



# **Behavioral Health System** Baltimore

## **BHA Strategic Plan and Annual Report**

Submitted to the Behavioral Health Administration (BHA), Maryland  
Department of Health

per BHA's *Local Strategic Plan, Report and Financial Plan Guidelines*

*Fiscal Year 2027 - 2029*

**January 5, 2026**

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# SECTION A: 3-YEAR STRATEGIC PLAN (FY 26–28)

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## 1. Introduction

### 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.

In its role as the LBHA, BHSB administers grant funds designated to address needs, gaps, and barriers to a comprehensive and accessible public behavioral health system in Baltimore City. These grant funds support both the purchase of services from sub-vendors and consultants, as well as BHSB’s staffing and other operational costs to fulfill our role.

To maximize the use of limited grant funds, BHSB regularly reviews the array of services it purchases to determine if there are opportunities to advocate for shifting priorities based on evolving needs and system gaps. In addition to purchasing services, BHSB assesses its structural capacity to ensure it can effectively plan, manage, and monitor the public behavioral health system in Baltimore City. This work requires funding for:

- Staff time, knowledge and expertise
- Comprehensive and compliant financial operations
- Robust and secure technology systems
- Collaborative partnerships with stakeholders
- Meaningful engagement with the people, families, and communities that we serve

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 structure includes six departments:

- *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 Department*

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 Department*

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 Department*

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 Department*

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. The overall goal is to increase BHSB's capacity to be nimble, efficient, and adaptive to change. The department provides operational support to cross-organizational processes and functions, manages procurements, protects the privacy and security of BHSB's information technology operations, facilitates education and training opportunities for BHSB staff and the provider network, coordinates BHSB's emergency response planning and activities, and leads the organization-wide development and implementation of the strategic plan. In addition, Operations works to advance a philosophy across the system of care that centers the voices, experiences, and autonomy of people who use drugs and embraces innovative approaches to advance evidence-informed practices that promote health and wellness for people who use drugs.

- *Finance Department*

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 issuing contracts, 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, preparing financial statements, and overseeing audits.

### Board of Directors

BHSB's 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.

### **Jurisdiction Overview**

Baltimore City, located in central Maryland along the Patapsco River, spans approximately 81<sup>1</sup> square miles. The City has a rich history and vibrant arts scene and is known for its front stoops - typically constructed from marble - that for generations have served as a place where neighbors gather and build community with one another. Baltimore City has the oldest continuously operating public market system in the United States, and the restaurant scene is dynamic, with multiple award nominations and national press. The Black Arts District along Pennsylvania Avenue, which is dedicated to the empowerment of Black creatives and their communities<sup>2</sup> has a long history as a cultural center for the City's majority Black population. The district was designated to honor this legacy and support community-based revitalization efforts through culture, arts, and entertainment.<sup>3</sup>

After a decade of steadily declining population figures, Baltimore City began seeing an upward trend in 2024, with a current population estimate of 568,271.<sup>4</sup> It has a racial and ethnic composition of 58.2% Black or African American, 27.0% White, 2.8% Asian, 6.8% identifying as two or more races, and 4.4% identifying as some other race. Of the total population, 8.8% identifies as Hispanic or Latino.<sup>5</sup> The median age is 36.5 years.<sup>6</sup> Economically, Baltimore faces challenges, with a median household income of \$64,778—significantly below the Maryland

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<sup>1</sup> United States Census Bureau, [Census Bureau Profiles Results](#), accessed October 10, 2025.

<sup>2</sup> <https://www.blackartsdistrict.org/programs>

<sup>3</sup> <https://www.blackartsdistrict.org/about-us>

<sup>4</sup> Maryland Department of Planning, State Data & Analysis Center, [2024 American Community Survey](#), accessed October 10, 2025.

<sup>5</sup> Ibid.

<sup>6</sup> Ibid.

state median of \$102,905.<sup>7</sup> The unemployment rate is 4.5%.<sup>8</sup> Civilian veterans comprise 5.5% of the civilian population age 18 years and over.<sup>9</sup>

Some communities in Baltimore City experience disproportionately high rates of poverty, violent crime, and adverse health outcomes. Many of these communities have also undergone decades of disinvestment. However, the City has been investing in youth, neighborhoods, and strategies that are yielding historic reductions in homicides and non-fatal shootings.

## Baltimore City Successes and Challenges

### Health of the Population

The Baltimore City Local Health Improvement Coalition (LHIC) is a body of key stakeholders working together to support the improvement of health outcomes throughout Baltimore City. It is convened by the Baltimore City Health Department (BCHD), and BHSB participates as a member. Every three years the LHIC conducts a community health assessment (CHA), which serves as a guide to prioritize health concerns, create solutions, and use resources effectively to address issues in the community.

The 2023–2024 CHA identified three top priority health needs: mental health, chronic health conditions, and access to care.<sup>10</sup> It highlights that social determinants of health—such as poverty, housing instability, and systemic inequities—continue to drive adverse health outcomes across many neighborhoods. These disparities are particularly pronounced in communities with historically limited access to healthcare and other essential resources.

### Overdose Prevention and Response

The overdose crisis remains a serious concern for Baltimore City. Baltimore City makes up 9% of Maryland’s population but represented 44% of the state’s fatal overdoses in 2024 (778 out of 1,770). Baltimore saw a decrease from 1,043 deaths in 2023 to 778 in 2024, though final figures may adjust these numbers.<sup>11</sup> Increasingly, City government and local organizations are utilizing local overdose data to inform outreach and overdose response efforts, enabling a data-driven approach that adapts to emerging needs. BHSB partners closely with BCHD and the Mayor’s Office of Overdose Response, which serve as the leads in Baltimore City for addressing the overdose crisis.

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<sup>7</sup> Ibid.

<sup>8</sup> Ibid.

<sup>9</sup> Ibid.

<sup>10</sup> Baltimore City Health Department, [Reports | Baltimore City Health Department](#), accessed October 10, 2025.

<sup>11</sup> Overdose Data Portal, Maryland Department of Health, <https://health.maryland.gov/dataoffice/Pages/mdh-dashboards.aspx#Overdose>.

### Mass overdose events

On July 10, there was a [mass overdose event](#) in the Penn North neighborhood, followed by clusters of overdoses on July 17, July 18 and October 8. BHSB coordinated with the City to help with the response over the days that followed each event. Some of BHSB's activities included:

- Bmore POWER regularly conducts scheduled outreach in the Penn North neighborhood and was on site when the July 10 event began. The team provided a strong and steady presence on scene, supporting the City in its emergency responses, including bringing a large supply of naloxone to the scene for distribution, and supporting follow up canvassing efforts.
- BHSB dispatched BCRI to provide mental health support on scene and coordinated with them to continue efforts to follow up with people who were impacted and respond to ongoing mental health needs in the community. BHSB also facilitated a debrief with BCRI to identify opportunities to learn from the behavioral health response to the overdose events.
- BHSB participated in a debrief with the City to review how the response to the July 10 event unfolded and how to better respond in the future.
- BHSB continues to collaborate with BCHD and Mayor's Office of Overdose Response to support the City in developing standard operating procedures to respond to mass overdoses.

### Baltimore City's response

Baltimore City has established a range of structures to support a coordinated, city-wide response to the overdose crisis. Among these is the Restitution Advisory Board (RAB), which is responsible for guiding the use of the City's opioid restitution funds by reviewing grant applications and making funding recommendations. These recommendations are then reviewed by the Mayor's Overdose Cabinet, with final approval granted by the Mayor. BHSB has an ex officio seat on the RAB.

During the summer of 2025, the City released a draft [Overdose Response Strategic Plan for 2025-2027](#), which is grounded in a [comprehensive needs assessment](#). BHSB participated in regular meetings with BCHD and the Mayor's Office through the winter and spring of 2025 to support the needs assessment and strategic planning processes. The plan is considered a living document, and community members are encouraged to offer feedback on an ongoing basis.

BCHD facilitates Baltimore City's Overdose Fatality Review (OFR) team and Overdose Prevention Team (OPT). The OFR conducts confidential reviews of fatal and non-fatal overdose incidents to identify system gaps and propose strategies to prevent future overdose deaths. The OPT reviews data trends, identifies opportunities to meet community needs, and works to implement action items identified by the OFR. Both the OFR and OPT are state-mandated multidisciplinary teams that are comprised of stakeholders representing organizations across

multiple sectors, including social services, education, criminal justice, mental and behavioral health and others. BHSB co-chairs the OPT at the invitation of BCHD and participates as a member of the OFR.

### 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 BPD had engaged in a pattern and practice of unconstitutional policing. Paragraph 97 of the Consent Decree requires that the City address gaps in the behavioral health service system.

The Baltimore City Behavioral Health Collaborative (“Collaborative”) has a central role in fulfilling the goals of Paragraph 97, serving as a platform for ongoing public input, accountability, and collaborative planning for the behavioral health system in the city. BHSB co-chairs the Collaborative, along with the Mayor’s Office and BPD.

The Collaborative advises on police policy and training, uses data to monitor progress in implementing change, and oversees progress in implementing recommendations from quality improvement activities, including audits of police contacts with people experiencing behavioral health crises and sentinel event reviews. These reviews, hosted by the City, examine incidents of use of force involving people experiencing a behavioral health crisis.

The City released the [Consent Decree Paragraph 97 Implementation Report](#) (July to December 2024) for public comment in July 2025 to document progress made toward achieving the recommendations of Paragraph 97. The City has been able to leverage areas of BHSB’s work to demonstrate progress in fulfilling the goals of Paragraph 97, including:

- Creating the 988 call center
- Diverting calls from 911 to 988
- Placing a behavioral health clinician in the 911 call center
- Enhancing mobile crisis response
- Expanding peer support services
- Promoting the use of 988 through public education and community engagement, including leveraging trusted community ambassadors—such as clergy, barbers, and other local leaders—to help community members understand what to expect when calling 988
- Implementing the open access program, which enables people to get a same day or next day appointment in clinics that provide mental health and/or substance use disorder services

## Behavioral Health Emergency Response

During the summer of 2025, three Baltimore City community members experiencing mental health crises tragically lost their lives as a result of actions taken by law enforcement. BHSB coordinated with the City to help with the response over the days that followed, including:

- Participating in community engagement efforts
- Geo-targeting 988 information
- Working to educate the media about 988, including several media pieces that were published or aired
- Facilitating critical incident debriefing in the area
- Reaching out to community members with whom we had established relationships to help spread the word with community members and the media about 988 as a resource to get help in the moment instead of having to rely on police

In response to these tragedies and other circumstances, the crisis response system became a focus of heightened attention in the City. There were city council committee hearings during the summer and fall of 2025 related to behavioral health, with a full city council hearing at the end of August on the crisis response system. BHSB has coordinated with the City and City Council members to support the hearings and to testify. We have also been providing education to City Council members and their staff and other City stakeholders on how the crisis system works and how we can improve accountability within the system.

## 2. Key Priorities, Goals, Objectives, and Outcomes

Three-Year Strategic Plan: FY 2023-2025, FY 2025 Implementation Report

During FY25, BSHB completed the third and final year of its [Three-Year Strategic Plan: FY 2023-2025](#). The [FY 2025 Implementation Report](#) is posted to BHSB's website and included below.

## 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**.

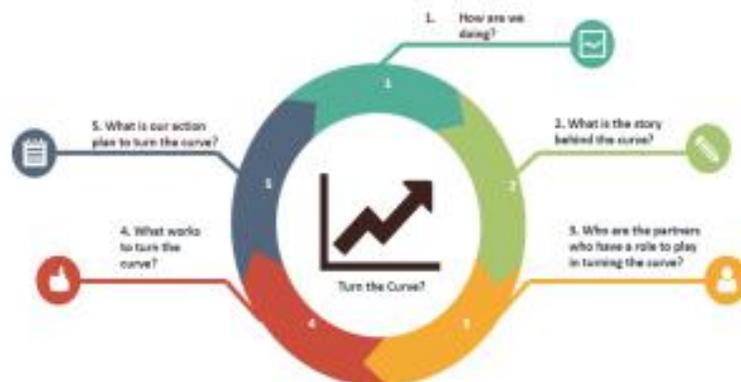
- **Results** are broad, overarching visions for Baltimore City that together serve as a framework to guide BHSB's work.
- **Indicators** measure **results**. They require efforts from multiple stakeholders (not just BHSB) to move in the right direction.

**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.

### TURN THE CURVE THINKING



## 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  |
|---|---|---|-----------|---|
| <b>(Result #1)<br/>Strategy 1</b><br><i>Increase knowledge and implementation of safe sleep practices by families and programs across Baltimore City that have contact with the public behavioral health system</i> | Sponsor at least two safe sleep trainings per year and record trainings and make available through BHSB website   | Number of safe sleep trainings held and recorded training posted on BHSB website                    | 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 |   |
| <b>(Result #1)<br/>Strategy 2</b><br><i>Implement processes and practices that advance an antiracist organizational culture</i>   | 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   |   |                            |  |
| <p><b>(Result #1)</b><br/><b>Strategy 3</b></p> <p><i>Develop processes to ensure maximum expenditures of awarded funds</i></p> | 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 | <b>PARTIALLY COMPLETED</b> | <p>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:</p> <p>Phase 1 (budget to expense reports) is complete.</p> <p>Phase 2 (reports incorporating contract management data) are approximately 50% complete with a planned deployment by the end of September 2025.</p> |
|   | 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   | <b>PARTIALLY COMPLETED</b> | 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  |
|---|---|---|------------------|---|
| <p><b>(Result #2)</b><br/><b>Strategy 1</b></p> <p><i>Create, maintain, and hold accountable a coordinated behavioral health crisis system for the lifespan in central Maryland</i></p> | 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 | <b>COMPLETED</b> | 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 |

|  |  |  |                            |  |
|--|--|--|----------------------------|--|
| <i>(Baltimore City and Baltimore, Carroll and Howard Counties)</i>   |  |  |                            | 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  | <b>PARTIALLY COMPLETED</b> | 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. |
| <b>(Result #2)<br/>Strategy 2</b><br><br><i>Increase number of certified Peer Recovery Specialists in programs that are funded by BHSB to provide peer recovery services</i> | 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 | <b>PARTIALLY COMPLETED</b> | 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                        |                            | <b>PARTIALLY COMPLETED</b>   |

**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  |
|--|--|---------------------------------|------------------|-----------|
| <b>(Result #3)<br/>Strategy 1</b><br><br><i>Create a process to collect qualitative data from community members and use it to inform</i> | Convene a meeting with an identified expert to educate staff about available tools for collecting qualitative data | Meeting before November 2022    | <b>COMPLETED</b> | Completed |
|  | Orient staff to existing tools to determine  | Select at least one tool before | <b>COMPLETED</b> | Completed |

|  |  |  |                            |  |
|--|--|--|----------------------------|--|
| our work   | which is best for our purposes   | December 31, 2022  | <b>COMPLETED</b>           | BHSB implemented this strategy by using storytelling as a qualitative data methodology                                     |
|  | Pilot selected tool to collect data from community   | Use tool to collect data from community before June 2025   |                            |  |
| <b>(Result #3)<br/>Strategy 2</b><br><i>Increase staff knowledge and understanding of co-design principles</i> | 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  | <b>PARTIALLY COMPLETED</b> | 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 | <b>PARTIALLY COMPLETED</b> |  |
|  | 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  | <b>PARTIALLY COMPLETED</b> |  |

### 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                                      |
|------------------------------|---|---|
| <b>Result 1, Strategy 1:</b> | <b>How much? # supervisor trainings</b> | FY 23: 5 trainings<br>FY 24: 10 trainings |

|  |  |  |
|--|--|--|
| <i>Supervisors will integrate an antiracist lens into day-to-day work activities and 1:1 discussions</i> |  | FY 25: 12 trainings                    |
|  | <b>How well?</b> % attendees who thought training contributed to their understanding of the supervisor's part in co-creating BHSB's culture                                  | FY 23: 77%<br>FY 24: 91%<br>FY 25: 97% |
|  | <b>Is anyone better off?</b> % of employees who report that conversations and other interactions with their supervisor positively contributed to their effectiveness at work | FY 23: TBD<br>FY 24: TBD<br>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   |
|--|---|--|
| <b>Result 2, Strategy 1:</b><br><i>Ensure that supportive services that embrace harm reduction principles are available to people along the full spectrum of drug use, including people who do not need or want treatment and those that are actively engaged in treatment</i> | <b>How much?</b> 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 <ul style="list-style-type: none"> <li>• 87% of these identified providers completed a survey</li> <li>• \$14,205,534 of the total FY 25 funding (38%) was allocated to providers that completed the survey</li> </ul>  |
|  | <b>How well?</b> % 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: <ul style="list-style-type: none"> <li>• 80.4% of funding is to providers that do not require abstinence before receiving services</li> <li>• 61.0% of funding is to providers that do not require abstinence while receiving services</li> </ul>  |
|  | <b>Is anyone better off?</b> #/% of BHSB employees who see supporting people who use drugs as part of BHSB's mission  | <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> </ul> |

BHSB conducted another round 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.

#### Action steps

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](mailto: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.*

**Anticipated work to advance this strategy during FY 26**

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   |
|--|--|--|
| <p><b>Result 2, Strategy 2:</b><br/> <i>Increase Expanded School Behavioral Health services to include mental health and substance use disorder service delivery in all schools in the Baltimore City Public School System</i></p> | <p><b>How much?</b> # of schools that have ESBH for</p> <ul style="list-style-type: none"> <li>○ mental health</li> <li>○ substance use</li> </ul> | <p><u>Mental health</u></p> <ul style="list-style-type: none"> <li>• FY 21: 131</li> <li>• FY 22: 131</li> <li>• FY 23: 128</li> <li>• FY 24: 129</li> <li>• FY 25: 122</li> </ul> |

|  |  |   |
|--|--|---|
|  |  | <u>Substance use</u> <ul style="list-style-type: none"> <li>• FY 21: 18</li> <li>• FY 22: 18</li> <li>• FY 23: 15</li> <li>• FY 24: 15</li> <li>• FY 25: 15</li> </ul>                            |
|  | How well? clinician to student ratio   | <ul style="list-style-type: none"> <li>• FY 21 - 1:590</li> <li>• FY 22 - 1:580</li> <li>• FY 23 - 1:595</li> <li>• FY 24 - 1:589</li> <li>• FY 25 - 1:615</li> </ul>                             |
|  | Is anyone better off? #/% of students who showed improvement in evidence-based assessments | <u>Reduction in total PSC-17 score</u> <ul style="list-style-type: none"> <li>• FY 21: 0.93</li> <li>• FY 22: 0.66</li> <li>• FY 23: 1.5</li> <li>• FY 24: 0.63</li> <li>• FY 25: 0.77</li> </ul> |

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.

Action steps

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          |
|--|--|---------------|
| <b>Result 3, Strategy 1:</b><br><i>Identify and implement a process to be led by youth and their allies to support the development of co-designed mental health and wellness services for youth and families that promotes health and wellbeing across neighborhoods</i> | <b>How much?</b> # staff trained in youth co-design  | • 31          |
|  | <b>How well?</b> % staff scoring 80% or better on co-design training post-test                             | • 74%         |
|  | <b>Is anyone better off?</b> #/% staff indicating knowledge of youth co-design is beneficial to their work | • 24<br>• 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

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

During FY25, BHSB undertook an eight-month planning process to develop its [Three-Year Strategic Plan: FY 2026-2028](#). The planning process began with convening a work group composed of staff and representatives from BHSB's board. 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. Directors and vice presidents worked closely with their teams throughout the planning process, gathering input and feedback that was consolidated and shared broadly to guide ongoing decision-making.

The [Three-Year Strategic Plan: FY 2026-2028](#) is posted to BHSB's website and included below.

## **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*

**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*

**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*

## SECTION B. ANNUAL REPORT

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### 3. Highlights, Achievements, New Developments and Challenges

#### BHSB's Operations

##### Operating Budget

In its role as the LBHA, BHSB administers grant funds designated to address needs, gaps, and barriers to a comprehensive and accessible public behavioral health system in Baltimore City. These grant funds support the purchase of services from sub-vendors and consultants, as well as BHSB's staffing and other operational costs to fulfill our role.

BHSB's operating budget is strategically aligned with BHSB's priorities and designed to adequately resource 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 budget and identifies opportunities to refine the organization's structures and processes, ensuring that BHSB is well-positioned to plan, manage, and monitor the public behavioral health system in Baltimore City.

##### Human Resources

With 112 employees serving across 77 unique roles, the organization reflects a high level of specialization and operational complexity. This diversity of roles enables BHSB to address complex challenges with targeted expertise, while fostering innovation and maintaining agility in a dynamic environment. The breadth of roles highlights BHSB's commitment to recognizing individual strengths and investing in a workforce that is both versatile and deeply skilled.

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. All sub-vendors are required 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 in which all employees are supported and encouraged to do their best work.

### Procurements and Contracting

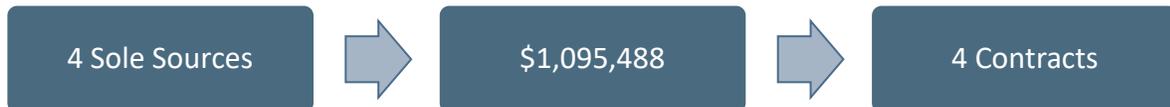
Procurement and contracting are core components of BHSB’s work and represent an area of ongoing opportunity to streamline workflow, enhance contract monitoring and measure contract performance.

#### Procurement

In FY25, BHSB released 6 competitive procurements, resulting in 17 contracts totaling \$3,552,738 of awarded funding. BHSB identified three new sub-vendors through its competitive procurement processes.



BHSB also approved 4 sole source awards, resulting in 4 contracts totaling \$1,095,488 of awarded funding. Sole source awards over \$100,000, of which there were two in FY25, are approved by the Board’s Audit & Finance Committee.



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 equitably and consistently implemented. Each procurement presents opportunities to learn, and BHSB integrates the learning into its written procedures and practices on an ongoing basis.

#### Contracting

In FY25, BHSB awarded \$56,380,522 in grant funds, with 238 contracts issued to 77 sub-vendors, 19 consultants and 16 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 FY25, BHSB investigated:

- Critical incidents - all closed: 81
- Complaints – all closed: 88

## 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. Targeted case management services are reviewed every year, resulting in issuance of a Certificate of Approval for each program.

Additionally, announced and unannounced inspections of residential programs are performed to ensure safe and healthy environments for consumers upon initiation of residential services and annually. To ensure that every building is safe and meets minimum life, health, and safety standards for the well-being of its consumers, BHSB partners with a licensed housing inspector to conduct an initial inspection of new residential locations in Baltimore City, verifying compliance with applicable state and local housing codes before consumers move into the housing.

BHSB 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 reports relating to consumer concerns in Baltimore City and collaborates with providers to identify, discuss, and resolve problems experienced by consumers.

During FY25, BHSB completed the following audits, inspections and record reviews:

- Accountability Compliance Audits: 272
- Administrative Services Organization (ASO) audits: 30
- ASO performance improvement plans: 76
- Environmental health and safety inspections associated with residential rehabilitation programs: 123 (84 announced/ 39 unannounced)
- Targeted case management (adult) - Certificate of Approval: 9
- Targeted case management (child) - Certificate of Approval: 5
- Consumer Quality Team reports reviewed: 53

## Training

During FY25, BHSB sponsored 122 training and educational events attended by a total of 5,054 people. Training content included:

- Specialized content for peer recovery specialist certification
- Mental Health First Aid
- Harm reduction
- Anti-stigma
- Trauma-informed care
- Conscious Discipline
- Law enforcement and behavioral health

## System of Care Updates

### Access to care

BHSB works to build a system of care that is both effective and aligned with the unique circumstances of each individual. By taking into account individual differences, family dynamics, community context, and regional characteristics, we design services that are responsive and impactful. This personalized approach ensures that care reflects and supports each person's specific needs and experiences.

The mission of the U.S. Department of Health and Human Services (HHS) Office for Civil Rights is to ensure that people have equal access and opportunity to participate in HHS-funded programs, including reducing barriers for individuals with limited English proficiency (LEP).<sup>12</sup> Language barriers and the inability to read or understand health information can pose serious health risks to individuals with LEP and/or who are blind or have low vision and/or are Deaf or hard of hearing. BHSB periodically reminds providers of federal requirements and created a [Language Access Services Guide](#) that is posted to its website.

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 2026, BHSB will be working to make overdose prevention resources more accessible to people who speak Spanish via the launch of a mail order program offering the overdose reversal medication naloxone and drug checking test strips. Access to the program will be available in Spanish.

For consumers who are Deaf or hard of hearing and meet criteria for public behavioral health services, BHSB continues to provide 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. BHSB contracts with Gateway Interpreting to provide interpretation services for individuals receiving services through the public behavioral health system. There was one referral during FY25. BHSB anticipates an

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<sup>12</sup> U.S. Department of Health and Human Services. (n.d.). Limited English proficiency. HHS.gov. <https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/index.html>. Accessed November 2, 2025.

increase in referrals during FY26 due to a digital platform launched by Gateway Interpreting aimed at streamlining the referral process and minimizing barriers to services by enabling online applications. During the first four months of FY26, six referrals were submitted.

In addition, BHSB contracts with People Encouraging People (PEP) to provide ASL interpretation services for consumers enrolled in its programs who are Deaf or hard of hearing and need access to behavioral health 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 outpatient, residential rehabilitation program (RRP), and psychiatric rehabilitation program (PRP) levels of care, in addition to a specialized service assigned to a specific consumer. During FY25, the total number of consumers served exceeded targets, with PEP providing ASL interpretation services to 12 consumers in its outpatient program, 12 in PRP, 7 in RRP and 1 specialized consumer.

### Provider Relations

BHSB works to ensure that Baltimore City's behavioral health providers remain connected to information and updates affecting the public behavioral health system, to resources that support consumers and service delivery, and to one another. A monthly newsletter shares policy updates, training and funding opportunities, and other key behavioral health news. Currently, the newsletter goes out to more than 3,000 recipients, with an average open rate of 41%.

In addition, BHSB hosts quarterly meetings with the Baltimore City provider network. The meetings serve as a way for providers to connect with BHSB and one another, while also receiving resources and pertinent information from BHSB teams and local partners. While meetings are generally virtual, the September 2024 meeting offered an in-person networking event at BHSB's office location. The average meeting attendance in FY25 was 75 providers.

BHSB also reviews requests for Agreements to Cooperate from Baltimore City providers seeking state licensure under COMAR 10.63. During FY25, providers submitted 443 requests for Agreements to Cooperate, of which BHSB successfully processed 388.

At the beginning of 2025, BHSB began scheduling on-site meet-and-greets with prospective providers across the city, particularly those seeking new licenses for substance use residential services. The primary meet-and-greet purpose is to acclimate new providers to the public behavioral health system and BHSB's role as the Local Behavioral Health Authority. BHSB required all new substance use residential providers and existing providers opening new substance use residential facilities to schedule a meet-and-greet prior to BHSB issuing an Agreement to Cooperate. Meetings were scheduled within two weeks of receiving the Agreement to Cooperate request. During the first six months of 2025, 34 meet-and-greets were completed.

## Promoting Public Behavioral Health System Services

BHSB continues to maintain a [Public Behavioral Health System Training Toolkit](#) designed for staff at state psychiatric hospitals, community psychiatric hospitals and outpatient providers in Baltimore City. The toolkit includes video overviews of:

- residential rehabilitation programs
- the Capitation Project
- assertive community treatment
- care coordination for children and youth
- the adult public behavioral health system
- Safe Sleep Risk Assessment Tool Training

The videos are available on BHSB's YouTube channel and collectively received more than 1,800 views during this reporting period.

## Prevention and Community Engagement

### Prevention activities

BHSB continued to collaborate with the Baltimore City Health Department and Catalyst of Change, Inc. to deliver and expand the Kids Off Drugs program. Kids Off Drugs is a prevention program 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 FY25, over 550 students participated in seven 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 800 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.

BHSB held two Community Safety Day events, collaborating with community-based organizations to provide overdose prevention, mental health, and medication disposal and safe storage tools such as pill locks and child-safe pill dispensers. We engaged with over 400 community members, collecting and disposing over 26 pounds of medication and sharps.

BHSB continues to participate in the Children of Promise and Mayor's Back to School events, providing prevention resources and school supplies to youth and families. Over 3,000 backpacks were distributed between the two events.

BHSB collaborated with the District Court of Maryland to participate in the Schools in the Court-Baltimore City program. In this program, Baltimore area high school students are invited to the

courthouse to learn about the criminal justice system, explore legal careers, and discuss life choices. During FY25, BHSB participated in three events with over 130 students.

BHSB continues to partner with community organizations to implement two evidence-based programs—Project Towards No Drug Abuse (Project TND) and SPORT Prevention Plus Wellness (SPORT)—in Baltimore City schools and communities. Project TND is a comprehensive drug misuse prevention program specifically designed for high school youth, targeting individuals between the ages of 14 to 19. The program is rooted in a structured curriculum consisting of 12 in-class interactive sessions, each designed to address crucial aspects of motivation, skills, and decision-making. SPORT is a health promotion program for high school adolescents to improve physical fitness, nutrition, and sleep habits while preventing alcohol, tobacco, and drug use. The program consists of an in-person health behavior screen; a one-on-one consultation with each teen; a take-home fitness prescription designed to promote healthy behaviors and address alcohol use, including associated risk and protective factors; and a follow up flyer mailed to the home to reinforce key content of the consultation.

During FY25, over 850 youth ages 12-25 participated in BHSB prevention programs.

#### Community events

During FY25, BHSB attended over 70 community events and festivals, distributing 988 materials and providing education about behavioral health services and resources to over 7,000 individuals, including:

- Bmore Healthy Expo, a large scale annual health and wellness fair designed to connect community members with local health resources, screenings, and community programs promoting overall wellness
- Mayors Canvassing and Listening Sessions, a City-led neighborhood engagement effort focused on hearing residents' concerns directly, sharing available City services, and strengthening trust between community members and local government
- Artscape, one of the country's largest free outdoor arts festivals
- Sowebo Music and Arts Festival, a neighborhood arts and cultural festival that celebrates Southwest Baltimore's creative community while providing outreach opportunities to engage residents in local health and safety initiatives
- Baltimore PRIDE and Baltimore Trans Pride, which bring together the sexual and gender minority community and allies and create space for connection
- Baltimore Washington ONE Carnival, the area's largest Caribbean carnival, a vibrant cultural celebration recognizing Baltimore's Caribbean community
- National Night Out, which enhances the relationship between neighbors and law enforcement and fosters a sense of community
- Tabling at major performances at CFG Arena to promote behavioral health awareness and distribute 988 materials to broad audiences

In September 2024, BHSB joined City of Refuge Baltimore, the Brooklyn community, providers and volunteers to celebrate recovery and healing at BHSB's 8th Annual Recovery Month event. Under the theme, *"Your Community, Our Community, Healing Together,"* we honored the lives of those we have lost, reaffirmed our commitment to healing together, celebrated the transformative power of recovery, and connected community members to behavioral health resources.

BHSB also participated on several panels and presentations throughout the year, including sessions with the Consent Decree Monitoring Team and PRIDE Center of Maryland. In addition, BHSB continued to strengthen existing community partnerships with the city's public markets and faith institutions of all denominations, while expanding engagements at multiple Housing Authority of Baltimore City locations.

In addition, BHSB's 988 Ambassador Program supported ongoing outreach, maintaining a network of at least 10 ambassadors each quarter. Each ambassador completed a minimum of three events per quarter to qualify for an honorarium. Ambassadors included partners from organizations such as the Maryland Peer Advisory Council, members of faith-based communities, and individuals engaged in promoting wellness and awareness in their communities. Their efforts extended the reach of BHSB's initiatives, built trust with community members, and ensured the consistent presence of 988 and behavioral health education across a wide range of communities.

#### Qualitative Data through Storytelling

Qualitative data offers an opportunity to better understand the lived experiences, perspectives and social contexts of individuals. To gain deeper insight into the behavioral health needs of Baltimore City residents, BHSB embraces storytelling as an effective qualitative data methodology. In urban communities, where historical mistrust of research exists, this approach empowers individuals to share insights in a meaningful way, advances a respectful approach to community engagement, and leads to more impactful public health solutions.

In December 2024, BHSB collaborated with the School of Community Health and Policy at Morgan State University to co-facilitate a 75-minute storytelling session at Rosemount Towers, an independent living community located in Baltimore City. Ten participants responded to the question: *"What do you need to make you feel safe and supported emotionally as a Black man in Baltimore City?"* Themes noted by participants centered on social determinants of health needs—such as housing, employment, income, community safety and access to respectful health care—as well as relational needs. BHSB is moving forward in developing a long-term strategy to drive the organization's future collection and use of qualitative data to inform its work.

#### Child and Family Services

BHSB is uniquely positioned to support cross-system collaboration with other youth and family-serving systems through state-funded services that play a critical role in meeting the behavioral

health needs of youth and families involved in the education, child welfare, and juvenile justice systems. Partnerships with Baltimore City Public Schools, the Baltimore City Juvenile Justice Center, and the Baltimore City Department of Social Services support coordinated efforts in training, consultation, service management, and resource sharing—all aimed at ensuring that youth and families in Baltimore City have access to a comprehensive continuum of care.

Collaborative efforts have enabled the development of services that provide comprehensive, trauma-informed support tailored to the individual needs of youth and families. This approach fosters healing, promotes stability, and enhances long-term well-being.

Key programs that serve children and families are described in the following sub-sections.

#### Expanded School Behavioral Health

The Expanded School Behavioral Health (ESBH) program addresses the distinct behavioral health needs of students, families, and school staff by delivering prevention, early intervention, and treatment services within participating schools. In FY25, ESBH clinicians provided a range of supports, including individual and group therapy, family outreach, classroom consultations, and professional development for educators on mental health topics. The program served 10,905 unduplicated students during the 2024-2025 school year.

These efforts were complemented by the Community Supports Partnership (CSP), a Maryland Community Health Resource Commission-funded initiative that uses a Hub and Spoke model to build and maintain a network of comprehensive behavioral health services and supports available to all students enrolled in Baltimore City Public Schools and their families in community and school settings. Together, ESBH and CSP form a multi-tiered system of support that promotes emotional wellness, strengthens school-community connections, and ensures responsive care for Baltimore City youth and families.

#### School-Based Providers and Early Childhood Training

BHSB offers targeted professional development for school-based service providers through its annual *Back to School* training. Held during pre-service planning each year, this event equips clinicians with practical tools and knowledge across a range of relevant topics, including school safety, evidence-based practices, and referral pathways for supportive services. The training is designed to strengthen the capacity of school-based staff to respond effectively to student and family needs, while promoting a culture of wellness and resilience within school communities. The FY25 Back to School Training engaged 158 school-based clinicians.

BHSB provides specialized training for early childhood mental health clinicians and educators through the Conscious Discipline model—an evidence-based approach that supports emotional regulation and promotes healthy relationships among students, families, and educators. The training consists of a full-day session led by a certified trainer and is complemented by classroom coaching and individualized teacher support. This professional development model is designed to address the unique needs of each classroom environment. The selected trainer

brings a deep understanding of Baltimore City’s youth and families, ensuring the training is responsive to the needs of the community being served. In FY25, approximately 55 clinicians and educators engaged in Conscious Discipline professional development activities.

### Care Coordination

Care coordinators facilitate the creation of a youth-guided, family-driven, strength-based plan of care by identifying individualized needs, strengths, and goals utilizing a team-based approach. They also help families navigate complex systems, facilitate communication among providers, and monitor progress. Please refer to the Targeted Case Management section of this report for more information.

### LINKS Program

The LINKS Program is a collaborative initiative with the Baltimore City Juvenile Court, designed to provide a nurturing and supportive environment for youth and families. Its core mission is to prevent initial or deeper involvement in the child welfare and juvenile justice systems. Through structured support groups for adolescents and their caregivers, LINKS promotes social-emotional development and strengthens family bonds. This group-based model serves as a proactive strategy to divert system involvement and foster long-term resilience.

In FY25, 105 youth and 50 caregivers participated in support group programming. Notably, in May 2025, following the tragic loss of a 15-year-old youth to homicide, LINKS provided immediate on-site crisis intervention, therapy services, and a gesture of compassion—a bouquet and card signed by staff and the presiding judge, demonstrating the program’s commitment to holistic and responsive care.

### Juvenile Court Evaluation and Intervention Program (JCEIP)

The Juvenile Court Evaluation and Intervention Program (JCEIP) provides behavioral health assessments and short-term interventions for youth in the juvenile justice system. The program focuses on identifying substance use issues, connecting youth to appropriate services, and reducing recidivism through rehabilitation. Services include peer-led support groups and youth-focused substance use prevention and education. During FY25 the following services were provided:

- Substance use assessments completed: 108 youth and 32 adults
- Treatment referrals made: 180
- Support and education groups held: 35
- Youth engaged in support and education groups: 89

### Grief Counseling

Grief counseling services help youth process grief, build resilience, and restore emotional balance, especially those experiencing the death of a loved one, family separation, or other significant losses. Such support is vital to improving the social and emotional wellness of

children and young adults. During FY25, approximately 195 young people under age 26 accessed grief counseling services, receiving support to recognize and cope with the impact of loss and trauma.

### Engaging Youth and Families

Including youth and families in the decision-making processes that affect their lives is essential for gaining meaningful insight into their needs, strengths, and lived experiences. Their active involvement ensures that services are not only responsive and effective but also tailored to their unique circumstances. Engaging youth and families as partners fosters trust, empowers self-advocacy, and supports outcomes that are both impactful and sustainable.

BHSB seeks input from youth and families by engaging them through community conversations, focus groups, and surveys, and by providing compensation when they participate as members of review committees for competitive procurements. BHSB also partners with the Baltimore City Health Department on initiatives that gather input from youth and families, including participation in the Youth Engagement Monthly Meeting, which is facilitated by youth ambassadors.

### Crisis Response

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.<sup>13</sup> BHSB engaged in a broad range of activities during FY25 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 invested \$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 FY25, BHSB focused on maintaining and improving newly implemented programs and planning for sustainability after the HSCRC funding ends in December 2025.

### Interactive Dashboard

BHSB created an [interactive dashboard](#) that provides information on the use of the regional 988 helpline and mobile crisis services within the Greater Baltimore Crisis Response System.

### 988 Regional Helpline

Baltimore Crisis Response Inc (BCRI), Affiliated Santé Group, and Grassroots Crisis answered 988 calls in the Central Maryland region as one integrated provider during FY25. The 988 Helpline answered close to 5,000 calls per month, placed over 1,400 outbound (care-coordination and follow-up) calls per month and had an 88% answer rate. The remaining calls are rolled over to a back-up center. Beginning in September 2025, BCRI has offered callers to BCRI's phone number

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<sup>13</sup> [https://www.thenationalcouncil.org/wp-content/uploads/2022/02/042721\\_GAP\\_CrisisReport.pdf](https://www.thenationalcouncil.org/wp-content/uploads/2022/02/042721_GAP_CrisisReport.pdf)

the option of being transferred to 988. So far, this has resulted in an additional two hundred 988 callers per month.

BHSB and our partners at the Howard, Carroll and Baltimore County LBHAs have been working together to plan for Baltimore County's transition from the regional 988 helpline to operating its own 988 helpline starting in January 2026 when HSCRC funding ends. BHSB anticipates a decrease in call volume of approximately 30% when calls originating in Baltimore County are answered by the Baltimore County 988 helpline. BHSB is working with providers to manage these changes.

### 988 Linkages to Care

988 serves as a front door and navigational hub where individuals in crisis can be referred to services across the system of care. During FY25, 988 began conducting warm hand offs and referrals to targeted case management services, the Law Enforcement Assisted Diversion (LEAD) program, and peer advocacy services. BHSB is in conversations with system partners for 988 to become the main hub for referrals to several new programs funded through Baltimore City's Opioid Restitution Fund.

After the seed funding for Open Access clinics ended in December 2024, 43 clinics continue to offer Open Access services 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 completed by December 2025. BHSB will use the results of the evaluation to plan for the sustainability of the Open Access model.

### 988 Text and Chat

In FY25, BCRI was awarded funding to operate the 988 Text and Chat service for Maryland. While 988 Text and Chat is not routed regionally at this time (and does not operate as part of the Greater Baltimore Crisis Response System), the Federal Communications Commission has indicated that 988 Text and Chat calls will be geo-routed in the future. BCRI was able to quickly hire and train staff for this service. Since BCRI has begun operating a 988 Text and Chat service (in addition to other providers in the state), the 988 Text and Chat in-state answer rate has increased from 68% to 84%.

### 988 Public Education

In FY25, BHSB expanded CALL 988 outreach efforts in Central Maryland (Baltimore City, Baltimore County, Carroll County and Howard County) to focus more directly on substance use disorders. Based on research conducted in FY24, we rolled out new messaging during the winter holiday season that spotlighted problem drinking, alongside existing campaign messaging focused on mental health care. We mounted 988 billboards in Baltimore City, ran digital ads across Central Maryland and distributed 988 promotional items through partners in all four jurisdictions. In addition, BHSB partnered with CFG Bank Arena to educate showgoers

about 988 through digital signage throughout the arena, tabling at five shows (including Blake Shelton and Mary J. Blige), email blasts and website ads.

In the latter half of FY25, BHSB conducted research for new CALL 988 campaign messaging that will be used in FY26 for a "*Call for a Friend*" campaign and outreach in hospitals. We also collaborated with Maryland Public Television (MPT) on a new documentary on addiction and recovery that will air in FY26. As part of the underwriting agreement, BHSB developed a 988 spot that will air on MPT in FY26.

Through a targeted campaign in Baltimore City, BHSB temporarily installed four purple 988 phone booths in high-traffic locations across the city, distributed 988 toolkits and worksheets to Baltimore City schools, and provided 988 promotional items (coasters, mirror clings and posters) to bars, beauty shops and barbershops.

#### Mobile response team expansion

BHSB has been working with mobile crisis providers to support sustainability through Maryland's new fee-for-service system. Mobile providers began billing through the fee-for-service system in January 2025. BHSB is working with the providers to standardize tracking of fee-for-service data to better understand the impact of this revenue on services, including any funding gaps that will necessitate continued grant funding. As the HSCRC funding comes to an end, BHSB is applying for state funding to continue the regional mobile crisis services and is examining how we are currently using state funds to support mobile services.

BHSB has greatly improved our ability to analyze mobile crisis volume and response time data. We continue to use this data to analyze the capacity of the crisis system to meet the demand for mobile services. In FY25, there were over 4,000 requests for mobile services in the region.

#### Substance Use Urgent Care Center

The Maryland Crisis Stabilization Center will be renamed the Substance Use Urgent Care Center in FY27 in order to 1) better reflect its role in connecting consumers to services and de-emphasize the idea of a "crisis," 2) better align with state and federal definitions, and 3) distinguish it from a comprehensive Behavioral Health Crisis Stabilization Center as defined in COMAR. The center will continue to provide safe, short-term sobering services for adults under the influence of drugs and/or alcohol or who were recently revived from an overdose. A Request for Proposals was released in December 2025 to identify the sub-vendor that will operate the center starting in FY27.

The center had over 3,500 admissions in FY25. BHSB worked with the sub-vendor during FY25 to improve monitoring of crisis stabilization data. One of the key indicators we developed is the average daily occupancy rate, which was 50% in FY25. BHSB is working with the sub-vendor to increase the daily occupancy rate to 60% by the end of FY26.

## Crisis Intervention Training

BHSB continues to staff a Crisis Intervention Team (CIT) Coordinator who collaborates with the Baltimore Police Department to conduct mental health education courses. These courses include a 40-hour CIT course, as well as behavioral health awareness training at the Baltimore Police Academy. Sworn officers that complete the CIT curriculum are then designated as specialized Crisis Intervention Team officers and are specifically requested to assist on 911 calls that are behavioral health related.

During FY25, four CIT classes were held, training 74 sworn officers and 22 dispatchers/911 call takers. In addition, 127 recruits completed a three-day behavioral health awareness course as part of their entry training at the Academy.

BHSB plans to partner with Baltimore School Police in FY26 to provide its officers with similar training that is specifically tailored for youth in mental health crisis. Additional collaborations include working with the Baltimore City Fire Department to develop training for Emergency Medical Services personnel.

## Adult Services

### Residential rehabilitation programs

In FY25, residential rehabilitation programs (RRPs) in Baltimore City enrolled 21 individuals discharged from a state hospital and 34 individuals from community-based referral sources. BHSB continues to market the program to potential referral sources. Specific efforts in FY25 included delivering a presentation about RRP during a BHSB provider network meeting and redeveloping the Transitional Age Youth RRP brochure. BHSB also provides ongoing technical assistance to RRP providers through monthly individual provider meetings and quarterly provider network meetings.

### 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% increase in referrals to the project during FY25, as compared to FY24, with a total of 83 individuals referred. Of the referrals received, 41 were from state hospitals, which is an increase from the 18 state hospital referrals during FY24. To support efforts to increase referrals of appropriate consumers, BHSB attends a weekly meeting with Spring Grove Hospital, Springfield Hospital, and other referring jurisdictions to review and discuss potential clients, referral options, discharge planning and suitability.

BHSB also continues to provide ongoing technical assistance to support the Capitation providers. BHSB meets regularly with both providers to review consumers who are identified as high-risk, assess pending referrals, monitor staffing capacity and hiring progress for unfilled positions, and, when appropriate, discuss policies and procedures.

## Older Adults

BHSB launched a program during FY23 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. Services include referrals to a medical day program, medication monitoring/administration, symptom management through psychiatric consult and follow up, and other behavioral health services specific to individual needs.

During FY25, a total of 12 applications were received from state hospitals, area hospitals, and community-based behavioral health programs. Of those 12 applicants, four were accepted into the program, bringing it to capacity. To date, all beds are full, with half of the individuals served having been discharged from a state hospital. Consumers have maintained stability in the community and have been successful with adapting to routines and program expectations. All consumers from state hospitals have successfully maintained residency in the ALF program with no hospital readmissions.

BHSB maintains a list of ALFs in Baltimore City that are committed to working with people with forensic involvement, serious mental illness and/or substance use disorders. The list currently includes 12 providers that were vetted by BHSB, including a review of admission requirements, payment options, services offered, accommodations for disability accessibility and verification of ALF licensure issued by the Office of Healthcare Quality. BHSB conducted a review of these programs during FY25 to ensure continued appropriateness and alignment with this initiative.

During FY25, BHSB began a new partnership with the Housing Authority of Baltimore City (HABC) to provide education and support to address identified needs of older adults. Educational sessions will be offered in various community centers managed by HABC across the city, with BHSB offering content related to behavioral health topics such as recognizing and addressing mental health conditions in older adults. In addition, BHSB will train HABC staff on services available through the public behavioral health system and provide ongoing consultation to address the needs of specific residents.

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 to achieve more favorable outcomes. In FY25 MHAMD's *Engage With* trainings for Baltimore City stakeholders increased by 659%, from 39 individuals trained during FY24 to 296 in FY25.

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. During FY25 the collaborative group focused on

concerns related to unlicensed assisted living facilities. When cease and desist orders are issued, these actions can pose significant risks of displacement for vulnerable individuals. To mitigate these impacts, the group worked proactively to coordinate resources and provide support for affected adults, ensuring continuity of care and minimizing disruption.

BHSB also participates in the Opioid Harm Reduction for Older Adults (OHROA) Collaborative, which includes stakeholders across the city. OHORA serves as a hub for shared learning, support, and collaboration for organizations working to improve health outcomes related to substance use for older adults in Baltimore City.

### Support for Parents

People who have children and are in need of behavioral health services have unique needs. BHSB contracts with two recovery residences to provide services to 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.

Together, these two programs offer 28 residential beds, providing safe, stable, and recovery-focused environments for mothers and their families. They not only promote family stability and maternal recovery but also strengthen parent-child bonds and support long-term well-being for women and their children. During FY25, 115 families were served, which included 101 mothers, 14 pregnant women and a total of 90 children.

In partnership with the Behavioral Health Administration (BHA), BHSB initiated a new project during FY25 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 FY25, 31 individuals were served, which included 15 mothers, two pregnant mothers and 14 children.

### Baltimore City Department of Social Services: Assessment and Treatment Referrals

BHSB funds community-based providers to deliver substance use disorder assessments and referrals for individuals involved with the Baltimore City Department of Social Services (BCDSS). Credentialed counselors, who are located on site at BCDSS offices, conduct assessments for individuals referred by BCDSS. Based on assessment results, the counselors make appropriate treatment referrals and provide ongoing case management for individuals who are referred to treatment.

Assessments and referrals are provided for individuals who are involved with the following BCDSS programs.

### Substance-Exposed Newborns

Healthcare providers involved in the delivery or care of a newborn in Baltimore City are required to notify BCDSS if a newborn exhibits effects of controlled drug use, withdrawal

symptoms, or a positive toxicology screen for a controlled substance. BCDSS completes an assessment, which may include referring the mother and/or birth father for a substance use disorder assessment. During FY25, BCDSS referred a total of 585 individuals, of whom 435 were assessed and referred to the appropriate level of care.

### Child Protective Services

Any member of a family that has an open Child Protective Services case is eligible for referral by BCDSS for a substance use disorder assessment. During FY25, a total of 221 individuals were assessed, all of whom were determined to be in need of substance use treatment and referred to the appropriate level of care.

### Individuals Involved with Other BCDSS Programs

Individuals applying for or receiving Temporary Cash Assistance, Supplemental Nutrition Assistance Program, and/or child welfare services are eligible for referral by BCDSS for a substance use disorder assessment. During FY25, BCDSS referred 2,948 individuals, of whom 925 were referred to the appropriate level of care.

### Peer Support Services

#### Community Peer Project

In December 2024, BHSB implemented the Community Peer Project (CPP), which is a new program that helps close gaps in care for individuals experiencing behavioral health crises. The program emphasizes the importance of consistent connection and engagement through peer support, with Certified Peer Recovery Specialists (CPRS) playing a vital role by engaging individuals who are not well-connected to community resources or who face challenges attending scheduled follow-up appointments.

From December 2024 to June 2025, CPP served 860 unduplicated consumers, delivering the following services:

- One-to-one sessions with consumers: 268

Linkage to behavioral health services:

- Substance use treatment: 174
- Mental health treatment: 57
- Other behavioral health resources: 351

Linkage to other resources:

- Housing: 110
- Employment: 39
- Transportation: 109
- Education: 21
- Entitlement: 44

Accompanied to appointments:

- Substance use: 84
- Mental health: 36
- Medical: 50
- Court: 15

### Screening, Brief, Intervention, and Referral to Treatment (SBIRT)

Screening, Brief, Intervention, and Referral to Treatment (SBIRT) is an evidence-based practice that addresses risky substance use through screenings to assess the severity of substance use, brief interventions to increase insight and awareness regarding substance use and motivation toward behavioral change, and referrals to treatment for those identified as needing more extensive treatment. BHSB funds projects in four Baltimore City hospital emergency rooms for peers to deliver SBIRT services.

During FY25, 11,786 individuals were screened, of whom 2,121 were referred to substance use treatment. Peers were able to confirm that 713 of the referred individuals completed an intake at the treatment program to which they had been referred.

### Peer Workforce Training

BHSB is approved by the Maryland Addiction and Behavioral Health Professional Certification Board to provide educational curriculum and training classes for peer recovery specialists and their supervisors. BHSB contracts with trainers who are authorized to facilitate trainings for individuals working toward becoming a certified peer recovery specialist (CPRS) or CPRS supervisor or maintaining either certification. During FY25, a total of 752 duplicated participants completed a BHSB-sponsored peer training.

Intentional Peer Support (IPS) is a nationally recognized framework that emphasizes mutual relationships where both parties are invited to learn and grow together. The approach is grounded in the belief that healing and transformation occur through connection, shared experience, and intentional dialogue. IPS aims to build consumers' agency and capacity to effect meaningful change in their lives. Individuals interested in participating in the training are carefully vetted to ensure readiness and alignment with the training's goals. This vetting process helps confirm that participants are adequately prepared to fully engage with the material and apply what they learn to their peer support work.

Interest in the IPS Core training has been growing. During FY25, the trainer received 90 applications and screened 51 participants. A total of 45 applicants was selected to participate in the training, of whom 78% graduated, having completed the entire curriculum.

### Recovery Services

Recovery Community Centers and Wellness Recovery Centers serve as vital sites for people navigating behavioral health recovery, offering person-centered services that foster recovery

and strengthen community linkages. These peer-run organizations offer a range of voluntary peer support services, creating welcoming spaces where participants can connect with others, access local resources, and overcome barriers to personal recovery.

During FY25, the Recovery Community Centers and Wellness Recovery Centers provided support to a total of 8,285 consumers. Of these consumers, 3,643 individuals received one-on-one peer counseling sessions, and 7,673 individuals received various forms of support through community-based services aimed at promoting stability, self-sufficiency, and well-being. The following services were provided:

- Stable housing secured: 150
- Financial support through funded benefits: 103
- Resources such as food, clothing, transportation, or referrals: 6,277
- Accompanied to court: 330
- Accompanied to medical appointments : 3
- Gainful employment obtained: 100
- Enrolled in educational programs to further their learning or career prospects: 34
- Essential documents obtained—such as state identification, birth certificates, or social security cards: 248
- Enrolled in behavioral health treatment programs: 428

#### Interdisciplinary Outreach

BHSB partners with the Mayor’s Office of Homeless Services, Downtown Partnership of Baltimore, Emergency Medical Services, Maryland Department of Health, Baltimore City Fire Department, SPOT Mobile Clinic and other outreach teams, St. Agnes Emergency Department, and the Baltimore City Continuum of Care to provide supportive services to people who are experiencing or at risk of homelessness in Baltimore City. Outreach teams composed of peer recovery support specialists and clinicians conduct regular street outreach, including evenings and weekends, working to build relationships with and engage individuals who have been underserved.

During FY25, the outreach teams engaged 2,658 participants, delivering the following services:

- Enrolled in substance use disorder services offered by the outreach provider: 574
- Referred to substance use disorder treatment or recovery support services offered by other providers: 126
- Of eligible PATH participants, 67% were enrolled in mental health services offered by the outreach provider
- Referred to mental health services offered by other providers: 26
  - Of the 26 referred to mental health services, 6 attended the initial appointment
- Received case management services, including food, shelter, identification services and supportive housing services: 413
- Received naloxone: 536

## State Care Coordination

State Care Coordination (SCC) is designed to help individuals connect to and maintain vital services and supports across multiple systems of care. The program provides intensive case management, system navigation, and wraparound coordination for individuals who require assistance engaging or remaining connected to behavioral health and community-based services. Core goals include:

- Improve continuity of care following hospitalization or crisis
- Reduce readmissions and emergency department utilization
- Support individuals in achieving recovery, stability, and independence through sustained engagement and empowerment

Providers reported a 70% increase in outreach activities in FY25 as compared to FY24, which resulted in a substantial rise in referrals—particularly for individuals requiring residential substance use treatment.

During FY25 more than 2,050 individuals were served, with providers reporting the following outcomes:

- Discharges decreased from 10% in the first quarter to just 1% by the end of FY25, reflecting improved engagement and service retention.
- Successful program completions nearly doubled, increasing from nine to 16 participants over the fiscal year.

## Veterans

BHSB is a member of the Statewide Veteran Deflection Committee, which is a 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 behavioral health challenges by diverting them from the criminal justice system toward comprehensive treatment and community 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 subcommittees, which are 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
- Identifying community resources and addressing barriers to accessing them
- Educating veterans and their families, community members and providers about available resources

- Developing literature—such as QR codes, post cards and referral forms—to streamline access to services
- Hosting assimilation events that focus on veterans’ re-entry from incarceration, providing firsthand insight into the challenges veterans often face when returning to the community

BHSB partners with Maryland Commitment to Veterans (MCV) to educate Baltimore City providers about available resources for veterans. As part of this collaboration, MCV delivered a presentation during a recent BHSB provider meeting, during which providers were encouraged to become a Trained Military Assistance Provider (TMAP). TMAP is an ongoing initiative to reduce suicides and increase lethal means safety for the military-connected population. It offers advanced training in military culture, risk assessment and safety planning.

BHSB also 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.

### Criminal Justice

#### 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.

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

During FY25, CCMO completed the following competency screenings and evaluations:

- Circuit Court competency to proceed screenings and evaluations: 129
- Juvenile Court competency to proceed evaluations: 6
- Juvenile Court competency to proceed re-evaluations: 3

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 25, the FAST Program:

- Screened 430 consumers for eligibility for diversion services, of whom:
  - 156 were eligible for FAST.

- 98 were referred to Mental Health Court.
- 162 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 322 behavioral health assessments
- Developed a plan of care for 92% of consumers with a mental health diagnosis

The program received 22 referrals for individuals while they were at the Baltimore City Detention Center, of whom five were subsequently enrolled in the program.

#### Drug Treatment Court and Adult Recovery Court

BHSB partners with the specialized problem-solving courts in Circuit and District Courts to provide a structured, therapeutic alternative to incarceration that emphasizes recovery, accountability, and reintegration. Participants are typically nonviolent offenders whose criminal activity is directly linked to substance use. Through a collaborative approach involving the judiciary, treatment providers, peers and other community partners, the Drug Treatment Court (DTC) in Circuit Court and Adult Recovery Court (ARC) in District Court offer comprehensive substance use treatment, judicial supervision and accountability, vocational and educational support, housing and benefits assistance, and employment readiness and placement services.

Clinical coordinators are infused into the program and are responsible for coordinating services and clinical care, ensuring that participants' changing needs are met with the appropriate type and intensity of services, facilitating communication among treatment providers, court staff, and community resources, and supporting participants in navigating complex systems to access care and maintain stability.

During FY25, the DTC and ARC collectively served 119 consumers, of whom 17 successfully graduated from the program. Among the graduates, 12 individuals (71%) were gainfully employed at the time of completion.

#### Baltimore City Jail Collaboration

BHSB participated in a workgroup to develop a plan that improves access to medication for opioid use disorder (MOUD) for consumers detained within Baltimore City Detention Center. The group included representatives from Centurion, the provider of medical services in jails; leadership from the Maryland Department of Public Safety and Correctional Services (DPSCS); the Mayor's Office of Overdose Response; the Baltimore City Health Department (BCHD); and other stakeholders. The workgroup developed a workflow that includes an initial screening for substance use disorder, MOUD treatment while detained, and linkage to MOUD treatment and support services upon release.

To strengthen continuity of care and enhance communication between community providers prescribing MOUD and the Baltimore City Detention Center, BHSB has convened a group including 36 community providers that is meeting regularly with representatives of Centurion

and DPSCS to increase coordination of care and improve service delivery to the people we serve.

### Improving Outcomes for Individuals with Mental Health Disorders

BHSB is collaborating with the judiciary across Baltimore City to improve outcomes for individuals living with a mental health disorder who also encounter the criminal justice system. The collaborative group includes judges and representatives from the Baltimore City State's Attorney's Office, Circuit Court Medical Office, BCHD, Baltimore Police Department (BPD), DPSCS Division of Parole, and community partners. BHSB has provided education on crisis response services and other services and resources available through the public behavioral health system (PBHS).

### Law Enforcement Assisted Diversion (LEAD) Program

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

LEAD rebuilt and expanded partnerships with the University of Maryland Police Department and other stakeholders during FY25, in addition to initiating a new collaboration with the Maryland Transit Administration Police Force. LEAD also joined the Lexington Market Collaborative, which was convened by the Mayor's Office of Neighborhood Safety and Engagement (MONSE) to focus on developing a coordinated, holistic approach to service delivery aimed at improving public safety and fostering a healthier neighborhood. Another FY25 highlight was the implementation of an online referral system that supports streamlined referrals and communication between LEAD partners. Finally, BPD released an updated LEAD policy that was developed through its ongoing collaboration with BHSB and the U.S. Department of Justice. During FY26, BHSB and BPD will coordinate officer training to support implementation of the updated policy.

During FY25, the LEAD program received a total of 34 referrals from community organizations and law enforcement. By the end of FY25, 33% of LEAD participants were able to successfully transition to permanent housing, and 72% of participants were connected to entitlements, reflecting LEAD's continued impact in stabilizing lives.

### Overdose Prevention

BHSB provides services aimed at preventing overdoses and promoting the health of people who use drugs.

### Training

For nearly six years, BHSB partnered with the MDH Office of Harm Reduction to operate the Maryland Harm Reduction Training Institute (MaHRTI), a team devoted to developing the

Maryland drug user health workforce and supporting Maryland programs in providing optimal services to people who use drugs.

In those six years, MaHRTI:

- Trained over 8,500 people in more than 22,000 training encounters
- Facilitated 191 live trainings in the past five years alone
- Maintained a monthly average of 140 trainees accessing 14 on-demand trainings on a variety of harm reduction topics
- Increased MaHRTI course enrollment 10-fold by 1,092% from 2021 to 2024.

Despite this impact and the role MaHRTI played in shaping Maryland's growing harm reduction workforce, BHSB was notified late in June 2025 that the statewide harm reduction training contract would go to a new out-of-state vendor in FY26. BHSB was therefore required to shut down all MaHRTI operations in just six business days.

In FY26, BHSB maintains some overdose prevention training capacity, with trainers focused on internal workforce development activities to support the growth and development of Bmore POWER outreach staff who have living and lived experience with drug use.

#### 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. Bmore POWER is among the longest-standing overdose prevention outreach teams in Maryland and stands apart by being fully street-based and staffed largely by people who themselves have living and lived experience with drug use. The team is an integral part of the ecosystem of overdose prevention and outreach services in Baltimore City.

During FY25, Bmore POWER:

- Distributed 10,288 naloxone kits (2 doses per kit)
- Documented 2,522 overdose reversals
- Engaged via 6,819 encounters with people who use drugs and other community members

## **Challenges and Barriers**

### 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 on behalf of Baltimore City. Processes within the Maryland Department of Health (MDH) and its Behavioral Health Administration (BHA) hinder the organization's ability to secure 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 changes in recent years, creating inefficiencies that impact day-to-day operations at the local level. BHSB values the opportunity to have collaborated with BHA and other local jurisdictions in the Planning Process Workgroup convened by BHA during the summer and fall of 2025. We also appreciate BHA's commitment to minimizing changes for FY27 planning and its efforts to promote greater consistency through expanded training and education.

Significant policy changes at the federal level this year have required BHSB to rapidly adapt to ensure full compliance. These obligations extend to our contracted sub-vendors, as we must pass through federal requirements received by the state. Clear, timely guidance from BHA on these evolving policies would greatly support effective contracting and compliance efforts.

### Misalignment of contracting roles

BHA has added a requirement to the annual planning and budgeting process requiring LBHAs to submit sub-vendor budgets as part of the financial plan that is submitted to prepare for the upcoming fiscal year. 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 FY26 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 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 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.

### 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 (MCOORR) 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, such as integrated service delivery, outcome measures, or evidence-based screening tools or assessments
  - 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 to manage increasing administrative burdens, protect and secure electronic networks, and diversify 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 eroded historical knowledge and partnerships necessary for developing new, innovative, and sustainable service delivery.

## 4. Targeted Case Management

Targeted case management (TCM) is a vital service line within the PBHS that supports individuals and families in navigating complex systems of care. By providing personalized coordination and advocacy, TCM helps shift outcomes toward greater recovery, resilience, and overall wellness—ensuring that people receive the right services at the right time to meet their unique needs.

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

Youth Care Coordination is a system of care model that provides support to youth and families with moderate to intensive mental health needs. Care coordinators, in collaboration with BHSB, facilitate the creation of a youth-guided, family-driven, strengths-based plan of care by identifying individualized needs, strengths, and goals and utilizing a team-based approach that includes both formal and informal supports and interventions. Services are offered based on assessed needs through tiered levels of care that are designed to support youth and families presenting a combination of risk factors and mental health or substance use issues. Children must have or be eligible for Medical Assistance to receive care coordination services, with the

exception of the TCM Plus program. The TCM Plus program offers 100 statewide slots allocated on a rolling first-come, first-served basis to youth and families with private insurance coverage who meet eligibility criteria.

### Utilization and capacity analysis

As of December 22, 2025, BHSB had not yet received access to FY25—or updated FY24 and FY23—behavioral health services utilization data collected by the Administrative Services Organization (ASO) for Maryland’s fee-for-service public behavioral health system. Therefore, the utilization and capacity analysis is based on data BHSB received to prepare last year’s report.

There was a slow but consistent increase in utilization of youth care coordination services in Baltimore City over the last three fiscal years for which BHSB has data. The City continued to enroll youth into TCM Plus during FY25, with one new enrollment and five youth actively being served. Baltimore City also had an increase in both Level 3 and 1915i enrollment, demonstrating efforts by care coordination organizations (CCO) to identify and serve the most at-risk youth by supporting transitions from higher levels of care and successfully serving and maintaining children in their homes and communities. Claims data shows the numbers served by fiscal year to be:

- FY22 = 177
- FY23 = 245
- FY24 = 250 (includes 2 youth who have TCM Plus)

Data from the most recent Youth Risk Behavior Survey/Youth Tobacco Survey (2022-2023) 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. 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 FY24, 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.

Despite improvements in system collaboration and education, BHSB continues to find that a lack of stakeholder knowledge and understanding of care coordination services continues to be a significant contributing factor associated with the disproportionately low rate of referrals for CCO services. This past year, the state and ASO have been able to provide clear guidance to providers to address misinformation regarding rules around accessing both psychiatric rehabilitation programming (PRP) and youth care coordination services simultaneously. Historically, many families have been misinformed that they had to choose between services, leading to inappropriate referrals. In particular, many families were directed to PRP when CCO services would have been better suited to meet the needs of youth and their families.

#### Strategies to increase utilization and capacity

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

BHSB has established and continues to maintain 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 system partners and other stakeholders to educate child-serving systems and organizations about available services. Key partners include 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. BHSB encourages system partners and providers to reach out to BHSB with questions, which has helped BHSB understand the gaps in understanding so that we can continue to increase knowledge through targeted education.

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 promotes awareness of CCO services through targeted outreach and educational efforts. These activities include distributing marketing materials, delivering presentations, and conducting intensive outreach to key stakeholders such as inpatient hospital staff, 211, residential treatment centers, the Local Care Team, and the public school system. Educational initiatives emphasize the essential role of CCOs in reducing unnecessary inpatient psychiatric care and residential treatment. By connecting youth and families to sustainable, community-based treatment and resources, CCOs help prevent higher levels of care. In addition, CCOs empower youth and families by modeling and teaching system navigation and advocacy skills,

enabling them to engage effectively with services. These efforts help facilitate smooth transitions back into the community following discharge from residential treatment centers or inpatient psychiatric care.

BHSB also works to educate the juvenile and family courts about the intensive community-based services that CCO providers offer. Outreach to BCDSS and DJS highlights the ways in which CCO services can effectively enhance family functioning and prevent out-of-home placement. BHSB also 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 to target 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 and make appropriate referrals based on the needs of the youth and family. BHSB provides regular updates regarding program eligibility, as well as clarification that utilizing CCO services does not preclude access to PRP and other behavioral health supports.

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 sustainable outcomes 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 local CCO provider and facilitates quarterly service line meetings with the local CCOs. The service line meetings provide timely support addressing challenges and barriers affecting utilization and capacity, while also creating opportunities for providers to share successes and collaborate with stakeholders and system partners.

BSHB implemented a new process in December 2024 to increase CCO referrals from the 988 Regional Helpline's counseling team. 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. The 988 counselor uses Behavioral Health Link—the digital platform that serves as the “air traffic control” for the Greater Baltimore Crisis Response System—to make the referral. Between December 2024 and June 30, 2025, 22 youth were referred to youth care coordination services via this platform.

In August 2025, BHSB met with Maryland Information Network 211 Senior Care Coordinator staff and BHA to launch a new statewide initiative. This effort ensures that LBHAs are notified when calls to 211 request referrals for youth-related resources, strengthening coordination and timely access to care and creating an opportunity to connect youth and families who are

eligible for and may benefit from CCO services. As of mid-November, BHSB received 19 notifications through this initiative.

### Provider selection

Through a competitive procurement conducted during FY24, six providers were selected to provide CCO services in Baltimore City. They were awarded FY25 contracts, with the option to renew annually for fiscal years 2026-2029. Selected providers committed to serving a minimum of 50 youth and families annually. During FY25, three providers exceeded this deliverable.

### 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 having been recently released from a detention center or prison.

### Utilization and capacity analysis

As of December 1, 2025, BHSB had not yet received access to FY25—or updated FY24 and FY23—behavioral health services utilization data collected by the Administrative Services Organization for Maryland’s fee-for-service public behavioral health system. Therefore, the utilization and capacity analysis is based on data BHSB received to prepare last year’s report.

In FY24, 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 FY24, 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 for which BHSB has data to be:

- FY22 = 812
- FY23 = 670
- FY24 = 612

Currently, there are nine TCM providers that serve adults across Baltimore City. Each provider currently serves an average of 75 consumers. To be responsive to the needs of the City,

providers are required to maintain open enrollment and flexibility with respect to staffing and total individuals served.

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. The most recent Baltimore City Point-in-Time count, conducted in January 2025, identified 2,024 people experiencing homelessness on a single night. Among those surveyed, 67% self-reported living with a serious mental illness, and 77% reported having a substance use disorder.<sup>14</sup>

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 declined by 24.6% over the three years for which BHSB has data (812 to 612), whereas it increased by 10.9% statewide (3,327 to 3,690). This data suggests that TCM was not meeting the needs of adults in Baltimore City during the past three years for which BHSB has data.

### Strengths and challenges

Baltimore City continues to benefit from a strong and diverse network of TCM providers. This collective capacity is a cornerstone of the behavioral health system, offering consumers a range of choices among providers and case managers. Such variety increases the likelihood of individuals connecting with services that best match their personal needs and preferences.

TCM services are delivered independently from other services within the PBHS, offering providers greater flexibility to tailor care to individual needs. Enrollment periods vary significantly—from as short as six months to as long as six years—depending on each consumer's goals and progress. However, while this flexibility supports personalized care, it also presents operational challenges. The wide range of service durations can make it difficult to manage staffing, balance caseloads, and respond promptly to new referrals. Additionally, providers must adapt training and supervision approaches to meet the needs of a diverse and continually changing population.

### Strategies to increase utilization and capacity

BHSB has taken strategic steps to enhance awareness and accessibility of TCM programs. A key initiative has been the development of a comprehensive TCM overview and promotional brochure. This resource is designed to inform stakeholders about the program's purpose, services, and impact.

To further promote the TCM program and strengthen community connections, BHSB has supported and participated in multiple outreach initiatives. These efforts include consumer participation in community events focused on mental health awareness, where consumers

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<sup>14</sup> 2025 Baltimore City Point-in-Time Count Report. Mayor's Office of Homeless Services and The Journey Home. [2025 Baltimore City PIT Count Report.pdf](#)

actively share lived experiences and distribute the newly developed TCM brochure, helping to educate the public and reduce stigma around mental health services. Additionally, TCM providers have hosted open houses to introduce their services to the community. These events created opportunities to showcase TCM programs, strengthen relationships with community partners, and encourage referrals. By emphasizing collaboration and transparency, the open houses reinforced BHSB's commitment to accessible, person-centered care.

TCM providers have continued to establish collaborative relationships with the 988 Regional Helpline to expand referral pathways for callers who may be uncertain about the behavioral health services they need. This collaboration aims to ensure timely, coordinated care for individuals in crisis and improve continuity of services across systems. In addition, BHSB has provided ongoing technical assistance to providers experiencing issues with Behavioral Health Link—the digital platform that serves as the “air traffic control” for the Greater Baltimore Crisis Response System. This support ensures that providers can accurately receive and respond to 988 referrals, document and track outreach efforts, and identify and resolve system-related barriers to engagement.

During FY25, TCM providers actively engaged with other human services organizations across Baltimore City—including the Mayor's Office of Homeless Services and various homeless shelters—to strengthen collaborative relationships and increase awareness of TCM services. These efforts included educating partners on the scope and benefits of TCM, with the goal of increasing referrals for individuals who may benefit from these services.

TCM providers have also taken steps to make intake processes more consumer-friendly, with the goal of enhancing engagement with referred individuals. These improvements include refining intake workflows, clarifying staff roles, and strengthening communication protocols to support timely and coordinated service delivery.

BHSB continues to prioritize employment as a key outcome for individuals receiving TCM services. TCM providers have been encouraged to begin reporting on consumer employment outcomes during regular meetings. This includes tracking metrics such as the number of consumers obtaining competitive employment, the duration of employment retention, and the types of jobs secured. BHSB has also taken deliberate steps to integrate supported employment providers—such as vocational rehabilitation professionals, employment specialists, and workforce development partners—into regular TCM provider meetings. The goal is to improve communication between service providers, align employment goals with clinical supports, and share best practices and resources to enhance employment readiness and retention. Providers have reported to BHSB that these efforts have resulted in an increase in the number of consumers who have successfully obtained and maintained employment.

#### [Provider selection](#)

Through a competitive procurement conducted during FY24, ten providers were selected to provide TCM services in Baltimore City. They were awarded FY25 contracts, with the option to

review annually for fiscal years 2026-2029. One provider did not renew its contract in FY26, leaving nine providers offering TCM services in the City.

## 5. Local Systems Management Integration

As required by the guidelines for this plan, BHSB completed a systems management integration self-assessment, 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 at the individual level is not fully realized. A fully 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.

### INTEGRATION STATUS REPORT TO INCLUDE IN LOCAL IMPLEMENTATION PLAN

*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 in a coordinated way that appears seamless, with ongoing surveillance to ensure sustained integration.*

| 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         |
| <b>TOTAL INTEGRATION STATUS SCORE (0-24)</b>                                  | <b>23</b> |

**DIRECTIONS:** For each of the six topics below, check every item that exists in your LBHA, or your CSA and LAA together. Then, count the number of checked boxes (up to four) for that topic and insert that number next to the topic into the table above. Add the topic scores to get your current Integration Status score.

**1: One Integrated Behavioral Health Plan for the Local Jurisdiction / Region** (*builds on prior domains: Leadership and Governance; Planning and Data Driven Decision-Making*)

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

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

- 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
- 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

- 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
- 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)

- a. There is a local understanding of the meaning of integrated behavioral health services
- 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
- 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)

- 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
- 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
- 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
- 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*)

- 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
- 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
- c. Cross training opportunities are provided to LBHA, or CSA and LAA, staff
- 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. Local Planning and Management—Sub Grantee Monitoring

BHSB utilizes a collaborative, team-based approach to manage, monitor, and audit contracts. Each contract team includes a Program Lead, Grants Accountant, Contract Administrator, Quality Coordinator, and Accounting Monitor. This process is supported by BHSB’s Contract Management System (CMS)—a secure, web-based platform that supports contract development, administration, monitoring, and reporting. CMS enables contract team members to manage, review, approve and monitor all contracting activities—including letters of award, budgets, program reports and deliverables, fiscal reports and invoices, and payment approvals. 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 Maryland Department of Health (MDH), 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 BHA, 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 Grants 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. In addition, the Accounting Monitor reviews audits for findings that may affect contract performance and follows up on findings to obtain management responses. The review also ensures that the contract expenses reported in the audit reconcile 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

that 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.

During the ACA, the Quality Coordinator confirms that services were delivered as reported, that staff hold required credentials, and that all mandated policies are posted or otherwise accessible 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.

## 7. Data

The *Data* section of this document provides a comprehensive analysis of key public health indicators. It includes data analyses of suicidality, adverse childhood experiences (ACEs), poverty, violence, life expectancy, overdose events, food insecurity, homelessness, and crisis response.

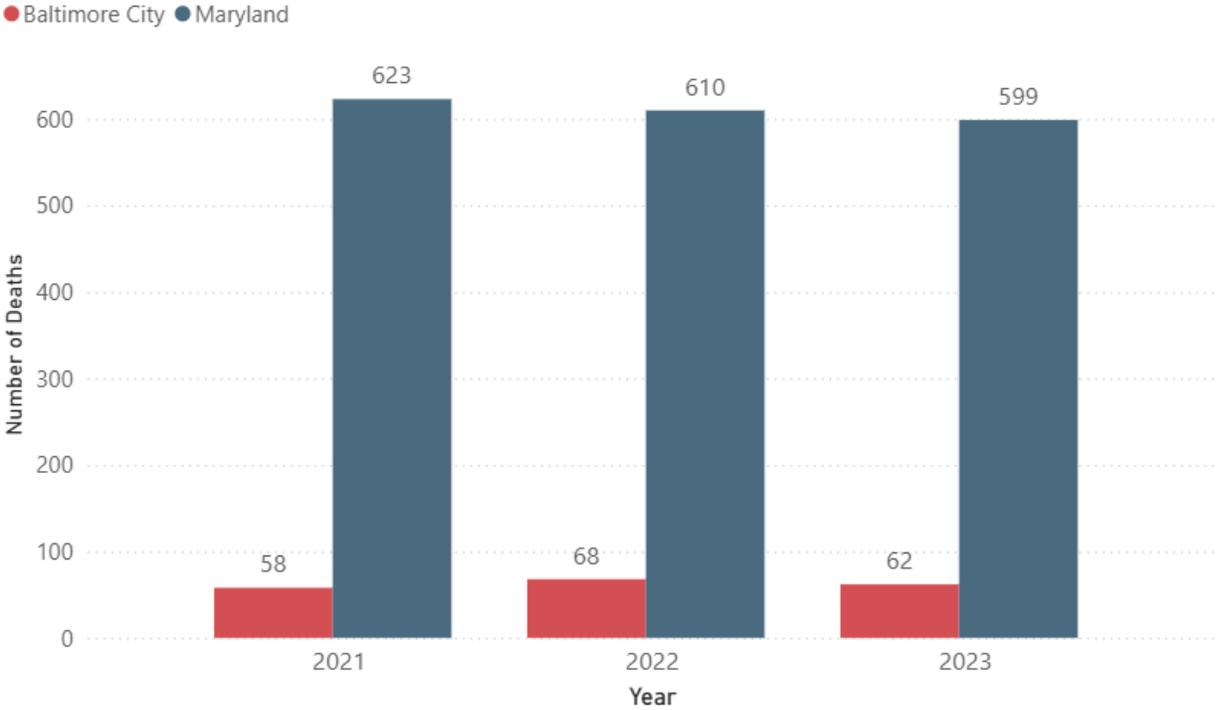
Typically, the *Data* section would also include behavioral health services utilization data collected by the Administrative Services Organization (ASO) for Maryland's fee-for-service public behavioral health system, along with analyses of service utilization patterns, spending trends, and accompanying visualizations for Maryland's fee-for-service public behavioral health system. However, as of December 22, 2025, BHSB had not yet received access to FY25—or updated FY24 and FY23—behavioral health services utilization data collected by the ASO. Consequently, BHSB is unable to present the public behavioral health system (PBHS) utilization data or provide related analyses in this year's report.

### Public and Behavioral Health Indicators

#### 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.

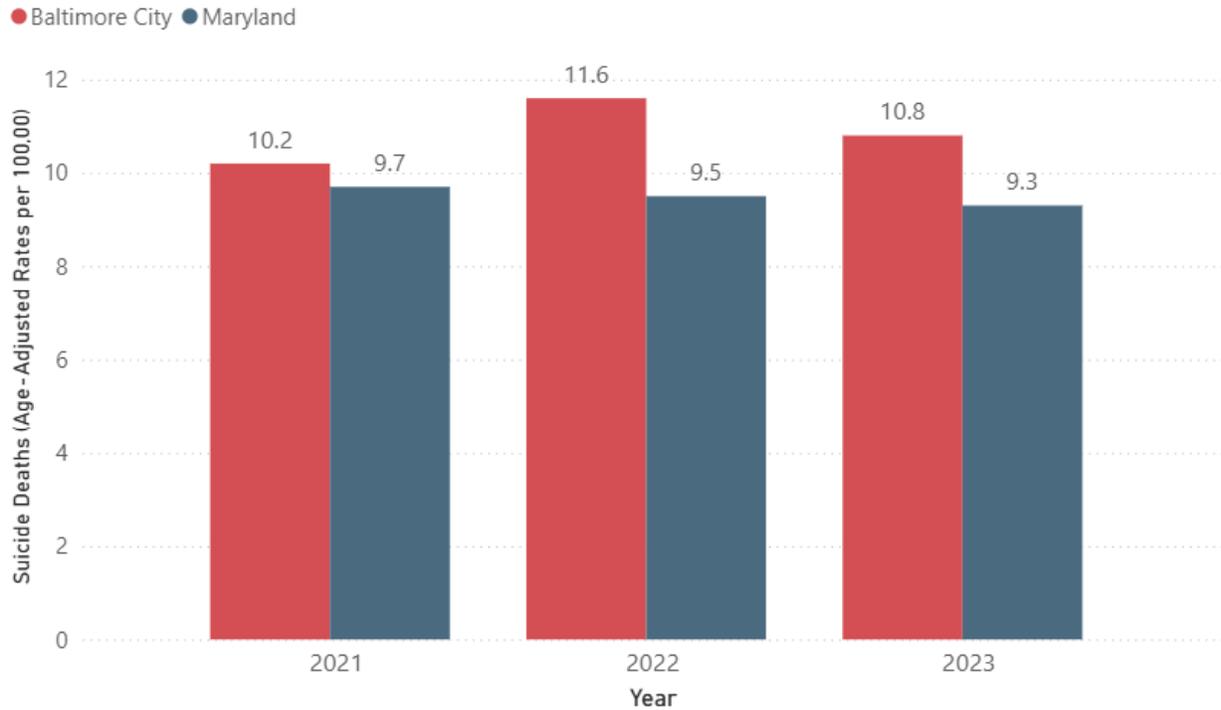
**Suicide Death Trends Over Time, 2021-2023**



MDH Vital Statistics Administration (VSA) Annual Report, 2023

Suicide deaths in Baltimore City increased from 58 in 2021 to 68 in 2022 before declining to 62 in 2023, reflecting a 6.9% rise over three years. In contrast, Maryland’s overall suicide deaths decreased steadily, starting at 623 in 2021 and dropping to 610 in 2022 and 599 in 2023, showing a 3.7% decline across the three years.

### Intentional Self-Harm (Suicide) Deaths by Age-Adjusted Rates, 2021-2023



MDH Vital Statistics Administration (VSA) Annual Report, 2023

Baltimore City’s age-adjusted suicide death rate rose across the three years, increasing from 10.2 per 100,000 in 2021 to 11.6 in 2022 and remaining elevated at 10.8 in 2023. In contrast, Maryland’s overall rate declined steadily during the same period, moving from 9.7 in 2021 to 9.3 in 2023.<sup>15</sup>

BHSB engaged in a broad range of activities during FY25 to strengthen the crisis response system and ensure that community members experiencing a crisis have someone to call, someone to respond, and somewhere to go. Please refer to the *System of Care Updates, Crisis Response* section of this document for more information.

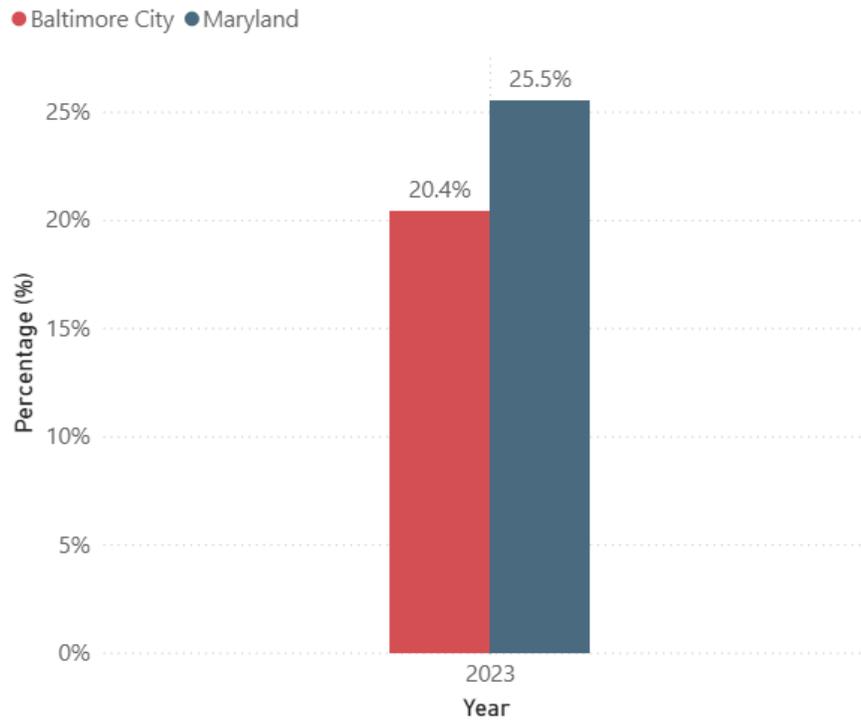
#### Adverse Childhood Experiences (ACEs)

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 across the lifespan—as well as social problems such as unstable work histories—costing many billions of dollars each year.<sup>16</sup>

<sup>15</sup> Maryland Department of Health, Vital Statistics Administration. (2023). *Annual report 2023*. [https://health.maryland.gov/vsa/Documents/Reports%20and%20Data/Annual%20Reports/2023\\_Annual%20Report\\_Final.pdf](https://health.maryland.gov/vsa/Documents/Reports%20and%20Data/Annual%20Reports/2023_Annual%20Report_Final.pdf)

<sup>16</sup> Centers for Disease Control and Prevention (CDC). About Adverse Childhood Experiences (ACEs). <https://www.cdc.gov/aces/about/index.html> (Accessed November 3, 2025)

### Percentage of Respondents with Three or More ACEs, 2023



Maryland Behavioral Risk Factor Surveillance System, 2023

In Baltimore City, 2023 data show 20.4% of the population having three or more ACEs, as compared to 25.5% statewide.<sup>17</sup> Importantly, these ACE scores do not include social determinants of health such as not having enough food to eat, experiencing homelessness, or unstable housing, which are more common in Baltimore City than many other jurisdictions.

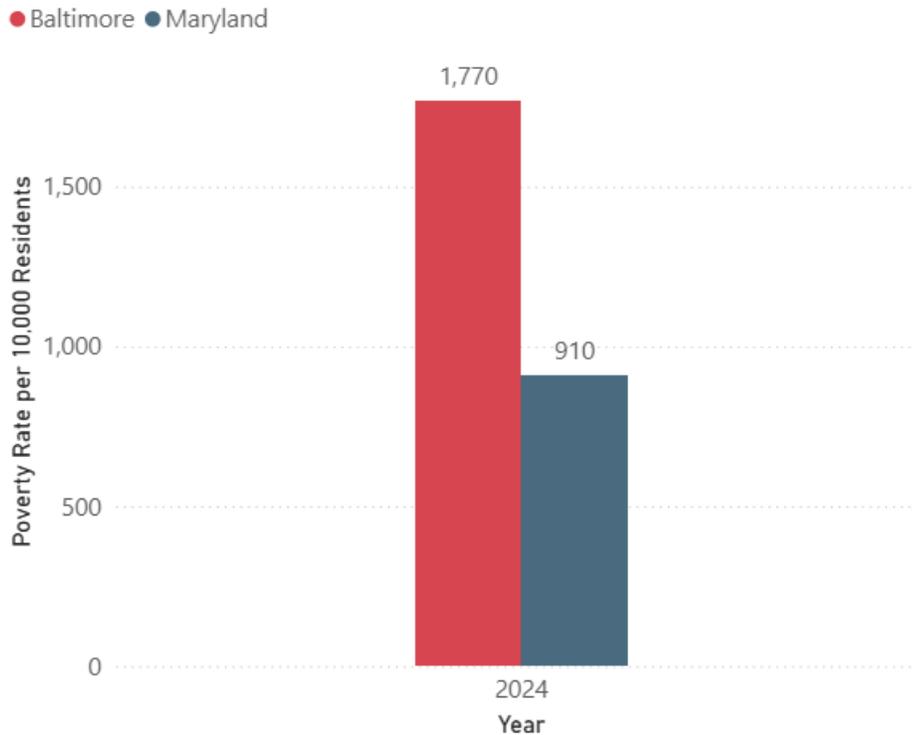
#### Poverty

Poverty often increases the stressors of daily living, which can negatively impact behavioral health and wellbeing.

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<sup>17</sup> 2023 Maryland Behavioral Risk Factor Surveillance System. <https://ibis.health.maryland.gov> (Accessed November 3, 2025)

### Population Living Below the Poverty Line, Rate per 10,000 Residents, Maryland vs. Baltimore City, 2024



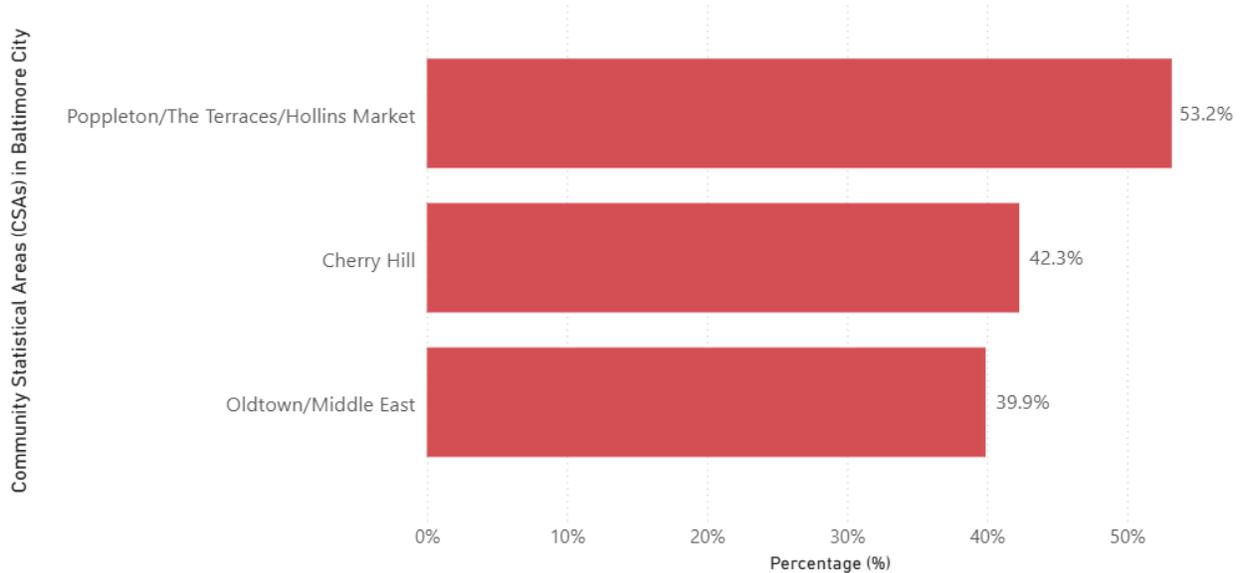
U.S. Census Bureau, 2024

Maryland has a population of 6,263,220, with 555,770 residents living below the poverty line, which equals a poverty rate of 9.1%.<sup>18</sup> In contrast, Baltimore City has 548,862 residents for whom poverty status is determined, and 97,077 of them live below the poverty line, resulting in a much higher poverty rate of 17.7%.<sup>19</sup> When normalized per 10,000 residents, Maryland has 910 residents living below the poverty line per 10,000, while Baltimore City has 1,770 residents per 10,000. This means Baltimore City experiences almost double the incidence of poverty compared to the state average.

<sup>18</sup> U.S. Census Bureau. (n.d.). ACS Demographic and Housing Estimates. American Community Survey, ACS 1-Year Estimates Data Profiles, Table DP05. Retrieved December 10, 2025, from <https://data.census.gov/table/ACSDP1Y2024.DP05?q=Maryland>.

<sup>19</sup> U.S. Census Bureau. (n.d.). ACS Demographic and Housing Estimates. American Community Survey, ACS 1-Year Estimates Data Profiles, Table DP05. Retrieved December 10, 2025, from <https://data.census.gov/table/ACSDP1Y2024.DP05?q=Baltimore+city,+Maryland>.

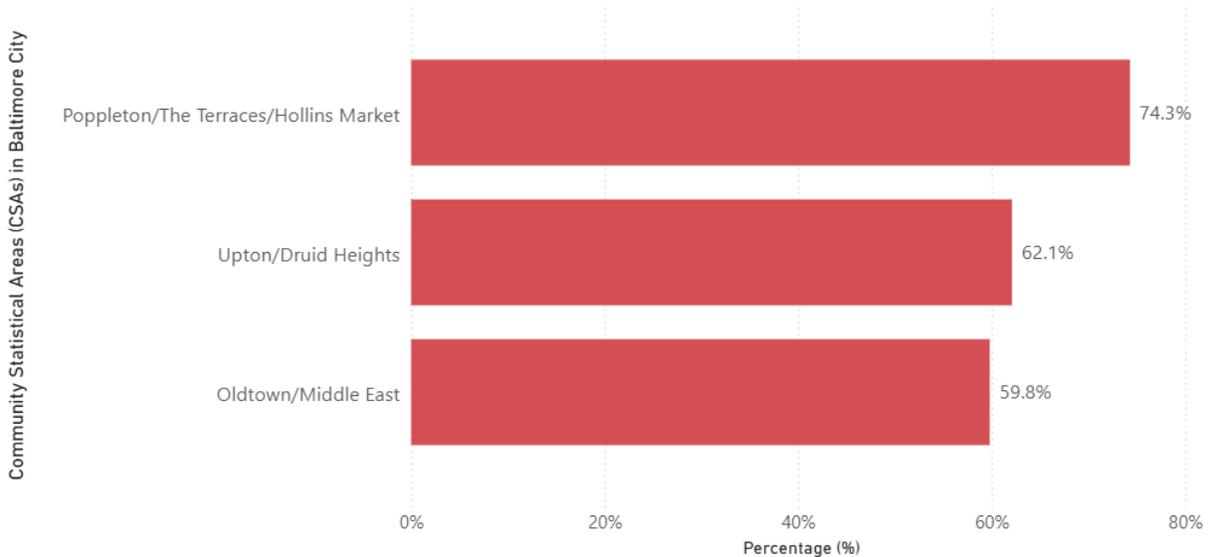
**The Community Statistical Areas (CSAs) with the Highest Percentage of Families Living in Poverty, Baltimore City, 2019-2023**



Census Demographics, Baltimore Neighborhood Indicators Alliance, 2025

Several neighborhoods in Baltimore City experience poverty rates above 35%. The Community Statistical Areas (CSAs) with the highest percentage of families living below the poverty line from 2019–2023 include Poppleton/The Terraces/Hollins Market (53.2%), Cherry Hill (42.3%), and Oldtown/Middle East (39.9%).

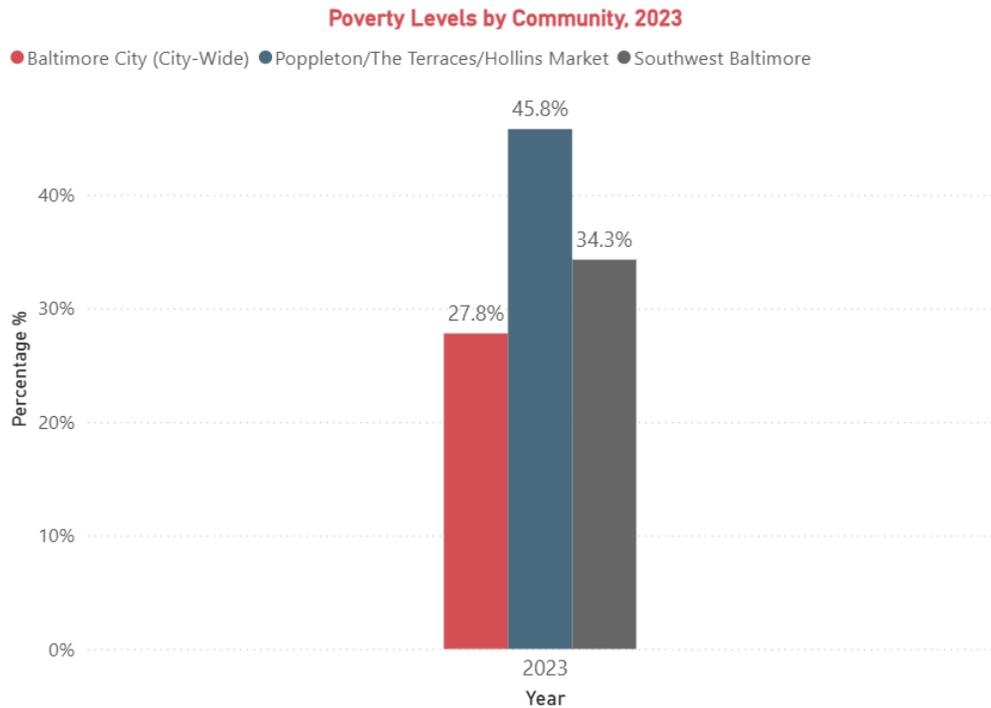
**The Community Statistical Areas (CSAs) with the Highest Percentage of Children Living in Poverty, Baltimore City, 2019-2023**



Census Demographics, Baltimore Neighborhood Indicators Alliance, 2025

Several CSAs in Baltimore City report rates of children living in poverty, with the highest percentages from 2019–2023 found in Poppleton/The Terraces/Hollins Market (74.3%), Upton/Druid Heights

(62.1%), and Oldtown/Middle East (59.8%). These figures indicate that in each of these communities, well over half of children are living below the poverty threshold.<sup>20</sup>



Baltimore Neighborhood Indicators Alliance, 2023

Poppleton/The Terraces/Hollins Market exhibits the highest proportion of families and children living in poverty, with 45.8%. Southwest Baltimore also demonstrates a significant poverty rate at 34.3%, ranking it among the city’s most affected communities. For comparison, Baltimore City’s overall poverty rate stands at 27.8%. These elevated poverty rates are closely associated with the city’s high prevalence of residents reporting poor mental health.<sup>21</sup>

### Violence

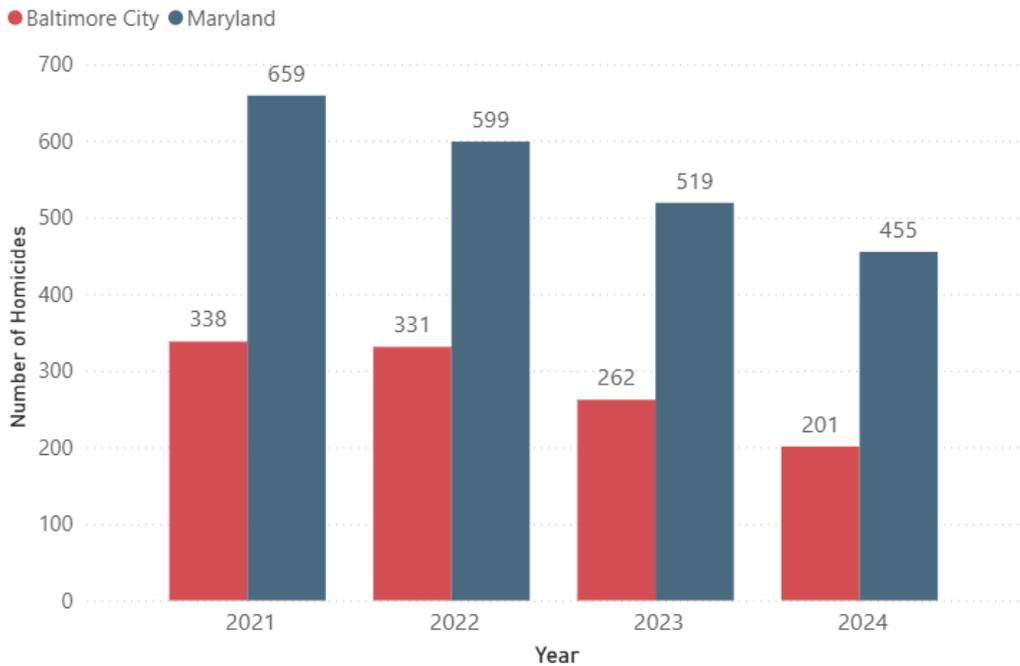
Violence remains a major public health concern in Baltimore City and can have a negative impact on behavioral health and well-being.

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<sup>20</sup> Baltimore Neighborhood Indicators Alliance. (2025, June 5). Census Demographics: Vital Signs 23. ArcGIS StoryMaps. Retrieved from <https://arcg.is/08ur501>

<sup>21</sup> Shertz, L. (2023, January 3). Social determinants of mental health in Baltimore City. *Data Science Corps*. Retrieved from Social Determinants of Mental Health in Baltimore City | BNIA – Baltimore Neighborhood Indicators Alliance

### Homicides in Baltimore City vs Maryland, 2021-2024



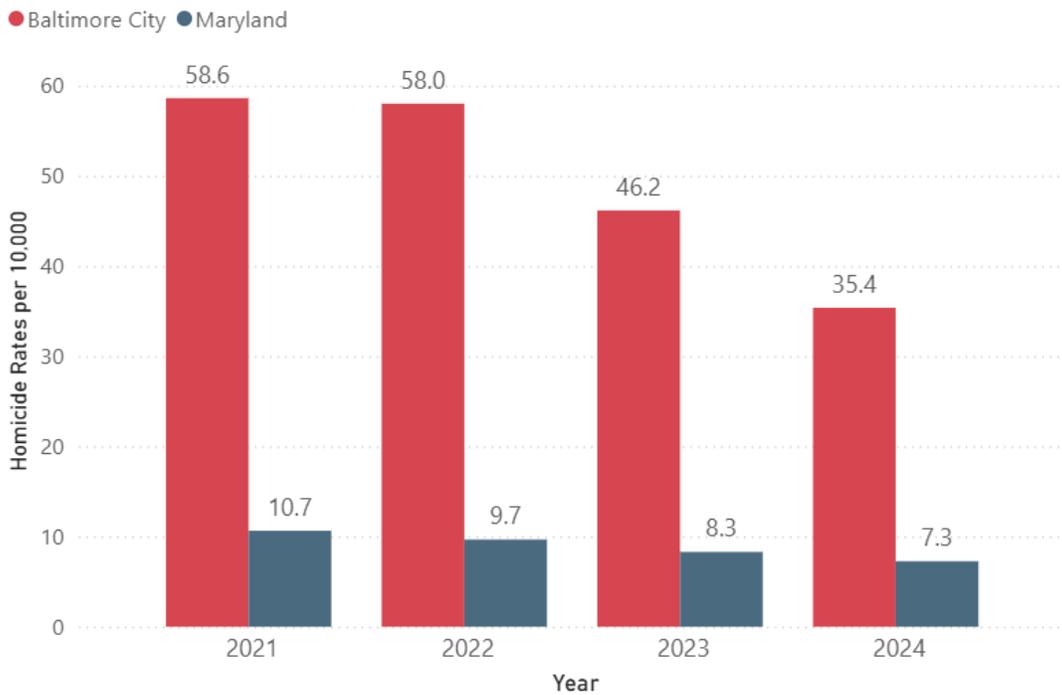
U.S. Department of Justice, 2024

From 2021 to 2024, both Baltimore City and Maryland saw notable declines in homicides, reflecting progress in reducing violent crime. Baltimore City's numbers fell from 338 in 2021 to 201 in 2024, a 41% decrease and the lowest count since 2011. Statewide, Maryland also experienced a reduction, dropping from 659 homicides in 2021 to 455 in 2024, a 31% decrease. While these trends indicate improvement, Baltimore City continues to account for a significant share of statewide homicides. As of 2024, Baltimore City accounts for about 44% of Maryland's total homicides.<sup>22</sup>

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<sup>22</sup> U.S. Department of Justice. (2024, October 31). U.S. Attorney's Office credits multi-jurisdictional crime reduction collaborative for sharp decline in violent crime. Retrieved from <https://www.justice.gov/usao-md/pr/us-attorneys-office-credits-multi-jurisdictional-crime-reduction-collaborative-sharp>

### Homicides Rates per 100,000 Population, Baltimore City vs Maryland, 2021-2024



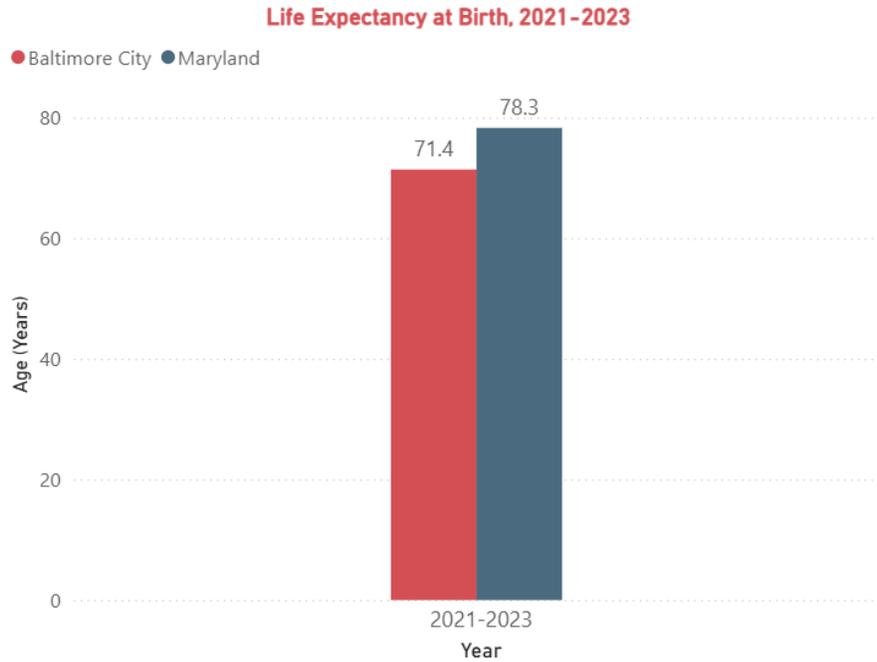
U.S. Department of Justice, U.S. Census Bureau

Alongside the decline in homicide counts, the rates per 100,000 population also dropped substantially between 2021 and 2024. Baltimore City’s homicide rate fell from 58.6 to 35.4, marking a 40 percent reduction, while Maryland’s statewide rate decreased from 10.7 to 7.3, a 32 percent decline. These rate changes, calculated using population estimates from the U.S. Census Bureau, highlight that progress was not only in raw numbers but also in the overall risk of homicide relative to population size.<sup>23</sup> However, Baltimore City’s rate remains nearly five times higher than the statewide rate.

<sup>23</sup> U.S. Census Bureau. (2024). County population totals: 2020–2024. Retrieved from <https://www.census.gov/data/tables/time-series/demo/popest/2020s-counties-total.html>

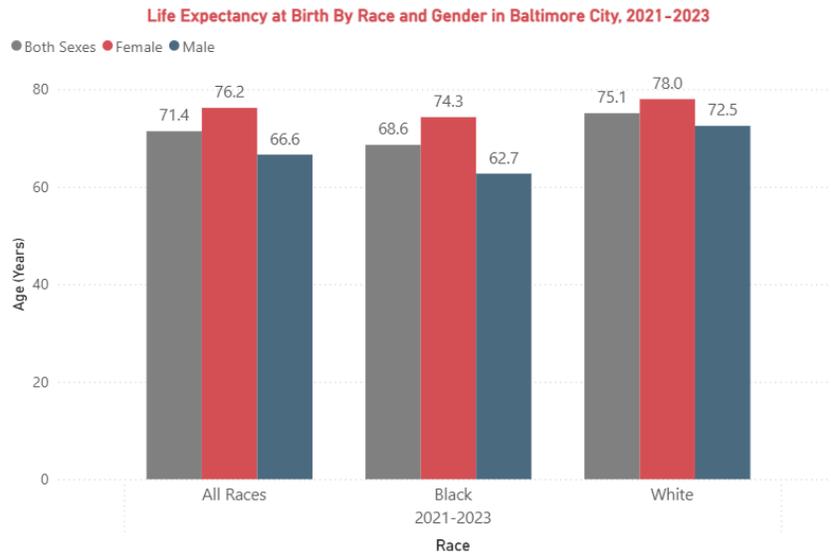
## Life Expectancy

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



Maryland Vital Statistics Annual Report, 2021-2023

Life expectancy at birth was significantly lower for Baltimore City (71.4 years) than statewide (78.3 years).<sup>24</sup>

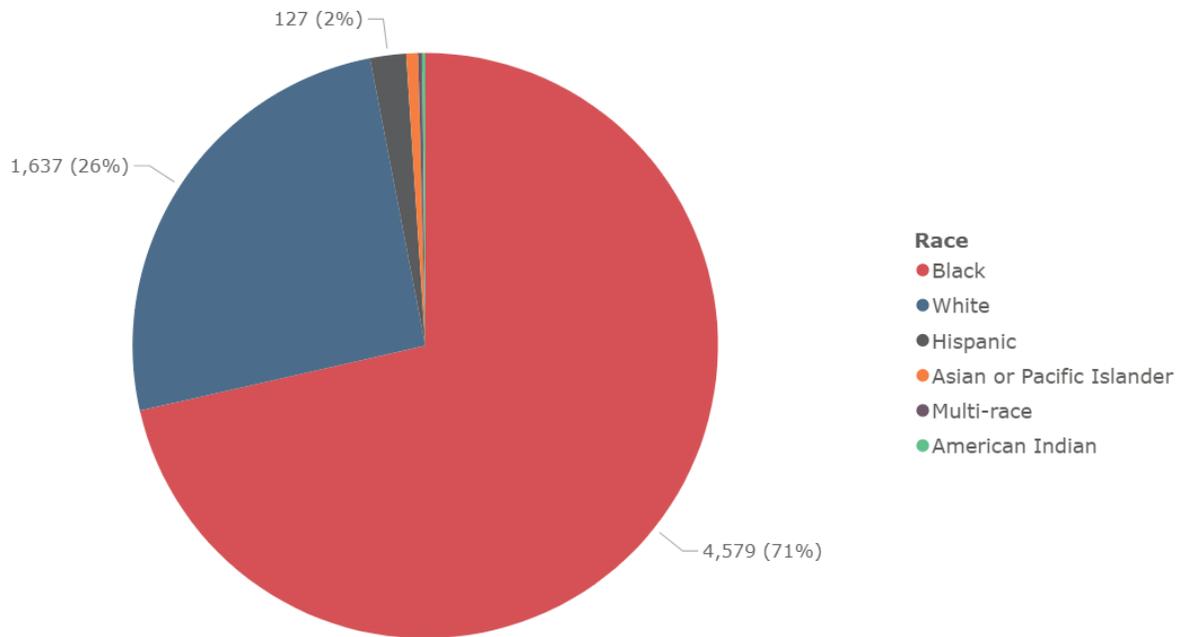


Maryland Vital Statistics Annual Report, 2021-2023

<sup>24</sup> Maryland Department of Health, Vital Statistics Administration. (2023). Annual report 2023. [https://health.maryland.gov/vsa/Documents/Reports%20and%20Data/Annual%20Reports/2023\\_Annual%20Report\\_Final.pdf](https://health.maryland.gov/vsa/Documents/Reports%20and%20Data/Annual%20Reports/2023_Annual%20Report_Final.pdf)

In Baltimore City, life expectancy showed a stark racial disparity among males: Black males had a life expectancy of 62.7 years, which was nearly a decade shorter than white males, whose life expectancy was 72.5 years. For females, the difference was about four years, with 74.3 years for Black females and 78 years for white females.<sup>25</sup>

**Number of Deaths by Race in Baltimore City, 2023**



|        | Black | White | American Indian | Asian or Pacific Islander | Hispanic | Multi-race | Total* |
|--------|-------|-------|-----------------|---------------------------|----------|------------|--------|
| Deaths | 4,579 | 1,637 | 11              | 42                        | 127      | 14         | 6,443  |

Maryland Vital Statistics Annual Report, 2023

\*Sum of figures is less than total owing to unreported data.

In 2023, Black residents comprised 60% of Baltimore City’s population yet disproportionately represented 71% (4,579) of all deaths. By contrast, white residents, comprising 26% of the population, accounted for 25.4% (1,637) of deaths.<sup>26</sup>

<sup>25</sup> Maryland Department of Health, Vital Statistics Administration. (2023). Annual report 2023. [https://health.maryland.gov/vsa/Documents/Reports%20and%20Data/Annual%20Reports/2023\\_Annual%20Report\\_Final.pdf](https://health.maryland.gov/vsa/Documents/Reports%20and%20Data/Annual%20Reports/2023_Annual%20Report_Final.pdf)

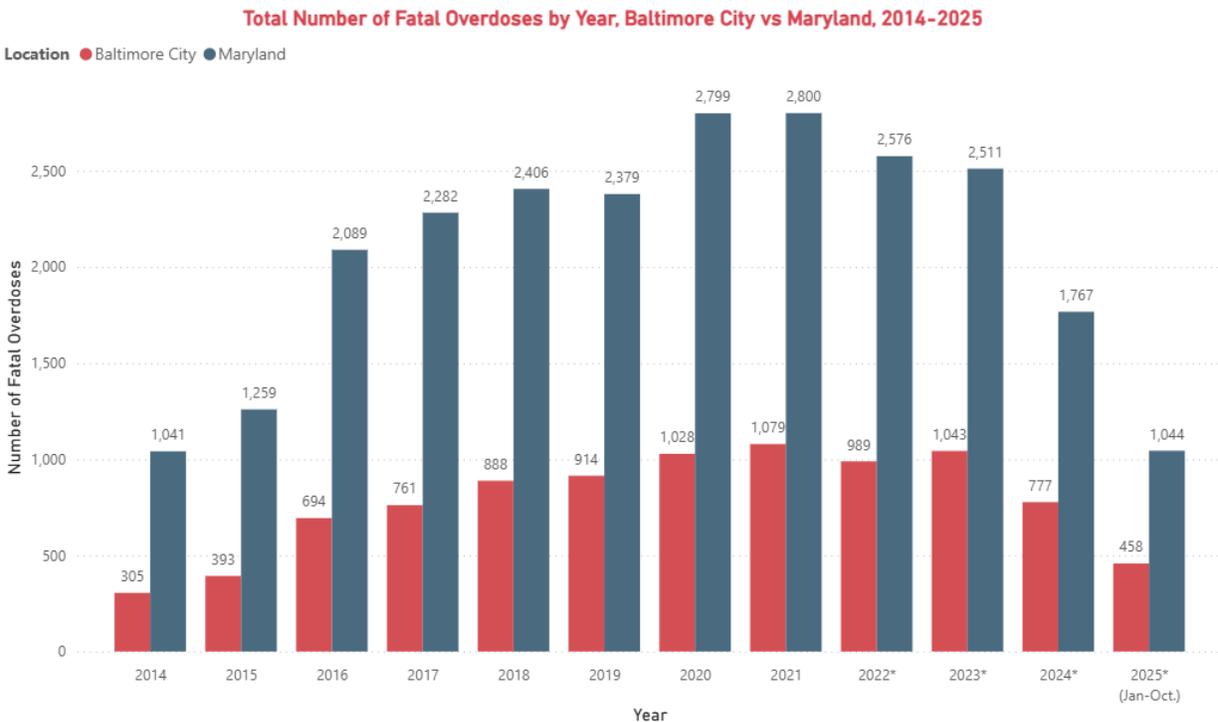
<sup>26</sup> Maryland Department of Health, Vital Statistics Administration. (2023). Annual report 2023. [https://health.maryland.gov/vsa/Documents/Reports%20and%20Data/Annual%20Reports/2023\\_Annual%20Report\\_Final.pdf](https://health.maryland.gov/vsa/Documents/Reports%20and%20Data/Annual%20Reports/2023_Annual%20Report_Final.pdf)

## 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. The 2025 data reflects a partial year, covering January through October.



MDH Vital Statistics Administration and Office of the Chief Medical Examiner, MDH, 2020-2025

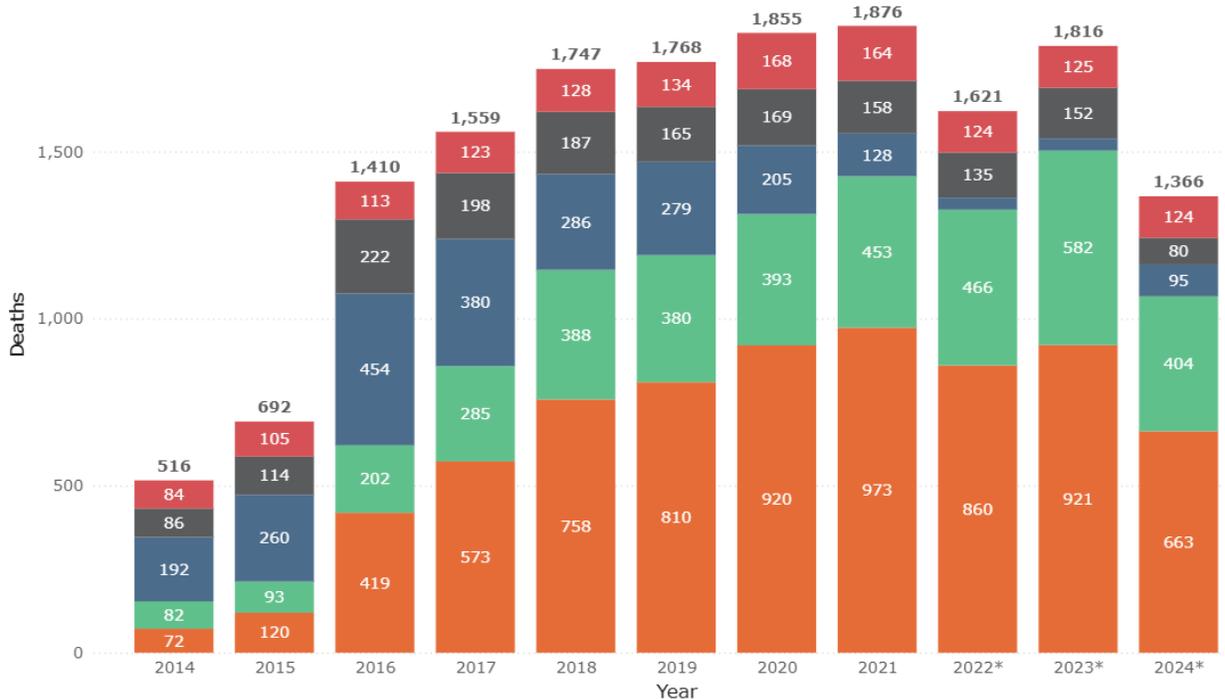
\*2022-2025 data are preliminary

Fatal overdoses in Baltimore City increased sharply from 2014, reaching a peak of 1,079 deaths in 2021. While totals declined afterward, they remained elevated through 2023 with 1,043 deaths. In 2024, the number dropped to 777. As of December 11, 2025, the partial year total for January through October stands at 458. Annual totals from 2020 to 2023 ranged between a low of 969 in 2022 and the high of 1,079 in 2021. In contrast, Maryland experienced a similar peak in 2021 (2,800 deaths) but has shown a more pronounced and steady decline since then, falling to 1,767 deaths in 2024, with a partial-year total of 1,044 through October 2025.<sup>27</sup>

<sup>27</sup> Maryland Department of Health. Overdose Data Portal, MDH Interactive Dashboards, accessed November 26, 2025. [Pages - MDH Interactive Dashboards](#)

### Drug-related Intoxication Deaths by Substance, Baltimore City, 2014-2024

Substance ● Fentanyl ● Cocaine ● Heroin ● Alcohol ● Prescription opioids



| Substance            | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022* | 2023* | 2024* |
|----------------------|------|------|------|------|------|------|------|------|-------|-------|-------|
| Fentanyl             | 72   | 120  | 419  | 573  | 758  | 810  | 920  | 973  | 860   | 921   | 663   |
| Cocaine              | 82   | 93   | 202  | 285  | 388  | 380  | 393  | 453  | 466   | 582   | 404   |
| Heroin               | 192  | 260  | 454  | 380  | 286  | 279  | 205  | 128  | 36    | 36    | 95    |
| Prescription opioids | 84   | 105  | 113  | 123  | 128  | 134  | 168  | 164  | 124   | 125   | 124   |
| Alcohol              | 86   | 114  | 222  | 198  | 187  | 165  | 169  | 158  | 135   | 152   | 80    |

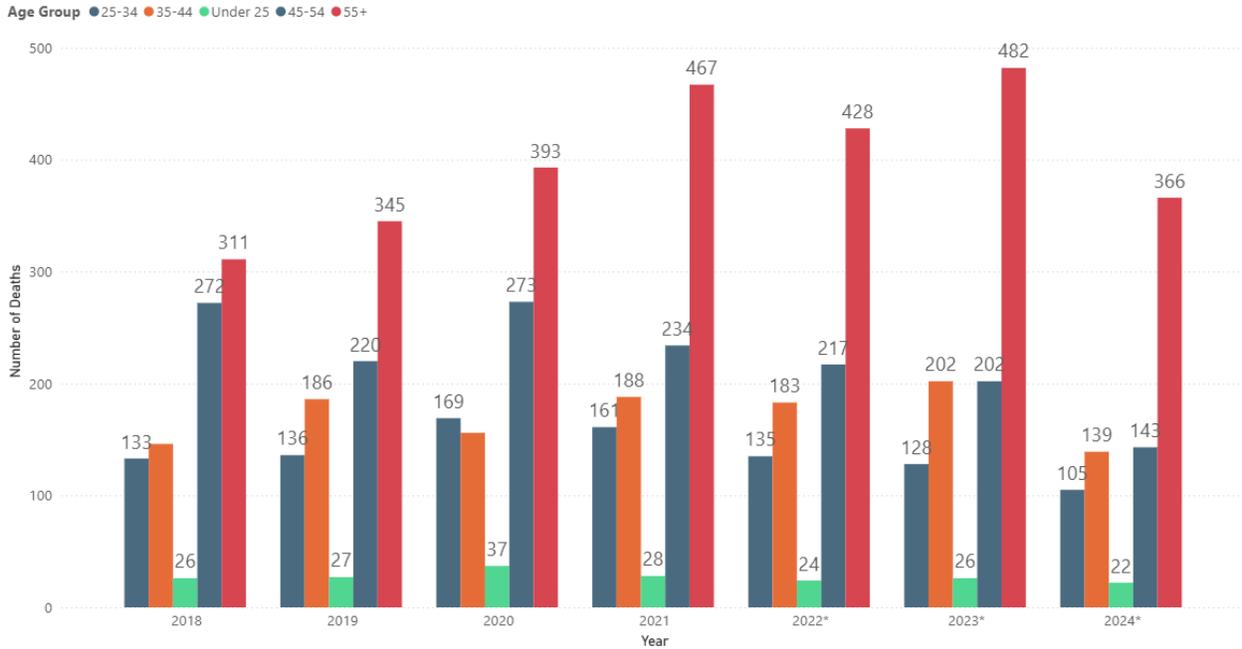
MDH Vital Statistics Administration and Office of the Chief Medical Examiner, MDH, 2014-2024

\*2022-2024 data are 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 in Baltimore City. Examining long-term trends in drug-related intoxication deaths from 2014 to 2024, there was a sharp increase in fentanyl-related deaths beginning in 2016, reaching a peak around 2021 and remaining at consistently elevated levels with some fluctuation since then. Meanwhile, heroin-related deaths have shown a decline starting in 2017, while cocaine-related deaths rose significantly in 2016, peaking at 582 deaths in 2023.<sup>28</sup>

<sup>28</sup> Maryland Department of Health. Overdose Data Portal, MDH Interactive Dashboards, accessed November 26, 2025. [Pages - MDH Interactive Dashboards](#)

**Total Overdose Deaths by Age Group Over Time, Baltimore City, 2018-2024**



| Age      | 2018 | 2019 | 2020 | 2021 | 2022* | 2023* | 2024* |
|----------|------|------|------|------|-------|-------|-------|
| Under 25 | 26   | 27   | 37   | 28   | 24    | 26    | 22    |
| 25-34    | 133  | 136  | 169  | 161  | 135   | 128   | 105   |
| 35-44    | 146  | 186  | 156  | 188  | 183   | 202   | 139   |
| 45-54    | 272  | 220  | 273  | 234  | 217   | 202   | 143   |
| 55+      | 311  | 345  | 393  | 467  | 428   | 482   | 366   |

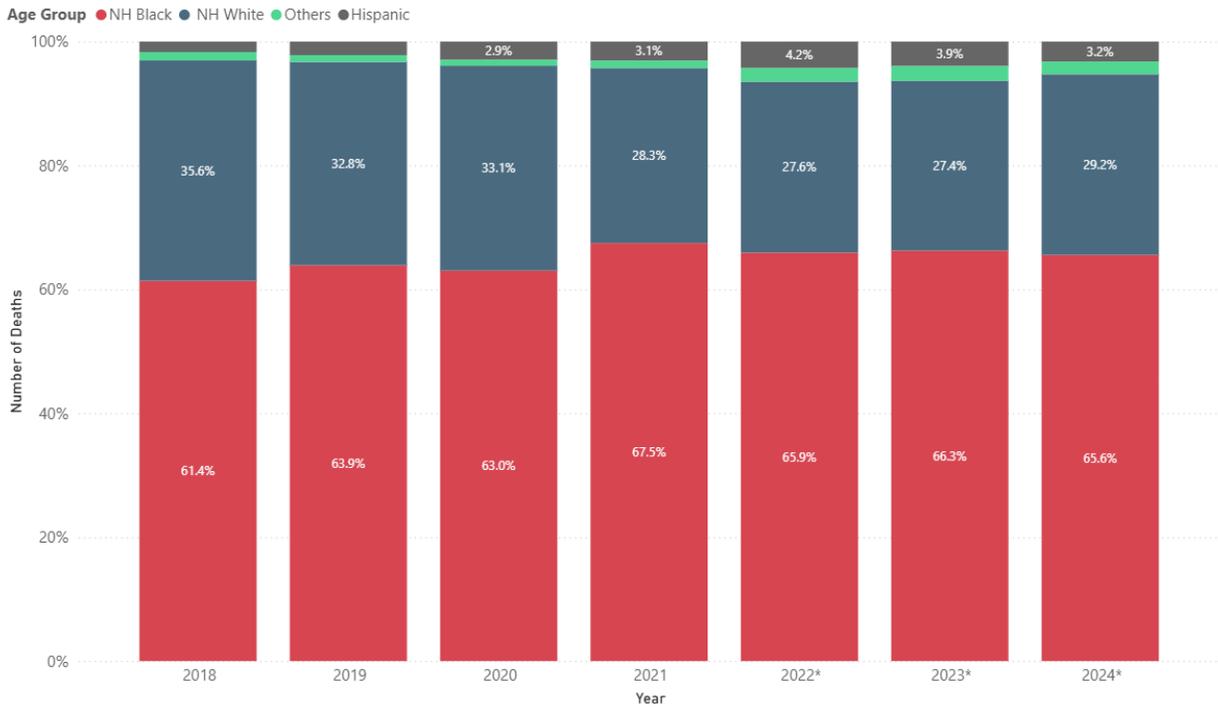
MDH Vital Statistics Administration and Office of the Chief Medical Examiner, MDH, 2018-2024

\*2022-2024 data are preliminary

The impact of overdoses varied across different demographic groups in Baltimore City. Adults over 55 have experienced the highest number of deaths across age groups since 2018, peaking at 482 deaths in 2023. Middle-aged groups (45–54 and 35–44) have also experienced high numbers, while younger groups (under 25 and 25–34) peaked around 2020 and have since declined.<sup>29</sup>

<sup>29</sup> Maryland Department of Health. Overdose Data Portal, MDH Interactive Dashboards, accessed November 26, 2025. [Pages - MDH Interactive Dashboards](#)

**Total Overdose Deaths by Race Over Time, Baltimore City, 2018-2024**



| Race/Ethnicity | 2018 | 2019 | 2020 | 2021 | 2022* | 2023* | 2024* |
|----------------|------|------|------|------|-------|-------|-------|
| NH Black       | 545  | 584  | 648  | 728  | 652   | 691   | 510   |
| NH White       | 316  | 300  | 340  | 305  | 273   | 286   | 227   |
| Hispanic       | 12   | 20   | 30   | 33   | 42    | 41    | 25    |
| Other          | 12   | <11  | <11  | 13   | 22    | 25    | 16    |

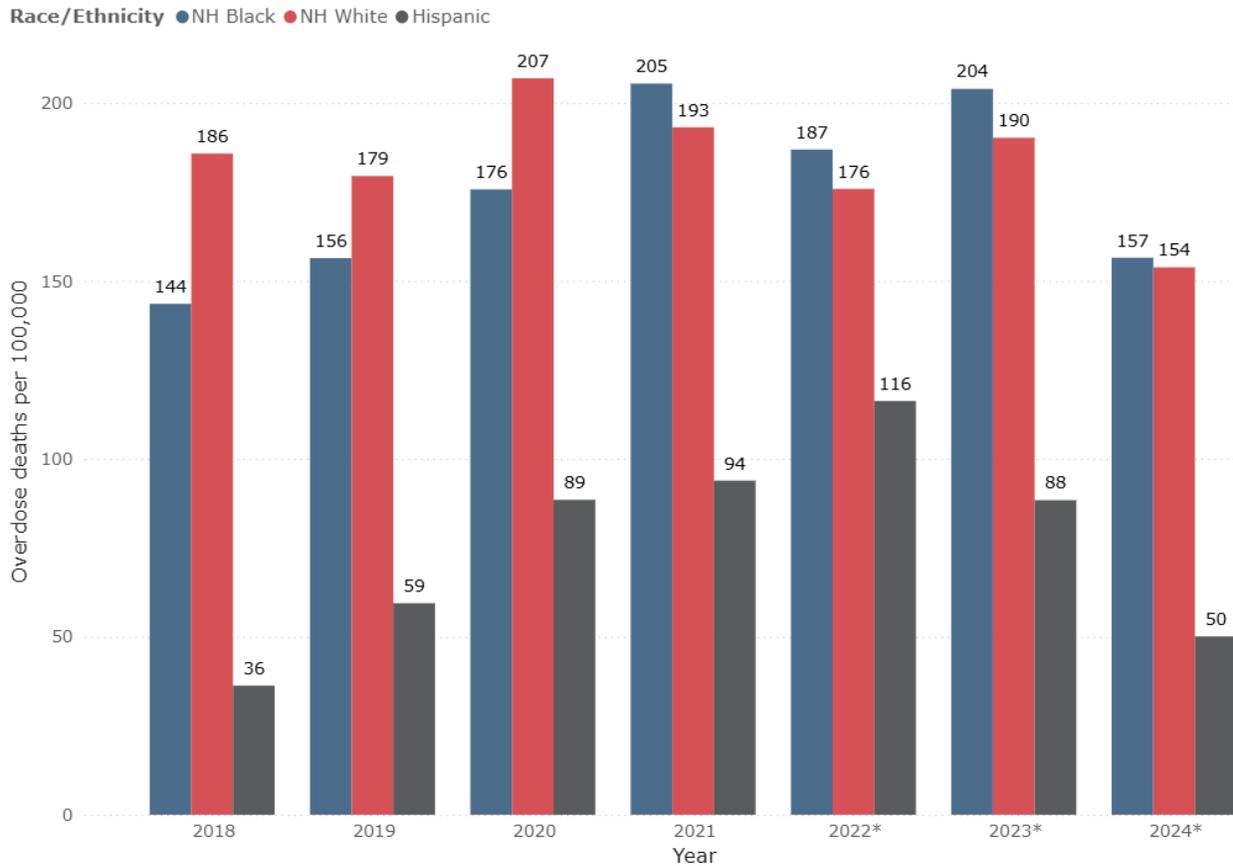
MDH Vital Statistics Administration and Office of the Chief Medical Examiner, MDH, 2014-2024

\*2022-2024 data are preliminary.

The impact of fatal overdoses also varied by race, and this pattern remained relatively consistent year after year, with small fluctuations. Non-Hispanic (NH) Black people accounted for the largest share of overdose deaths in Baltimore City, representing approximately 61% to 68% of deaths each year. In comparison, NH white individuals accounted for about 27% to 36% of deaths, while Hispanic individuals represented about 1% to 4% of deaths.<sup>30</sup>

<sup>30</sup> Maryland Department of Health. Overdose Data Portal, MDH Interactive Dashboards, accessed November 26, 2025. [Pages - MDH Interactive Dashboards](#)

### Overdose Deaths per 100,000 in Baltimore City, 2018 - 2024



MDH Vital Statistics Administration and Office of the Chief Medical Examiner, MDH, 2014-2024, and United States Census Bureau

\*2022-2024 data are preliminary

Over the past decade, rates of overdose death in Baltimore City have risen dramatically across all racial groups. By 2020, overdose deaths peaked at 207 per 100,000 for NH white individuals, 176 per 100,000 for NH Black individuals, and 89 per 100,000 for Hispanic individuals.<sup>31</sup> In 2021, the rate of fatal overdoses among NH Black individuals outpaced that of other racial groups, with 205 deaths per 100,000, compared to 193 deaths per 100,000 for NH white individuals and 94 deaths per 100,000 Hispanic individuals.<sup>32</sup> Though trending slightly downwards in

<sup>31</sup> Maryland Department of Health, Vital Statistics Administration. (2020). Annual report 2020. [https://health.maryland.gov/vsa/Documents/Reports%20and%20Data/Annual%20Reports/2020\\_Annual%20Report\\_Final.pdf](https://health.maryland.gov/vsa/Documents/Reports%20and%20Data/Annual%20Reports/2020_Annual%20Report_Final.pdf)

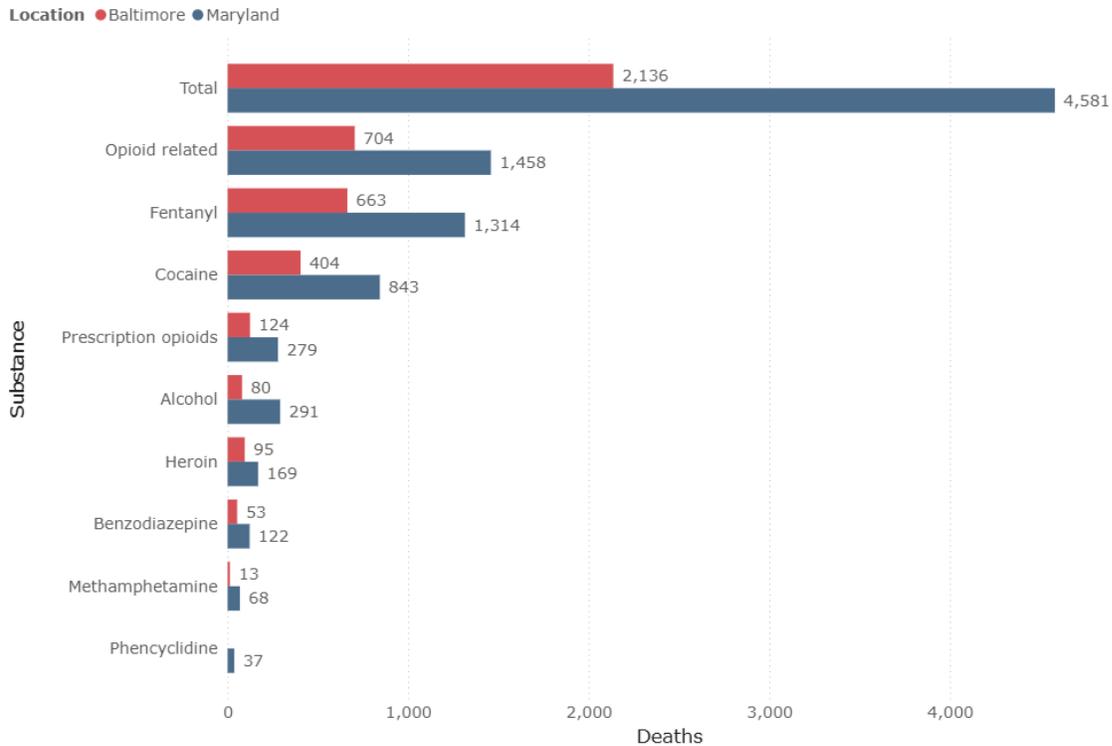
Maryland Department of Health (n.d.). Overdose Data Portal, MDH Interactive Dashboards. Retrieved November 26, 2025 from [Pages - MDH Interactive Dashboards](#)

<sup>32</sup> Maryland Department of Health, Vital Statistics Administration. (2021). Annual report 2021. [https://health.maryland.gov/vsa/Documents/Reports%20and%20Data/Annual%20Reports/2021\\_Annual%20Report\\_Final.pdf](https://health.maryland.gov/vsa/Documents/Reports%20and%20Data/Annual%20Reports/2021_Annual%20Report_Final.pdf)

Maryland Department of Health (n.d.). Overdose Data Portal, MDH Interactive Dashboards. Retrieved November 26, 2025 from [Pages - MDH Interactive Dashboards](#)

subsequent years, fatal overdose rates remained critically elevated among all racial groups in 2024, at 157, 154, and 50 deaths per 100,000 for NH Black, NH white, and Hispanic individuals, respectively.<sup>33</sup>

**Number of Overdose Deaths Involving Specific Substances, Baltimore City vs Maryland, 2024\***



| Location  | Opioid related | Fentanyl | Cocaine | Prescription opioids | Alcohol | Heroin | Benzodiazepine | Methamphetamine | Phencyclidine |
|-----------|----------------|----------|---------|----------------------|---------|--------|----------------|-----------------|---------------|
| Baltimore | 704            | 663      | 404     | 124                  | 80      | 95     | 53             | 13              | <11           |
| Maryland  | 1,458          | 1,314    | 843     | 279                  | 291     | 169    | 122            | 68              | 37            |

MDH Vital Statistics Administration and Office of the Chief Medical Examiner, MDH, 2024

\*2024 data are preliminary

In 2024, Baltimore City reported 2,136 overdose deaths compared to 4,581 statewide, with opioids driving most fatalities, and Baltimore accounting for nearly half the state’s opioid-

<sup>33</sup> Maryland Department of Health, Vital Statistics Administration. (2023). Annual report 2023. [https://health.maryland.gov/vsa/Documents/Reports%20and%20Data/Annual%20Reports/2023\\_Annual%20Report\\_Final.pdf](https://health.maryland.gov/vsa/Documents/Reports%20and%20Data/Annual%20Reports/2023_Annual%20Report_Final.pdf)

Maryland Department of Health, Vital Statistics Administration. (2022). Annual report 2022. [https://health.maryland.gov/vsa/Documents/Reports%20and%20Data/Annual%20Reports/2022\\_Annual%20Report\\_Final.pdf](https://health.maryland.gov/vsa/Documents/Reports%20and%20Data/Annual%20Reports/2022_Annual%20Report_Final.pdf)

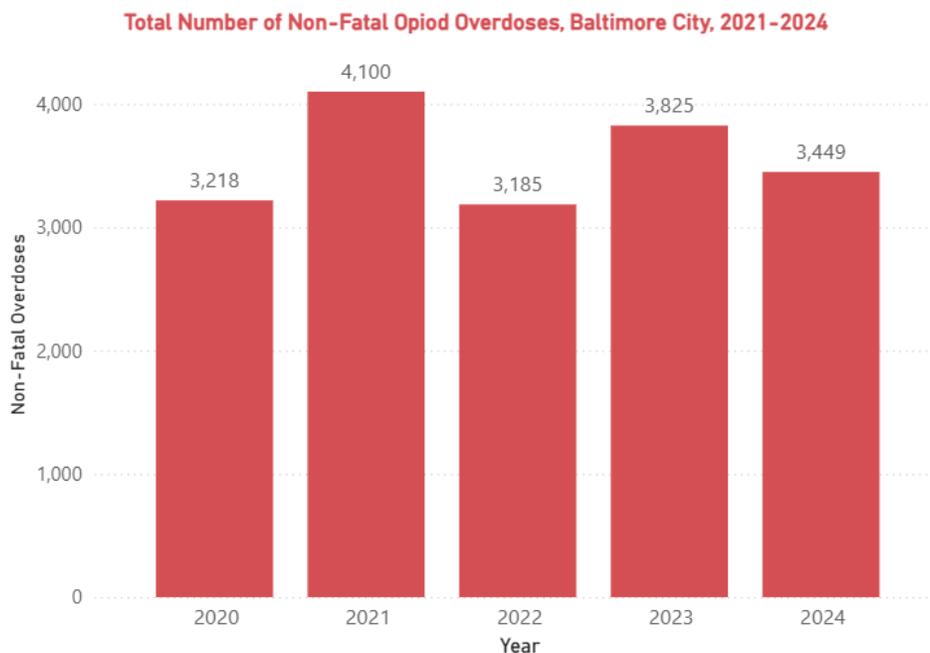
Maryland Department of Health (n.d.). Overdose Data Portal, MDH Interactive Dashboards. Retrieved November 26, 2025 from [Pages - MDH Interactive Dashboards](#)

U.S. Census Bureau. (n.d.). *Maryland Populations and People – Census Bureau Tables*. U.S. Department of Commerce. Retrieved December 11, 2025, from <https://data.census.gov/table?q=Maryland+Populations+and+People&g=050XX00US24510&y=2024>

related deaths.<sup>34</sup> Fentanyl was the leading substance in both areas (663 deaths in Baltimore compared to 1,314 statewide), followed by cocaine (404 compared to 843). Other substances such as prescription opioids, alcohol, and heroin contributed smaller but notable numbers, while methamphetamine and phencyclidine were minimal.

### Non-fatal opioid overdoses

Non-fatal overdose data is based on non-fatal, opioid overdose-related hospital emergency department visits. Non-fatal opioid overdose is a strong predictor of future opioid overdose at the individual level. Population-level non-fatal opioid overdose data are therefore important to monitor, offering insight into opportunities to intervene and prevent future overdose fatalities.



MDH Vital Statistics Administration and Office of the Chief Medical Examiner, MDH, 2020-2024

\*2024 data are preliminary

The chart shows fluctuations in non-fatal opioid overdoses in Baltimore City from 2020 to 2024. Overdoses peaked in 2021 at 4,100 cases, marking a significant increase from 3,218 in 2020. After dropping to 3,185 in 2022, the numbers rose again in 2023 to 3,825 before declining slightly to 3,449 in 2024. Overall, while the trend shows variability, the figures remain consistently high.<sup>35</sup>

### Preventing overdoses

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<sup>34</sup> Maryland Department of Health. Overdose Data Portal, MDH Interactive Dashboards, accessed November 26, 2025. [Pages - MDH Interactive Dashboards](#)

<sup>35</sup> Maryland Department of Health. Overdose Data Portal, MDH Interactive Dashboards, accessed November 7, 2025. [Pages - MDH Interactive Dashboards](#)

BHSB is engaged in a broad range of initiatives to prevent overdoses. Please refer to the *System of Care Updates, Overdose Prevention* section of this document for information on BHSB’s work to prevent overdoses and promote the health of people who use drugs.

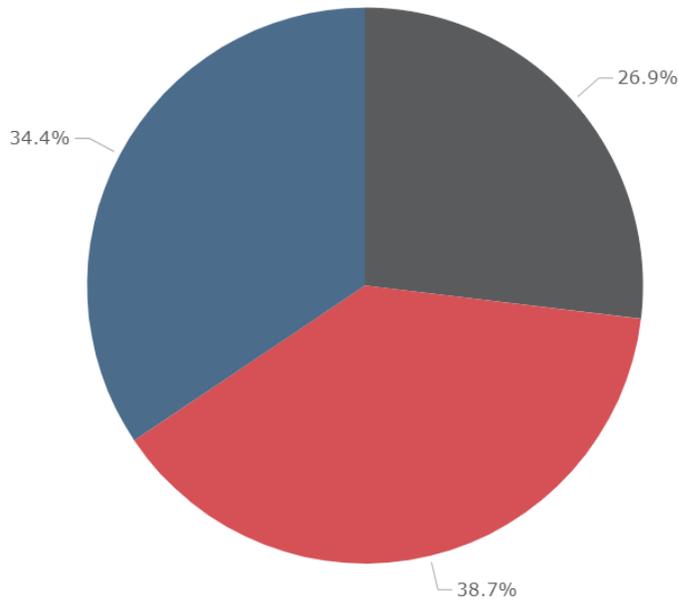
### Food Insecurity

Access to fresh and healthy food is essential for behavioral health because proper nutrition supports brain function, stabilizes mood, and reduces the risk of depression and anxiety. Conversely, food insecurity—which means a lack of consistent access to enough food—can increase stress and negatively impact behavioral health and wellbeing.

The Baltimore Area Survey (BAS), conducted annually by the Johns Hopkins 21st Century Cities Initiative, gathers representative data from Baltimore City residents. The results from the 2024 survey revealed that about three in ten Baltimore City residents receive SNAP benefits.<sup>36</sup>

#### Food Security Among SNAP Recipients in Baltimore City, 2024

● Low Food Security ● Very Low Food Security ● High or Marginal Food Security



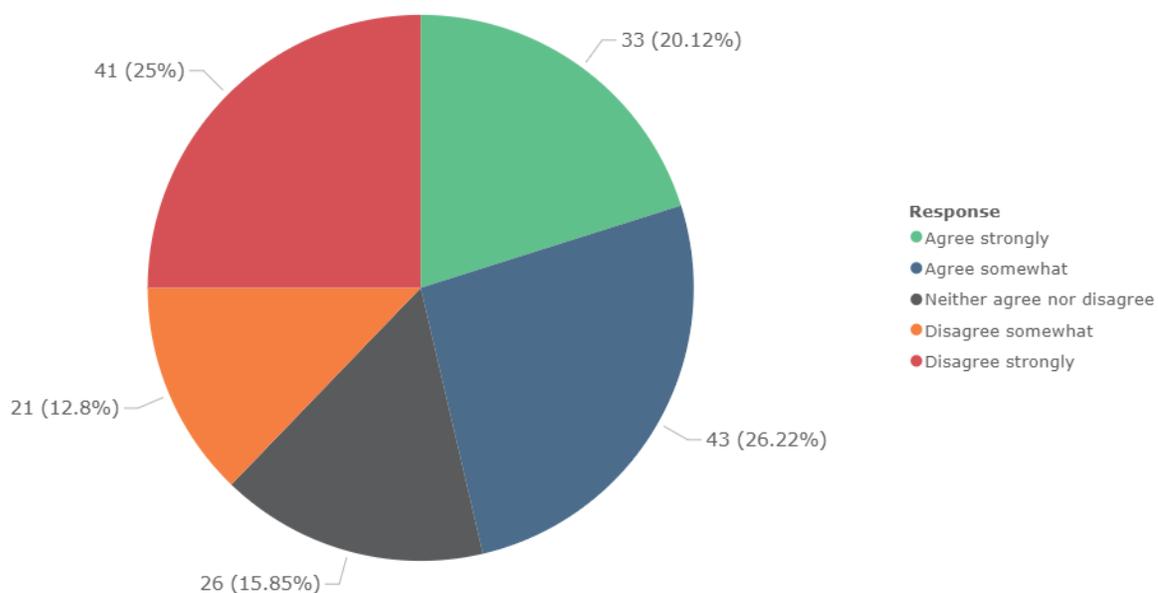
Baltimore Area Survey (BAS), 2024<sup>37</sup>

<sup>36</sup> Johns Hopkins University 21st Century Cities Initiative. (2024). Food insecurity and SNAP participation: Baltimore Area Survey 2024 [Report]. <https://21cc.jhu.edu/wp-content/uploads/sites/64/bas2024-fsi-snap.pdf> <https://21cc.jhu.edu/wp-content/uploads/sites/64/bas2024-fsi-snap.pdf>. Accessed December 15, 2025.

<sup>37</sup> The data shown in this visual have been weighted, meaning results were adjusted to fairly represent the overall population along factors such as age and education.

The 2024 BAS included a questionnaire to assess rates of food insecurity. Among respondents receiving SNAP benefits in Baltimore City, about 26.9% reported experiencing low food security, with 38.7% reporting very low food security.<sup>38</sup>

**SNAP Recipients: "There are grocery stores with fresh and healthy food choices convenient to where I live."**



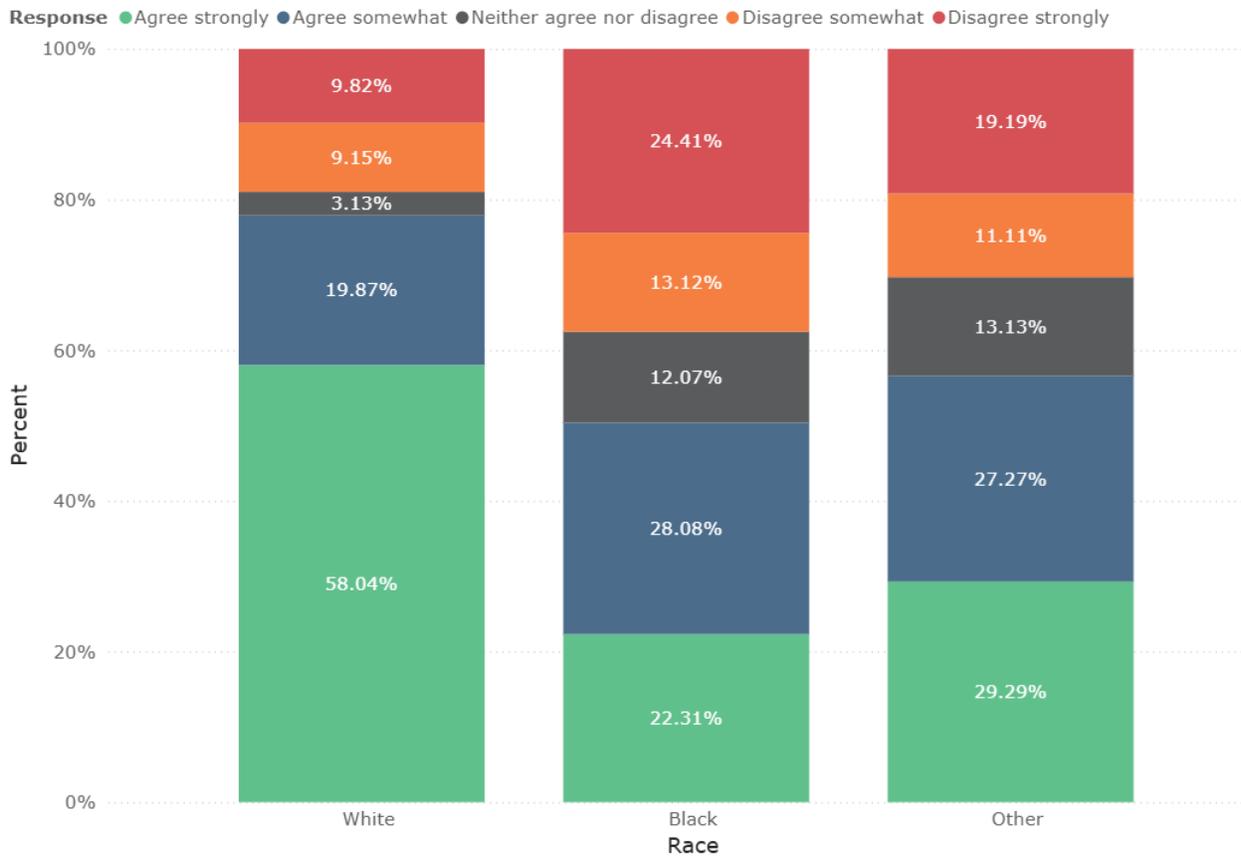
Baltimore Area Survey (BAS) 2024

Survey participants were also asked to rate their agreement with the following statement: *"There are grocery stores with fresh and healthy food choices convenient to where I live."* Responses to this question were mixed. In Baltimore City, more than one in three SNAP recipients (38%) disagreed with this statement, signaling that access to nutritious food remains out of reach for many families who rely on assistance. The rate of disagreement with this statement was significantly lower among non-SNAP respondents (25%).<sup>39</sup>

<sup>38</sup> Bader, M. (2025). *Baltimore Area Survey: Data Report—SNAP Benefits and Food Insecurity in the Baltimore Area*. Johns Hopkins 21st Century Cities Initiative. <https://21cc.jhu.edu/baltimore-area-survey/>

<sup>39</sup> Bader, Michael DM, Mac McComas, Alexi Williams, Claire Shin, Kabir Broker, Aron Einbinder, Jason Shumsky, Jessica Van Tassel. 2025. "Baltimore Area Survey 2024." Version 1.0. January 23, 2025. <https://github.com/JHUCities/baltimore-area-survey-data/>.

**"There are grocery stores with fresh and healthy food choices convenient to where I live."**



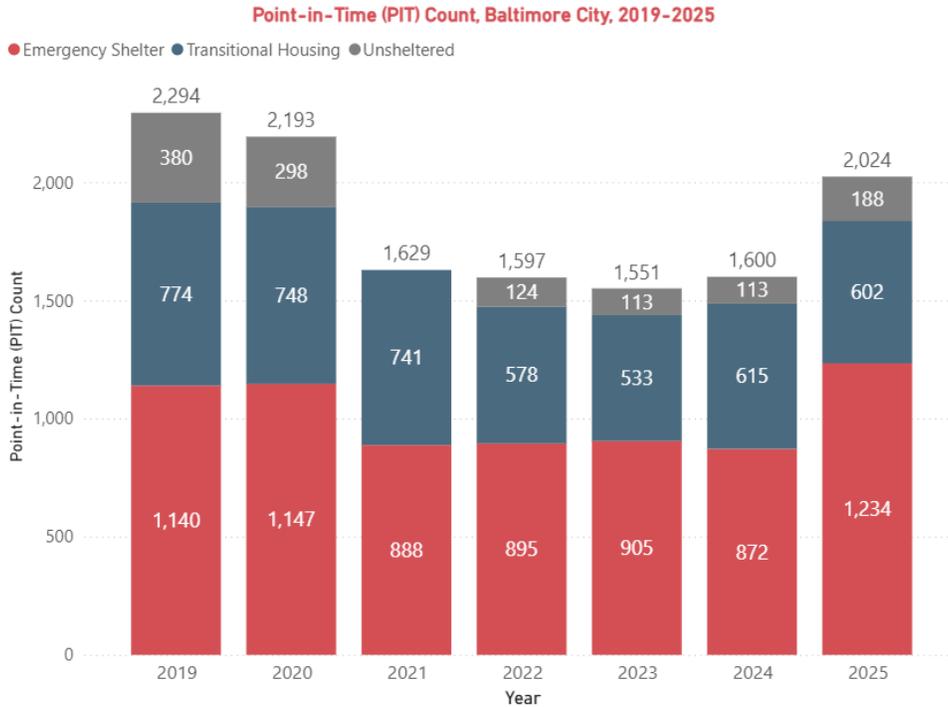
Baltimore Area Survey (BAS) 2024

When examining all respondents, independent of SNAP participation, differences in reported access to healthy grocery stores emerged across racial groups. In Baltimore City, 78% of white residents agreed that they have convenient access to a healthy grocery store. In contrast, half of Black residents (50%) and 57% of residents identifying with another race reported the same.<sup>40</sup>

### Homelessness

Safe and stable housing provides the foundation for physical safety and behavioral health and wellbeing.

<sup>40</sup> Bader, Michael DM, Mac McComas, Alexi Williams, Claire Shin, Kabir Broker, Aron Einbinder, Jason Shumsky, Jessica Van Tassel. 2025. "Baltimore Area Survey 2024." Version 1.0. January 23, 2025. <https://github.com/JHUCities/baltimore-area-survey-data/>.

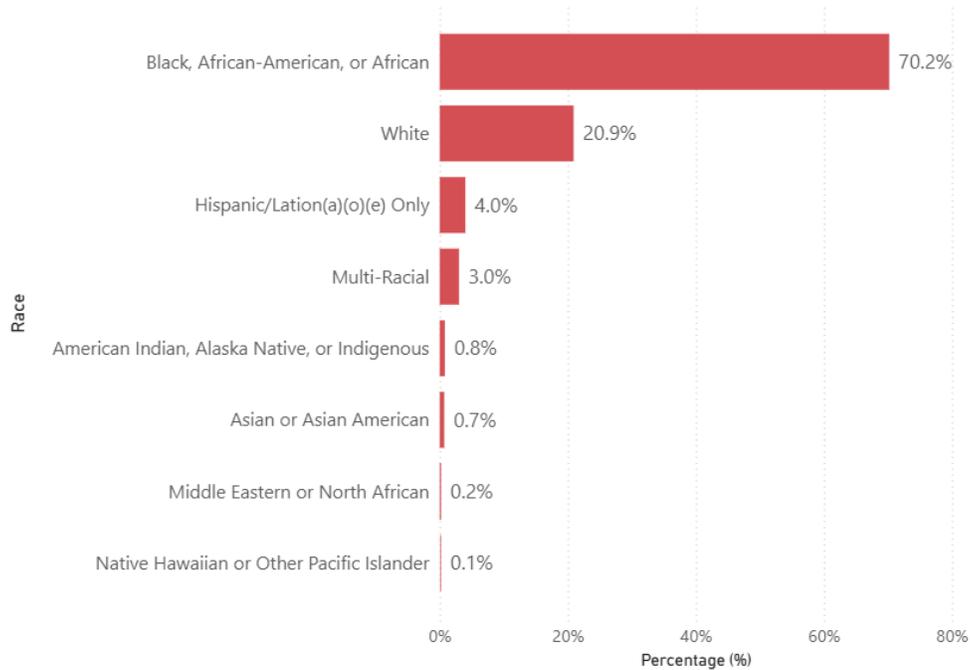


2025 Baltimore City Point in Time Count Report

The Point-in-Time (PIT) Count is an annual, unduplicated count conducted by the Baltimore City Continuum of Care during the last ten days of January to measure the number of sheltered and unsheltered individuals experiencing homelessness on a single night. Baltimore City’s PIT Count dropped steadily from 2019 to 2024 due to pandemic-era housing interventions, then surged by 26.5% in 2025, driven by rising housing costs and the end of COVID-related housing protections.<sup>41</sup>

<sup>41</sup> Baltimore City Continuum of Care. (2025). *2025 Baltimore City Point-in-Time (PIT) Count Report*. [2025 Baltimore City PIT Count Report.pdf](#)

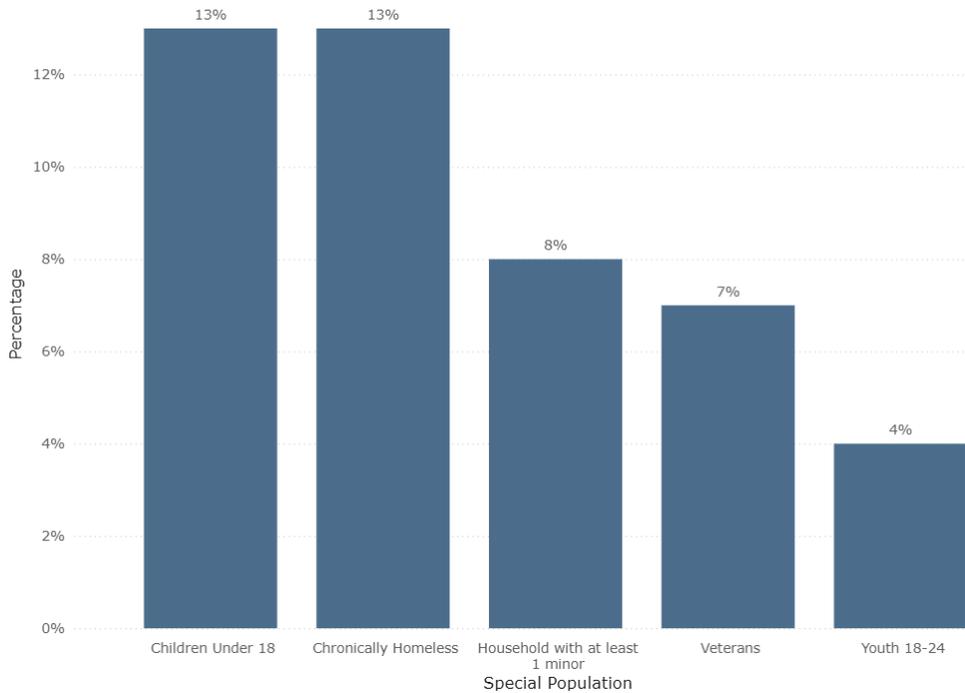
Point-in-Time (PIT) Percentage by Race, Baltimore City, 2025



2025 Baltimore City Point in Time Count Report

Homelessness in Baltimore City disproportionately affects Black residents, with 70.2% of people experiencing homelessness identifying as Black, African-American, or African—significantly higher than their share of the city’s population. White individuals comprised 20.9% of the homeless population, while Hispanic/Latino accounted for 4%, and those identifying as multi-racial made up 3%. Other racial and ethnic groups were present in lower proportions.

**Point-In-Time (PIT) Percentage by Special Population, Baltimore City, 2025**



2025 Baltimore City Point in Time Count Report

In 2025, individuals experiencing chronic homelessness represented 13% of the total homeless population. Young people represented 17% of the total, with minors under age 18 comprising 13% and young adults ages 18-24 accounting for 4%. Veterans represented 7% of those experiencing homelessness, while households with at least one minor represented 8%.<sup>42</sup>

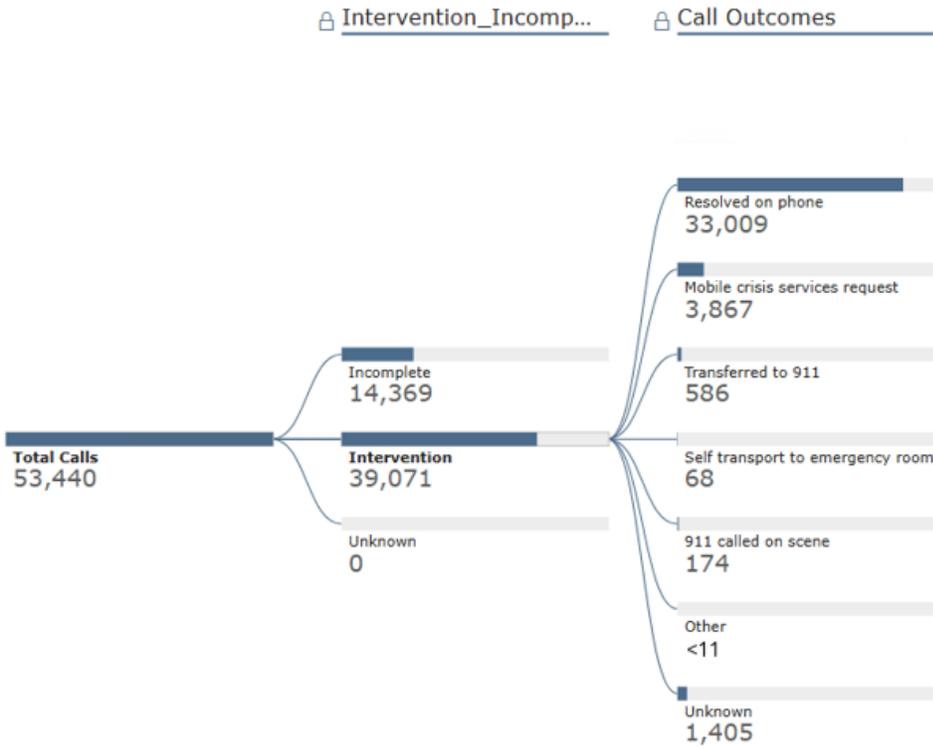
### Crisis Response

The Greater Baltimore 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.

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<sup>42</sup> Baltimore City Continuum of Care. (2025). *2025 Baltimore City Point-in-Time (PIT) Count Report*. [2025 Baltimore City PIT Count Report.pdf](#)

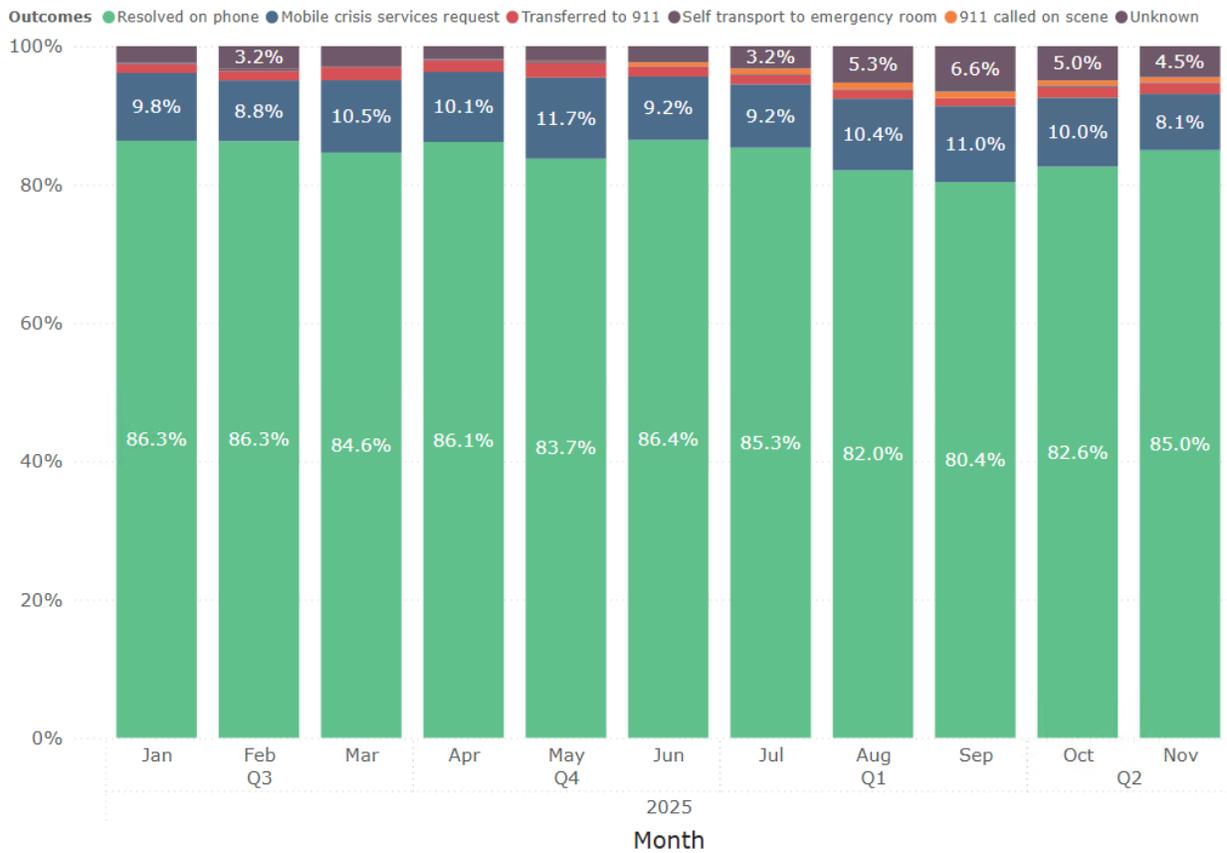
## 988 Helpline Call Outcomes in Central Maryland, January to November 2025



Behavioral Health Link, January to November 2025

The 988 Regional Helpline received 53,440 calls from January to November 2025. Among these, 39,071 calls (73.1%) resulted in an intervention, while the remaining 14,369 calls (26.9%) required no intervention, which included hang-ups, silent calls, wrong numbers, or nuisance calls. Of the calls that led to an intervention, the majority (33,009) 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 requests for mobile crisis services (3,867), transfers to 911 (586), self-transport to an emergency room (68), and emergency personnel being called to the scene (by someone other than the 988 Helpline counselor; 174). “Other” refers to a new peer outreach program introduced in October 2025 to support individuals in Baltimore City who contact the 988 Regional Helpline.

### 988 Helpline Outcomes in Central Maryland, January to November 2025



Behavioral Health Link, January to November 2025

The monthly distribution of call dispositions during 2025 shows that approximately 84% of calls were resolved on the phone each month, with the lowest percentage (80.4%) occurring in September and the highest (86.4%) in June. 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 8.1% to 11.7% of calls across the months, with a notable increase in May, suggesting heightened demand for a mobile crisis response during this period. In May 2025, BHSB added a new call outcome category to identify whether emergency personnel were requested by the 988 Regional Helpline counselor or by an independent or unknown party. Since May, approximately 1.47% of calls to 988 have been transferred to 911 by the counselor while 0.68% involve emergency personnel being called to the scene by someone other than the counselor. These low percentages indicate that the vast majority of crises were managed without burdening emergency law enforcement or 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 police and healthcare facilities, while the consistent monthly trends suggest a steady demand for its services throughout the year.

### Strengthening the crisis system

BHSB engaged in a broad range of activities during FY 25 to strengthen the crisis response system. Please refer to the *System of Care Updates, Crisis System Infrastructure* section of this document for more information.

## **8. Attachments**

### **Baltimore City Behavioral Health Disaster Preparedness Plan**

This document will be forwarded as a separate attachment due to its length.

### **Behavioral Health System Baltimore Organization Chart**

