Behavioral Health System Baltimore

Three-Year Strategic Plan: FY 2023-2025

FY 2025 Implementation Report

Purpose

The *Strategic Plan: FY 2023-2025* serves as a guide to drive BHSB's work and set a strategic direction that is responsive to system partners and the needs of the community. Its broad, overarching goals support ongoing, adaptive learning and organizational agility. The strategies are ambitious yet achievable and include a focus on strengthening BHSB's internal capacity to implement this work effectively.

This document reports on the third and final year implementing this three-year plan.

It is important to note that in January 2025, the federal government began issuing executive orders and other policy changes that may impact BHSB's work. As a federal contractor, BHSB is subject to these directives for any work conducted after their release. This strategic plan was developed in 2022 - prior to the issuance of these federal policy changes. It documents activities performed between July 1, 2024 – June 30, 2025.

Strategic planning process

Guidelines

The planning process for this strategic plan took place during FY 22. It was structured in accordance with 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.

Participants

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

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

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.

Results Based Accountability™ (RBA)

BHSB structured its strategic plan using the Results-Based Accountability™ (RBA) framework, applying a hybrid approach. Four strategies were developed and implemented using RBA tools, while seven strategies followed a more traditional approach that identified specific action steps along with associated measures for each step.

The Results-Based Accountability™ (RBA) framework was implemented by BHSB as a methodology to strengthen capacity for data-driven decision-making. It offers a disciplined way of thinking and acting to improve complex social problems by using data-driven decision-making processes to move beyond talking about problems to taking action to solve problems. The structured process helps build internal skills, align efforts with community needs, and ensure that initiatives deliver their intended outcomes.

Key RBA concepts include **population accountability**, **performance accountability** and **turn the curve thinking**.

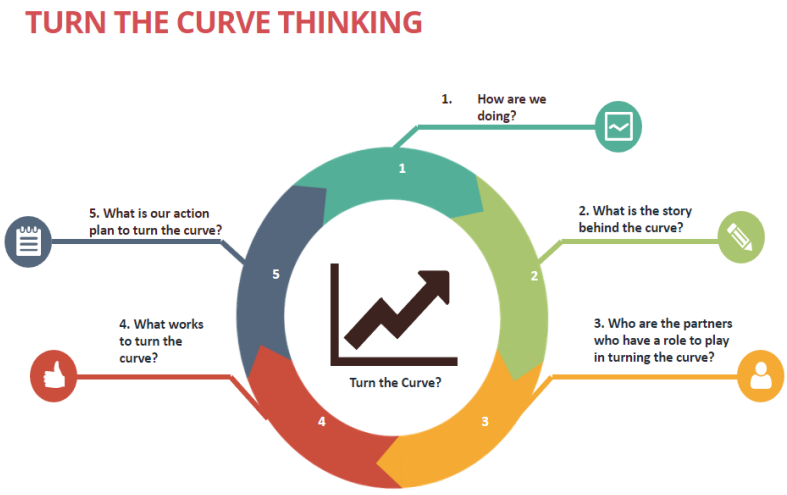
Population accountability aligns BHSB's work with that of other systems and organizations to promote community wellbeing. It asks: *what is the right thing to do?* The RBA process begins at this level with **results** and **indicators**.

- **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?*

Turn the Curve exercises provide a step-by-step process to analyze data and identify action steps. This exercise is repeated periodically. As the data changes, action steps are adapted.



FY 2025 implementation status

FY 25 was the third and final year implementing this three-year strategic plan. The following sections report on the implementation status of the strategies.

Non-RBA strategies implementation status

The implementation status of the seven non-RBA strategies is below. Each action step is marked as COMPLETED (green) or PARTIALLY COMPLETED (yellow). No action steps were marked NOT STARTED in this third and final year of implementation.

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**	As a result of implementing this strategy, BHSB added a deliverable to targeted sub-vendor contracts requiring that they incorporate safe sleep practices into their standard operating procedures.
	Provide access to specific guidance for behavioral health providers on safe sleep practices that outline recommendations for integration into assessment and ongoing treatment planning	Guidance is accessible to the provider network	**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**	
	All BHSB programmatic staff will complete a safe sleep training	% of programmatic staff who have completed safe sleep training	**COMPLETED**	100% of programmatic staff completed a safe sleep training during the first year of implementation
(Result #1) Strategy 2 *Implement processes and practices that advance an antiracist organizational culture*	Create a structure to measure and track BHSB's progress toward becoming an accountable organization	Accountability structure is created	**COMPLETED**	*Framework for an Accountable BHSB* was released in January 2025
	Plan and begin having all staff BHSB community forums to provide updates and discuss the work BHSB	BHSB community forum convened	**COMPLETED**	Completed

	is doing to become an accountable organization			
(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**	The platform was implemented and a new dashboard that includes data from BHSB's accounting and contract management systems is being built in two phases: Phase 1 (budget to expense reports) is complete. Phase 2 (reports incorporating contract management data) are approximately 50% complete with a planned deployment by the end of September 2025.
	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	**PARTIALLY COMPLETED**	Staff were trained on how to use the budget to expense reports to analyze program spending. Formal procedures will be developed once reports are complete.

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*	Continue 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	Incorporate the perspectives of people with lived experience and other stakeholders by January 2025	**COMPLETED**	Crisis data is reported at the monthly Central MD Regional Crisis System Community Engagement Committee meetings for feedback. A post-call 988 survey and a mobile response team follow-up survey have been implemented, and data is shared with stakeholders. Consumer Quality

(Baltimore City and Baltimore, Carroll and Howard Counties)				Team interview data regarding 988 and mobile teams is also collected and analyzed.
	Monitor the effectiveness of the triage and dispatch protocol for the Call 988 Helpline	Develop measures and begin tracking the impact of the triage and dispatch protocol by June 2025	**PARTIALLY COMPLETED**	Data fields were built out in the software in FY 25. However, they were not required fields until June 2025, resulting in missing data. Data analysis will begin during FY 26.
(Result #2) Strategy 2 *Increase number of certified Peer Recovery Specialists in programs that are funded by BHSB to provide peer recovery services*	Continue to collect data from BHSB grant-funded programs to track the number and percentage of peers who are certified Peer Recovery Specialists	Of programs funded by BHSB to provide peer recovery services, 85% of non-certified Peer Recovery Specialists will complete required core trainings for CPRS certification by June 30, 2025	**PARTIALLY COMPLETED**	80% of non-certified peer recovery specialists employed by a BHSB-funded program to provide peer services have completed the required core trainings for CPRS certification.
		Of programs funded by BHSB to provide peer recovery services, 75% will have all Peer Recovery Specialists certified within 18 months of employment by June 30, 2025	**PARTIALLY COMPLETED**	72% of programs funded by BHSB to provide peer recovery have all peers certified within 18 months of employment.

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*	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	Select at least one tool before	**COMPLETED**	Completed

our work	which is best for our purposes	December 31, 2022		
	Pilot selected tool to collect data from community	Use tool to collect data from community before June 2025	**COMPLETED**	BHSB implemented this strategy by using storytelling as a qualitative data methodology
(Result #3) Strategy 2 *Increase staff knowledge and understanding of co-design principles*	Plan and implement at least one opportunity for all BHSB staff to learn about codesign as a philosophy and practice	% of BHSB staff who participated in an opportunity to learn about codesign as a philosophy and practice	**PARTIALLY COMPLETED**	BHSB advanced this strategy through the activities noted in the Result #3, RBA Strategy 1 implementation progress section.
	Plan and implement at least one interactive learning opportunity for BHSB staff whose assigned work involves young people and families to engage in learning how to integrate the codesign philosophy and practices into BHSB's work	% of BHSB staff whose assigned work involves young people and families who participated in an opportunity to learn how to integrate the codesign philosophy and practices into BHSB's work	**PARTIALLY COMPLETED**	
	Deepen staff knowledge and understanding by planning and implementing at least one opportunity for external partners who engage with young people and families to learn about codesign as a philosophy and practice	# of trainings for external partners to learn about codesign as a philosophy and practice	**PARTIALLY COMPLETED**	

RBA strategies implementation status

As noted above, BHSB applied a hybrid approach to this strategic plan that includes RBA and non-RBA strategies. This section reports on progress implementing the four RBA strategies.

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

RBA Strategy 1 implementation progress

Strategy	Measures	Data
Result 1, Strategy 1:	**How much?** # supervisor trainings	FY 23: 5 trainings FY 24: 10 trainings

Supervisors will integrate an antiracist lens into day-to-day work activities and 1:1 discussions		FY 25: 12 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% FY 25: 97%
	Is anyone better off? % of employees who report that conversations and other interactions with their supervisor positively contributed to their effectiveness at work	FY 23: TBD FY 24: TBD FY 25: 97%

More than 30 BHSB positions are assigned the role of being a supervisor, and staff who fill these positions bring a wide array of supervisory skills and experience. To advance this strategy, BHSB has focused on building a shared foundation of knowledge about BHSB's workplace policies and increasing consistency in how they are implemented across the organization.

Action steps during FY 25

Supervisors met as a group 12 times during FY 25. Meetings were organized around operationalizing BHSB's values and included a mix of structured instruction with interactive peer-to-peer learning, focusing on the role of supervisors in implementing BHSB workplace policies, including when to consult with Human Resources. The workplace policies that were discussed include:

- Leave, including how leave and other benefits work together
- Americans with Disabilities Act (ADA)
- Workers compensation
- Timesheets, including differences related to exemption status
- Onboarding new staff
- One-on-one meetings with staff
- Workplace ethics

The meetings incorporated smaller breakout discussion groups that offered opportunities for supervisors to share practical strategies for operationalizing BHSB's values and implementing policies within their teams. The discussions provided valuable insights, which were gathered and used to refine processes. For example, supervisors' feedback shaped changes that were made to the documentation forms used in one-on-one meetings with staff, enhancing their usefulness and effectiveness.

Additionally, supervisors began to co-create BHSB's supervisor competency model. This model will align the role of supervisors across the organization and establish a set of expectations of all supervisors.

Anticipated work during FY 26

BHSB will continue to foster open dialogue with supervisors through ongoing discussions that provide education on workplace policies and create structured opportunities for supervisors to

offer feedback that informs policy and practice improvements. Additionally, supervisors will remain actively engaged in co-developing a supervisor competency model and will participate in learning sessions focused on team building and effectively delivering feedback.

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	$15,625,242 in total FY 25 funding to providers that offer housing, shelter, and residential services • 87% of these identified providers completed a survey • $14,205,534 of the total FY 25 funding (38%) 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: • 80.4% of funding is to providers that do not require abstinence before receiving services • 61.0% 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, 17% 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, 9% of BHSB staff were unsure or disagreed that supporting people who use drugs was a part of BHSB's mission.

BHSB conducted another around of data collection during FY 25. Providers reported that they were open to receiving technical assistance to implement harm reduction principles and feedback on changes they had already made. Compared to FY 24, more providers indicated that they have expanded access to naloxone, reflecting progress in harm reduction efforts.

<u>Action steps</u>

BHSB conducted a **Turn the Curve** exercise during FY 25 to analyze the data and identify action steps, which included:

1) Assess implementation and resulting impact of the harm reduction deliverable that was added to relevant BHSB sub-vendor contracts. The contract deliverable was:

> The sub-vendor will annually document the use of approaches to increase knowledge about and transform practices related to harm reduction, a proven

approach to reducing substance use-related morbidities and mortality. Materials, training, and consultation services are available through the Maryland Harm Reduction Training Institute (MaHRTI) at https://www.mahrti.org . For assistance in curating training for your organization to meet this deliverable, contact MaHRTI at mahrti@bhsbaltimore.org. Example: Options to meet this deliverable, based on your targeted population and scope of service, could include but are not limited to distributing or posting literature from MaHRTI or other harm reduction organizations within your organization; providing in-house training for staff (MaHRTI can assist with this); having staff attend live or self-paced virtual MaHRTI trainings; etc.

FY 25 status update: Due to limitations in the system used to collect data, BHSB was unable to assess performance across sub-vendors in FY 25. In FY 26, BHSB will enhance the data collection system to support the compilation and analysis of data needed to measure the impact of the harm reduction deliverable.

2) Increase opportunities to advance knowledge about harm reduction practices during BHSB's work in communities.

   FY 25 status update: Staff representing BHSB's teams that regularly engage with community members met internally throughout FY 25, with nearly a dozen opportunities to collaborate on outreach and engagement identified and acted upon throughout the fiscal year.

3) Develop an ongoing collaboration between BHSB's Child and Family, Harm Reduction, and Prevention teams to support greater awareness of harm reduction practices within the youth-serving systems.

   FY 25 status update: Staff from the three teams met throughout most of FY 25 to identify key areas of knowledge and begin developing approaches to increase awareness of harm reduction practices. The next step during FY 26 will be to develop a youth harm reduction strategy.

4) Provide annual harm reduction training for BHSB staff.

   FY 25 status update: In September 2024, members of BHSB's Harm Reduction team presented "Innovations in Harm Reduction at BHSB" to staff. The presentation highlighted how harm reduction is central to BHSB's mission and showcased areas where it is integrated into the organization's work. As part of the meeting, staff had the opportunity to participate in a values clarification exercise designed to encourage reflection on personal beliefs about people who use drugs and how those beliefs influence their work at BHSB. To measure the extent to which harm reduction principles are embraced across BHSB, a pre- and post-survey was conducted.

5) Make harm reduction training more accessible/applicable to BHSB staff.

   FY 25 status update: BHSB's Maryland Harm Reduction Training Institute (MaHRTI) team developed an internal resource sheet highlighting trainings that offered continuing education units (CEUs) for licensed staff for Human Resources to share with all new BHSB staff during onboarding.

6) Develop and maintain a process to enhance the efficiency of the system used to track and report on the Harm Reduction team's activities.

   FY 25 status update: To effectively manage the complex reporting requirements associated with its harm reduction funding, BHSB had planned to develop a custom application to support data collection and reporting. However, given the frequent changes in reporting

requirements, it became clear that the data collection system must be flexible and easily adaptable to remain compliant. After evaluation, BHSB determined that its existing system, which was built using Power Automate tools, offers the most efficient use of technology. To support long-term sustainability, responsibility for maintaining and making future enhancements to the system is being transitioned to the Data team to support sustainability. This transition began during FY 25 and will continue during FY 26.

7) Provide learning opportunities for BHSB staff and providers about models for providing non-abstinence-based residential and housing services.

   FY 25 status update: An internal collaborative workgroup has been actively working to identify a provider that exemplifies this service model and is willing to present to BHSB staff, providers, and other Baltimore City partners.

8) Proactively educate providers about harm reduction.

   FY 25 status update: BHSB provided harm reduction updates in monthly provider newsletters and via the newly created Harm Reduction Corner during quarterly All Provider Meetings. Topics covered during FY 25 included: how to learn more about harm reduction, how providers can adopt harm reduction practices within their organization, avenues for consumers to access naloxone to prevent fatal overdose, and information about syringe services programs.

<u>Anticipated work to advance this strategy during FY 26</u>

BHSB carried over this work into BHSB's next three-year strategic plan (FY 26 - FY 28) with a strategy that aims to "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." BHSB will continue to monitor progress toward achieving the action steps on a monthly basis, with another round of data collection and Turn the Curve exercises anticipated during FY 26.

It is important to note that on June 20, 2025, ten days before implementation of this next three-year strategic plan began, BHSB learned that effective July 1, 2025, BHSB would no longer manage the Maryland Department of Health's statewide harm reduction training. With this change, BHSB is no longer funded to provide harm reduction training and technical assistance to providers and other stakeholders.

This change has substantially reduced BHSB's capacity to offer the education and technical assistance needed to support meaningful change. For example, the technical assistance MaHRTI offered to support sub-vendors in implementing BHSB's harm reduction deliverable (referenced in action step 1) is no longer available, nor are the MaHRTI trainings (referenced in action step 5) that offered continuing education units (CEUs).

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 • FY 25: 122

		<u>Substance use</u> • FY 21: 18 • FY 22: 18 • FY 23: 15 • FY 24: 15 • FY 25: 15
	How well? clinician to student ratio	• FY 21 - 1:590 • FY 22 - 1:580 • FY 23 - 1:595 • FY 24 - 1:589 • FY 25 – 1:615
	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 • FY 25: 0.77

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.

The ESBH program has faced persistent challenges in expanding access due to level funding. While additional funds for ESBH have not been identified, the Baltimore City Community Supports Partnership (BC CSP) began providing services in Baltimore City during FY 25. BC CSP is part of a state-wide project aimed at expanding access to comprehensive behavioral health services for children from kindergarten to high school. Services are provided both in schools and the community for students enrolled in City Schools and their families. BHSB serves as the Hub pilot, providing project management for the BC CSP. Eleven providers – referred to as Spokes – offer services and supports.

<u>Action steps</u>

During FY 25, BHSB conducted a **Turn the Curve** exercise to analyze the data collected for the *How well?* measure. Action steps that resulted from the exercise included:

1. Conduct a competitive procurement for ESBH services in FY 26 to increase the number of providers.

   FY 25 status update: A Request for Proposals was released on November 1, 2024, with service delivery scheduled to begin on July 1, 2025. It resulted in the selection of 11 ESBH providers - an increase of 4 providers compared to FY 25.

2. Engage providers in ongoing communication with student wellness support teams.

   FY 25 status update:

   - *Student wellness support team meetings have been implemented in City Schools district wide.*

- *The annual back-to-school training for all school-based clinicians provided targeted education in key areas essential to supporting student health and wellness, including, naloxone administration, sexual and reproductive health, and crisis response services.*

3. Implement the BC CSP initiative.

   FY 25 status update: BHSB filled three key staff positions - a project manager, data analyst and grants accountant– and began building a collaborative partnership with executive leadership at City Schools. This partnership is essential to the next phase of the BC CSP initiative, which includes developing a governance structure.

Other advancements of this strategy during FY 25 include:

- 18 school visits, during which there were valuable opportunities to engage school leadership in meaningful conversations about ESBH services
- Quarterly meetings with City Schools' Director of Social Work , Assistant Chief of Staff and other department directors to address targeted objectives
- Meeting with school resource officers, which led to an opportunity to provide Critical Incident Training (CIT) to officers

Work going forward

Although the ESBH program and BC CSP share similar goals, City Schools has requested that the two initiatives remain separate. Moving forward, BHSB will continue its collaboration with City Schools to support the ESBH program, while also focusing on building the infrastructure required to fully implement the BC CSP initiative.

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.

During FY 25, BHSB advanced this strategy through the following activities:

- Engaged young people to review applications submitted in response to two Requests for Proposals issued by BHSB that were seeking services for youth
- Partnered with a local expert to explore offering training on codesign practices
- Partnered with other stakeholders to host a focus group that engaged young people to help shape the mental health and wellness services offered in schools
- Quarterly meetings with the Behavioral Health Administration to discuss opportunities to engage youth and families to help shape programming
- Participated on a workgroup that supported Baltimore City Health Department's Youth Engagement Commission in building the capacity of the young people to successfully advocate for their needs
- Participated as a member of the Baltimore City Department of Social Services Health Advisory Committee, which engaged youth in helping to shape services that are provided to support their mental health and wellbeing
- Began planning the structure required by the BC CSP initiative to ensure that youth, families and community members inform the services that are offered