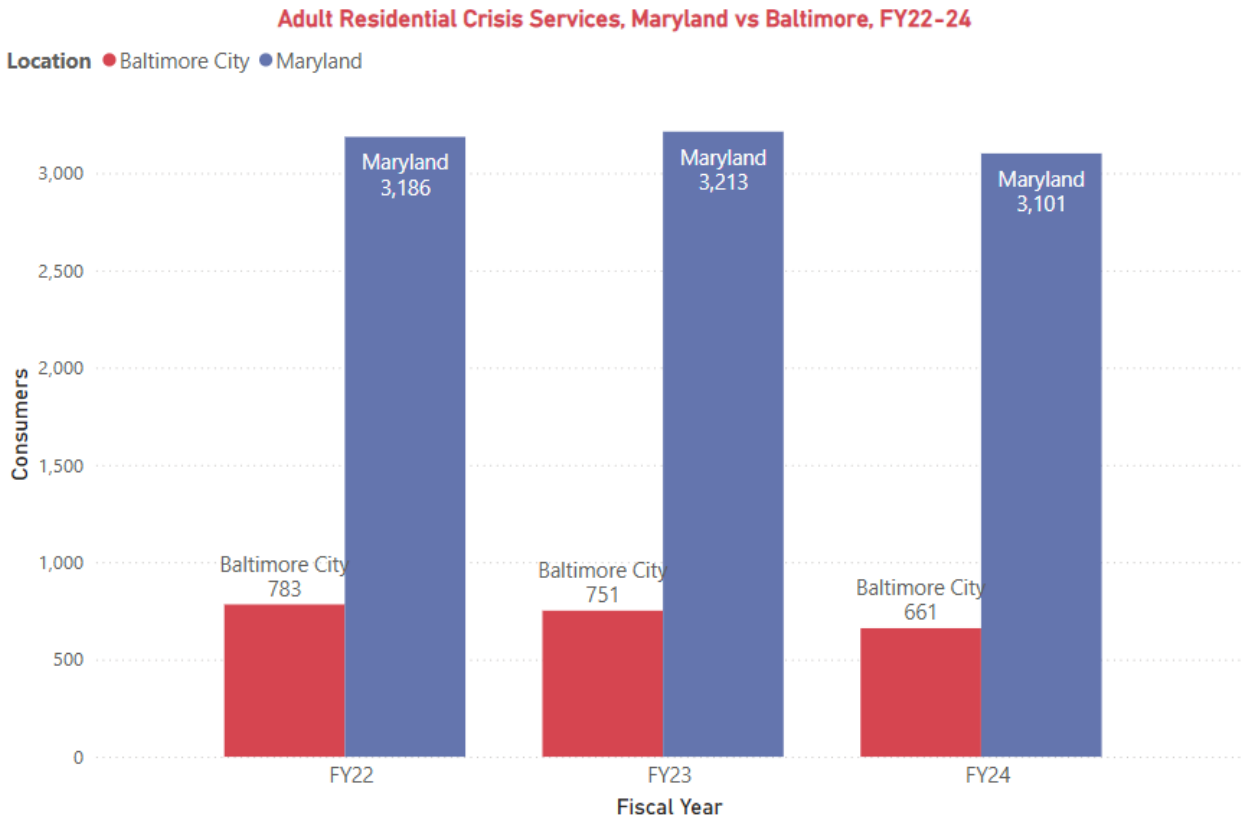
Baltimore City PBHS Mental Health Service Utilization FY 2022-2024*	**Total Expenditures, Adults (18-65+ Years Old)**		
Service Category	**FY22 Adult**	**FY23 Adult**	**FY24 Adult**
Case Management	**$1,983,463**	**$2,036,679**	**$2,190,044**
Crisis	**$3,616,481**	**$3,961,149**	**$3,528,651**
Inpatient	**$52,058,098**	**$51,402,909**	**$58,069,144**
Mobile Treatment	**$13,549,569**	**$14,237,476**	**$14,167,346**
Outpatient	**$96,656,744**	**$118,078,852**	**$134,137,677**
Partial Hospitalization	**$817,863**	**$1,305,902**	**$903,081**
Psychiatric Rehabilitation	**$101,444,210**	**$134,915,495**	**$164,559,399**
Residential Rehabilitation	**$1,696,927**	**$1,729,629**	**$1,690,732**
Residential Treatment	**$256,191**	**$687,119**	**$462,528**
Respite Care	**$0**	**$0**	**$431**
Supported Employment	**$754,277**	**$872,069**	**$977,165**
Baltimore Group (Capitation)	**$7,922,176**	**$7,539,860**	**$8,123,605**
Emergency Petition	**$8,279**	**$12,527**	**$5,902**
Purchase of Care	**$35,304**	**$0**	**$0**
1915(i) Waiver	**$0**	**$0**	**$0**
Grand Total	**$280,799,582**	**$336,779,666**	**$388,815,705**

*Administrative Service Organization (ASO) - FY 22-24 Data Consumers paid through 9/30/24, a portion of the data set was obtained 11/30/24 to ensure completeness



Administrative Service Organization (ASO) - FY 22-24

The number of adults served through Baltimore Group (Capitation Project) declined from 359 in FY22 to 327 in FY24, reflecting the decrease in referrals noted in the *System of Care Updates, Adult Services* section of this document. Please refer to the *Adult Services* section of this document for information on the technical assistance BHSB has been providing to increase the quality of referrals and strengthen provider capacity to meet the needs of the consumers served.



Administrative Service Organization (ASO) - FY 22-24

In Baltimore City, the number of adults utilizing residential crisis services shows a more significant decline than the state, with 783 consumers in FY 22 and 661 in FY 24 (15.6% decrease), while the state decreased from 3,186 in FY 22 to 3,101 in FY 24 (2.7% decrease).

Newly implemented 988 procedures require consumers to be given a choice of where to receive crisis residential services. Some of the decline in the city may be related to these procedures, as many consumers are choosing to be served outside of Baltimore City. In addition, there is a growing number of consumers in Baltimore City who have complex somatic issues that cannot be addressed in a traditional crisis residential program.

Utilization – Youth

Statewide PBHS Mental Health Service Utilization FY 2022-2024*	Total Unduplicated Consumer Counts, Youth (0-17 Years Old)		
Service Category	FY 22 Youth	FY 23 Youth	FY 24 Youth
Case Management	1,893	1,975	1,883
Crisis	16	16	19
Inpatient	3,361	3,626	3,569
Mobile Treatment	258	286	291
Outpatient	74,350	78,194	80,464
Partial Hospitalization	456	637	796
Psychiatric Rehabilitation	16,368	17,607	18,679
Residential Rehabilitation	3	3	0
Residential Treatment	271	258	257
Respite Care	226	211	182
Supported Employment	29	27	27
Baltimore Group (Capitation)	0	0	0
Emergency Petition	21	13	14
Purchase of Care	0	0	0
1915(i) Waiver	33	28	12
Grand Total	97,285	102,881	106,193

*Administrative Service Organization (ASO) - FY 22-24 Data Consumers paid through 9/30/24, a portion of the data set was obtained 11/30/24 to ensure completeness

Statewide PBHS Mental Health Service Utilization FY 2022-2024*	Total Expenditures, Youth (0-17 Years Old)		
Service Category	FY 22 Youth	FY 23 Youth	FY 24 Youth
Case Management	$9,537,810	$10,117,832	$11,356,255
Crisis	$59,377	$57,537	$220,088
Inpatient	$76,833,848	$91,067,072	$93,061,511
Mobile Treatment	$1,943,350	$2,528,275	$2,652,391
Outpatient	$217,165,190	$248,200,596	$275,729,146
Partial Hospitalization	$1,833,204	$3,031,724	$4,024,510
Psychiatric Rehabilitation	$65,110,339	$74,193,614	$84,135,146
Residential Rehabilitation	$9,154	$3,736	$6,375
Residential Treatment	$27,273,903	$32,148,554	$33,841,187
Respite Care	$564,337	$529,386	$342,651

Supported Employment	**$35,986**	**$50,411**	**$51,430**
Baltimore Group (Capitation)	**$0**	**$0**	**$0**
Emergency Petition	**$10,964**	**$14,083**	**$8,713**
Purchase of Care	**$0**	**$0**	**$0**
1915(i) Waiver	**$121,353**	**$45,139**	**$31,313**
Grand Total	**$400,498,815**	**$461,987,959**	**$505,460,716**

* *Administrative Service Organization (ASO) - FY 22-24 Data Consumers paid through 9/30/24, a portion of the data set was obtained 11/30/24 to ensure completeness

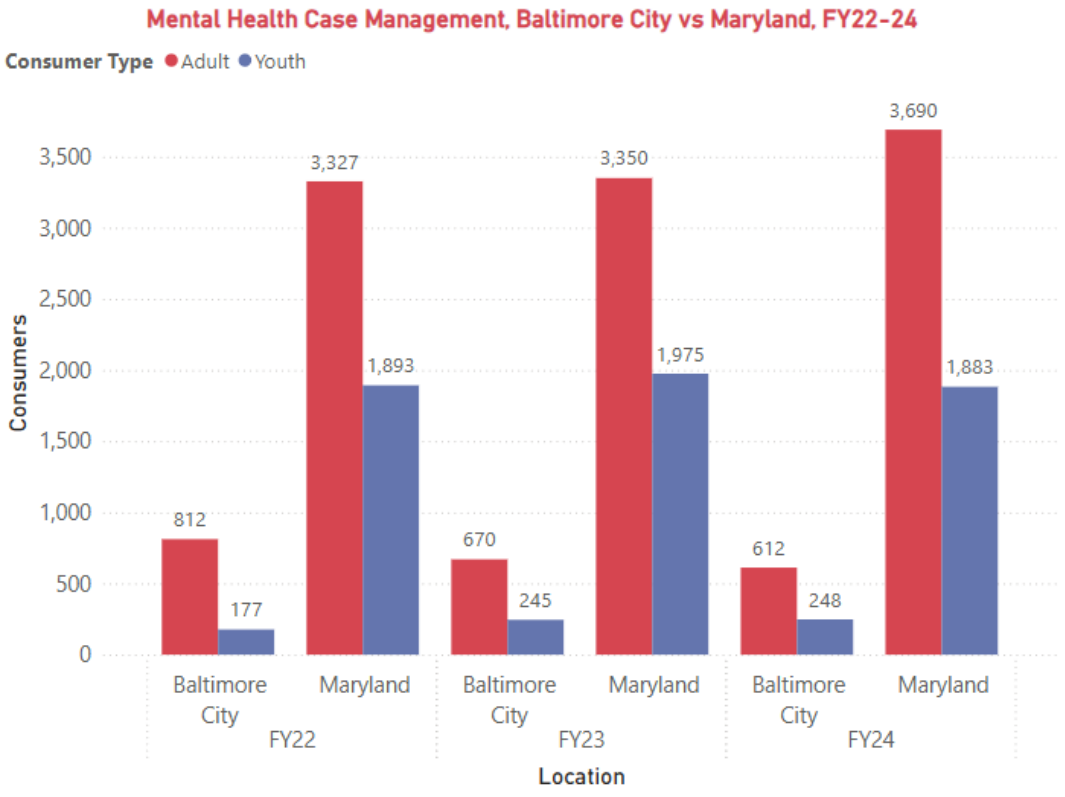
Baltimore City PBHS Mental Health Service Utilization FY 2022-2024*	**Total Unduplicated Consumer Counts, Youth (0-17 Years Old)**		
Service Category	**FY 22 Youth**	**FY 23 Youth**	**FY 24 Youth**
Case Management	**177**	**245**	**248**
Crisis	**0**	**1**	**1**
Inpatient	**547**	**591**	**576**
Mobile Treatment	**104**	**96**	**87**
Outpatient	**16,198**	**16,571**	**17,398**
Partial Hospitalization	**61**	**100**	**196**
Psychiatric Rehabilitation	**6,733**	**7,076**	**7,578**
Residential Rehabilitation	**1**	**0**	**1**
Residential Treatment	**140**	**112**	**113**
Respite Care	**18**	**30**	**25**
Supported Employment	**5**	**6**	**6**
Baltimore Group (Capitation)	**0**	**0**	**0**
Emergency Petition	**2**	**0**	**0**
Purchase of Care	**0**	**0**	**0**
1915(i) Waiver	**0**	**0**	**0**
Grand Total	**23,986**	**24,828**	**26,229**

*Administrative Service Organization (ASO) - FY 22-24 Data Consumers paid through 9/30/24, a portion of the data set was obtained 11/30/24 to ensure completeness

Baltimore City PBHS Mental Health Service Utilization FY 2022-2024*	**Total Expenditures Youth (0-17 Years Old)**		
Service Category	**FY22 Youth**	**FY23 Youth**	**FY24 Youth**
Case Management	**$1,089,496**	**$1,420,588**	**$1,742,007**
Crisis	**$0**	**$21,540**	**$2,707**
Inpatient	**$17,363,900**	**$18,840,526**	**$20,146,630**
Mobile Treatment	**$856,011**	**$947,536**	**$819,121**

Outpatient	**$54,392,431**	**$59,779,568**	**$68,245,600**
Partial Hospitalization	**$335,536**	**$585,538**	**$1,089,394**
Psychiatric Rehabilitation	**$28,271,841**	**$31,727,218**	**$35,100,588**
Residential Rehabilitation	**$200**	**$0**	**$2,262**
Residential Treatment	**$10,454,949**	**$12,490,817**	**$11,139,328**
Respite Care	**$28,989**	**$56,970**	**$45,182**
Supported Employment	**$2,886**	**$3,573**	**$17,530**
Baltimore Group (Capitation)	**$0**	**$0**	**$0**
Emergency Petition	**$2,423**	**$0**	**$0**
Purchase of Care	**$0**	**$0**	**$0**
1915(i) Waiver	**$0**	**$0**	**$0**
Grand Total	**$112,798,662**	**$125,873,874**	**$138,350,349**

*Administrative Service Organization (ASO) - FY 22-24 Data Consumers paid through 9/30/24, a portion of the data set was obtained 11/30/24 to ensure completeness



Administrative Service Organization (ASO) - FY 22-24

The numbers of adults and youth receiving case management services show differing trends for adults versus youth and for the city versus state. In Baltimore City, adult case management counts declined 24.6%, from 812 in FY22 to 612 in FY24, whereas youth counts increased 40.1%, from 177 in FY22 to 248 in FY24. Statewide, adult counts increased 10.9%, from 3,327 in

FY22 to 3,690 in FY24, whereas youth counts showed minimal fluctuations, decreasing 0.5% between FY22 and FY24, with 1,893 in FY22, 1,975 in FY23, and 1,883 in FY24.

Uninsured Mental Health Consumers

Total Number and Percent Increase of Mental Health Uninsured Consumers Served in Baltimore City					
FY 2022	FY 2023	FY 2024	FY 2022 – FY 2023	FY 2023 – FY 2024	FY 2022 – FY 2024
			Percent change	Percent change	Percent change
721	833	2,467	15.5%	196.2%	242.2%

Administrative Service Organization (ASO) - FY 22-24

The number of uninsured mental health consumers served in Baltimore City increased significantly over three fiscal years, rising from 721 in FY 22 to 833 in FY 23 (15.5% increase) and surging to 2,467 in FY 24 (196.2% increase from FY23). Overall, from FY 22 to FY 24 the total number grew by 242.2%, reflecting a substantial rise in utilization of mental health services among uninsured individuals.

Substance Use Service Utilization

The substance use services utilization data describes the use of substance use services and associated expenditures by adults and youth statewide and in Baltimore City from FY 22 to FY 24. Data reports include claims submitted through September 30, 2024 (three months after the end of FY 2024).

Statewide and in Baltimore City, the data shows a clear trend of increased utilization of substance use services. BHSB, in partnership with BHA and other stakeholders, continues to engage in efforts to reduce and remove barriers to accessing services, which could be linked to increased utilization. It is also important to note that the COVID-19 pandemic has significantly affected the mental health of many people,[35] which can increase the risk of substance use disorders. During the pandemic, many individuals experienced substance use disorder symptoms, which may have increased the need for services. It is also possible that there is increased likelihood of experiencing mental health conditions in the months following COVID-19 infection, as well as symptoms related to brain function and mental health for people with long COVID, both of which could increase the risk of developing a substance use disorder.[36]

[35] *COVID-19 and Mental Health*. National Institute of Mental Health. COVID-19 and Mental Health - National Institute of Mental Health (NIMH)https://www.scribbr.com/apa-examples/website/, accessed March 20, 2024.

[36] *COVID-19 and Mental Health*. National Institute of Mental Health. COVID-19 and Mental Health - National Institute of Mental Health (NIMH)https://www.scribbr.com/apa-examples/website/, accessed March 20, 2024.

Total Utilization

Statewide PBHS Substance Use Disorder (SUD) Utilization FY 2022-2024	Total Unduplicated Consumer Counts		
Service Category	FY22	FY23	FY24
SUD Inpatient	3,340	3,373	3,781
SUD Outpatient	49,172	52,726	58,708
SUD Intensive Outpatient	14,721	17,468	21,555
SUD Labs	60,647	64,635	68,381
SUD Opioid Maintenance Treatment	28,547	26,850	25,762
SUD Partial Hospitalization	5,911	7,208	9,233
SUD Gambling	132	142	198
SUD MD Recovery Net	1,727	2,032	3,193
SUD Residential ICFA	16	33	45
SUD Residential All Levels	14,442	15,674	17,098
SUD Residential Room and Board	14,309	15,565	17,034
SUD Court-Ordered Placement - Residential	596	587	560
SUD Residential Room and Board - Court-Ordered Placement	598	569	618
SUD Women with Children/Pregnancy - Residential	176	128	136
SUD Residential and Board - Pregnant Women/Women with Children	190	161	153
Grand Total	194,524	207,151	226,455

*Administrative Service Organization (ASO) - FY 22-24 Data Consumers paid through 9/30/24, a portion of the data set was obtained 11/30/24 to ensure completeness

Statewide PBHS Substance Use Disorder (SUD) Utilization FY 2022-2024	Total Expenditures		
Service Category	FY22	FY23	FY24
SUD Inpatient	$11,697,469	$11,383,791	$12,098,795
SUD Outpatient	$76,033,260	$88,117,820	$102,722,629
SUD Intensive Outpatient	$83,450,257	$119,925,805	$184,174,279
SUD Labs	$40,199,126	$45,927,853	$54,164,470
SUD Opioid Maintenance Treatment	$116,222,461	$121,199,761	$121,358,127
SUD Partial Hospitalization	$42,364,900	$59,090,554	$100,920,121
SUD Gambling	$150,507	$202,386	$285,383
SUD MD Recovery Net	$2,739,178	$3,419,298	$5,779,554

SUD Residential ICFA	**$116,969**	**$172,769**	**$223,047**
SUD Residential All Levels	**$139,876,700**	**$173,877,803**	**$208,127,341**
SUD Residential Room and Board	**$37,593,076**	**$48,882,736**	**$60,546,461**
SUD Court-Ordered Placement - Residential	**$11,714,005**	**$11,926,104**	**$12,310,937**
SUD Residential Room and Board - Court-Ordered Placement	**$4,202,638**	**$4,012,650**	**$4,618,898**
SUD Women with Children/Pregnancy - Residential	**$1,986,034**	**$2,193,372**	**$2,759,944**
SUD Residential and Board - Pregnant Women/Women with Children	**$1,907,456**	**$1,930,981**	**$1,951,205**
Grand Total	**$ 570,254,036**	**$ 692,263,683**	**$ 872,041,191**

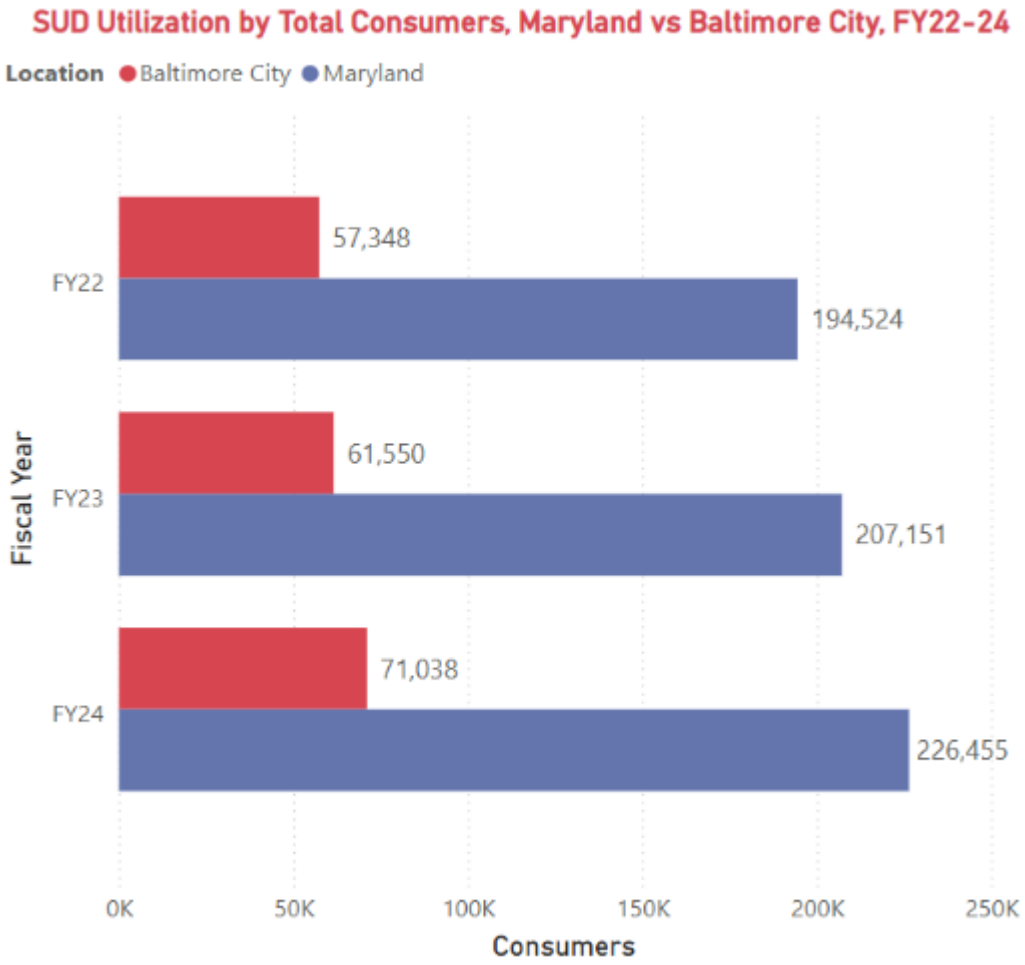
*Administrative Service Organization (ASO) - FY 22-24 Data Consumers paid through 9/30/24, a portion of the data set was obtained 11/30/24 to ensure completeness

Baltimore City PBHS Substance Use Disorder (SUD) Utilization FY 2022-2024*	**Total Unduplicated Consumer Counts**		
Service Category	**FY22**	**FY23**	**FY24**
SUD Inpatient	**1,121**	**1,154**	**1,219**
SUD Outpatient	**13,346**	**14,671**	**18,224**
SUD Intensive Outpatient	**5,608**	**7,001**	**9,549**
SUD Labs	**13,924**	**15,489**	**17,269**
SUD Opioid Maintenance Treatment	**10,605**	**9,769**	**9,248**
SUD Partial Hospitalization	**2,463**	**2,938**	**3,711**
SUD Gambling	**15**	**17**	**25**
SUD MD Recovery Net	**397**	**374**	**538**
SUD Residential ICFA	**2**	**4**	**3**
SUD Residential All Levels	**4,743**	**4,866**	**5,422**
SUD Residential Room and Board	**4,696**	**4,945**	**5,498**
SUD Court-Ordered Placement - Residential	**170**	**139**	**130**
SUD Residential Room and Board - Court-Ordered Placement	**172**	**138**	**168**
SUD Women with Children/Pregnancy - Residential	**42**	**21**	**17**
SUD Residential and Board - Pregnant Women/Women with Children	**44**	**24**	**17**
Grand Total	**57,348**	**61,550**	**71,038**

*Administrative Service Organization (ASO) - FY 22-24 Data Consumers paid through 9/30/24, a portion of the data set was obtained 11/30/24 to ensure completeness

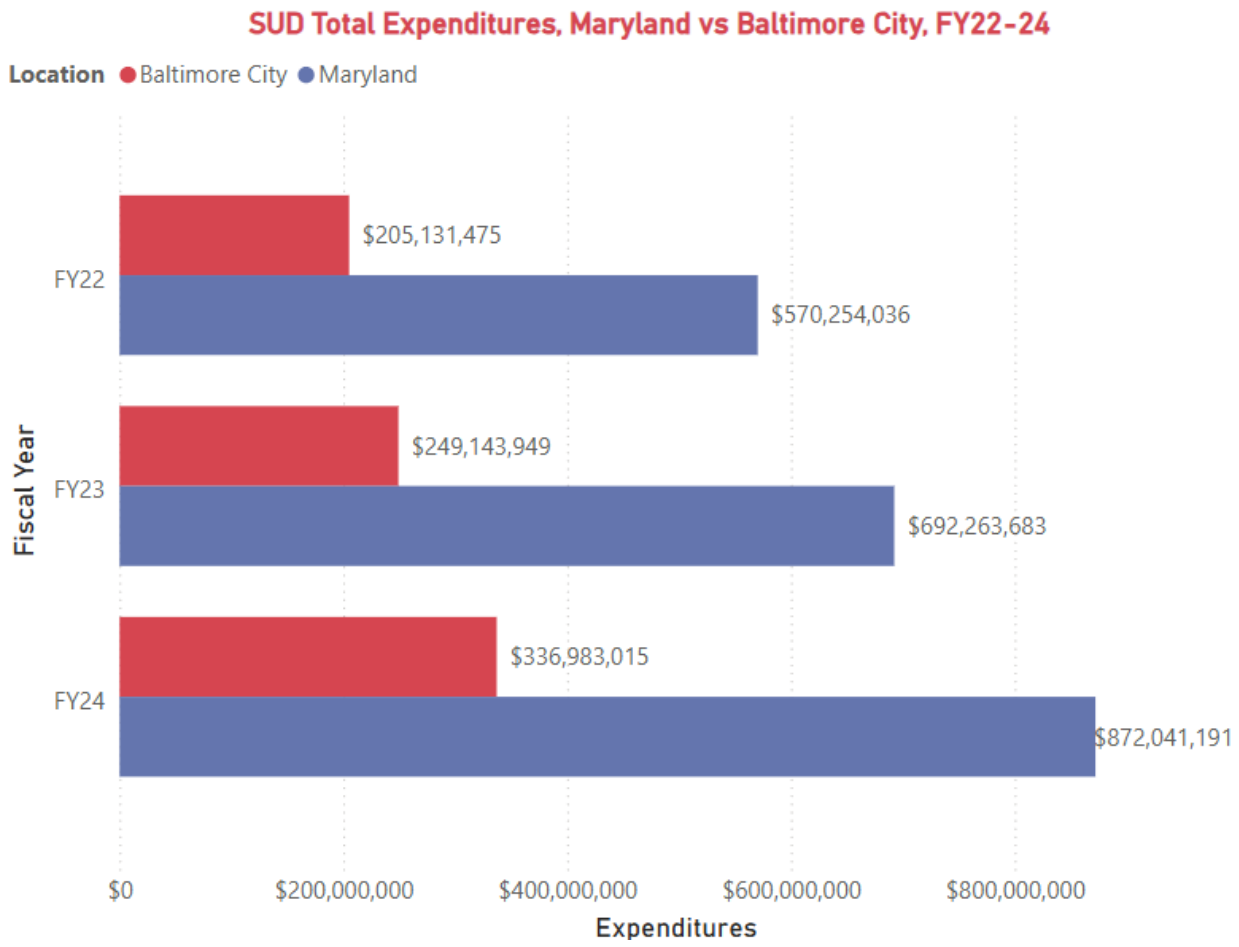
Baltimore City PBHS Substance Use Disorder (SUD) Utilization FY 2022-2024*	Total Expenditures		
Service Category	FY22	FY23	FY24
SUD Inpatient	$3,387,985	$3,375,399	$3,482,151
SUD Outpatient	$24,236,116	$28,320,897	$36,167,060
SUD Intensive Outpatient	$39,929,095	$59,726,596	$99,404,131
SUD Labs	$8,244,740	$10,633,549	$14,906,960
SUD Opioid Maintenance Treatment	$42,951,993	$42,934,571	$42,053,579
SUD Partial Hospitalization	$19,122,708	$26,182,726	$44,990,299
SUD Gambling	$9,367	$27,121	$25,527
SUD MD Recovery Net	$644,505	$629,892	$901,909
SUD Residential ICFA	$9,709	$33,288	$20,195
SUD Residential All Levels	$48,326,255	$56,264,686	$69,796,717
SUD Residential Room and Board	$13,709,930	$16,842,066	$21,061,202
SUD Court-Ordered Placement - Residential	$2,832,916	$2,625,282	$2,338,201
SUD Residential Room and Board - Court-Ordered Placement	$1,110,092	$969,654	$1,121,255
SUD Women with Children/Pregnancy - Residential	$294,416	$310,716	$434,964
SUD Residential and Board - Pregnant Women/Women with Children	$321,648	$267,506	$278,865
Grand Total	$205,131,475	$249,143,949	$336,983,015

*Administrative Service Organization (ASO) - FY 22-24 Data Consumers paid through 9/30/24, a portion of the data set was obtained 11/30/24 to ensure completeness



Administrative Service Organization (ASO) - FY 22-24

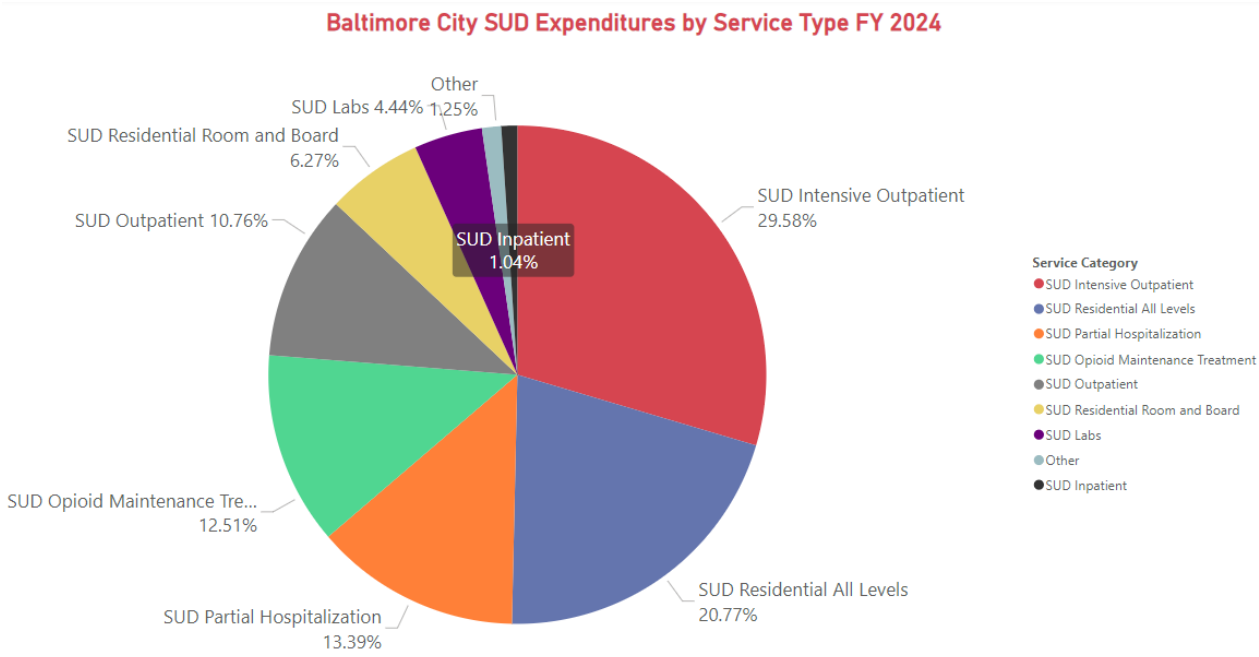
Substance use utilization increased steadily in both Baltimore City and Maryland from FY 22 to FY 24. Baltimore City saw a 23.9% rise in consumer numbers, from 57,348 in FY 22 to 71,038 in FY 24. Maryland experienced 16.4% growth over the same period, with consumer numbers growing from 194,524 in FY 22 to 226,455 in FY 24. This trend suggests a growing demand for substance use services at both the city and state levels, possibly due to increased awareness of services availability and/or rising substance use needs.



Administrative Service Organization (ASO) - FY 22-24

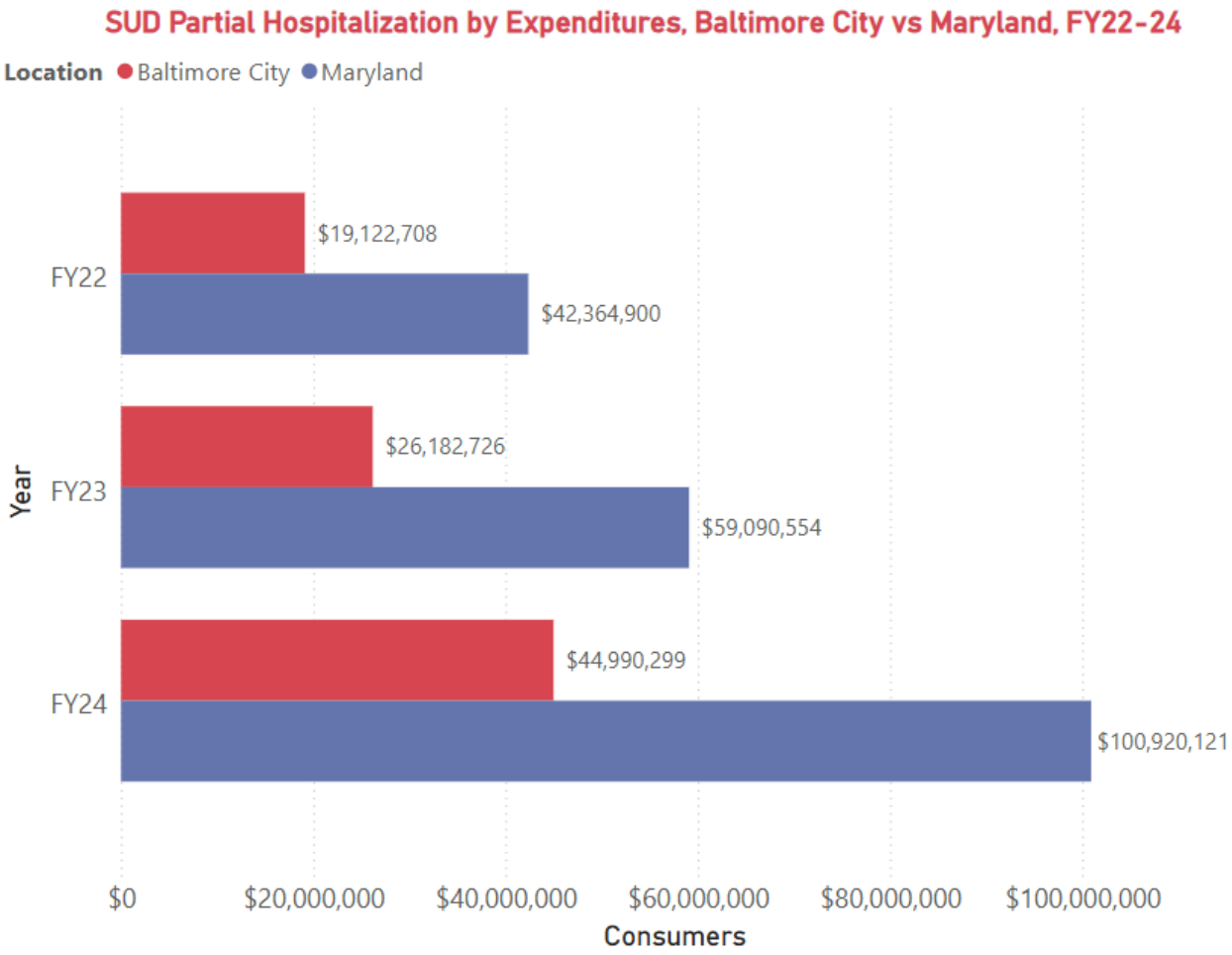
Substance use expenditures increased steadily in both Baltimore City and Maryland from FY 22 to FY 24. Baltimore City saw a 64.3% rise from approximately $205.1 million in FY 22 to approximately $337 million in FY 24. Maryland experienced a 52.9% growth over the same period, with expenditures growing from approximately $570.2 million in FY 22 to approximately $872 million in FY 24. The most significant growth of expenditures occurred between FY 23 and FY 24, with the city experiencing a 35.3% increase and the state rising by 26.0%.

Expenditures for the city rose at a faster rate (64.3%) than the number of consumers (23.9%). The state showed a similar pattern, with expenditures increasing by 52.9% and consumers increasing by 16.4%. This difference may be related to the rate increases that occurred during this time period, which would have increased the cost of services delivered but would have had less impact on the number of consumers served.



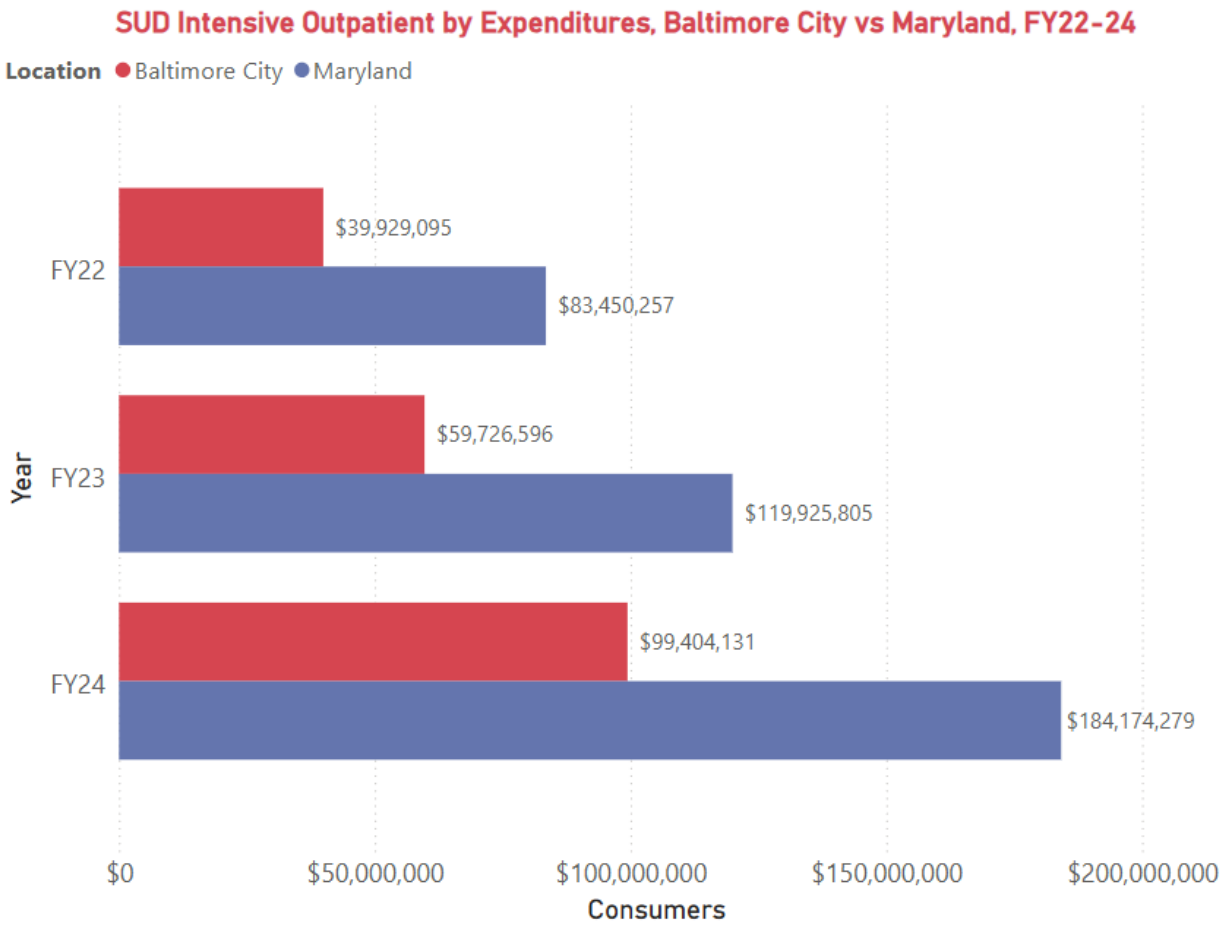
Administrative Service Organization (ASO) - FY 22-24

The pie chart above illustrates the total distribution of Baltimore City substance use expenditures by service type for FY 24. Intensive outpatient services account for the largest share of expenditures, representing 29.58% of the total. Residential all levels, comprising 20.77% of substance use expenditures, is the second-largest category, and partial hospitalization accounts for 13.39% of expenditures. Opioid maintenance treatment (OMT) follows closely with 12.51%, underscoring the importance of OMT to continue addressing the city's ongoing overdose crisis. Outpatient services, at 10.76%, represents a significant but smaller share of substance use expenditures. Smaller categories include residential room and board, accounting for 6.27%, labs at 4.44%, and inpatient services, at 1.04%.



Administrative Service Organization (ASO) - FY 22-24

Substance use partial hospitalization program (PHP) expenditures rose sharply over the last three years, increasing in Baltimore City by nearly $26 million (135.3%) between FY22 and FY24. At the state level, expenditures increased by nearly $59 million (138.2%) between FY22 and FY 24. In response to this rapid growth, MDH imposed a six-month moratorium on new PHP licenses effective July 1, 2024, which was subsequently extended through June 30, 2025.



Administrative Service Organization (ASO) - FY 22-24

Substance use intensive outpatient program (IOP) expenditures also rose over the last three years, increasing by more than $59 million (149.0%) between FY22 and FY24 in Baltimore City. Statewide, expenditures grew by more than $100 million (120.7%) between FY22 and FY24. In response to this rapid growth, MDH imposed a six-month moratorium on new PHP licenses effective July 1, 2024, which was subsequently extended through June 30, 2025.

Utilization – Adult

Statewide PBHS Substance Use Disorder (SUD) Utilization FY 2022-2024*	Total Unduplicated Consumer Counts, Adult (18-65+ Years Old)		
Service Category	**FY 22 Adult**	**FY 23 Adult**	**FY 24 Adult**
SUD Inpatient	**3,254**	**3,252**	**3,887**
SUD Outpatient	**47,445**	**50,474**	**56,086**
SUD Intensive Outpatient	**14,611**	**17,157**	**20,946**
SUD Labs	**58,644**	**61,807**	**65,380**
SUD Opioid Maintenance Treatment	**28,541**	**26,843**	**25,754**

SUD Partial Hospitalization	**5,905**	**7,191**	**9,219**
SUD Gambling	**132**	**141**	**196**
SUD MD Recovery Net	**1,727**	**2,032**	**3193**
SUD Residential ICFA	**13**	**13**	**11**
SUD Residential All Levels	**14,422**	**15,640**	**17,048**
SUD Residential Room and Board	**14,289**	**15,531**	**16,989**
SUD Court-Ordered Placement - Residential	**595**	**587**	**560**
SUD Residential Room and Board - Court-	**597**	**569**	**618**
SUD Women with Children/Pregnancy - Residential	**176**	**128**	**136**
SUD Residential and Board - Pregnant Women/Women with Children	**190**	**161**	**153**
Grand Total	**190,541**	**201,526**	**220,176**

*Administrative Service Organization (ASO) - FY 22-24 Data Consumers paid through 9/30/24, a portion of the data set was obtained 11/30/24 to ensure completeness

Statewide PBHS Substance Use Disorder (SUD) Utilization FY 2022-2024*	**Total Expenditures, Adult (18-65+ Years Old)**		
Service Category	**FY 22 Adult**	**FY 23 Adult**	**FY 24 Adult**
SUD Inpatient	**$11,296,218**	**$10,806,469**	**$11,296,204**
SUD Outpatient	**$74,263,726**	**$86,007,411**	**$100,113,660**
SUD Intensive Outpatient	**$83,071,984**	**$117,960,736**	**$178,175,109**
SUD Labs	**$39,769,587**	**$45,332,992**	**$53,489,116**
SUD Opioid Maintenance Treatment	**$116,211,157**	**$121,189,292**	**$121,341,720**
SUD Partial Hospitalization	**$42,346,715**	**$58,985,745**	**$100,814,058**
SUD Gambling	**$150,507**	**$201,757**	**$285,187**
SUD MD Recovery Net	**$2,739,178**	**$3,419,298**	**$5,779,554**
SUD Residential ICFA	**$97,089**	**$65,046**	**$55,535**
SUD Residential All Levels	**$139,785,675**	**$173,682,667**	**$207,884,824**
SUD Residential Room and Board	**$37,571,627**	**$48,835,908**	**$60,487,541**
SUD Court-Ordered Placement - Residential	**$11,670,951**	**$11,926,104**	**$12,310,937**
SUD Residential Room and Board - Court-Ordered Placement	**$4,189,001**	**$4,012,650**	**$4,618,898**

SUD Women with Children/Pregnancy - Residential	**$1,986,034**	**$2,193,372**	**$2,759,944**
SUD Residential and Board - Pregnant Women/Women with Children	**$1,907,456**	**$1,930,981**	**$1,951,205**
Grand Total	**$567,056,905**	**$686,550,428**	**$861,363,492**

*Administrative Service Organization (ASO) - FY 22-24 Data Consumers paid through 9/30/24, a portion of the data set was obtained 11/30/24 to ensure completeness

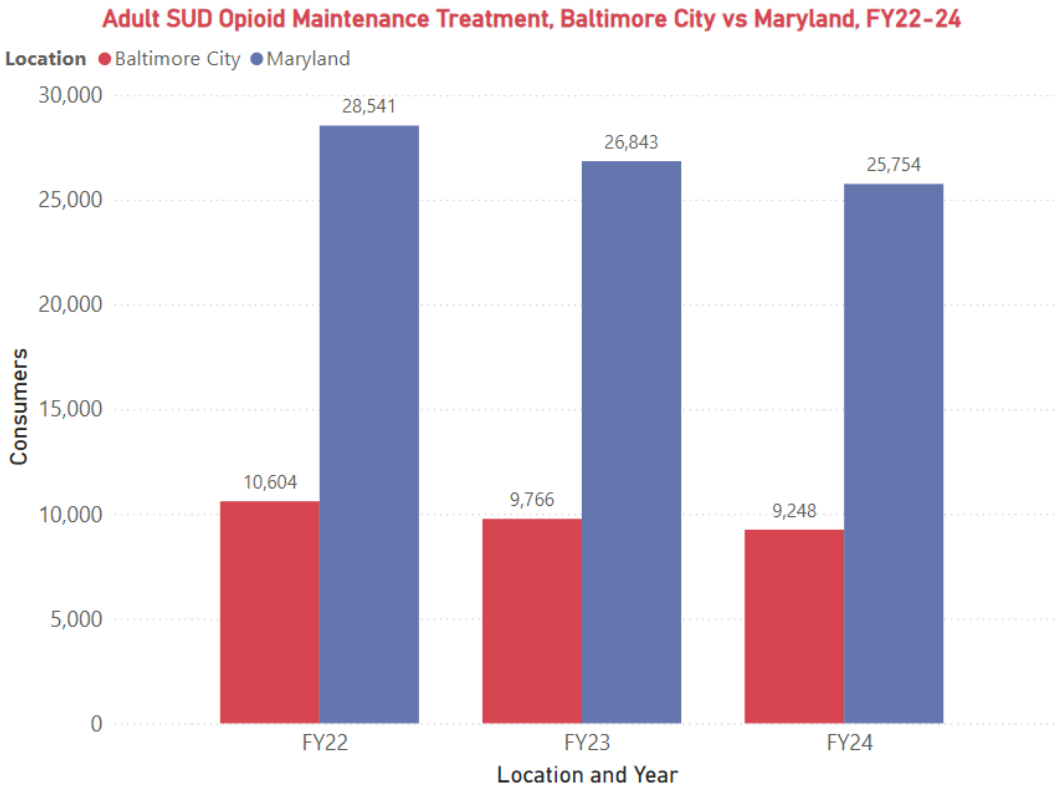
Baltimore City PBHS Substance Use Disorder (SUD) Utilization FY 2022-2024*	**Total Unduplicated Consumer Counts, Adult (18-65+ Years Old)**		
Service Category	**FY 22 Adult**	**FY 23 Adult**	**FY 24 Adult**
SUD Inpatient	**1,110**	**1,138**	**1,200**
SUD Outpatient	**12,955**	**14,140**	**17,485**
SUD Intensive Outpatient	**5,555**	**6,861**	**9,176**
SUD Labs	**13,537**	**15,000**	**16,725**
SUD Opioid Maintenance Treatment	**10,604**	**9,766**	**9,248**
SUD Partial Hospitalization	**2,460**	**2,934**	**3,710**
SUD Gambling	**15**	**17**	**24**
SUD MD Recovery Net	**397**	**374**	**538**
SUD Residential ICFA	**2**	**2**	**0**
SUD Residential All Levels	**4,740**	**4,863**	**5,413**
SUD Residential Room and Board	**4,693**	**4,941**	**5,489**
SUD Court-Ordered Placement - Residential	**170**	**139**	**130**
SUD Residential Room and Board - Court-Ordered Placement	**172**	**138**	**168**
SUD Women with Children/Pregnancy - Residential	**42**	**21**	**17**
SUD Residential and Board - Pregnant Women/Women with Children	**44**	**24**	**17**
Grand Total	**56,496**	**60,358**	**69,340**

*Administrative Service Organization (ASO) - FY 22-24 Data Consumers paid through 9/30/24, a portion of the data set was obtained 11/30/24 to ensure completeness

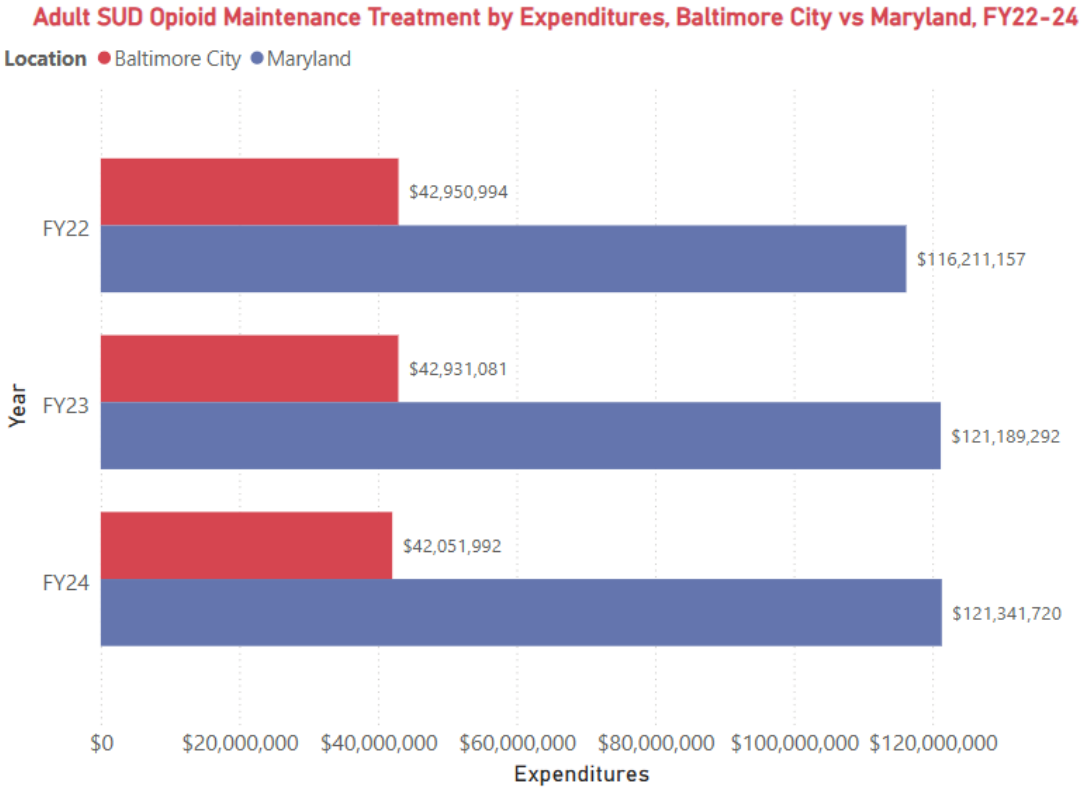
Baltimore City PBHS Substance Use Disorder (SUD) Utilization FY 2022-2024*	**Total Expenditures, Adult (18-65+ Years Old)**

Service Category	FY22 Adult	FY23 Adult	FY24 Adult
SUD Inpatient	$3,343,152	$3,293,104	$3,271,762
SUD Outpatient	$23,854,943	$27,879,430	$35,430,423
SUD Intensive Outpatient	$39,683,605	$58,609,071	$94,737,207
SUD Labs	$8,178,087	$10,535,096	$14,780,524
SUD Opioid Maintenance Treatment	$42,950,994	$42,931,081	$42,051,992
SUD Partial Hospitalization	$19,112,861	$26,134,817	$44,987,131
SUD Gambling	$9,367	$27,121	$25,429
SUD MD Recovery Net	$644,505	$629,892	$901,909
SUD Residential ICFA	$9,709	$29,589	$0
SUD Residential All Levels	$48,311,165	$56,247,031	$69,735,908
SUD Residential Room and Board	$13,705,180	$16,837,794	$21,037,628
SUD Court-Ordered Placement - Residential	$2,832,916	$2,625,282	$2,338,201
SUD Residential Room and Board - Court-Ordered Placement	$1,110,092	$969,654	$1,121,255
SUD Women with Children/Pregnancy - Residential	$294,416	$310,716	$434,964
SUD Residential and Board - Pregnant Women/Women with Children	$321,648	$267,506	$278,865
Grand Total	$204,362,640	$247,327,184	$331,133,198

*Administrative Service Organization (ASO) - FY 22-24 Data Consumers paid through 9/30/24, a portion of the data set was obtained 11/30/24 to ensure completeness



Administrative Service Organization (ASO) - FY 22-24



Administrative Service Organization (ASO) - FY 22-24

Between FY22 and FY24, the number of consumers receiving opioid maintenance treatment (OMT) services declined in both Baltimore City and the state overall. In Baltimore City, the number of individuals served dropped from 10,604 in FY22 to 9,248 in FY24, representing a 12.8% decrease. Statewide, the number declined from 28,541 to 25,754, a reduction of 9.8%. This data reflects reports from opioid treatment program providers in Baltimore City that they are seeing a decline in the number of consumers served.

Expenditures for OMT services decreased by smaller percentages between FY22 and FY24: 2.1% ($899,002) in Baltimore City and 4.4% ($5,130,563) statewide. The relatively larger changes across the three fiscal years in the number of consumers versus expenditures may be explained by rate increases.

Given the ongoing overdose crisis in Baltimore City and across the state, the decline in the number of consumers utilizing OMT raises concerns, but there are several possible factors that may help explain this decline. It is possible that there has been an increase in buprenorphine treatment from prescribers in the general healthcare system, which would not be reflected in the ASO data and could account for some of the decreased utilization of OMT services. It is also possible that increased utilization of SUD outpatient and intensive outpatient services may contribute to the decrease in OMT consumers.

Utilization – Youth

Statewide PBHS Substance Use Disorder (SUD) Utilization FY 2022-2024*	Total Unduplicated Consumer Counts, (Youth 0-17)		
Service Category	**FY 22 Youth**	**FY 23 Youth**	**FY 24 Youth**
SUD Inpatient	**86**	**121**	**106**
SUD Outpatient	**1,727**	**2,252**	**2,622**
SUD Intensive Outpatient	**110**	**311**	**609**
SUD Labs	**2,003**	**2,828**	**3,001**
SUD Opioid Maintenance Treatment	**6**	**7**	**8**
SUD Partial Hospitalization	**6**	**17**	**14**
SUD Gambling	**0**	**1**	**2**
SUD MD Recovery Net	**0**	**0**	**0**
SUD Residential ICFA	**3**	**20**	**34**
SUD Residential All Levels	**20**	**34**	**40**
SUD Residential Room and Board	**20**	**34**	**45**
SUD Court-Ordered Placement - Residential	**1**	**0**	**0**

SUD Residential Room and Board - Court-Ordered Placement	**1**	**0**	**0**
SUD Women with Children/Pregnancy - Residential	**0**	**0**	**0**
SUD Residential and Board - Pregnant Women/Women with Children	**0**	**0**	**0**
Grand Total	**3,983**	**5,625**	**6,481**

*Administrative Service Organization (ASO) - FY 22-24 Data Consumers paid through 9/30/24, a portion of the data set was obtained 11/30/24 to ensure completeness

Statewide PBHS Substance Use Disorder (SUD) Utilization FY 2022-2024*	**Total Expenditures, Youth (0-17 Years Old)**		
Service Category	**FY 22 Youth**	**FY 23 Youth**	**FY 24 Youth**
SUD Inpatient	**$401,251**	**$577,322**	**$802,591**
SUD Outpatient	**$1,769,534**	**$2,110,409**	**$2,608,969**
SUD Intensive Outpatient	**$378,273**	**$1,965,069**	**$5,999,170**
SUD Labs	**$429,539**	**$594,861**	**$675,354**
SUD Opioid Maintenance Treatment	**$11,304**	**$10,469**	**$16,407**
SUD Partial Hospitalization	**$18,185**	**$104,809**	**$106,063**
SUD Gambling	**$0**	**$629**	**$196**
SUD MD Recovery Net	**$0**	**$0**	**$0**
SUD Residential ICFA	**$19,880**	**$107,723**	**$167,512**
SUD Residential All Levels	**$91,025**	**$195,136**	**$242,517**
SUD Residential Room and Board	**$21,449**	**$46,828**	**$58,920**
SUD Court-Ordered Placement - Residential	**$43,054**	**$0**	**$0**
SUD Residential Room and Board - Court-Ordered Placement	**$13,637**	**$0**	**$0**
SUD Women with Children/Pregnancy - Residential	**$0**	**$0**	**$0**
SUD Residential and Board - Pregnant Women/Women with Children	**$0**	**$0**	**$0**
Grand Total	**$3,197,131**	**$5,713,255**	**$10,677,699**

*Administrative Service Organization (ASO) - FY 22-24 Data Consumers paid through 9/30/24, a portion of the data set was obtained 11/30/24 to ensure completeness

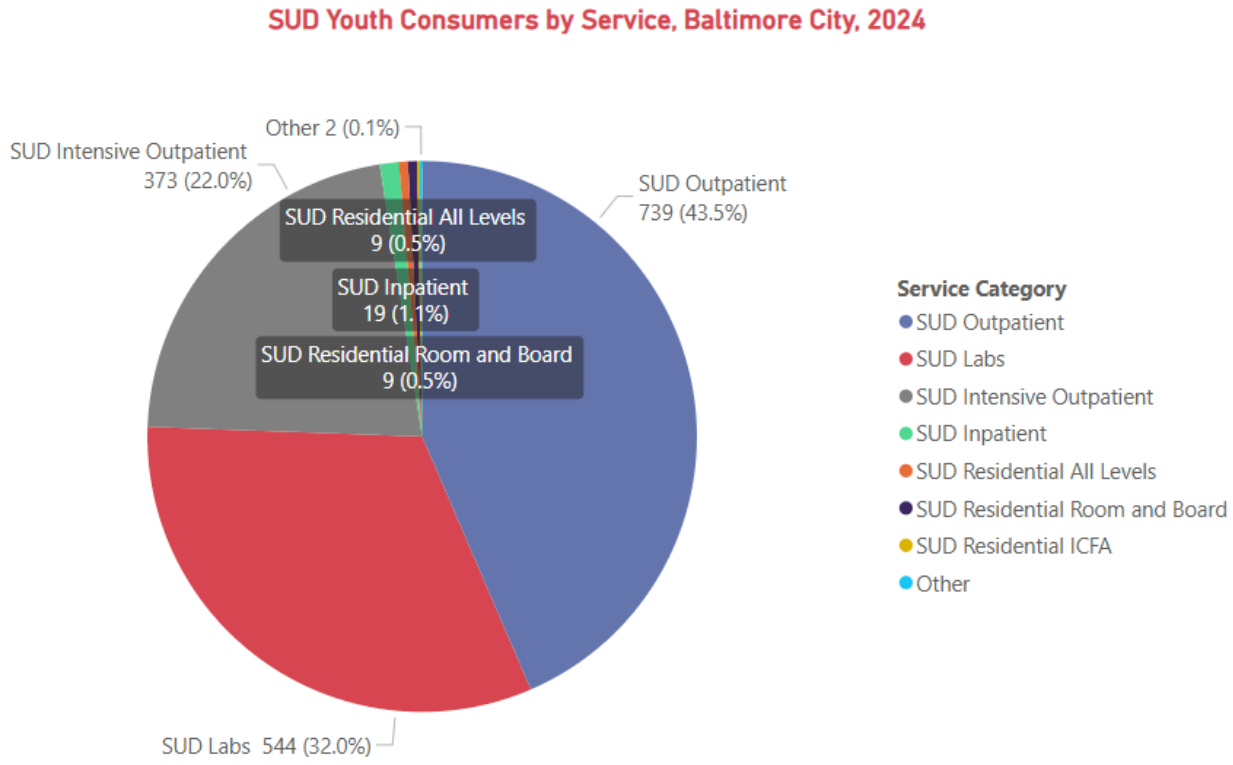
Baltimore City PBHS Substance Use Disorder (SUD) Utilization FY 2022-2024*	Total Unduplicated Consumer Counts, Youth (0-17 Years Old)		
Service Category	FY 22 Youth	FY 23 Youth	FY 24 Youth
SUD Inpatient	11	16	19
SUD Outpatient	391	531	739
SUD Intensive Outpatient	53	140	373
SUD Labs	387	498	544
SUD Opioid Maintenance Treatment	1	3	0
SUD Partial Hospitalization	3	4	1
SUD Gambling	0	0	1
SUD MD Recovery Net	0	0	0
SUD Residential ICFA	0	2	3
SUD Residential All Levels	3	3	9
SUD Residential Room and Board	3	4	9
SUD Court-Ordered Placement - Residential	0	0	0
SUD Residential Room and Board - Court-Ordered Placement	0	0	0
SUD Women with Children/Pregnancy - Residential	0	0	0
SUD Residential and Board - Pregnant Women/Women with Children	0	0	0
Grand Total	852	1,201	1,698

*Administrative Service Organization (ASO) - FY 22-24 Data Consumers paid through 9/30/24, a portion of the data set was obtained 11/30/24 to ensure completeness

Baltimore City PBHS Substance Use Disorder (SUD) Utilization FY 2022-2024*	Total Expenditures Youth (0-17 Years Old)		
Service Category	FY22 Youth	FY23 Youth	FY24 Youth
SUD Inpatient	$44,833	$82,295	$210,389
SUD Outpatient	$381,173	$441,467	$736,637
SUD Intensive Outpatient	$245,490	$1,117,525	$4,666,924
SUD Labs	$66,653	$98,453	$126,436
SUD Opioid Maintenance Treatment	$999	$3,490	$1,587
SUD Partial Hospitalization	$9,847	$47,909	$3,168

SUD Gambling	**$0**	**$0**	**$98**
SUD MD Recovery Net	**$0**	**$0**	**$0**
SUD Residential ICFA	**$0**	**$3,699**	**$20,195**
SUD Residential All Levels	**$15,090**	**$17,655**	**$60,809**
SUD Residential Room and Board	**$4,750**	**$4,272**	**$23,574**
SUD Court-Ordered Placement - Residential	**$0**	**$0**	**$0**
SUD Residential Room and Board - Court-Ordered Placement	**$0**	**$0**	**$0**
SUD Women with Children/Pregnancy - Residential	**$0**	**$0**	**$0**
SUD Residential and Board - Pregnant Women/Women with Children	**$0**	**$0**	**$0**
Grand Total	**$768,835**	**$1,816,765**	**$5,849,817**

*Administrative Service Organization (ASO) - FY 22-24 Data Consumers paid through 9/30/24, a portion of the data set was obtained 11/30/24 to ensure completeness



Administrative Service Organization (ASO) - FY 22-24

The pie chart illustrates the distribution of substance use services utilized by Baltimore City youth in FY24. The most frequently used service was outpatient, which accounted for 739 individuals or 43.5% of the total. This was followed by labs, which were utilized by 544 youth (32.0%), and intensive outpatient services with 373 youth (22.0%). Together, these three categories made up nearly 98% of all youth consumers utilizing substance use services, reflecting a strong reliance on outpatient and lab-based interventions.

The remaining service types show much lower utilization. Inpatient services supported 19 youth (1.1%), while residential programs at all levels and room and board each served 9 youth (0.5%). Other services made up just 0.1% of the total.

Uninsured Substance Use Consumers

Total Number and Percent Increase of Substance Use Disorder Uninsured Consumers Served in Baltimore City					
FY 2022	FY 2023	FY 2024	FY 2022 – FY 2023	FY 2023 – FY 2024	FY 2022 – FY 2024
			Percent change	Percent change	Percent change
1,012	1,071	2,003	5.54%	86.92%	97.92%

Administrative Service Organization (ASO) - FY 22-24

The number of uninsured substance use disorder consumers served in Baltimore City increased notably over the three fiscal years, rising from 1,012 in FY 2022 to 1,071 in FY 2023, reflecting a 5.54% increase. This was followed by a substantial surge to 2,003 in FY 2024, an 86.92% increase from the previous year. Overall, from FY 2022 to FY 2024, the total number of consumers served grew by approximately 97.92%, indicating a significant and growing demand for substance use disorder services among uninsured individuals in the city.

Medicaid Enrollment and Penetration Rate - Fiscal Year 2024

	Population Group	Total Medicaid Population	Consumers Served	Consumers Served	Penetration Rate (%)	Penetration Rate (%)
Service Type			Mental Health	Substance Use	Mental Health	Substance Use
Baltimore City	Adult	183,571	51,057	32,349	27.8%	17.7%
Baltimore City	Adult and Youth*	262,240	69,775	33,703	26.6%	12.9%

Baltimore City	**Youth***	**78,699**	**18,718**	**1,264**	**23.8%**	**1.61%**
Maryland	**Adult**	**990,884**	**192,280**	**109,216**	**19.4%**	**11.0%**
Maryland	**Adult and Youth***	**1,503,764**	**275,492**	**11,4396**	**18.3%**	**7.6%**
Maryland	**Youth***	**512,880**	**83,212**	**5,180**	**16.2%**	**1.01%**

Administrative Service Organization (ASO) and Hilltop UMBC Maryland Medicaid Data Port

*Youth includes ages 0-17 years old

The penetration rates for mental health and substance use services across Baltimore City and the State of Maryland highlight the critical role of the public behavioral health system in addressing the needs of Medicaid recipients. In Baltimore City, the adult mental health penetration rate was 27.8% (51,057 adults out of 183,571), surpassing the state's adult mental health services penetration rate of 19.4% (192,280 out of 990,884). This higher penetration rate reflects the mental health needs of Baltimore City community members, which may be impacted by stressors such as poverty and violence. Similarly, the adult substance use services penetration in Baltimore City was 17.7% (32,349 adults out of 183,571), significantly higher than the statewide rate of 11.0% (109,216 adults out of 990,884). This difference underscores the overdose crisis and substance use challenges that the city has faced for many years.

For youth, Baltimore City's mental health services penetration rate of 23.8% (18,718 out of 78,699) exceeded the statewide rate of 16.2% (83,212 out of 512,880), demonstrating robust access to mental health services for younger populations. Youth substance use services penetration rates remain low across the board, with Baltimore City at 1.61% (1,264 youth out of 78,699) and the state at 1.01% (5,180 youth out of 512,880).