

## **Behavioral Health System Baltimore, Inc. (BHSB)**

### **Three-Year Strategic Plan: FY 2026-2028**

The Three-Year Strategic Plan: FY 2026-2028 includes broad, overarching goals that 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.

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

## **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 follow evidence-based practice, incorporate consumer voice in service development, center consumer autonomy, move beyond abstinence-only approaches, and 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

*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

**Note:** BHSB lost funding for the statewide harm reduction training institute effective July 1, 2025. We are working to identify alternate sources of funding to advance this strategy.

*Implementation lead: Harm Reduction team*

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

### Action steps and measures:

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

*Measure: Three new projects related to meeting the needs of people most impacted by drug use-related harms are implemented by BHSB or with BHSB's support*

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

*Measure: 100% of BHSB programmatic staff attend a training relevant to their area of work that advances approaches designed to meet the needs of people most impacted by drug use-related harms*

- 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 drug user health services for Spanish-speaking people who use drugs

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

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

- Offer four population-specific drug user health trainings to public behavioral health system providers

*Measure: Four population-specific drug user health trainings or presentations 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*

<b>Strategy 4:</b> Categorize operating budget and expenditures based on BHSB services
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*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
- Determine contract numbering standards and train staff who create contract numbers

*Measure: BHSB contracts are categorized by organizational services*

*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*



**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*