BEHAVIORAL HEALTH SYSTEM BALTIMORE
BEHAVIORAL HEALTH PLAN

FY 14 REPORT OF ACTIVITIES AND ACCOMPLISHMENTS
FY 16 STRATEGIC GOALS AND OBJECTIVES

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Introduction

Behavioral Health System Baltimore (BHS Baltimore) is a nonprofit organization created in October of 2013 through the merger of Baltimore Mental Health Systems (BMHS) and Baltimore Substance Abuse Systems (BSAS) to form a single integrated behavioral health agency. BHS Baltimore provides leadership in advancing behavioral health and wellness and helps guide innovative approaches to prevention, early intervention, treatment and recovery. The goal of the organization is to help build an efficient and responsive system that comprehensively addresses both mental health and substance use disorders.

BHS Baltimore serves as the local behavioral health authority for Baltimore City. In this role and in collaboration with the State of Maryland Department of Health and Mental Hygiene Behavioral Health Administration (BHA), the organization is tasked with overseeing the continuum of publicly funded behavioral health services in the City. The majority of Public Behavioral Health System (PBHS) services are reimbursed through a statewide fee-for-service system. In addition to overseeing these services, BHS Baltimore directly awards public and private funds to support the development of innovative programs and the ongoing operations of behavioral health services not reimbursable by the fee-for-service system. In FY14, BHS Baltimore awarded approximately $60.3 million in grants, with 335 contracts issued to 111 provider agencies. Through these and other activities, BHS Baltimore seeks to expand the reach and quality of the public behavioral health system, promote the development of new and innovative services and address specific population and system-level needs.

The last several years have been a time of historical change for behavioral health in Baltimore City and the State of Maryland. Recognizing that an integrated system can provide the highest-quality care to people with substance use and mental health disorders, and recognizing the value to the City of moving into alignment with the State's future approach to managing and financing this care, the boards of directors of Baltimore Mental Health Systems and Baltimore Substance Abuse Systems voted in the spring of 2012 to merge the two organizations. In October of 2013, Behavioral Health System Baltimore was created to form a single integrated behavioral health authority. In July 2014, the State of Maryland merged its substance use and mental health treatment systems to create an integrated behavioral health authority. In January of 2015 the state implemented an integrated Administrative Services Organization for the fee-for-service PBHS.

As a strong and forward-looking organization BHS Baltimore will leverage the opportunities afforded through state-level and federal-level health care reform to better serve the people of Baltimore City. BHS Baltimore is governed by a Board of Directors with the Baltimore City Health Commissioner serving as Chair. The Vision, Mission and Values (Appendix A) guide the work of the agency. As an integrated agency and under the leadership of the Baltimore City

Health Commissioner, BHS Baltimore is well-positioned to fulfill its mission of building an efficient and responsive system that comprehensively addresses mental health and substance use.

BHS Baltimore already works to serve many at-risk populations and sees opportunities to strengthen prevention and early intervention in the future through collaborative partnerships. BHS Baltimore maintains strong relationships with key partners in City and State agencies, with a focus on those systems where at-risk populations can be identified, such as the Department of Juvenile Services, Department of Social Services, Baltimore City Public Schools, Baltimore Police and Fire Departments, the District and Circuit Courts of Baltimore City and the Mayor's Office of Human Services. It is through these and other partnerships that BHS Baltimore will continue to expand over the next several years.

BHS Baltimore recognizes that its work will likely undergo significant change. The design of the behavioral health service delivery system and its financing and regulatory structures will be different in ways that have yet to be determined. With this in mind, BHS Baltimore plans to keep abreast of information on the implementation of changes at the state and national levels in order to continue to play a proactive role in promoting the behavioral health of the City's residents.

BHS Baltimore is required by the BHA to document annually the system of care for behavioral health services in Baltimore City, the core activities of the organization, and updated goals based both on progress made to-date and new opportunities. Because of the recent integration of the substance use and mental health authorities at both the state and local level, this document represents the first integrated report submitted by BHS Baltimore to the BHA. This report will serve as a pilot for the state in determining the best process for behavioral health planning in future years and will replace what was previously referred to as the Annual Plan and Report for Mental Health, and the Grant Application and Local Drug and Alcohol Abuse Council Strategic Plan and Plan Update for substance use. The pilot report includes the following: demographics of the population in the city of Baltimore, prevalence data for behavioral health disorders, mental health services utilization in the PBHS for FY 14 along with an analysis of available data for public substance use disorder service utilization, specific activities and accomplishments in each of the State's priority areas, and a strategic plan for behavioral health for Baltimore City in FY 16.

Vision, Mission, and Values

Vision

We envision a city where people live and thrive in communities that promote and support behavioral health.

Mission

We are committed to enhancing the behavioral health of individuals, families, and communities through:

- the promotion of behavioral health and wellness, prevention, early intervention, treatment, and recovery,
- the creation and leadership of an integrated network of providers that promotes universal access to comprehensive, data-driven services, and
- advocacy and leadership of behavioral health-related efforts to align resources, programs, and policy.

Values

In our commitment to enhancing the behavioral health of all Baltimore residents, we are guided by the following core values:

- All of Baltimore's residents, regardless of community, socioeconomic and family status, and behavioral health, should have the opportunity to achieve their full potential.
- We must approach our work, our colleagues, and the people we serve with dignity, compassion, integrity, cultural competence, equity, and an understanding of the full range of behavioral health challenges people face.
- We must work to ensure that the care provided throughout Baltimore is of the highest quality, comprehensive, and person-centered, and that providers work in true partnership with those who seek care.
- We must collaborate with community leaders and residents to advocate for and promote policies, values, and norms that are supportive of behavioral health.

Report of Activities and Accomplishments

This report of activities will use the ten priority areas identified by the Behavioral Health Administration to discuss specific accomplishments for BHS Baltimore in FY 14.

1. Access to Services
2. Recovery Supports
3. Public Awareness and Education
4. Prevention and Wellness
5. Behavioral Health Integration
6. Crisis Response Services
7. Evidence Based Practices
8. Health Disparities/Cultural Competency
9. Diversion Efforts
10. Outcomes and Quality

1. Access to Services

Heroin Task Force – In October 2014 Baltimore City convened a Heroin Treatment and Prevention Task Force to reduce the harmful effects (on individuals, families, and communities) associated with untreated substance use disorders. This work is ongoing and looks to improve outpatient treatment for substance use, with a focus on opioid use. Opioids include substances such as heroin and certain pain medications (e.g., oxycodone). The goals of the task force are the following:

- Clearly define (a) the extent of heroin and other substance use in Baltimore City and (b) the unmet need for substance use treatment in Baltimore City (with special attention to identifying people seeking but not receiving treatment)
- Increase the availability and quality of outpatient services, including the development of a more robust recovery support structure for people struggling with heroin and other substance use
- Increase the neighborhood compatibility of outpatient programs

<u>Accomplishments</u>:

The task force through its Data Workgroup released a preliminary estimate of the number of people using heroin in Baltimore City, 18,916 individuals. A full report of the work of the Task Force is expected by June of 2015.

Information and Referral – BHS Baltimore funds an information and referral telephone line for individuals seeking assistance with scheduling appointments within the public behavioral health system. Services include general resource information, linkage to both mental health and substance use disorder services, telephone outreach to individuals who missed their intake appointment, and assistance with obtaining health insurance if needed.

Accomplishments:

In FY 14, the Information and Referral Line was funded for substance use services only. In FY 15, the line was expanded to include mental health services. In FY 14 the following services were provided by the Information and Referral Line.

Information and Referral Line FY 14	
Total # of Callers	*4,124*
# of Callers Requesting Information	*2,445*
# of Callers Requesting Treatment	*1,679*
# of Callers Eligible for Referral to Treatment	*649*
# of Callers Admitted into Treatment	*178*

Intensive Behavioral Health Services for Children, Youth and Families – The State of Maryland was able to expand access to high-quality services for children, youth and families through the implementation of a 1915i State Plan Amendment (SPA). For children enrolled in the SPA, an assortment of specialized services will be available. These include respite care, family peer support, intensive in-home services, crisis and stabilization services, expressive and experiential therapies such as art, music or equine-assisted therapy, and a unique program of participant directed goods and services. Medicaid- eligible children, adolescents and their families that have an income below 150% of the federal poverty level and meet criteria for Residential Treatment Center level of care or have a history of recent multiple hospitalizations are eligible for the SPA. In addition to the services listed above, the SPA created a new Medicaid provider type called a Care Coordination Organization (CCO) to deliver intensive care coordination services for participants using a wraparound service delivery approach. Any Medicaid-eligible child and not just those eligible for the SPA can receive the intensive care coordination services.

Accomplishments:

BHS Baltimore is working closely with BHA to implement the 1915i SPA. Four Targeted Case Management providers were selected as CCOs for Baltimore City through a competitive procurement process. In addition, BHS Baltimore is collaborating closely with the state and the Institute for Innovation and Implementation at the University of Maryland, School of Social Work to ensure that services identified through the SPA, like crisis intervention and intensive home-based services, are fully implemented and that the TCM providers receive the required trainings and technical assistance to ensure successful implementation.

Early Childhood Mental Health (ECMH) and Expanded School Mental Health (ESMH) - The ECMH and ESMH programs ensure that children and adolescents enrolled in general education programs in Head Start Centers and City Schools have access to high-quality services that promote optimal social-emotional health and academic success for pre-school and school-age children, adolescents and their families. To be effective, behavioral health service providers in early childhood centers and schools collaborate with teachers, administrators, families and clinicians to employ sound behavioral health service integration that leads to academic success and is essential to overall health. A special emphasis is placed on ensuring support for children and families during the critical transition from pre-school settings to school settings and prevention activities for older children including a targeted effort for 6th graders at-risk for dropping out of school.

Accomplishments:

- *Through collaboration with several private foundations and Baltimore City Public Schools, BHS Baltimore expanded the number of schools that receive comprehensive mental health supports through the ESMH program. During the current school year (2014-2015), the ESMH program is providing services in 114 out of 188 (61%) City Schools.*
- *Individual treatment services were provided to over 6,500 Baltimore City children and youth in FY 14.*
- *In FY 14, ECMH services were provided in all of fourteen Head Start centers in Baltimore City serving a total of 993 children.*

Access to Services for Community College Students - BHS Baltimore collaborates with the Community College of Baltimore City to ensure access to mental health counseling and treatment services for enrolled students.

Accomplishments:

In FY 14, 66 students received at least one treatment service. An additional 256 students attended 18 presentations offered by the clinician under the auspices of the Student Support & Wellness Project.

Assertive Outreach - BHS Baltimore partners with communities to identify individuals who may benefit from being connected to services. Outreach workers are placed in four areas, Lexington Market, Weinberg Housing Resource Center, Westside BioPark and the Old Goucher community, to engage individuals who may need behavioral health and other services. A large majority of individuals suffering with behavioral health disorders enter care at late stages of problem development and often under external coercion. Traditional care systems do not historically attract the vast majority of individuals who meet diagnostic criteria. Assertive

outreach is a promising practice that can change this dynamic. Outreach workers are nestled in communities and priority areas to do population-based screening and early identification to assist people in the pre-contemplation stages of change to access services. Additionally, outreach workers work to enhance and/or link people with support capacities in families, social networks, and community-based institutions. Assertive outreach has the potential to help create alternative recovery-conducive natural environments in which people with behavioral health challenges live. Additionally, the observations and information gleaned through outreach help BHS Baltimore to be more responsive to the needs of communities, to identify service gaps and to develop new services in partnership with communities.

<u>Accomplishments</u>:

Lexington Market Outreach -

BHS Baltimore funded a certified addiction counselor and two peer specialists to provide outreach services to individuals in Lexington Market and the surrounding area. The addiction counselor partnered with the Baltimore City Police Department, and provided screening and assessment, referral to addiction treatment, and addiction education to individuals identified as having involvement in loitering, drug offenses and other criminal activity. The two peer specialists performed outreach and engagement to patrons of the market that have been identified as needing recovery support services. In funding this project, BHS Baltimore has effectively linked individuals involved in illegal activity to various programs and clinically appropriate modalities of care.

Old Goucher and Bio Park Outreach -

BHS Baltimore funded a peer specialist to provide outreach services to individuals in the Old Goucher and Bio Park communities. These initiatives developed from community concerns that individuals who were loitering in the community appeared to be in need of SUD services and it was suspected that methadone treatment patients at local programs were committing various nuisance crimes. Outreach services include intervention, screening, case management, and linkage to treatment. When individuals choose not to engage with substance abuse treatment services, a wide range of recovery support services are offered including housing, transportation, child care, medical, mental health, vocational, employment, education, legal, and financial services.

Outreach to Homeless Individuals -

BHS Baltimore funded a certified addictions counselor to provide outreach, addiction screening and assessment, referral to addiction treatment, and case

management and follow up services for approximately 600 homeless individuals a year at the Weinberg Housing Resource Center and other locations such as Dee's Place, Penn North Neighborhood Center, Beans and Bread, and homeless encampments. The counselor also functions as a member of Baltimore's Hands in Partnership (HIP) team which includes representatives from other homeless services organizations and meets weekly to discuss how best to address the needs of specific clients and how to ensure services are available in various areas of the City.

Substance Use Treatment Services - BHS Baltimore oversees and funds a continuum of substance use treatment services for uninsured individuals and/or for services not reimbursed by Medicaid or other insurance. BHS Baltimore utilizes a two-tiered system for prioritizing populations with the first tier being the federal drug treatment priority groups: pregnant women, women with young children, HIV/AIDS patients, and injection drug users. Second are local priority groups: individuals referred by the criminal justice system or the Department of Social Services and homeless individuals. With a capacity of over 2,500 individuals at any point in time and over 7,000 individuals annually, the continuum of services includes the following for adolescents and/or adults (FY 15 budgeted capacity):

- Adolescent Services
    - Early intervention for 10 patients
    - Outpatient and intensive outpatient treatment - 2 slots - 6 patients
- Adults Services
    - Outpatient treatment - 169 OP slots - 480 patients
    - Intensive outpatient treatment - 72 IOP slots - 423 patients
    - Jail-based intensive outpatient - 30 slots - 261 patients
    - Methadone treatment – 1,369 slots - 1,977 patients
    - Buprenorphine treatment - 458 slots - 1,395 patients
    - Halfway house treatment – 162 beds - 325 patients
    - Long-term residential treatment – 50 beds - 100 patients
    - Therapeutic community treatment – 146 beds - 292 patients
    - Intermediate residential treatment – 70 beds - 892 patients
    - Residential detox – 24 beds – 975 patients
    - Continuing care - 8 slots – 32 patients
- Methadone home delivery for 120 patients who are temporarily infirmed and unable to travel to/from their methadone treatment program
- Drug testing for 598 Temporary Cash Assistance recipients

Accomplishments:

BHS Baltimore contracts with community-based providers to deliver the above services and closely monitors contractual performance using a variety of methods and tools, including utilization data and at minimum quarterly site visits.

Individuals and Families Involved with the Department of Social Services (DSS) - Targeted behavioral health services are provided for children at risk for entering or in foster care and for recipients of Temporary Assistance for Needy Families (TANF) or Temporary Cash Assistance (TCA). TANF or TCA recipients with mental health and substance use needs are referred by local DSS staff and then assessed, provided brief interventions, and, if needed, connected to other publicly funded behavioral health services. Substance use disorder assessments are also provided for all families where there is a drug-exposed newborn. Placement stability assessments and crisis services are provided to children and families that are being served by DSS through the Baltimore Child and Adolescent Response System (BCARS) Mobile Crisis Stabilization Program and all children who enter into foster care receive a comprehensive mental health assessment through the Making All The Children Healthy (MATCH) Program.

Accomplishments:

MATCH:

- *Provided 802 assessments*
- *Provided crisis services for 17 children*
- *Held 27 Mental Health First Aid for Youth training classes with 527 youth attending*

Crisis and placement stability services:

BCARS/DSS Crisis Stabilization FY 14	
	FY 14
# of referrals/calls	*109*
# of youth eligible for services	*92*
# face-to-face assessments	*86*
% of children who maintained current DSS placement	*77%*

TANF:

- *Conducted mental health assessments on 304 individuals with 293 assessed as having mental health needs*
- *Provided 100% of those individuals assessed as having mental health needs with short-term mental health counseling and if needed linkage to long term care*

TCA:

Temporary Cash Assistance	
FY 13	***FY 14****
8,081 screenings	*17,669 screenings*
563 assessments	*1,012 assessments*
489 admissions to treatment	*783 admissions to treatment*

First 6 months; Second 6 months unavailable at time of report submission

Transitional Age Youth - BHS Baltimore funds two vendors to provide residential rehabilitation and case management services for transitional age youth (TAY), those who are 18-25 years old. People Encouraging People (PEP) and the University of Maryland Medical Center (UMMC) Harbor City Unlimited were funded to provide enhanced support, which includes overnight supervision, community living skills development, vocational and educational services and social/recreational activities to better address the complex presenting needs of transitional age youth.

Accomplishments:

It should be noted that the requests for assistance to provide enhanced residential and case management services far outnumber the slots available.

FY 14 TAY Contracts	
PEP Case Management	*6*
PEP Enhanced RRP	*9*
UMMC Enhanced RRP	*19*
Total	***34***

War Returnees and Veterans - The Pro Bono Counseling Project provides free mental health treatment services to veterans and war returnees by utilizing a network of volunteer clinicians.

Accomplishments:

- *Provided information and referral to 104 individuals and families with 59% being linked with a clinician for free mental health care*
- *Provided a total of 371 hours of clinical services statewide*
- *Recruited 75 new clinicians*
- *Maintained a roster of 639 participating clinicians with 293 currently active in 18 jurisdictions: Allegany, Anne Arundel, Baltimore County and City, Calvert, Carroll, Cecil, Charles, Dorchester, Frederick, Harford, Howard, Montgomery, Prince*

George's, Queen Anne's, Talbot, Washington, Wicomico, Northern Virginia and Washington, D.C.

- *Provided services to 23 Baltimore City residents (22% of all clients served)*

FY 14 Pro Bono Counseling Services	
Air Force	*7*
Air National Guard	*9*
Army	*24*
Army National Guard	*25*
Marines	*15*
Navy	*19*
Army Active Reserves	*1*
Other	*4*
Total	***104***

Individuals who are Deaf and Hard of Hearing - BHS Baltimore funds People Encouraging People, Inc. to provide signing services for individuals who are deaf and hard of hearing and have a mental illness. In addition, residential substance use treatment providers are required to provide interpretation services for individuals who are deaf and hard of hearing.

<u>Accomplishments</u>:

17 unduplicated individuals who are deaf or hard of hearing received signing services at People Encouraging People in the following levels of care:

Level of Service	***# of Individuals***
Psychiatric Rehabilitation	*18*
Residential Rehabilitation	*8*
Outpatient Mental Health Treatment	*15*
Supported Employment	*2*
Total	***43***

Individuals with Acquired Brain Injury – BHS Baltimore funds Mary T. Maryland to provide services for individuals with acquired brain injury discharged from a state hospital facility or other pre-approved places. Services provided are individualized to each client and based upon a thorough assessment of the individual's needs. Services include residential support, behavioral consultation and management, cognitive rehabilitation, and case management services. Maryland has a TBI Medicaid waiver that covers the cost of care for individuals who meet eligibility criteria. Historically the criteria was restrictive and grant funds were used to cover services for individuals ineligible for the waiver resulting in limited turnover and small numbers of people being served by the grant. Recently, the criteria for the waiver was expanded allowing

for some clients originally not eligible for the waiver to now receive Medicaid reimbursement for the services offered. Because of the expanded criteria, grant funds will be used on a more short-term basis providing services for individuals before approval is received for the waiver.

Accomplishments:

In FY 14, three individuals were served. It is expected that more individuals will be served in the future.

Services for Individuals and Families Experiencing Homelessness - In collaboration with the Mayor's Office of Human Services and HealthCare Access Maryland, BHS Baltimore co-facilitates Hands in Partnership (HIP), a coalition of homeless outreach advocates. The goal of HIP is to provide coordinated, goal-directed outreach to vulnerable homeless individuals and families on the street or in emergency shelters. Service providers meet weekly to coordinate services to homeless individuals and families. Data indicators are tracked and analyzed by the Mayor's Office to ensure accountability and to document the movement of clients from homelessness to permanent housing. Training of outreach workers and resource sharing is a regular aspect of HIP, with presentations from outside entities occurring at least monthly.

Accomplishments:

BHS Baltimore continues as a direct grantee from HUD receiving over 1.5 million in funding for two safe havens, a peer run wellness and recovery center, two outreach teams and a social security presumptive eligibility project. During their HUD funding grant period that ended in FY 14, these projects served 1,103 unduplicated individuals.

Services Provided by HUD-funded Providers to Homeless Individuals and Families in Baltimore City					
Provider	***# Individuals not in Families***	***# Adults in Families***	***# Children***	***Total # of Individuals***	***# Families***
Bon Secours Outreach	*160*	*40*	*62*	***262***	*35*
HOPE Drop-In Center	*330*	*23*	*29*	***382***	*15*
HOPE Safe Haven	*41*	*0*	*0*	***41***	*0*
People Encouraging People Outreach	*117*	*23*	*33*	***173***	*20*
UMMS Safe Haven	*66*	*0*	*0*	***66***	*0*
UMMS SSI Project	*121*	*24*	*34*	***179***	*20*
TOTAL	***835***	***110***	***158***	***1,103***	***90***

BHS Baltimore continued to fund a therapeutic nursery program, PACT, which offers specialized childcare, including mental health and educational services for children under the age of three. Services are provided to families that either currently live in homeless shelters or that have recently experienced homelessness. The services are designed to promote parent-child attachment and improve stability in the family.

FY 14 PACT Therapeutic Nursery	
Number of Individuals Served (care giver and child)	*120*
Number of Intakes	*48*
Average Length of Stay	*14 weeks*

Elderly Individuals - BHS Baltimore funds two vendors to provide mobile assessment and treatment for elderly individuals: Johns Hopkins Hospital for the Psycho-Geriatric Assessment and Treatment in City Housing (PATCH) program and the University of Maryland for the Senior Outreach Services (SOS) program.

Accomplishments:

Elderly Individuals Served by PATCH and SOS		
Program	***# Individuals Assessed***	***# Individuals in Active Treatment***
Senior Outreach Services (SOS)	*73*	*72*
PATCH	*35*	*35*
TOTAL	***108***	***107***

Individuals Transitioning from State Hospital Facilities - BHS Baltimore is involved in a variety of activities all target toward assisting individuals to transition from state hospital facilities to the community.

- BHS Baltimore employs a Geropsychiatric Nurse Specialist to collaborate with State hospital facilities to assist with discharge planning and to monitor clients' progress when discharged to the community. As a part of this effort, the Nurse Specialist meets regularly with staff at State hospital facilities to review clinical information and progress toward discharge for all elderly or medically fragile residents in the facility, which includes clients who are 65 years of age or older and clients who are younger and medically compromised. In addition, the Geropsychiatric Nurse Specialist works with assisted living facilities and nursing homes in the community to provide education, technical assistance and case consultation with the goal of assisting the client to remain in his/her community placement after discharge from a State hospital facility.

  Accomplishments:

  In FY 14 the Geropsychiatric Nurse Specialist served 127 individuals statewide, 57% of whom were Baltimore City residents, in 22 nursing homes and 41 community assisted living facilities, and 5 family homes. Of the 127 individuals served, 28 were newly referred in FY 14, with 68% being Baltimore City residents.

- BHS Baltimore provides funding to Glenmore Manor, a residential rehabilitation program that provides enhanced staffing for elderly and medically complicated individuals who have been discharged from State hospital facilities. BHS Baltimore staff

has worked closely with State hospital facilities and Glenmore Manor to identify and transition individuals to this community setting.

Accomplishments:

Glenmore Manor served nine individuals in FY 14.

- BHS Baltimore staff meet monthly with staff of Spring Grove Hospital, the State hospital facility with the largest number of Baltimore City residents, to identify individuals ready for discharge, share resources and collaborate on discharge planning. As part of this collaboration, a case review process is utilized whereby individual client cases were reviewed and specific resources recommended to assist hospital staff in transitioning clients to the community. In addition to regular meetings with Spring Grove hospital, BHS Baltimore staff also participates in conference calls and meetings with Springfield Hospital and Clifton T. Perkins social work staff to share resources and collaborate on discharge planning for Baltimore City residents.

  Accomplishments:

  This activity is an established and ongoing aspect of the work of BHS Baltimore.

- BHS Baltimore continues to employ a Referrals Coordinator to manage the referral process for RRP, FACTT and Capitation, three programs that provide intensive community-based services that work closely with state hospital facilities to transition individuals to the community. Communication occurred frequently with State hospital facilities to ensure that individuals being discharged from these facilities were given priority for vacancies in the above programs.

  Accomplishments:

FY 14 Number of Individuals Discharged from State Hospitals	
Capitation Project	*11*
FACTT	*11*
RRP	*23*
TOTAL	***45***

- BHS Baltimore funds On Our Own of Maryland to provide peer counseling services to individuals hospitalized in state psychiatric hospitals. The goal of the service is to assist

clients in transitioning from the hospital to the community and improve tenure in the community following discharge.

Accomplishments:

Provided peer counseling to 97 individuals with 34 being discharge from the hospital to the community

- In FY 13 Mosaic Community Services converted its mobile treatment to team to an evidence-based Assertive Community Treatment (ACT) team with an emphasis on providing in-reach, engagement, and transition planning to individuals in state hospitals who require additional support.

  Accomplishments:

  In FY 14 Mosaic Community Services assisted two individuals to transition from Spring Grove hospital to the community.

- An additional project begun during FY 13 involved funding a community mental health provider to facilitate the transition of consumers residing in Baltimore City RRPs to supported housing in order to make RRP beds available for consumers with co-occurring mental health and substance use disorders and forensic involvement from the State Hospitals.

  Accomplishments:

  In FY 14, nine consumers were transitioned from RRP into supported housing.

2. Recovery Supports

Wellness and Recovery Centers - Baltimore's three Wellness and Recovery Centers continue to provide consumer-centered peer support services and have been serving a vital role in promoting the use of Wellness Recovery Action Planning (WRAP) for individuals with mental illness. Two of these Wellness and Recovery Centers are unique in the State: Helping Other People through Empowerment (HOPE) serves homeless individuals, and Hearts and Ears serves lesbian, gay, bi-sexual, transgender and questioning (LGBTQ) individuals. In addition, On Our Own, Inc. provides targeted services for transitional age youth (TAY).

Accomplishments:

The Wellness and Recovery Centers served a total of 859 consumers.

Number of Consumers Served by Wellness and Recovery Centers	
Center	***Consumers***
On Our Own	*329*
Helping Other People Through Empowerment	*359*
Hearts and Ears	*171*
TOTAL	***859***

The chart below details the peer support and educational services provided by the centers.

Peer Support/Educational Services Provided					
Wellness and Recovery Center	***Outreach Sessions***	***Peer Support Sessions***	***Educational Forums***	***Natural Support Network Development Activities***	***Wellness & Recovery Activities***
On Our Own	*15*	*143*	*9*	*13*	*14*
Helping Other People Through Empowerment	*12*	*40*	*6*	*15*	*13*
Hearts and Ears	*12*	*81*	*4*	*6*	*10*
TOTAL	***39***	***264***	***19***	***34***	***37***

Recovery Community Center (RCC) - The RCC helps to diminish stigma and barriers encountered by individuals seeking long-term recovery by providing individuals in recovery with a safe haven and opportunities to continue building upon their "recovery capital." Services include peer support, vocational services and workshops on job readiness, life skills, family education, and recovery challenges. The center develops collaborative relationships with community organizations to help meet the needs identified by RCC members in areas such as housing, vocational and work force development, healthcare, etc. In addition, the center conducts outreach to community organizations and residents through the provision of recovery

workshops, seminars and town hall meetings on topics related to prevention, treatment and recovery.

Accomplishments:

BHS Baltimore funded one RCC at Helping Other People through Empowerment (HOPE). This center represents integration at the recovery services level in that HOPE also operates at the same location a Wellness and Recovery Center for homeless individuals diagnosed with a mental illness. In FY 14 the RCC at HOPE served 4,660 individuals.

Threshold to Recovery Centers -There are three Threshold to Recovery Centers in Baltimore City that together offer nearly 24/7 availability of drop-in recovery support services for individuals seeking recovery, including those who are currently using alcohol and drugs and those who are sustaining long-term recovery. The centers provide a range of recovery support services including: peer-recovery coaching, NA/AA meetings, parenting and GED classes, education and self-help groups (i.e. HIV information, Women's Rap, Offenders Anonymous), vocational services, recreational activities, acupuncture, tai chi, and screening for substance use disorders with referrals for treatment and other health and wellness services as indicated.

Accomplishments:

BHS Baltimore funded three Threshold to Recovery Centers in FY 14. Dee's Place is open 24/7 except for a few mid-morning hours on Sundays, Penn North is open on weekdays from 9am-12am, and Recovery in Community is open on Saturdays from 11am-7pm. A total of 186,541 individuals (not unique) were served between all three Threshold to Recovery Centers.

Adolescent Clubhouse - The Adolescent Clubhouse provides recovery support for adolescents who have completed substance abuse treatment, are engaged in substance abuse treatment, or in recovery from substances by their own declaration. The clubhouse provides customized support for recovery in ways that traditional adolescent addiction treatment programs cannot by combining a recovery-support model with evidence-based programs that are designed to attract young people with ample opportunities to socialize and to get assistance with other needed supports such as education and employment. The Adolescent Clubhouse aims to strengthen youth engagement in both substance abuse treatment and other important systems for positive adolescent development such as schools and families.

Accomplishments:

In FY 14, Progressive Life is the provider of the Adolescent Clubhouse which served 1,802 adolescents (not unique).

Housing Initiatives – Housing continues to be a priority need for Baltimore City residents, as there continues to be a lack of sufficient permanent housing available. BHS Baltimore provides a range of housing supports for residents of Baltimore City receiving services through the PBHS.

- 2 HUD funded Safe Havens for a total of 39 beds
- Housing subsidies, peer support, and person-centered services for a minimum of 25 individuals with co-occurring mental illness and substance use disorders and forensic histories transitioning from RRPs or state hospital facilities (Co-occurring Disorders State Hospital Project)
- Supportive services in transitional housing settings for a minimum of 75 individuals (At Jacob's Well, My Sister's Place Lodge and Project Plase)
- Housing subsidies for 12 individuals with forensic histories transitioning from state hospital facilities (FACTT)
- Supportive services and recovery housing for clients of the Baltimore City Needle Exchange program to assist clients in sustaining recovery, by providing them with a structured living environment while transitioning to medication assisted outpatient treatment
- Safe, stable and supportive housing and care coordination services to women who have at least one child in their custody and who are enrolled or awaiting placement in an outpatient, intensive outpatient, or OMT program (Women and Children Supportive Housing Initiative)

Accomplishments:

FY 14 Housing Assistance	
Provider	***# of Individuals Served***
Safe Haven I	*66*
Ethel Elan Safe Haven II	*41*
Co-occurring Disorders State Hospital Project	*9*
At Jacob's Well	*92*
My Sister's Place Lodge	*18*
Project PLASE	*18*
FACTT	*11*
Baltimore City Needle Exchange Program	*33*
Women and Children Supportive Housing Initiative	*49 women* *55 children*
Total	*392*

Substance Use Disorder Recovery Support Services – BHS Baltimore provides a continuum of recovery support services for individuals with substance use disorders including:

- Care coordination for individuals being released from residential treatment and needing assistance to enter continuing care and access recovery support services

  Accomplishments:
  Care Coordinators from three service providers, HealthCare Access Maryland, Baltimore Crisis Response Inc. (BCRI) and Gaudenzia, assist approximately 2,000 clients annually to successfully transition from residential to outpatient care in the community. Upon admission to residential treatment, Care Coordinators meet with clients at residential treatment programs and plan where and how clients will continue in care upon discharge. Care Coordinators can provide bus passes if needed, and help clients obtain child care, health care, housing, and other support services by utilizing Maryland RecoveryNet.

- Case management to assist individuals receiving buprenorphine to obtain health insurance and other ancillary support services

<u>Accomplishments</u>:

Four HealthCare Access Maryland (HCAM) Treatment Advocates provide case management services for approximately 1,000 clients annually at nine (9) BHS Baltimore funded buprenorphine programs. The Advocates assist clients to apply and re-certify for health insurance benefits, select Managed Care Organizations (medical home), and select primary care physicians who are certified to provide buprenorphine. They also help clients to set-up their first continuing care appointment and address barriers to successfully attending ongoing physician appointments. Additionally, they outreach and follow-up with clients throughout acute treatment and for at least six months after clients' transition to continuing care.

- Training and placement of volunteer Baltimore Recovery Corps Peer Advocates at participating treatment and outreach programs

  <u>Accomplishments</u>:

  Baltimore Recovery Corps recruits and trains people in recovery as Peer Recovery Advocates (PRA). PRAs act in either a volunteer or a paid worker capacity at substance abuse treatment programs and other locations. PRAs provide community-based support services for newer clients in areas such as resource brokering for basic human needs, mentoring, systems navigating, telephone check-in support, group facilitating, recovery advocacy, recovery planning, recreational/social events coordinating, and community outreach. The Baltimore Recovery Corp serves dual purposes in that recovering individuals achieve purpose in their lives through volunteer work and/or employment; and the role of the PRA facilitates relationships between newer clients and the recovering community. In FY14, Baltimore Recovery Corps trained 45 new Peer Recovery Advocates. Volunteer advocates were placed at a minimum of 8 sites including treatment programs, Threshold to Recovery sites, HOPE Recovery Community Center, and other locations.

- Peer support and peer-case management for clients enrolled in treatment programs

  <u>Accomplishments</u>:

  Six (6) substance abuse treatment programs were awarded funding by BHS Baltimore to continue providing recovery enhancement services.
    - *Family Health Centers of Baltimore has two full-time recovery coaches to serve as the recovery support linkage between the treatment program, the*

community, and the clients. The recovery coaches assist clients in accessing ancillary services; re-engaging clients back into treatment after a period of non-compliance, and connecting clients preparing for successful completion to peer-support groups and activities.

- *Glenwood Life Counseling Services has six peer case managers with each staff working approximately four-hours per day to provide walk-in peer case management services for new and existing patients. Peer case managers assist clients to recertify for health insurance, and to obtain various services such as shelter beds, mental health treatment appointments, food and job leads.*
- *Harbel Recovery Center has a full-time case manager who collaborates with addiction counseling staff to conduct client outreach, to foster linkages among patients with ancillary support services in the community, and to assist clients in transitioning from client to alumni advocate.*
- *Man Alive hired a Peer Recovery Advocate (PRA) to serve as a patient navigator. The role of the patient navigator is to help client assess needs, inform client of local resources, assist in completing pertinent paperwork based on client needs, and help client to make appointments and accompany client to appointments as needed.*
- *Recovery Network facilitates a soft skills work readiness program for their patients. Voluntary group activities are held on two evenings per week. Patients participate in role plays to practice interview skills, discuss hiring strategies for displaced workers and practice computer skills in the newly created computer lab. The computer lab allows patients access to five computers.*
- *Total Health Care has a Peer Support Team in which former patients who are active in Total Health Care's alumni group provide peer mentoring, peer-led support groups, and outreach for actively enrolled patients.*

Second-Chance Grant - Through partnership with the Department of Public Safety and Correctional Services, BHA and People Encouraging People (PEP), the Second Chance grant provides case management and peer support services to men with co-occurring behavioral health disorders who are transitioning from prison (the Patuxent Institution) to Baltimore City. PEP engages individuals several months prior to their release in order to develop and then implement a comprehensive release plan that addresses the individuals' behavioral health and community living needs.

<u>Accomplishments</u>:

Because of a late award notice and challenges in identifying and enrolling individuals into the project, the Bureau of Justice Associates approved an extension of the grant for nine months. In FY 14, 20 individuals were served.

SSI/SSDI Outreach Assistance and Recovery (SOAR) Initiative - The SOAR initiative teaches providers to use proven techniques for expediting SSI/SSDI applications for eligible individuals. The SOAR initiative continues to experience growth in both the number of providers trained in SOAR methodology and the number of SSI/SSDI claims submitted, which results in eligible individuals receiving expedited SSI/SSDI benefits, health insurance and access to treatment services.

Accomplishments:

- *Provided PATH funding to Health Care for the Homeless (HCH) for the SOAR initiative*
- *Submitted 71 SOAR claims with 64 (90%) being approved on average in less than two months*
- *Assisted 152 homeless individuals with obtaining resources such as food stamps, energy assistance, etc.*
- *Assisted 71 homeless individuals with obtaining birth certificates*
- *Assisted 111 homeless individuals with obtaining state identification cards*

3. Public Awareness and Education

BHS Baltimore supports the Mental Health Association of Maryland (MHAMD), National Alliance on Mental Illness (NAMI) Maryland and Baltimore Metro chapters, Black Mental Health Alliance for Education and Consultation, Maryland Coalition of Families for Children's Mental Health (Coalition); and On Our Own of Maryland.

- MHAMD: provides children's mental health information and campaign materials for Children's Mental Health Matters, participates in health fairs, conducts Older Adult Mental Health issues trainings and advanced directive trainings and collaborates with BHS Baltimore to disseminate Mental Health First Aid throughout the City.

  Accomplishments:

  - *Distributed 57,127 children's mental health publications*
  - *Participated in 48 health fairs*
  - *Conducted 45 Older Adult Mental Health and 14 Advanced Directive trainings*
  - *Distributed 25,301 educational materials*
  - *Conducted 3 Youth Mental Health First Aid trainings*

- NAMI: provides family support trainings and workshops on mental health topics and coordinates its annual NAMI Walk, a public education event that promotes awareness of mental illness.

<u>Accomplishments</u>:

National Alliance on Mental Illness Maryland -

- *Served 467 family members through 27 Family-to-Family courses*
- *Trained 4 consumers by NAMI National as state peer mentor trainers*
- *Trained 14 consumers as peer-to-peer mentors*
- *Trained 29 consumers as NAMI Connections support group facilitators*
- *Taught 94 consumers in the peer-to-peer education course*
- *Trained 25 family members as Family-to Family instructors*
- *Trained 23 consumers to do In Our Own Voice presentations*
- *Conducted a total of 154 In our Own Voices presentations*

National Alliance on Mental Illness Metropolitan Baltimore –

- *Conducted a total of 61 In Our Own Voices workshops with 997 participants*
- *Served 355 family members through 15 Family-to-Family courses*
- *Held 10 public workshops on general mental health topics*
- *Conducted 24 ongoing family support groups*

- Maryland Coalition of Families for Children's Mental Health: provides webinars and family trainings on mental health topics and coordinates the Family Leadership Institute, which provides education and resources to parents, caregivers and family members of children with mental health/behavioral challenges.

  <u>Accomplishments</u>:
  - *Conducted 10 webinars with 159 participants*
  - *Conducted 12 family trainings with 88 participants*
  - *Held 9 Family Leadership Institutes with 162 participants*
  - *Responded to 271 calls for information, referral and support*
  - *Provided individualized general support to 44 families*

- On Our Own of Maryland: provides presentations on the stigma of mental illness, partners with local consumer-run organizations in various educational events and provides assistance and referrals to consumers via telephone and in person.

  <u>Accomplishments</u>:
  - *Provided assistance and referrals by phone or in person to 5,245 individuals*
  - *Served 940 participants through 105 hours of educational presentations focusing on the stigma of mental illness*

- *Provided technical assistance on accounting and management to 6 local On Our Own sites*
- *Provided technical assistance on hosting public education forums to 13 local On Our Own sites*
- *Provided consumer representation for 6 BHA or core service agency workgroups*
- *Held a state-wide conference addressing the educational needs of consumers*

4. Prevention and Wellness

Overdose Prevention – BHS Baltimore collaborates with the Baltimore City Health Department to oversee the city's overdose prevention efforts. This work includes convening an Overdose Prevention Workgroup and an Overdose Fatality Review Team and implementing a training program that provides naloxone to family members, friends, and individuals whose social or work positions put them in contact with individuals who use opioids and are at risk for overdose.

Accomplishments:

BHS Baltimore developed and submitted to BHA a comprehensive Opioid Misuse Prevention Plan to reduce unintentional, life-threatening poisonings related to the ingestion of opioids including both illicit opioid drugs (i.e. heroin) and pharmaceutical opioid analgesics. This plan will be carried out in FY 15 including the hiring of staff to oversee successful implementation of the plan. In addition, BHS Baltimore:

- *Became an authorized training entity under the Maryland Overdose Response Program*
- *Held five trainings on overdose response (4 open to the public; 1 for BHS Baltimore staff)*
- *Trained and certified 109 people on overdose response*
- *Distributed 107 intranasal naloxone kits to trainees*

Suicide Prevention - BHS Baltimore currently promotes suicide prevention by making crisis services available to at-risk populations. By making crisis services more readily available, more people receive the help they need when they need it, preventing and de-escalating crises that might end in suicide. Baltimore Crisis and Response, Inc. (BCRI) maintains a 24/7 crisis hotline and provides Lifeline services (a national suicide prevention network). The Lifeline services are funded by SAMHSA and the American Association of Suicidology. Additionally, Network of Care – a Baltimore City website - and BHS Baltimore's website provide information about available treatment and crisis services.

Accomplishments:

BCRI received 723 Lifeline calls to their hotline in FY 14.

Smoking Cessation - BHS Baltimore continues to promote smoking cessation within the provider network and participate in state-wide efforts to address smoking cessation.

Accomplishments:

BHS Baltimore required substance use treatment providers to assess all clients at intake for nicotine dependence and refer all those assessed with dependence to the MD Quit Line. In addition, the Psychogeriatric Nurse specialist:

- *Participated in the Maryland Quit Advisory Board and two state-level groups formed to address smoking cessation: the Department of Health and Mental Hygiene (DHMH) Maryland Leadership Academy on Smoking Cessation and Wellness and the BHA Smoking Dependence Task Force*
- *Co-chaired a workgroup with the Director of the Office of Chronic Disease Prevention for the DHMH Leadership Academy*
- *Collaborated with BHA to identify opportunities to better address wellness and smoking cessation*

Family Planning Services – Since 2012, BHS Baltimore and the Baltimore City Health Department co-lead the Preventing Substance Exposed Babies (PSEB) coalition as part of the B'More for Health Babies Initiative. PSEB consists of a coalition of community partners and is designed to address the significant impact of tobacco, alcohol and other substances on infant morbidity and mortality. In addition to leading the PSEB, SUD treatment programs funded by BHS Baltimore provide parenting support groups to help prevent the disease of addiction in subsequent generations.

Accomplishments:

Since implementation the PSEP has:

- *Integrated Screening, Brief Intervention and Referral to Treatment (SBIRT) into Title X family planning clinics, Baltimore City Planned Parenthood and Federally Qualified Health Centers (FQHC's) to help facilitate early identification and referral of women (and men) who report risky use of alcohol, tobacco use, and use of illegal substances*
- *Expanded access to contraceptive services at drug treatment and needle exchange programs*
- *Increased access to evidence-based harm reduction and smoking cessation interventions to clients served by six of the City's home visiting programs and WIC clinics*

- *Ensuring the provision of air purifiers to reduce second hand smoke exposure for families with children*
- *Conducted a needs assessment of family planning needs, barriers and attitudes amongst SUD treatment providers*
- *Received an Abel Foundation grant to pilot screening and full-range reproductive health service delivery in three SUD treatment sites with implementation in late FY 15*

Preventing Underage Drinking – BHS Baltimore partners with the Maryland Institute College of Art (MICA) and three high schools in the Oliver Community to develop and disseminate counter-advertisements to prevent under-age drinking. Work includes developing and maintaining a social media campaign using the counter-advertisements for Facebook, Instagram, Twitter and other social media venues and presenting the counter-ad under-age drinking message to three elementary/middle schools in the Oliver community.

<u>Accomplishments</u>:

Through the collaboration with MICA, BHS Baltimore:

- *Conducted 12 media advocacy workshops with 20 participants*
- *Held one town hall meeting with 75 participants*
- *Conducted a local petition drive resulting in 11 signatures*
- *Presented the counter ads in three presentations to almost 300 participants*

Second Step Program – The Second Step program is a research-based program that addresses social-emotional learning to decrease problem behaviors and increase success in school. This class-room based program is designed to teach children how to understand and manage their emotions, control their reactions, be aware of others' feelings, and have the skills to problem-solve and make responsible decisions. There is a kit specific to each grade that includes easy to teach, short weekly lessons, engaging songs and games, and daily activities and take-home material to reinforce learning. BHS Baltimore implements the Second Step Program in four schools targeting 5th grade classrooms.

<u>Accomplishments</u>:

Three cycles of the Second Step Program were provided to 96 participants.

Strengthening Families – The Strengthening Families Program (SFP) is provided by five providers in twelve sites in Baltimore City. SFP is a nationally and internationally recognized evidence-based family resiliency and skills training program found to significantly reduce depression, aggression, hyperactivity, concentration problems, delinquency, and alcohol and

drug abuse in children while also improving social competencies and school performance. In addition, as parents become more involved with their children and learn more effective parenting skills, they strengthen the bond they have with their child resulting in less parental substance use and depression and increased family cohesion and communication.

Accomplishments:

Eleven cycles of the Strengthening Families Program were provided to 336 participants

LifeSkills Training – LifeSkills Training (LST) is a research validated substance abuse prevention program proven to reduce the risks of alcohol, tobacco, drug abuse and violence by targeting the major social and psychological factors that promote the initiation of substance use and other risky behaviors. This program provides adolescents and young teems with the confidence and skills necessary to successfully handle challenging situations. Rather than just teaching about the dangers of drug abuse, LST promotes healthy alternatives to risky behaviors through activities designed to:

- Teach students the necessary skills to resist social (peer) pressure to smoke, drink and use drugs
- Help Students develop greater self-esteem and self-confidence
- Enable students to effectively cope with anxiety
- Increase students' knowledge of the immediate consequences of substance use
- Encourage cognitive and behavioral competency to reduce and prevent a variety of health risk behaviors

BHS Baltimore implements LST as part of the Expanded School Behavioral Health Initiative which builds on the network of ESMH services currently provided in select Baltimore City Public Schools. The ESMH school-based clinicians in 35 schools target sixth graders who are at risk of drop-out based on a set of specific criteria including academic performance in math and reading, attendance, and behavior. In addition to the Expanded School Behavioral Health Initiative, LST is implemented in four additional Baltimore City Public Schools focusing on the entire 6^{th} and 7^{th} grade classrooms.

Accomplishments:

The Expanded School Behavioral Health Initiative, the primary provider of LifeSkills training in the city, identified 554 students at risk and had 497 participate in 600 LifeSkills Training Sessions. In addition, clinicians provided 1,260 school staff consultations, participated in 105 student support team meetings and conducted 35 family activities and 35 school staff in-services. In addition to the work of the Expanded School Behavioral Health Initiative, additional LifeSkills training was conducted by community providers to 91 participants in four schools and to 30 youth during summer camp.

5. Behavioral Health Integration

No Wrong Door Project - BHS Baltimore's No Wrong Door project integrates somatic health care into the behavioral health care system, with a focus on prevention and early intervention services for individuals at risk for or diagnosed with infectious diseases such as Hepatitis and HIV/AIDS. Resources are targeted toward at-risk populations most disproportionately affected by HIV in Baltimore City including African American men who have sex with men, African American high-risk heterosexuals, African American substance users and African American transgender persons.

Accomplishments:

- *Baltimore Crisis Response, Inc., the city's crisis response provider for adults, screened and provided risk reduction counseling to 1,381 individuals with 1,286 (93%) individuals screening positive for one or more risk factors and tested 967 individuals for HIV and provided 100% of those individuals testing positive for HIV (5 individuals) with post-test counseling and linkage to HIV medical care.*
- *Funded Total Health Care, a Federally Qualified Health Center providing outpatient substance use disorder treatment, to provide screening, testing, risk reduction counseling and linkage to ongoing medical care to over 1,300 individuals annually*
- *Funded four residential substance use disorder treatment providers to dedicate treatment slots for No Wrong Door clients serving a minimum of 24 clients annually.*
- *Hired a consultant who launched the Sexual Health Learning Community (SHLC) in February 2014 to provide sexual health training and consultation to behavioral health providers*
    - *Trained five agencies in three SHLC training sessions in FY 14 with an additional three agencies trained in early FY 15*
    - *Provided ongoing technical assistance to all SHLC participating agencies after training sessions to ensure successful integration of information learned*

System Level Behavioral Health Integration and Transition to the Behavioral Health Administrative Services Organization (ASO) - In July 2014, the State of Maryland merged its substance use and mental health treatment systems to create an integrated behavioral health authority. In January 2015 the state implemented an integrated ASO for the fee-for-service PBHS. BHS Baltimore continues to participate in the ongoing State planning process for integration of the mental health and substance use systems.

Accomplishments:

BHS Baltimore assisted substance use providers with the transition to the new ASO structure by ensuring consistent and frequent communication between providers and Medicaid, BHA and the ASO. In fall of 2014, a Joint Operations Team was formed with participants from BHS Baltimore, the provider community, Value Options (the ASO) and state representatives to troubleshoot problems in the implementation of the integrated ASO. In addition, a BHS Baltimore staff is a member of the Maryland Advisory Council on Mental Health and participates in the joint council meetings with the State Drug and Alcohol Abuse Council.

Health Homes – Health Homes offer enhanced services and supports for participants with serious and persistent mental illness (SPMI), serious emotional disturbance (SED), and opioid substance use disorders by integrating health education and care coordination into behavioral health treatment settings. Seventeen programs in Baltimore City have applied for and implemented a health home in their Psychiatric Rehabilitation Program, Assertive Community Treatment Team, or Opioid Maintenance Treatment Program.

Accomplishments:

BHS Baltimore provided technical assistance for providers interested in health home implementation. In addition, BHS Baltimore participated in the State's advisory board for health home implementation which includes participants from the provider community, Medicaid and BHA.

Trauma-Informed Care – BHS Baltimore sponsors a learning collaborative to support Baltimore City providers in becoming more trauma-informed. The funding for this project is from BHA and was allocated for co-occurring disorders since trauma is common in the lives of people with co-occurring substance use and mental health disorders. BHS Baltimore contracts with the National Council for Behavioral Health Care to facilitate the collaborative, including no-cost trainings for participants, to ensure organizational readiness for the provision of trauma-informed care through critical policy and practice changes.

Accomplishments:

In FY 14 the learning collaborative was comprised of staff from the National Council for Community Behavioral Healthcare and core implementation teams from each of the participating provider agencies. A total of six provider agencies offering a full range of substance use and mental health services in a variety of settings participated: Baltimore Crisis Response, Bon Secours Hospital Assertive Community Treatment program, Family

Health Centers, Chrysalis House, Recovery Network, and Institutes for Behavior Resources Reach Health Services.

Co-occurring Disorder Supportive Housing Project - This project's (previously mentioned in #2 above) aim is to transition 25 consumers with co-occurring mental health and substance use disorders from the State Hospitals into the community.

Peer Support Services – As described in #2 above, HOPE operates a Wellness and Recovery Center for individuals with serious mental illness and a Recovery Community Center for individuals with substance use disorders in one location. Through this co-location, HOPE embraces a "Community Wellness" approach to diminish stigma and barriers encountered by individuals with behavioral health disorders.

6. Crisis Response Systems

Baltimore Child and Adolescent Response Services (BCARS) - BCARS provides mobile crisis services from 9am to 8pm and a community-based urgent care facility for youth and their families that are able to access a clinic and are not in need of a mobile response.

Accomplishments:

BCARS received 833 referrals for crisis services which resulted in 273 children or youth receiving referral or linkage to community services and 336 children or youth receiving a more formal assessment and individualized BCARS services.

Baltimore Crisis Response, Inc. (BCRI) - BCRI operates a 24-hours-per-day, 7-days-per-week crisis hotline, mobile crisis services from 7am to midnight, a 21 bed residential crisis facility, short-term case management services for individuals released from residential crisis services, and a seven bed residential detoxification program for adults in Baltimore City regardless of insurance status.

Accomplishments:

- *Provided mobile crisis response to 2,540 individuals, an almost 9% increase since FY 13*
- *Responded to 32,028 hotline calls with approximately 12% of calls generating a referral for direct crisis intervention by the BCRI mobile crisis clinician, case manager and/or detox program, BCARS crisis clinician, or the police department*
- *Provided residential crisis services to 745 individuals with 64% of those served having a co-occurring substance use disorder; screened 679 (91%) and tested 313 (42%) of the individuals admitted to the residential crisis unit for HIV and other sexually transmitted diseases*

- *Maintained an occupancy rate of 92% for the residential crisis beds with 7,223 beds days provided*
- *Provided residential detoxification services to 444 individuals; screened 366 (82%) and tested 199 (45%) of the individuals admitted to the residential detoxification unit for HIV and other sexually transmitted diseases*

Sobering Services - As an expansion of the comprehensive behavioral health crisis response system in Baltimore City, BHS Baltimore is planning a Stabilization Center that will better meet the need of people in Baltimore who are intoxicated in public and pose a risk to themselves or people around them. The planned center will be open around the clock and provide an array of support services to help clients stabilize their physical condition and take steps to improve their lives including:

- Medical screening and examination
- Basic first aid
- A bed
- Medical monitoring (including withdrawal scores and vital signs)
- Hydration and electrolyte replacement
- Food, clothing and showers
- Screening, brief intervention and referral to treatment for substance use, mental health and physical health disorders
- Case management for up to 30 days after a visit to ensure linkage to needed services, including behavioral health treatment, shelter assistance and health care

The overall goal of the stabilization center is to offer a more effective way of addressing public intoxication that provides the care people need in the least restrictive and traumatic setting.

<u>Accomplishments</u>:

Planning for this project began in FY 14 through a multi-partner collaborative including but not limited to the Mayor's Office of Human Services Homeless Services Division, Mayor's Office of Government Relations, Baltimore City Police and Fire Departments, Johns Hopkins University School of Public Health, Maryland Hospital Association, Health Care Access Maryland, Baltimore City Health Department, and several local hospitals and providers.

Residential Detoxification Services - BHS Baltimore provides residential detoxification services, a structured regimen of 24-hour professionally directed evaluation and treatment services for individuals with severe, unstable withdrawal symptoms. Services include withdrawal management and counseling to help individuals discontinue illicit drug and alcohol use and begin the process of recovering from addiction.

<u>Accomplishments</u>:

Four providers were funded to provide residential detoxification services in the city serving over 1,500 individuals in FY 14

7. Evidence-Based Practices

Crisis Intervention Training (CIT) for Police - The Behavioral Emergency Services Team (BEST) is an ongoing initiative that trains police officers in crisis intervention to de-escalate behavioral health crises, minimize arrests, and decrease injury to all individuals involved. The project is a collaboration between BHS Baltimore, the Baltimore City Police Department, National Alliance on Mental Illness and the city's two crisis providers, Baltimore Crisis Response, Inc. (BCRI) and Baltimore Child and Adolescent Response System (BCARS). BEST trains all new patrol officers as a part of new recruit training which ensures sufficient presence of trained officers on the streets during all shifts within a 24 hour period. In addition, BHS Baltimore employs a full-time coordinator for the project who is a clinician and works out of the police training academy. The coordinator works to fully integrate the training into the department, facilitate improved provider and police relationships and implement components of the national CIT model.

Accomplishments:

In FY 14, six training classes were held, with 179 new patrol officer trained. Additional accomplishments include:

- *Training expansion to bring the training up to five full days (40 hours)*
- *Enhancement of both the scope and quality of the training by including two new modules, one on dementia facilitated by the Alzheimer's Association and one on intellectual disabilities facilitated by the ARC Baltimore, and increased scenario-based role play exercises*
- *Planning for an FY 15 implementation of a Collaborative Planning and Implementation Committee (CPIC), a core component of the CIT model including stakeholders from both the behavioral health community and the Baltimore City Police Department and designed to guide and support the efforts of the project*
- *Submitted lesson plans for all modules included in the training to the Maryland Police and Correctional Training Commissions (PCTC) for review and certification which will grant in-service credit to officers who successfully complete the course*
- *Conducted planning for brief refresher trainings at daily roll-calls for patrol officers*
- *Produced resource cards for distribution to all patrol officers*

Screening, Brief Intervention and Referral to Treatment (SBIRT) - SBIRT provides prevention and early intervention through the use of validated screening tools and evidence-

based interventions to identify individuals in need of behavioral health services and refer them to treatment. Baltimore City's SBIRT services began in 2010 through a planning grant from the Open Society Institute-Baltimore (OSI). Since that time SBIRT services have expanded to include:

- Five community health center organizations with 24 total locations in Baltimore City, Howard County, Baltimore County and Prince George's counties
- A pilot in four Baltimore City public high schools
- 40 case managers serving older adults and one Baltimore City long-term care facility
- Planned Parenthood of Maryland's main location in Baltimore City

Accomplishments:

In FY 14:

- *BHS Baltimore received two grants to implement SBIRT services statewide in FY 15. A five-year grant from SAMHSA and a three-year grant from the Conrad N. Hilton Foundation will support BHS Baltimore to work in partnership with BHA and the Mosaic Group to offer SBIRT services for adults and adolescents at twelve community health center organizations, two hospitals, two large pediatric practices, and ten schools.*
- *Bon Secours Hospital continued to provide SBIRT for approximately 1,000 individuals admitted to care through their emergency room. Nurses conduct the initial screening and three Recovery Coaches facilitate the brief intervention and referral to treatment if needed.*
- *BHS Baltimore expanded SBIRT services to Mercy Hospital's emergency department. Mercy hired three Recovery Coaches, and is providing SBIRT and recovery coaching in their emergency department. The hospital is currently assessing ways to expand the SBIRT model to other departments within the hospital.*

Assertive Community Treatment (ACT) - ACT is an evidenced-based practice model that requires mobile treatment providers to receive specialized training and evaluation by the State of Maryland using the Dartmouth Assertive Community Treatment Scale.

Accomplishments:

Seven of the nine mobile treatment programs in the City are ACT certified with one of the teams becoming certified for the first time in FY 14.

Supported Employment Programs - These programs provide supportive services for individuals with serious mental illness who are not employed competitively[1], and for who employment is a goal. The service includes five components: 1) pre-placement; 2) placement in a competitive job; 3) intensive job coaching; 4) extended support services; and 5) psychiatric rehabilitation program services.

Accomplishments:

There are two evidence-based supported employment programs in the city.

Substance Use Disorder Programs - Each BHS Baltimore-funded provider is required to incorporate at least four of the following evidence-based practices into individualized care: cognitive behavioral treatment, motivational enhancement therapy, contingency management, harm reduction, 12 step facilitation, and pharmacotherapy.

Accomplishments:

The use of evidence-based practices was a contractual requirement for all substance use disorder programs receiving funding from BHS Baltimore in FY 14.

8. Health Disparities/Cultural Competency

Lesbian, Gay, Bi-sexual, Transgender and Questioning (LGBTQ) Individuals – BHS Baltimore is conducting a needs assessment to assess access to and quality of service delivery for LGBT individuals. It is expected that this assessment will lead to a plan for developing a system more responsive to the behavioral health needs of LGBTQ individuals.

Accomplishments:

BHS Baltimore has contracted with a vendor to conduct the needs assessment. A report is expected in FY 15.

Work Force Development – BHS Baltimore continues to fund the work of Coppin State in promoting the professional education of minority students. The Maxie Collier scholarship program, which has had 50 graduates since the program first accepted students in 1996, provides scholarships to minorities pursuing a degree in behavioral health. In collaboration with the Maxie Collier scholarship program, Coppin State also offers a course entitled "Emerging Issues

[1] Competitive employment refers to employment that 1) pays at least minimum wage; 2) takes place in an integrated community setting; 3) is held by the individual worker (not by the program in which he or she participates); and 4) is available to anyone qualified for the job (i.e. not set aside for people with disabilities).

in Behavioral Health," which is open to all students and intended to increase the number of students who are exposed to the behavioral health field. An estimated 810 students have attended the class since the program's inception. In addition, BHS Baltimore is currently in discussions with Morgan State University School of Social Work to enhance their behavioral health curriculum by securing field placement opportunities with behavioral health providers and developing a post-graduate fellowship program.

Accomplishments:

- *Enrolled seven Maxie Collier scholars in classes*
- *Assigned a mentor and offered an internship opportunity in the public behavioral health system to all enrolled scholars*
- *Graduated two scholars and recruited six new students*
- *Offered the "Emerging Issues in Behavioral Health," course two times to the general student population*
- *Expanded the scope of the Maxie Collier Scholarship program to utilize a behavioral health framework emphasizing both substance use and mental health*

Services for Spanish-Speaking Individuals and Families - BHS Baltimore funds the Johns Hopkins Hospital Hispanic Clinic to provide outpatient mental health treatment and support services to undocumented Spanish-speaking individuals and families in their outpatient mental health clinic and through outreach to community locations where Spanish-speaking individuals frequent. Through the leadership of BHS Baltimore, the two crisis providers in the city began using language interpretation services and have hired Spanish speaking staff. In addition, BHS Baltimore was recently awarded funding from several private foundations to better address the needs of children who have recently emigrated unaccompanied to the U.S. from Central America.

Accomplishments:

In FY 14, the Johns Hopkins Hispanic Clinic served 43 individuals and provided 105 therapeutic sessions to Spanish-speaking individuals and families, using models of care such as Motivational Interviewing, Trauma Focused Cognitive Behavioral Therapy, Abuse Focused Cognitive Behavioral Therapy, Psychodynamic Therapy and Gradual Exposure Therapy.

Services for African American Individuals and Families - BHS Baltimore provides funding and ongoing consultation to the Black Mental Health Alliance for Education and Consultation to promote awareness of the needs of African Americans with mental illness and offer information, support and referrals to individuals and families.

Accomplishments:

- *Served 309 individuals and families through support groups, information, referrals, educational programs and individual support services*
- *Provided 304 referral/linkages to community resources*
- *Conducted five educational programs on the issues of culture and mental illness*
- *Conducted 40 depression screenings*

9. Diversion Efforts

DataLink - The DataLink Project is a collaboration between BHS Baltimore, Maryland Department of Public Safety and Correctional Services (DPSCS), BHA, and Value Options, the Administrative Services Organization for the PBHS. Through this project, DPSCS arrest data are cross-referenced against Public Behavioral Health System data. Each day, BHS Baltimore and the jail receive a list of individuals who have been arrested and have had one or more authorizations for public mental health services within the last two years. These data describe the date of the individual's arrest, basic identifying information, type of mental health care received, dates of service authorization, medications prescribed (jail only) and the mental health service provider. BHS Baltimore then uses this data to coordinate services with the jail with the goals of improving continuity of care for individuals receiving services within the jail or quickly released to the community and identifying individuals with unmet service needs in order to reconnect them to ongoing community-based mental health care at time of release.

Accomplishments:

BHS Baltimore continued to receive daily data reports from the DataLink and use the data to notify service providers that consumers with active authorizations have been arrested or to identify individuals who would benefit from a face-to-face assessment and release planning by staff in the jail. Unfortunately due to disruptions in the data and changes in the reporting formats of the data, it was not possible to calculate the number of individuals identified through the DataLink. BHS Baltimore continues to collaborate with BHA and the Department of Public Safety to ensure accurate transmission of the data as well as more consistent use of and analysis of the data across the state.

Criminal Justice Diversion for Individuals with Substance Use Disorders – BHS Baltimore collaborates with a wide-range of stakeholders including but not limited to Office of Problem Solving Courts (drug court), Baltimore City Circuit and District Courts, Department of Public Safety and Correctional Services including jail personnel and community supervision agents (parole and probation), Mayor's Office on Criminal Justice, the State's Attorney's Office, the Office of the Public Defender and community providers to help identify opportunities for

individuals to receive services in lieu of incarceration, assist in transitioning individuals from incarceration to the community, and provide timely and quality services for criminal justice involved individuals.

Accomplishments:

- *Employed three staff to serve as care coordinators for individuals referred to residential substance use disorder treatment through the drug courts or the 8505/7 judicial process. The Care Coordinators engage clients throughout the judicial process to foster success in treatment and recovery.*
- *Contracted with Bon Secours Next Passages to conduct court-based assessments and referral to treatment for approximately 1,500 individuals annually*
- *Funded the Addiction Assessment Unit to provide assessment and referral to treatment for over 1,000 individuals in pre-trail detention in the Baltimore City jail*
- *Funded dedicated residential treatment beds at community-based substance use programs to serve individuals referred by the criminal justice system*

Department of Juvenile Services (DJS) - BHS Baltimore provides the following services for youth involved in the DJS system:

- Substance use and mental health assessment and referral services for youth while detained in custody or in the community
- Mental health and substance use treatment and support groups for detained youth
- Pre-sentencing, post-sentencing, pretrial, and custody evaluations
- Adolescent support groups for at-risk youth involved in juvenile court using an anger management curriculum developed by the US Department of Health and Human Services

Accomplishments:

BHS Baltimore funded the following services for youth involved in the juvenile justice system:

- *Medical Office of the Circuit Court to conduct pre-sentencing, post-sentencing, pretrial and custody evaluations for the courts (269 evaluations in FY 14)*
- *Hope Health System to provide behavioral health assessments on all youth detained to determine if mental health or substance use disorder treatment is needed and to provide co-occurring treatment services for youth detained*
- *Maryland Treatment Centers to provide substance use disorder assessments and placement services for detained, bonded, or youth released from custody*
- *Harambee to provide assessments and substance use disorder treatment groups for detained youth*

- *Circuit Court of Baltimore City to implement the LINKS program which provides mental health screening, linkage to community resources and adolescent support groups for youth and their families involved in juvenile court to over 75 youth annually*

Hospital Diversion for Adults - BCRI coordinates with emergency departments to maximize use of community-based alternatives to inpatient admission. Point persons from BCRI and BHS Baltimore provide technical assistance and consultation as needed for discharge planning and to address other challenges.

Accomplishments:

- *BCRI received 1,219 hotline calls from hospital emergency rooms in FY 14.*
- *Of the 1,390 individuals served by mobile crisis teams in emergency rooms, 952 individuals or 68% were diverted to community-based resources*

Hospital Diversion for Children - BCARS places clinicians in Johns Hopkins Hospital and the University of Maryland Medical System where they provide mental health assessments, stabilization services and immediate linkage to other services to assist youth and their families with accessing services in lieu of inpatient care.

Accomplishments:

BCARS' Pediatric Diversion program received 426 referrals, conducted 288 assessments and diverted 249 children and youth from inpatient treatment.

Forensic Alternative Service Team (FAST) – FAST provides jail diversion services for individuals with mental illness and actively participates in the District Court Mental Health Court and the Circuit Court Case Management docket. FAST screens individuals for diversion services and conducts face-to-face assessments to determine need and eligibility for community-based services that would allow the individual to return to the community.

Accomplishments:

- *Screened 619 individuals for diversion services*
- *Conducted 425 face-to-face assessments to determine eligibility for appropriate services and possible return to the community*
- *Provided 4,995 consultations to family members, community providers, hospitals, court personnel, community supervision (pre-trial/probation/parole) agents, etc.*

Forensic Assertive Community Treatment – People Encouraging People continues to operate an intensive, community based assertive community treatment program that targets individuals being released from the Baltimore City jail, state prisons and state hospital facilities.

Accomplishments:

FACTT maintains an average caseload of 120 individuals and in FY 14 assisted 11 consumers with serious mental illness and forensic involvement to transition from state hospital facilities.

Chrysalis House Healthy Start – Chrysalis House Healthy Start is a 16 bed transitional housing program for pregnant and post-partum women in lieu of incarceration. Women receive a range of services including but not limited to substance use and mental health treatment services, assistance with daily living, prenatal care, parenting skill development, supported employment services, child care, case management, and other services.

Accomplishments:

In FY 14, Chrysalis House Healthy Start served 25 women and their children.

10. Outcomes and Quality

Capacity Development Initiative – BHS Baltimore invested in the sustainability of its provider system by launching the Capacity Development Initiative which offers opportunities for providers to adapt to the changing healthcare delivery system as a result of health care reform and best prepare for a successful future. The goal of this initiative is to develop the capacity of the Baltimore City provider network to respond to internal and external demands, optimize operational systems and processes, develop metrics-based management systems, and provide high quality client services all while ensuring providers are financially sustainable and client outcomes are improved.

Accomplishments:

Specific work planned as a part of the Capacity Development Initiative includes a needs assessment, targeted trainings, technical assistance, and change management support for both mental health and substance use providers. Full implementation is expected in FY 15.

Monitoring Quality of Service Delivery - BHS Baltimore plays an important role in monitoring and improving the delivery of safe, high quality prevention, early intervention, treatment, and recovery services for those services funded through contracts and the fee-for-service public

behavioral health system. Contractual performance is regularly monitored in a systematic way using a variety of methods and tools, including utilization data and quarterly site visits.

<u>Accomplishments</u>:

- *Conducted site visits to contracted providers to monitor compliance with service delivery as detailed in the scope of service (at least quarterly for substance use services and annually for mental health providers)*
- *Participated in BHA's Compliance Committee*
- *Reviewed applications for new providers in Baltimore City and made recommendations to the state for approval if appropriate*
- *Reorganized staffing structure to create an integrated monitoring unit within BHS Baltimore*
- *Planned for an integrated monitoring tool for use with both mental health and substance use contracted providers*

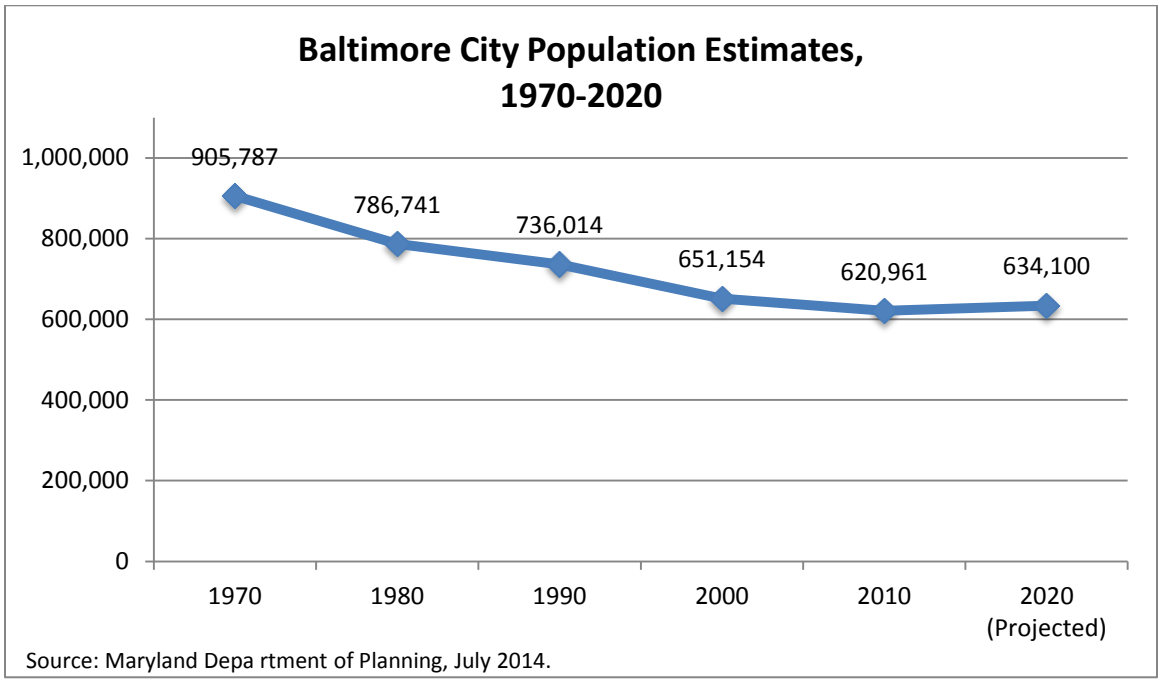
Data

Baltimore City Demographics

The Demographics section of the Plan presents data describing Baltimore City's population and characteristics of the City relevant to behavioral health. These characteristics include age, culture, health, income, and housing status, which are all factors that impact the incidence of behavioral health disorders and the utilization of behavioral health services. *Estimates of the prevalence of behavioral health disorders will be discussed in the second document being submitted March 2015.*

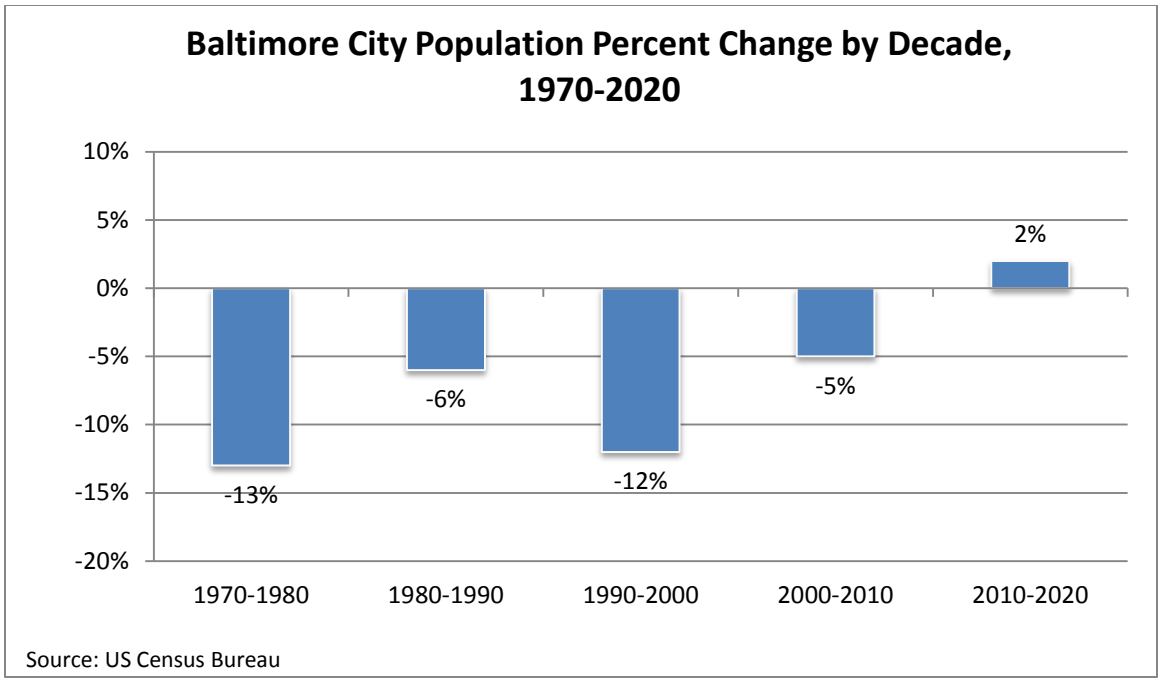
POPULATION

Baltimore City is the 26th most populous City in the nation and the largest City in Maryland, comprising 11% of the State's population in 2010. Although, census data indicate that the City's population has decreased significantly since the 1970s, the projection for 2020 shows an increase of 13,000 people (2% growth).

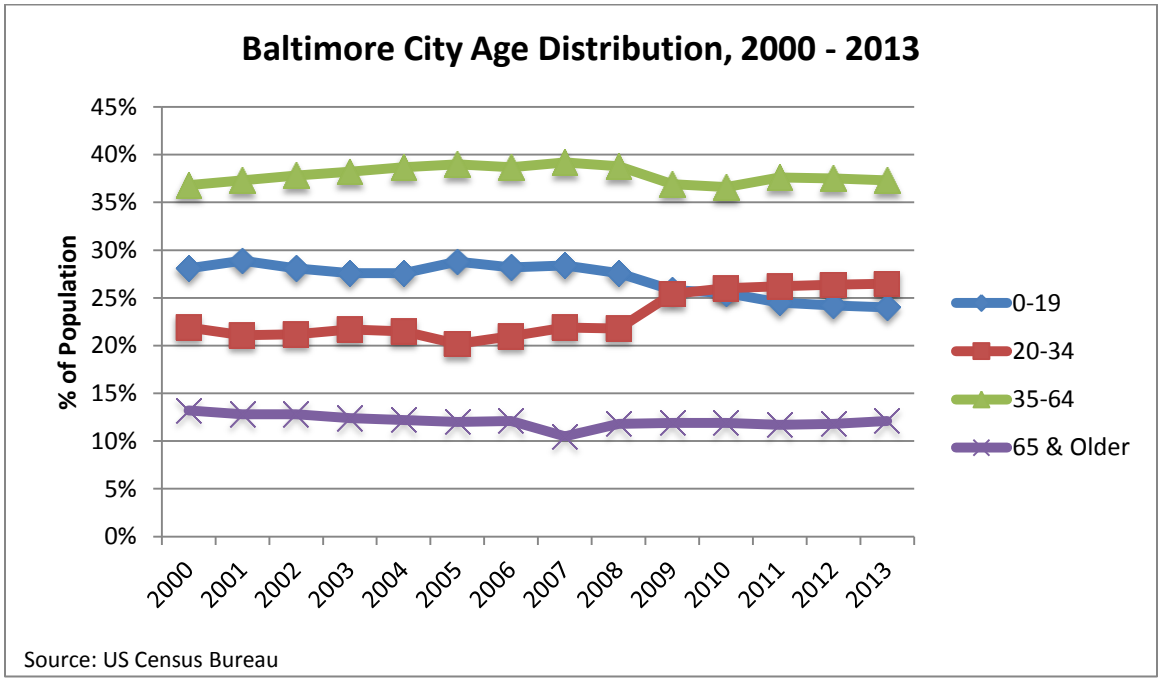


Source: Maryland Depa rtment of Planning, July 2014.

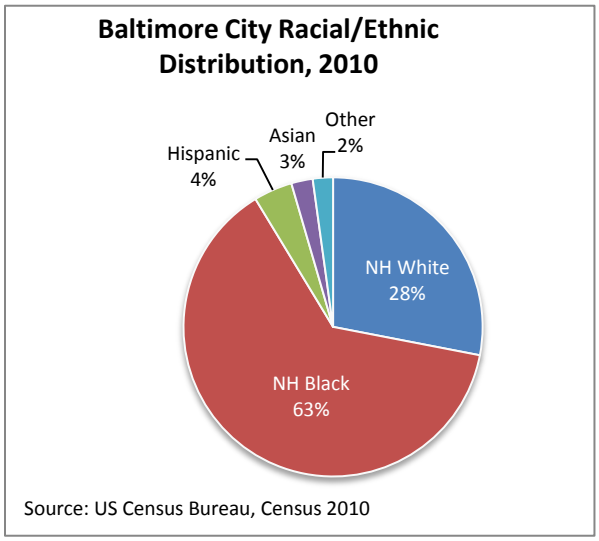
The rate of decline in the population has decreased during the last several decades. However, now is the first time in over 40 years that the city shows a projection of population growth (2%).

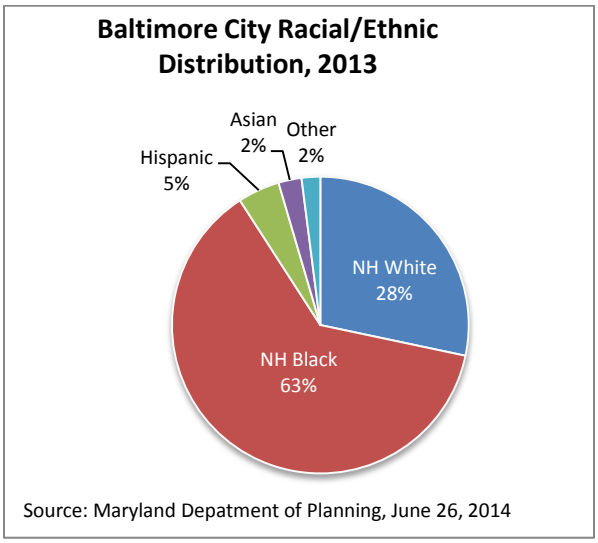


As evidenced by the chart below, the age distribution has shifted slightly in the last four years. Between 2010 and 2013, the population aged 20-34 and 65+ experienced a slight increase, while the 0-19 and 35-64 age groups experienced a slight decrease. In 2013, there were estimates of 131,276 children under the age of 18 and 490,828 adults in Baltimore City. Overall, the median age in Baltimore City remained steady around 34.6 between 2009 and 2013, whereas the median age in the State increased from 38.0 to 38.2 during the same time period.

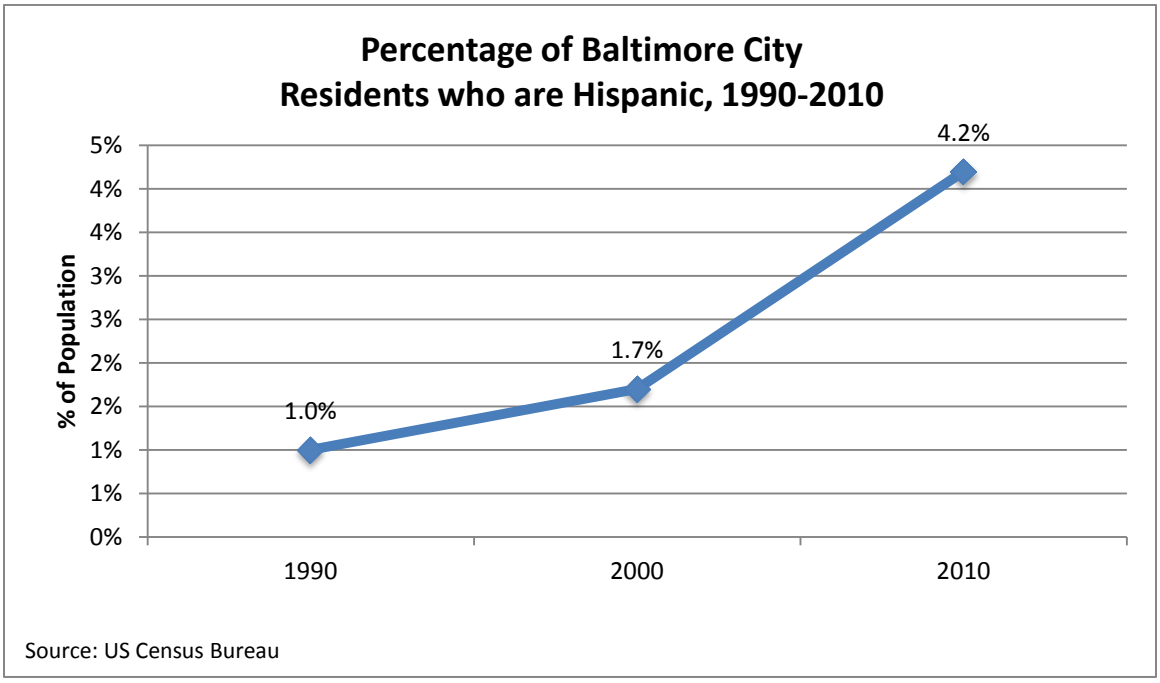


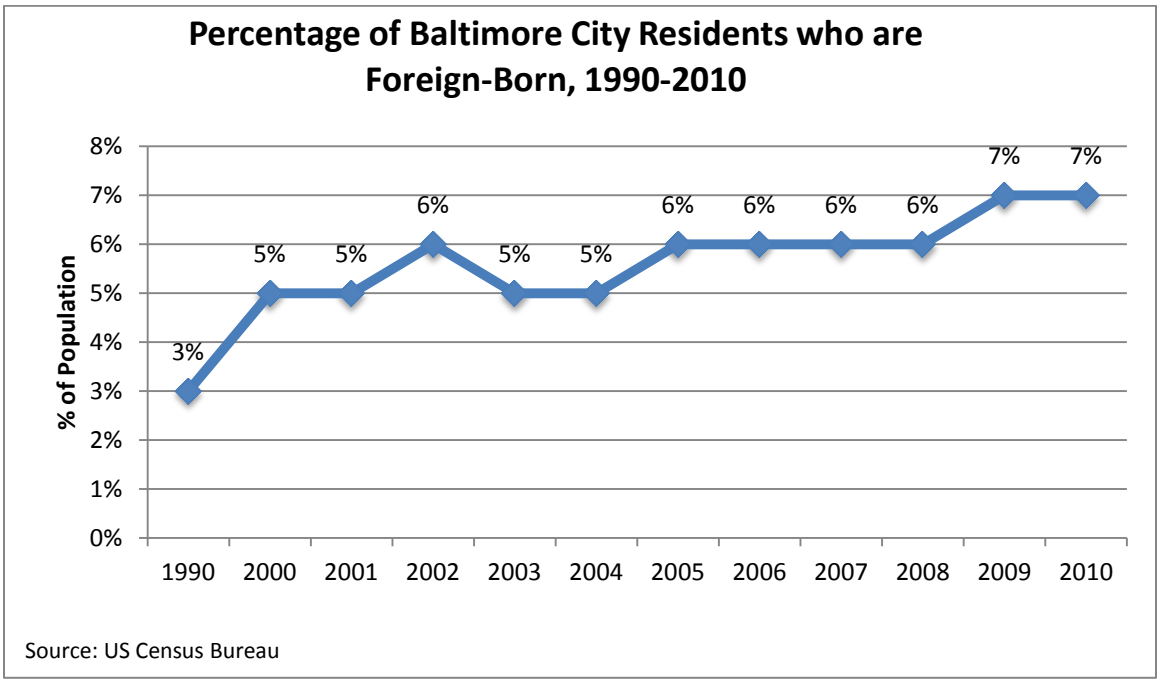
The City's racial/ethnic distribution is bi-modal, with almost two-thirds Non-Hispanic Black individuals and almost one-third Non-Hispanic White individuals.



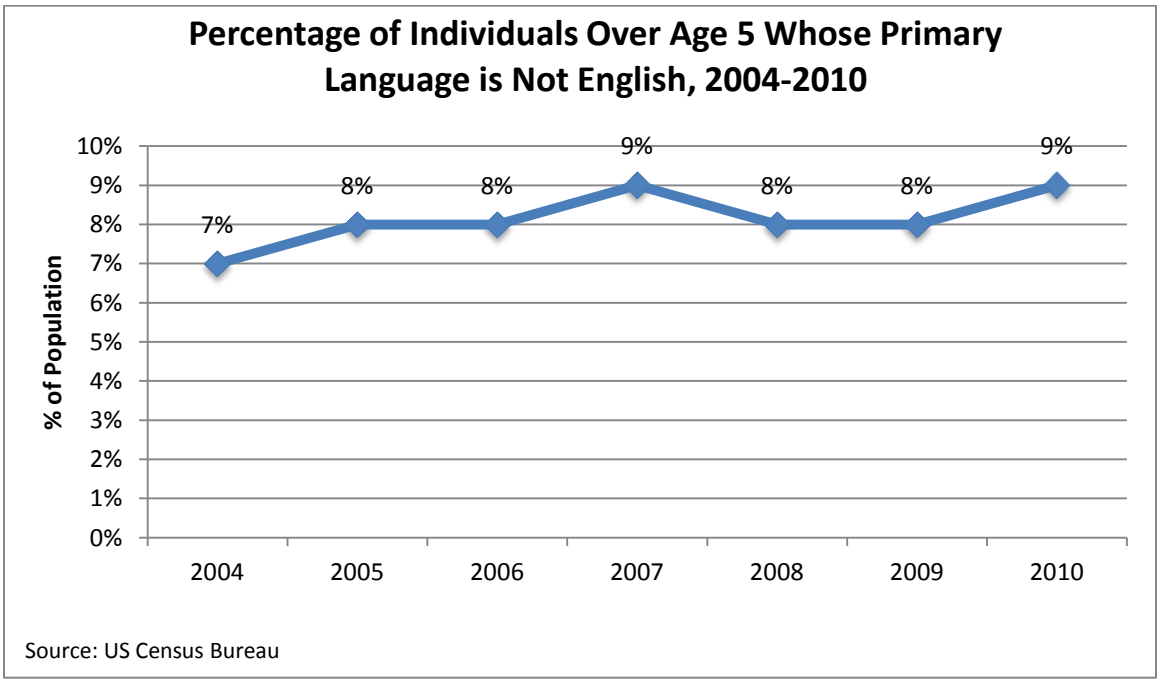


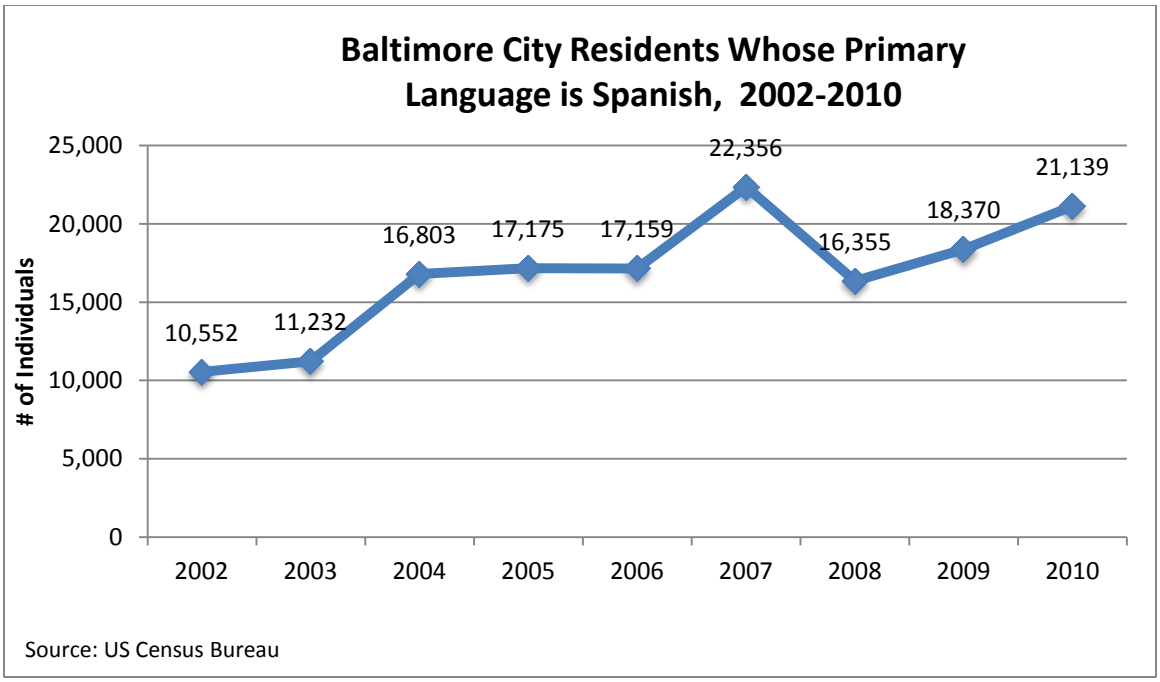
The population is slowly becoming more diverse, as indicated by the increase in the percentage of both Hispanic individuals and foreign-born residents, which has almost doubled since 1990 and is likely to be an under-count at present. It is difficult to accurately count immigrant residents, many of whom may be undocumented and often do not show up in official population counts.



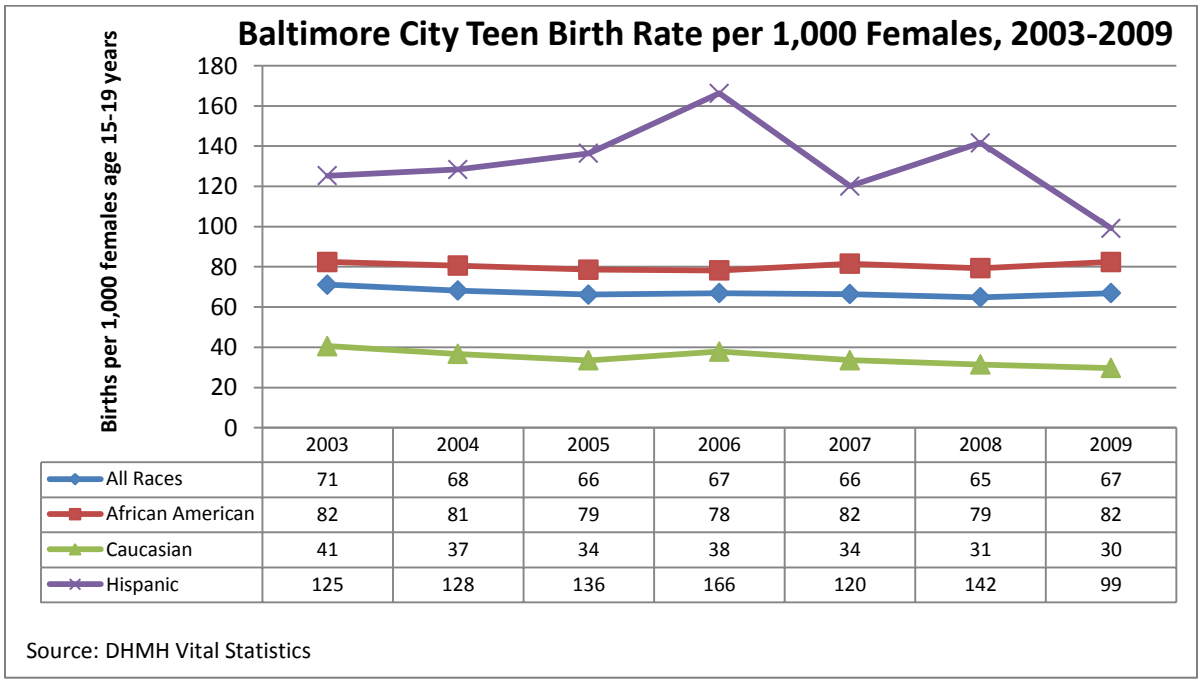


Languages other than English are spoken at home in 9% of households, with Spanish being the most frequently spoken non-English language. In the last nine years, the number of individuals whose primary language is Spanish more than doubled, and it increased by almost 30% between 2008 and 2010.





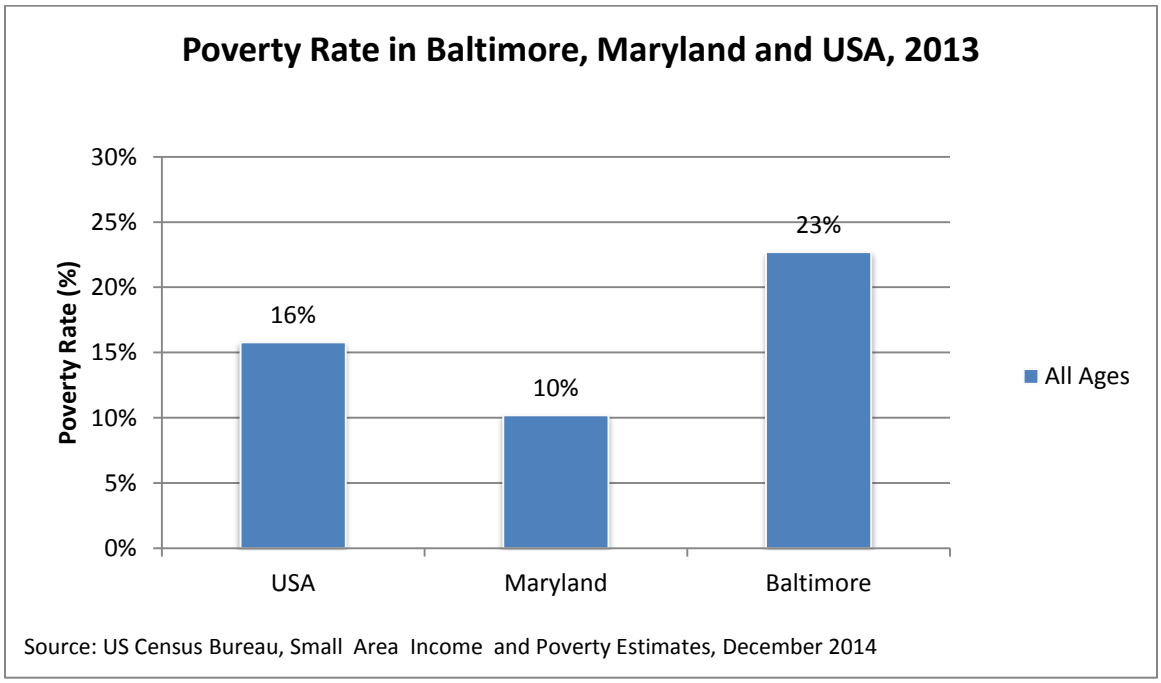
The overall Baltimore City and Non-Hispanic Black population teen pregnancy rates have remained steady, while the rates have slightly decreased over the past seven years for the Non-Hispanic White population. The Hispanic population teen pregnancy rates, while still significantly higher than the other Baltimore City populations, have decreased over the last four years.



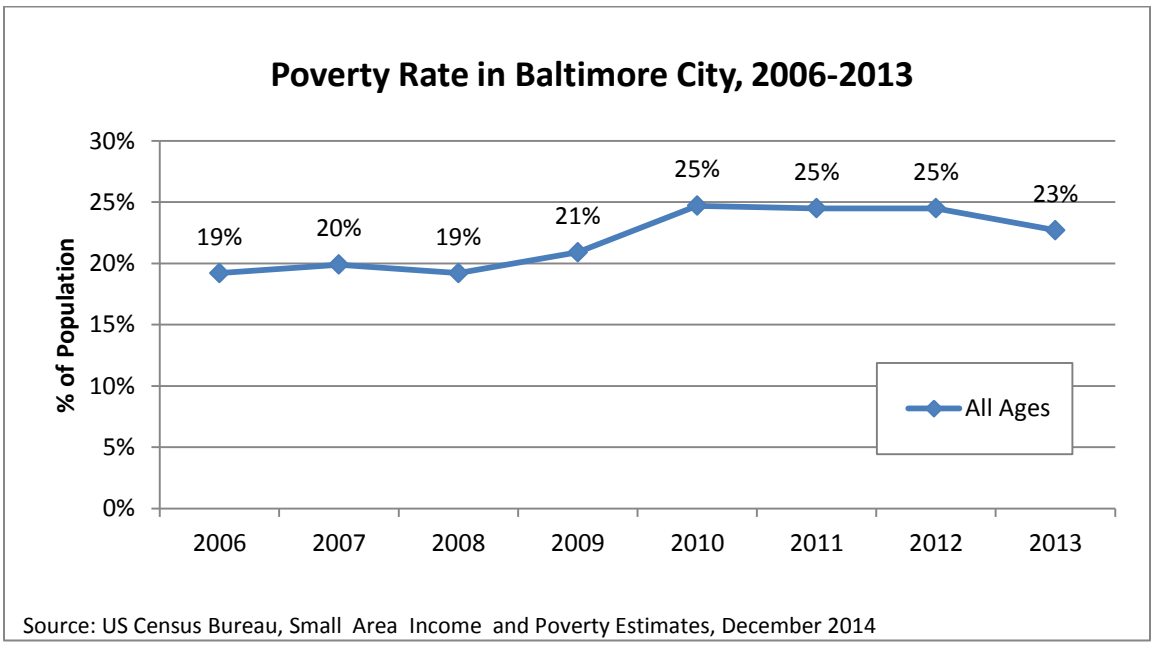
	2003	2004	2005	2006	2007	2008	2009
All Races	71	68	66	67	66	65	67
African American	82	81	79	78	82	79	82
Caucasian	41	37	34	38	34	31	30
Hispanic	125	128	136	166	120	142	99

POVERTY

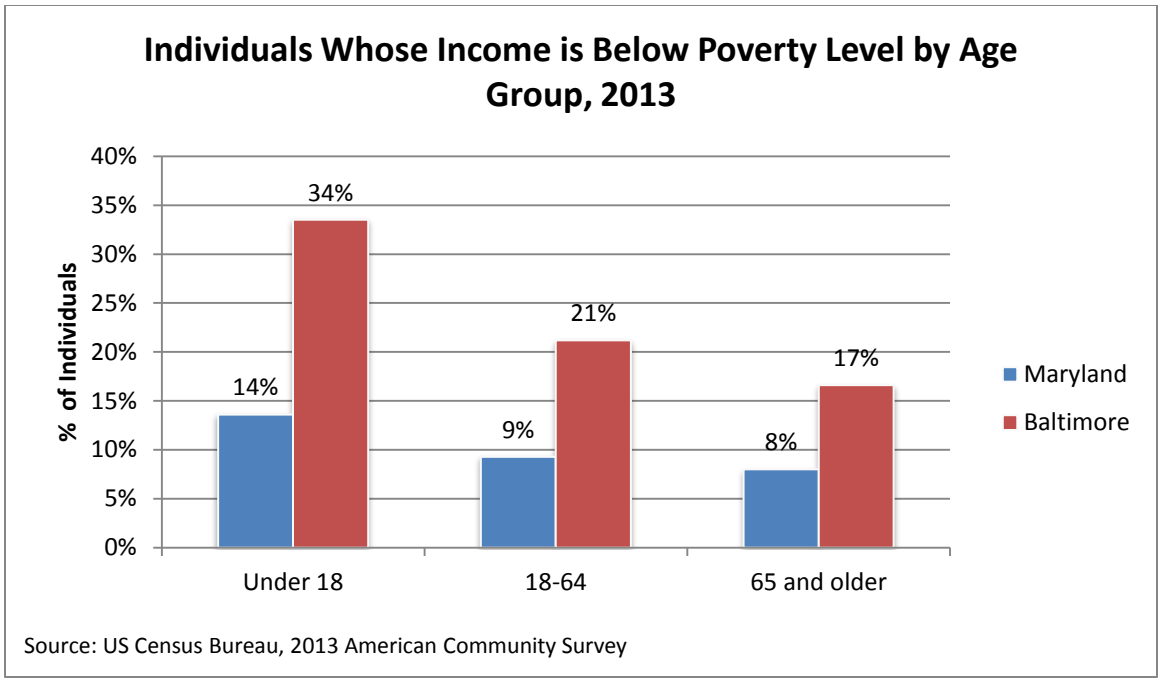
There is a gap in poverty rates between Baltimore City and the State. In 2013, the Baltimore City median household income was $42,266 a 3% increase from 2010. The State median income was $72,483 in 2013, a 1% decrease. In addition, almost one in four City residents (23%) was below the poverty line in 2013.



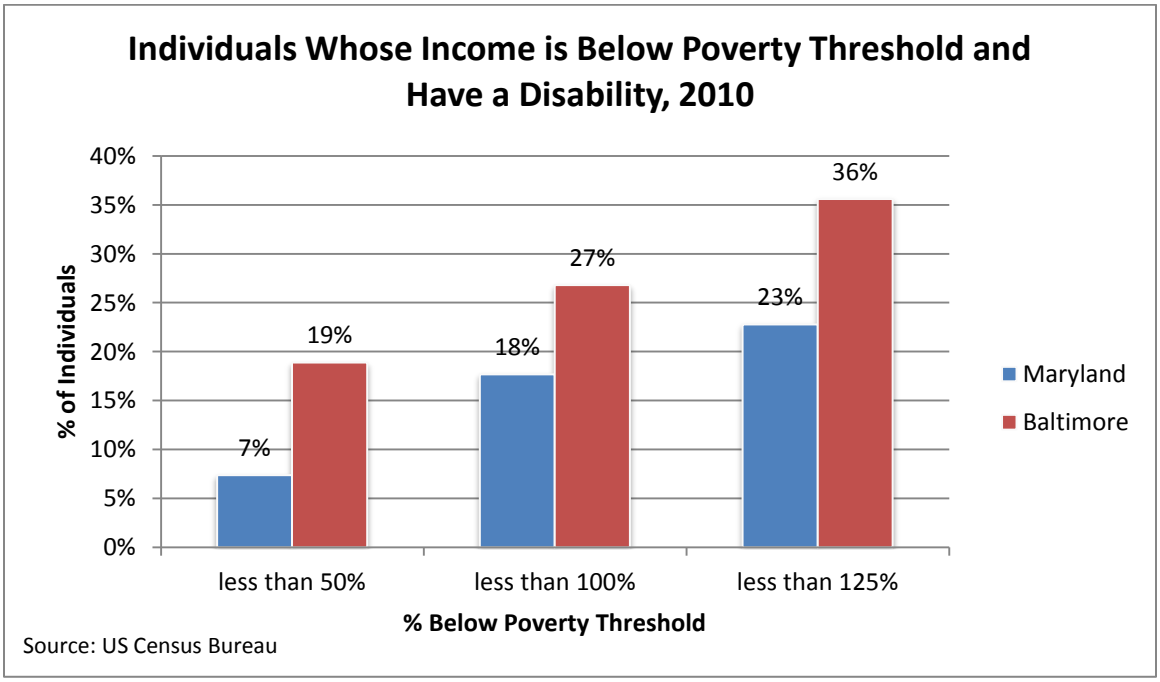
Source: US Census Bureau, Small Area Income and Poverty Estimates, December 2014



Source: US Census Bureau, Small Area Income and Poverty Estimates, December 2014



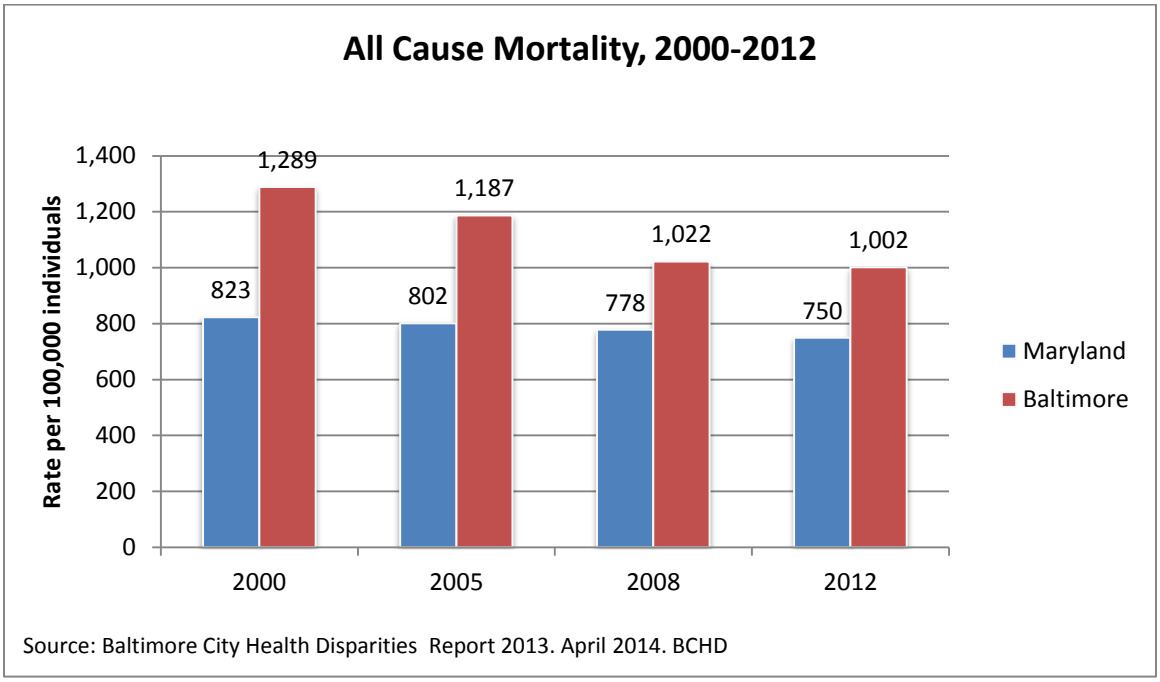
Individuals with disabilities also have significantly higher rates of poverty in Baltimore City than in Maryland. This gap between Baltimore City and the State increases as the income level increases. The poverty threshold (or poverty level) was $11,888 for 2013; 125% of which is $14,860 and 50% of which is $5,944.



HEALTH STATUS

Health indicators suggest that Baltimore City residents experience a significantly greater burden of illness, disability, and mortality than other residents of Maryland. The average life expectancy is 73.9 years for Baltimore City residents and 79.6 years for Maryland residents.[2] The Baltimore City Health Department Neighborhood Profiles data comparing Baltimore City neighborhoods found an average life expectancy range of 62.9 years in the poorest neighborhoods to 83.1 years in wealthier neighborhoods.[3]

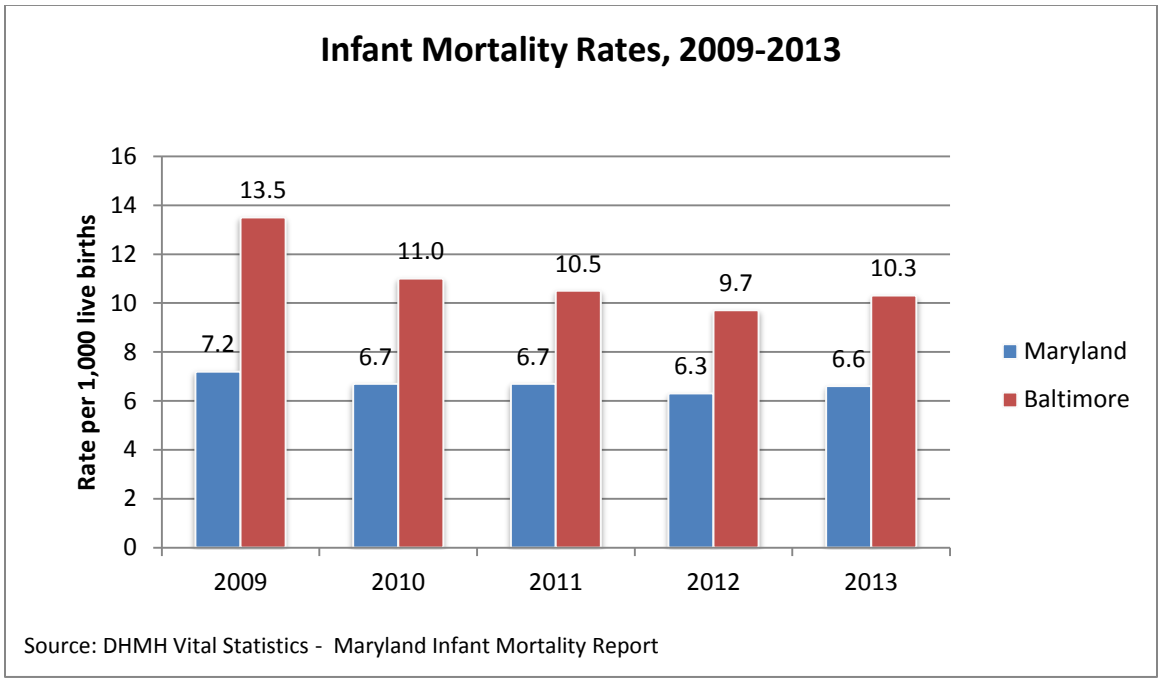
While Baltimore's all-cause mortality rate[4] has declined by 22% over the past twelve years, it still remains significantly higher than the State's rate. This higher rate corresponds to 1,567 more individuals dying each year in Baltimore City.



Source: Baltimore City Health Disparities Report 2013. April 2014. BCHD

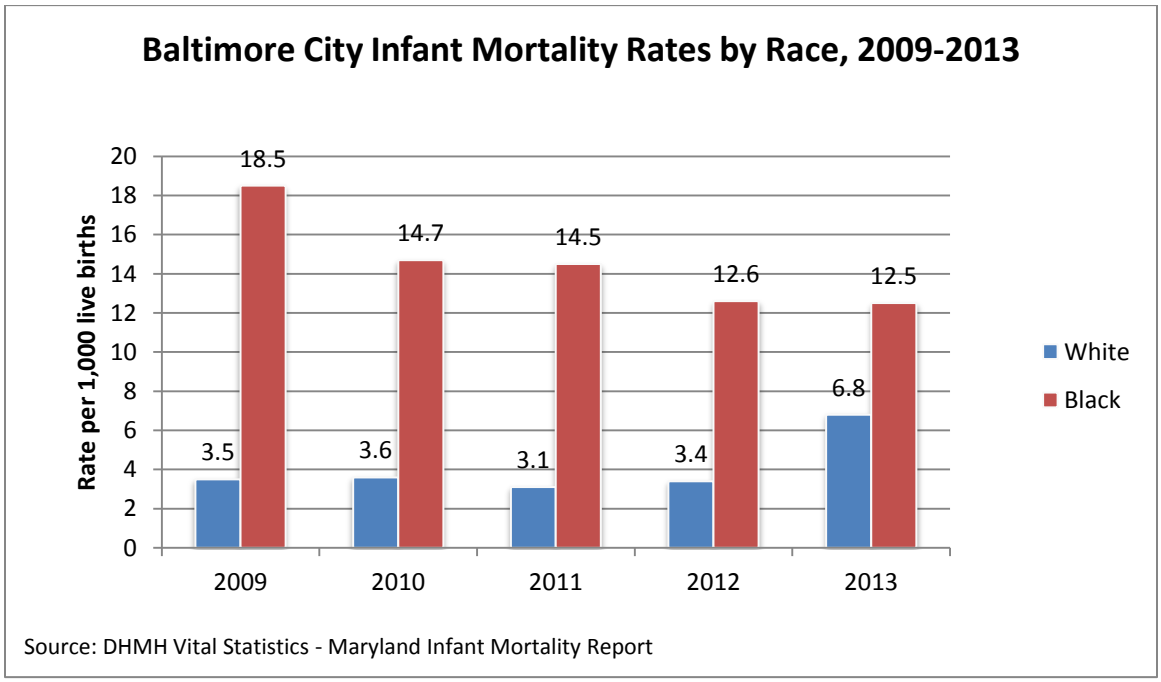
[2] Source: Maryland Vital Statistics Administration, 2013. Table 7
[3] Baltimore City Health Department Neighborhood Profiles, 2008 http://www.baltimorehealth.org/neighborhood.html
[4] Baltimore City Health Disparities Report 2013.

The Baltimore City 2013 infant mortality rate was more than one and a half times the State's overall rate.



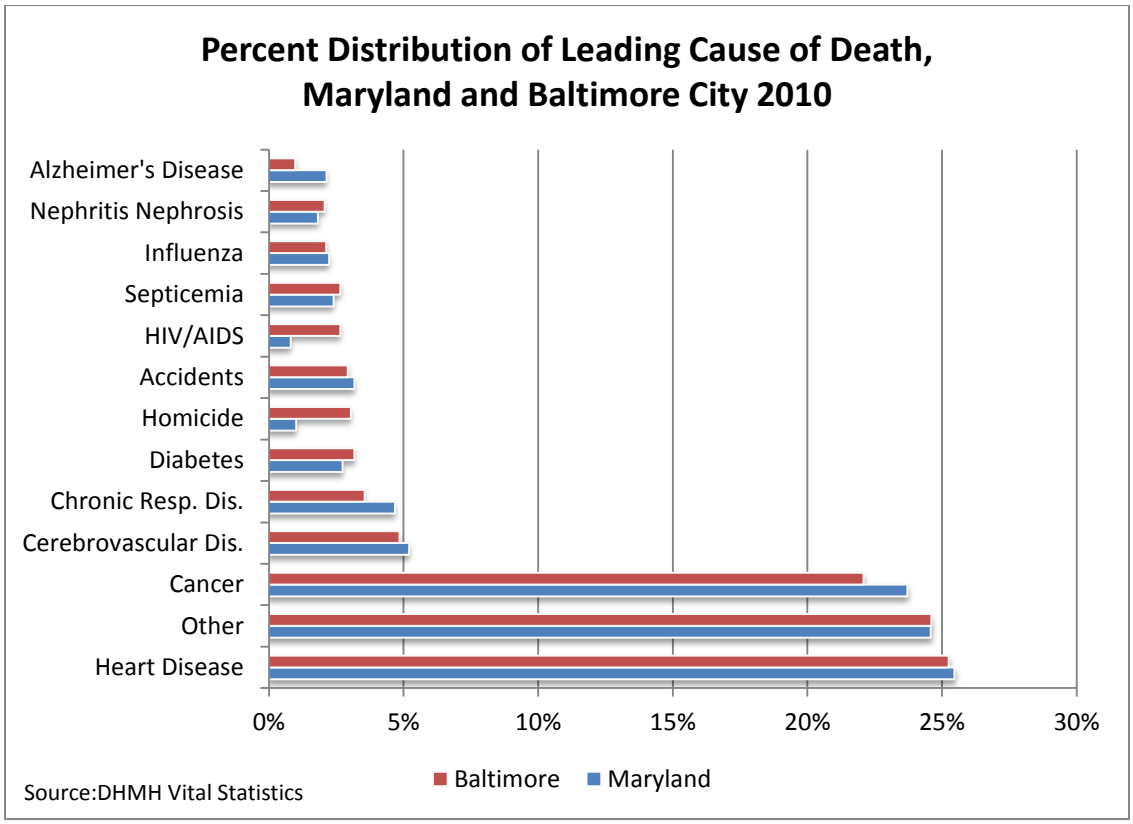
Source: DHMH Vital Statistics - Maryland Infant Mortality Report

There are significant disparities by race; the mortality rate for Black babies was almost two times that of White babies in 2013 and more than that in the previous years.



Source: DHMH Vital Statistics - Maryland Infant Mortality Report

The leading causes of death vary between Baltimore City and Maryland. In particular, HIV/AIDS and homicide account for significantly more deaths in the City than the State. Homicide was the 12th leading cause of death in the State, and the 7th in Baltimore City in 2010. HIV/AIDS was the 13th in the State, and the 9th in the City.



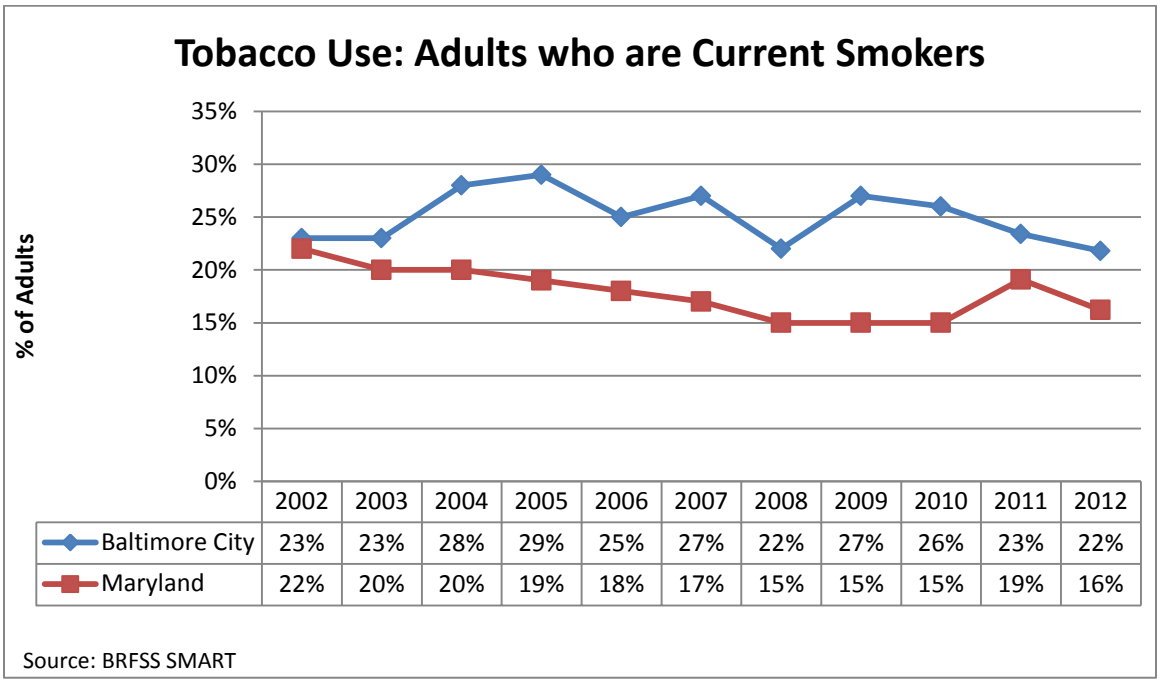
Eighteen percent (11%) of Baltimore City residents have no health insurance, and 4% of Baltimore City residents under 18 years are uninsured, which is a significant decline from 14% in 2006 for those under 18 years of age.[5]

TOBACCO USE

Tobacco use is a significant public health status indicator, as it results in approximately 443,000 premature deaths in the United States annually.[6] The CDC Behavioral and Risk Factor Surveillance System (BRFSS) is a statewide survey that collects data on the behaviors and conditions that put individuals at risk for chronic diseases, injuries and preventable infectious diseases. Over 8,500 anonymous Maryland households participate in this survey each year.

[5] Us Census Bureau, 2013 American Community Survey, Maryland Vital Statistics – 2009, Maryland Kids Count – 2007, Maryland Health Care Commission - Health Insurance Coverage in Maryland through 2005
[6] Source: CDC Cigarette Smoking Among Adults, United States, 2007

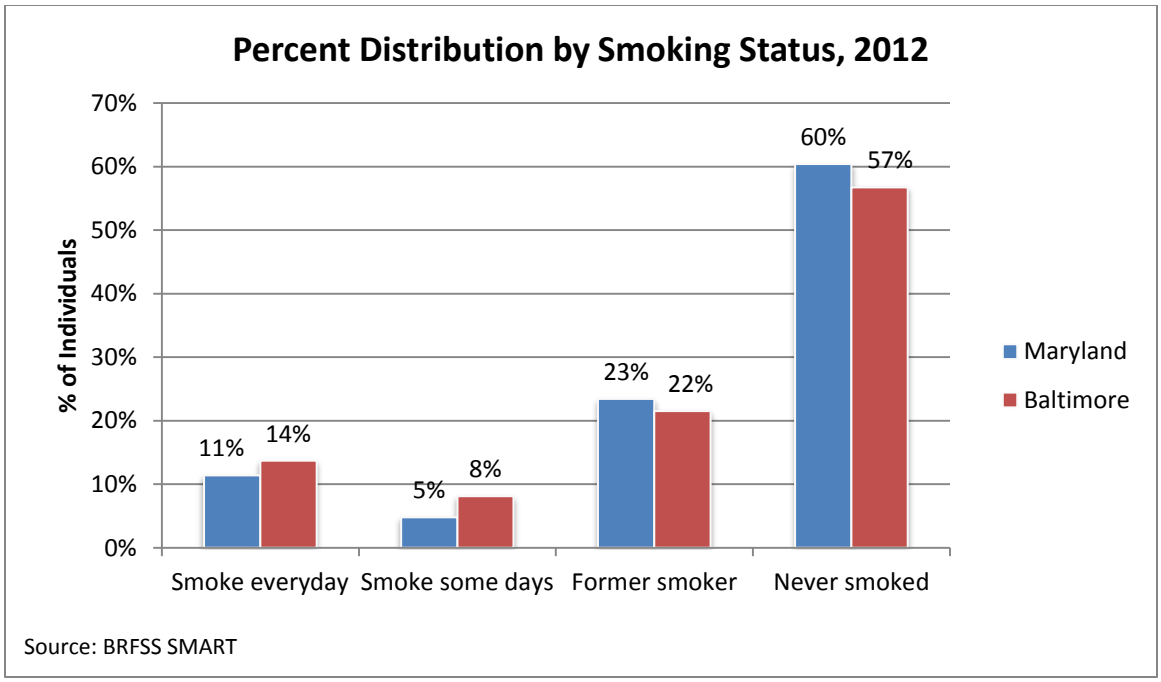
In the chart below, the BRFSS shows a higher percentage of adults smoke tobacco in the City compared to the State. The BRFSS found that 22% adults in the City and 16% of adults in the State smoked tobacco in 2012.



	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Baltimore City	23%	23%	28%	29%	25%	27%	22%	27%	26%	23%	22%
Maryland	22%	20%	20%	19%	18%	17%	15%	15%	15%	19%	16%

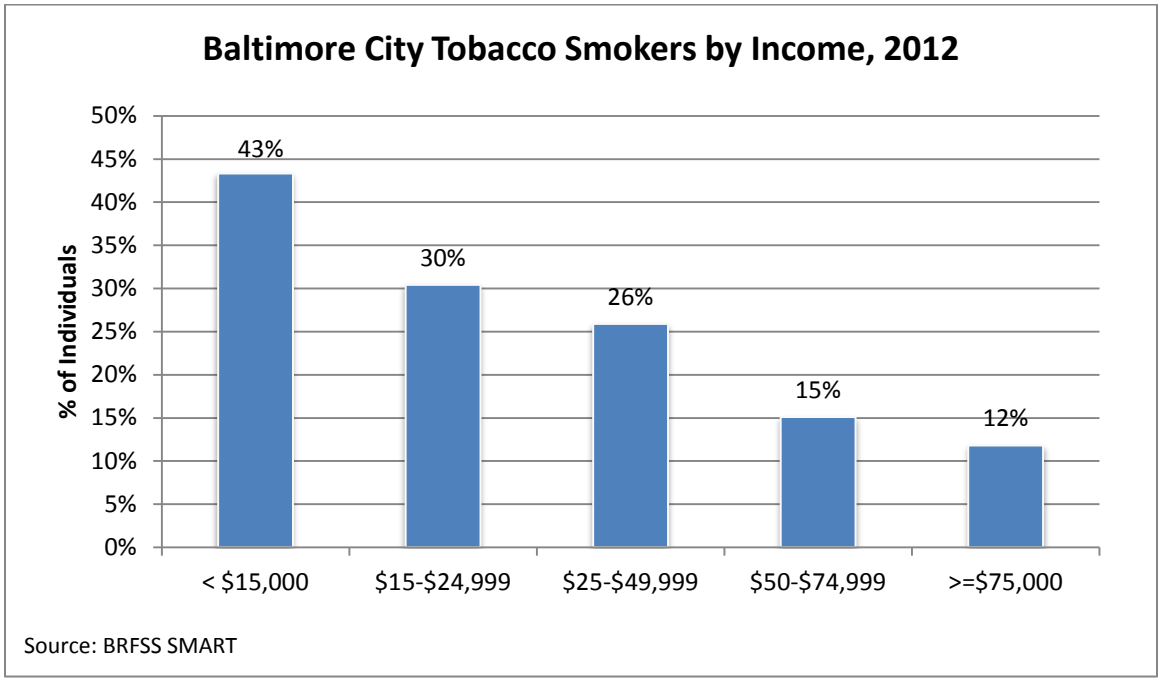
Source: BRFSS SMART

The BRFSS also found that a higher rate of smokers who reside in Baltimore City, compared to Maryland smokers, identify themselves as daily smokers.



Source: BRFSS SMART

Finally, the BRFSS found that tobacco smokers are disproportionately represented in lower income populations. Forty-three percent (43%) of individuals with an income below $15,000 and 30% of individuals with an income between $15,000 and $24,999 were current smokers.



CRIME AND VIOLENCE

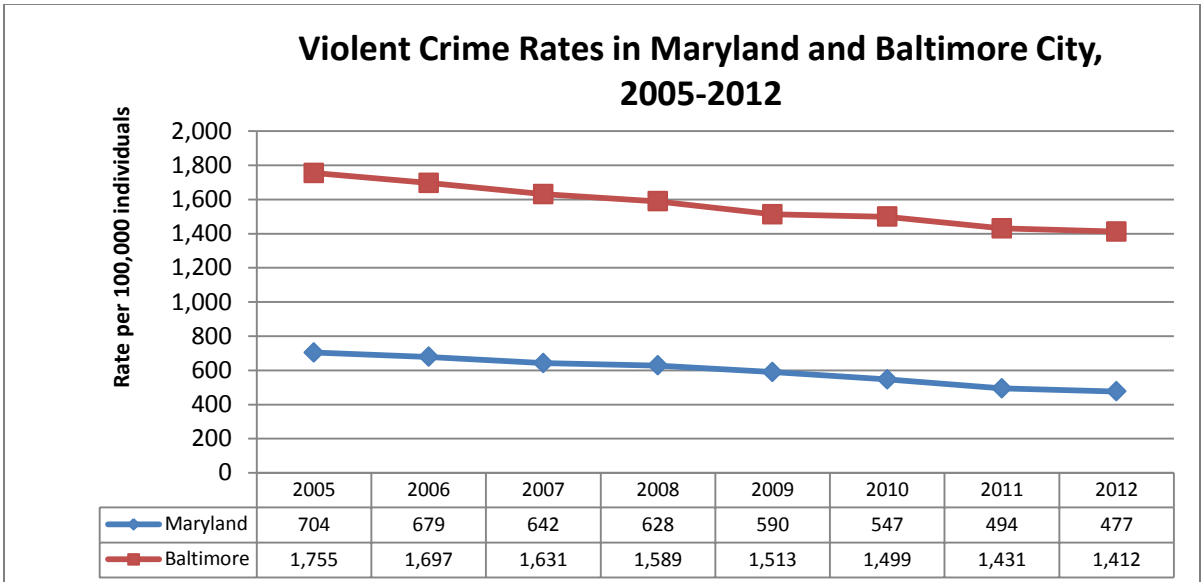
Crime and violence are serious problems in Baltimore City, which was ranked as the 2nd most dangerous City in the United States in 2013.[7] Both have a negative impact on the mental health and wellbeing of the City's residents.

Between 2005 and 2012 the Baltimore City violent crime rate[8] decreased 20% while the Maryland crime rate decreased by 32%. Despite these decreases, in 2012 the Baltimore City violent crime rate was nearly three times that of the Maryland rate.

Baltimore City's homicide rate in 2012 was 35 per 100,000 individuals, with a 2% decrease in homicides from 2010. Despite this recent decrease, the death rate due to homicide is higher than it was in 2000 and more than four times the Maryland homicide rate of seven per 100,000 individuals.[9] Baltimore City residents accounted for 50% of all homicides in Maryland. As

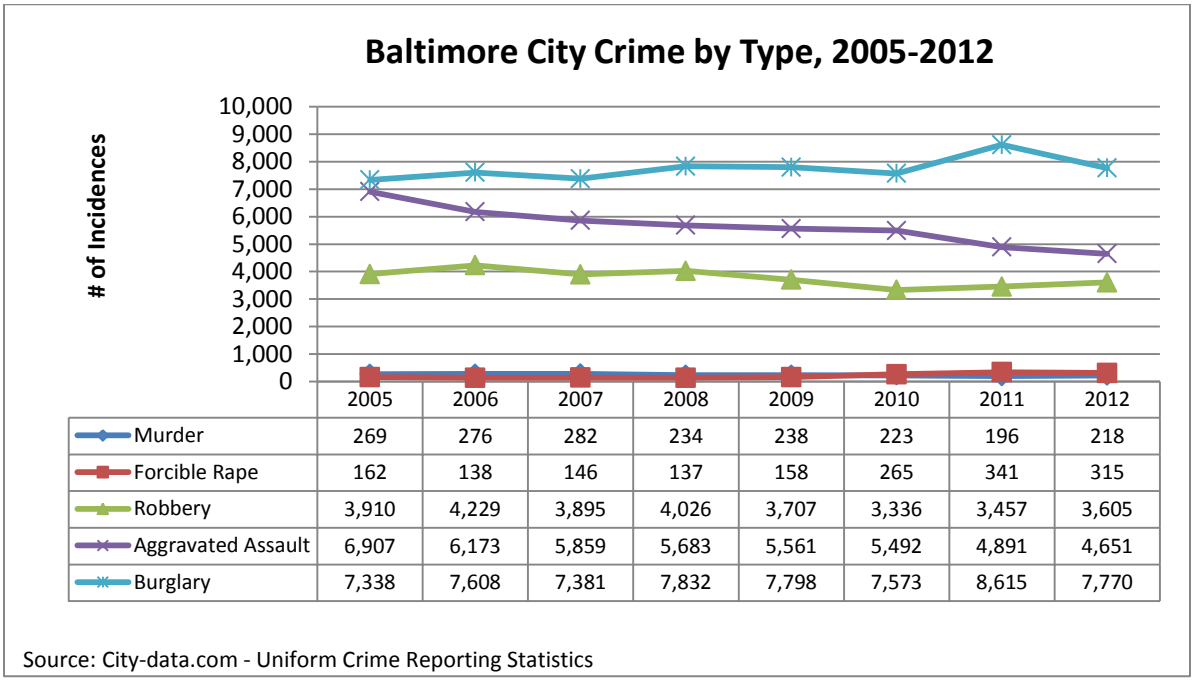
[7] Congressional Quarterly Press 2013 City Crime Rankings
[8] The violent crime rate is compiled from the US Department of Justice's Uniform Crime Reporting Statistics and includes murder, forcible rape, robbery and aggravated assault.
[9] DHMH Vital Statistics, 2012

previously mentioned, homicide was the seventh leading cause of death in Baltimore City while in Maryland it was the 15th leading cause of death.



	2005	2006	2007	2008	2009	2010	2011	2012
Maryland	704	679	642	628	590	547	494	477
Baltimore	1,755	1,697	1,631	1,589	1,513	1,499	1,431	1,412

Source: Uniform Crime Reporting Statistics

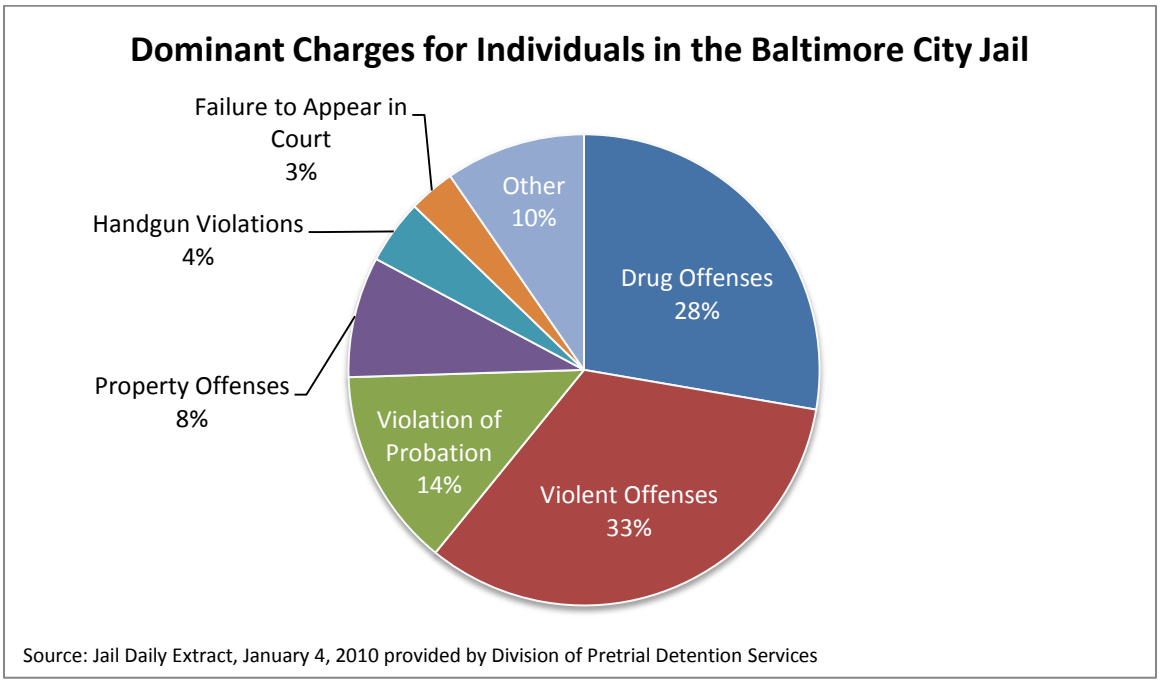


	2005	2006	2007	2008	2009	2010	2011	2012
Murder	269	276	282	234	238	223	196	218
Forcible Rape	162	138	146	137	158	265	341	315
Robbery	3,910	4,229	3,895	4,026	3,707	3,336	3,457	3,605
Aggravated Assault	6,907	6,173	5,859	5,683	5,561	5,492	4,891	4,651
Burglary	7,338	7,608	7,381	7,832	7,798	7,573	8,615	7,770

Source: City-data.com - Uniform Crime Reporting Statistics

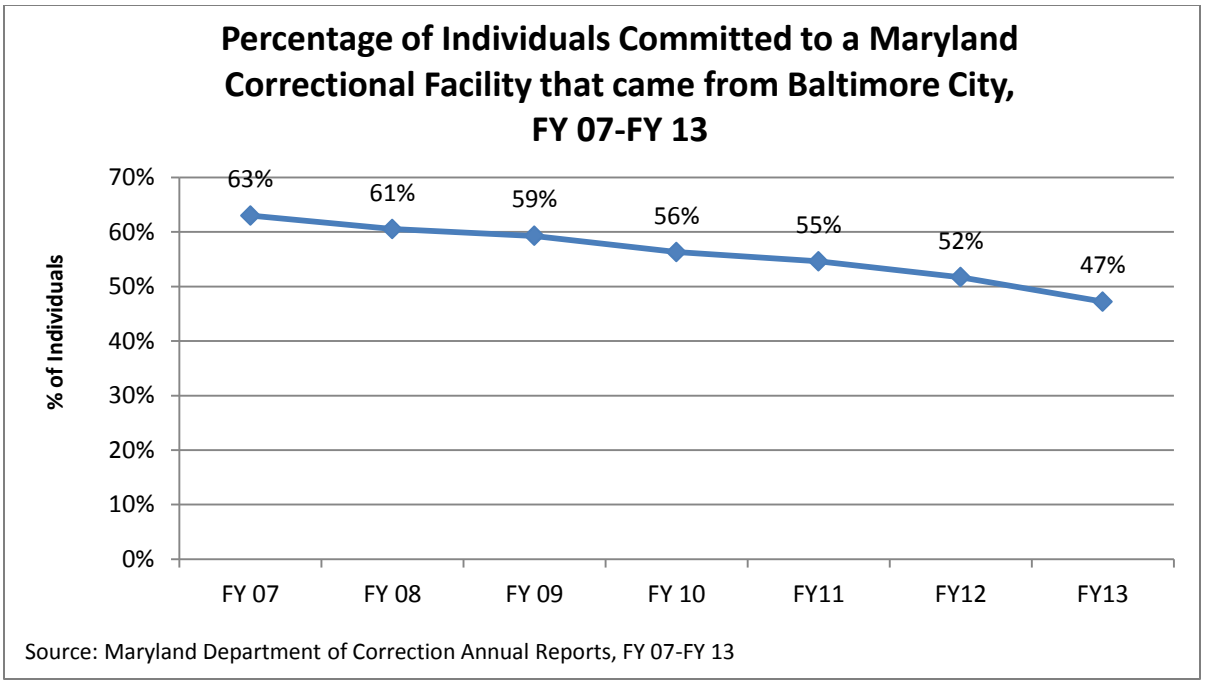
Of the 20 cities with the largest jails in the United States, Baltimore City has the highest percentage of its total population incarcerated at 0.6% or 3,725 individuals. Over 73,000 people go through the Baltimore Central Booking and Intake Center every year, and over 35,000 people

are committed to the Baltimore City Detention Center annually, with an average of 4,000 people per day.[10] A majority of individuals in the Baltimore City jail are charged with violent crimes, such as murder and forcible rape, and drug offenses.



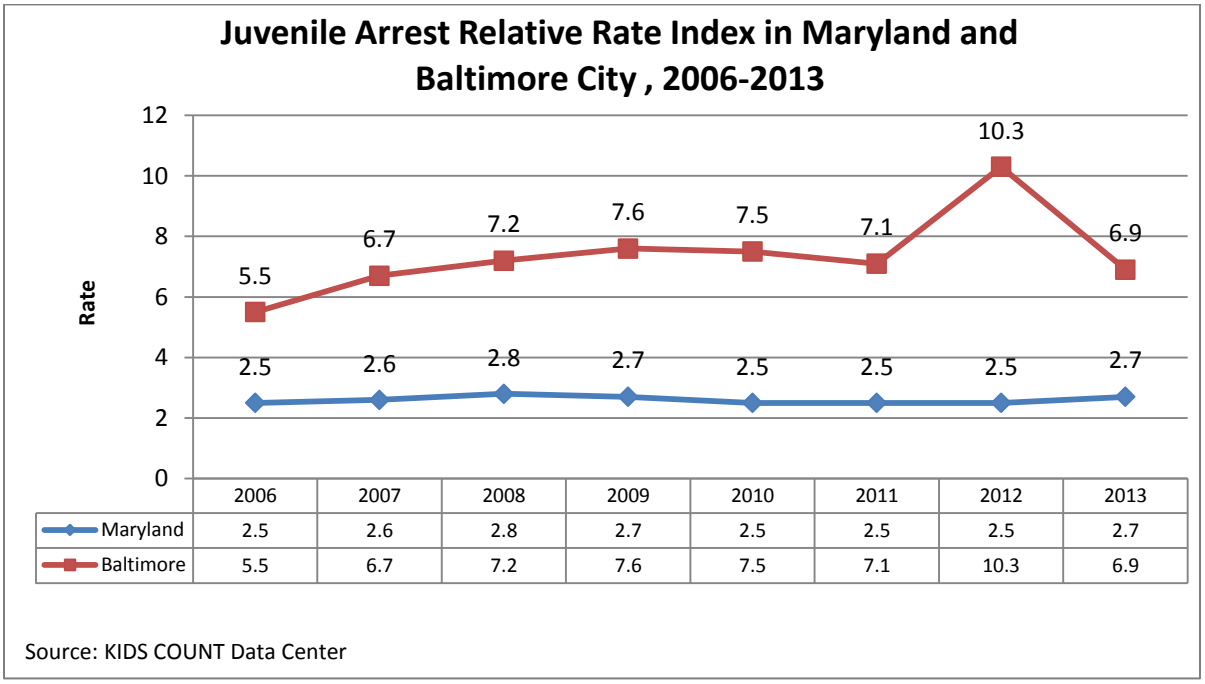
Despite a decrease in the percentage of individuals committed to a Maryland Correctional Facility from Baltimore City, 3,534 Baltimore City residents were committed, representing more than 47% of all Maryland individuals committed in FY 13.

[10] Justice Policy Institute, Baltimore Behind Bars, June 2010



Source: Maryland Department of Correction Annual Reports, FY 07-FY 13

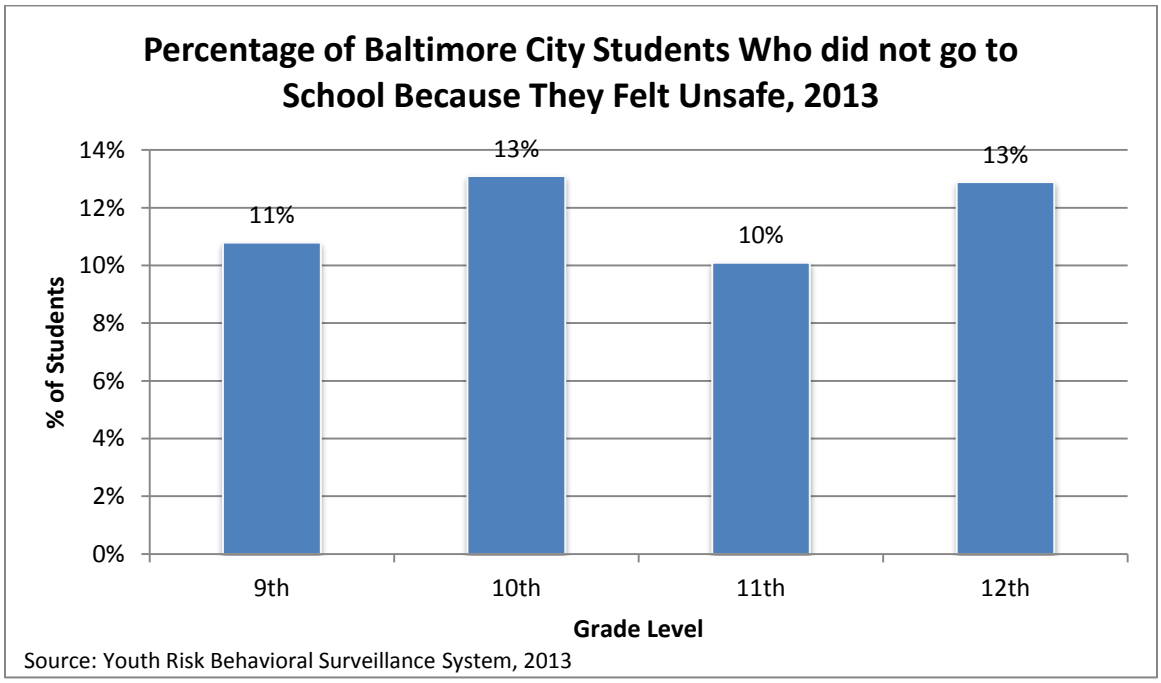
There is a gap between the rates of arrest of White and Black youth in Baltimore City.



	2006	2007	2008	2009	2010	2011	2012	2013
Maryland	2.5	2.6	2.8	2.7	2.5	2.5	2.5	2.7
Baltimore	5.5	6.7	7.2	7.6	7.5	7.1	10.3	6.9

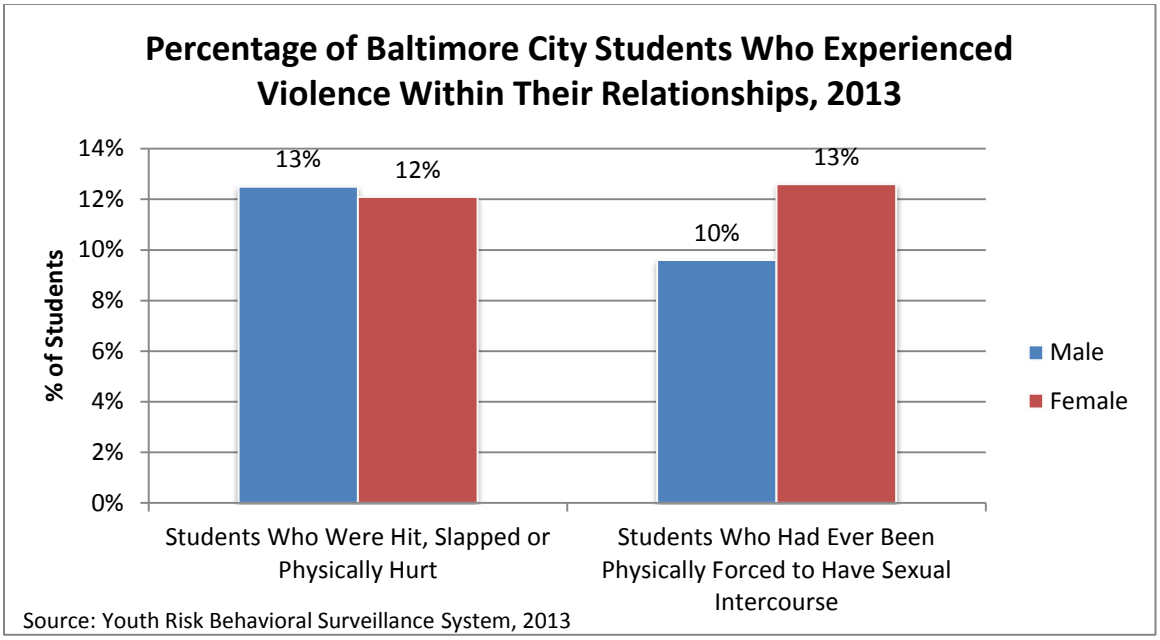
Source: KIDS COUNT Data Center

In 2013, 13% of Baltimore City students did not go to school at least one day prior to the survey because they felt unsafe.



Abuse in dating relationships among teens is common. National estimates found that 12% of all teens experienced physical abuse by their partners.[11] In 2013, the YRBSS reported that over 12% of Baltimore City teens were "hit, slapped, or physically hurt by their boyfriend or girlfriend." The percentage of students who reported ever having been physically forced to have sexual intercourse increased from 8% in 2007 to 13% in 2013.

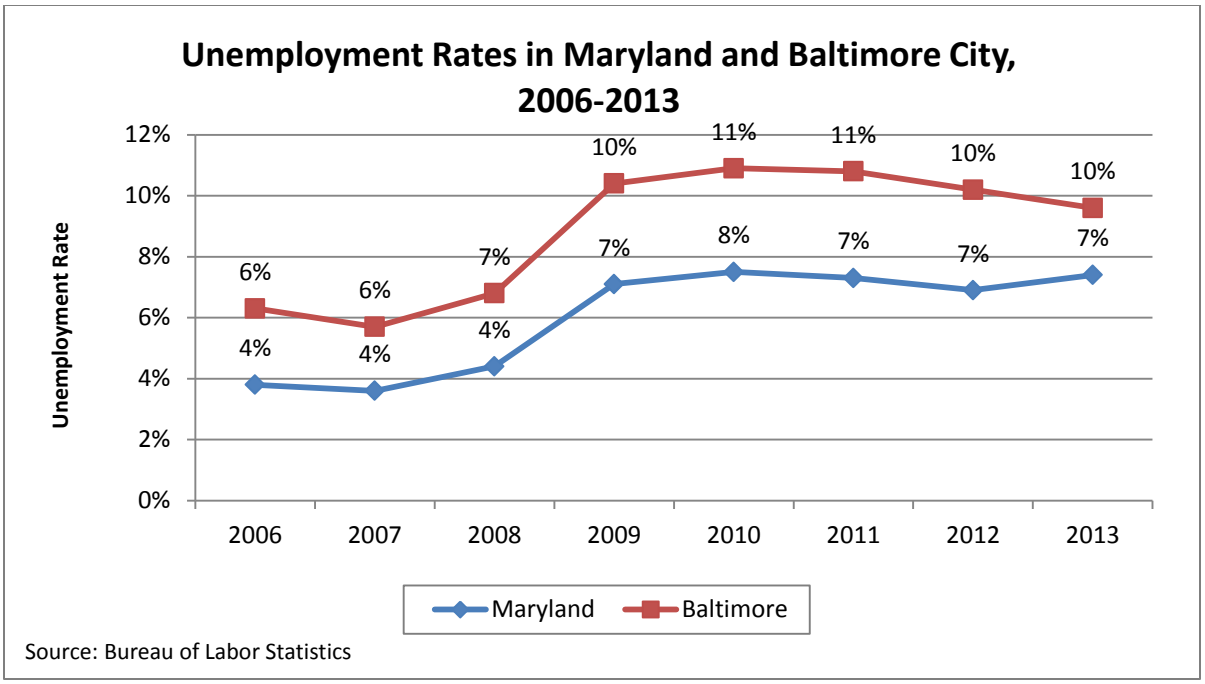
[11] Halpern CT, et al. (2001). Partner violence among adolescents in opposite-sex romantic relationships: Findings from the national longitudinal study of adolescent health. American Journal of Public Health, 91(10): 1679–1685.



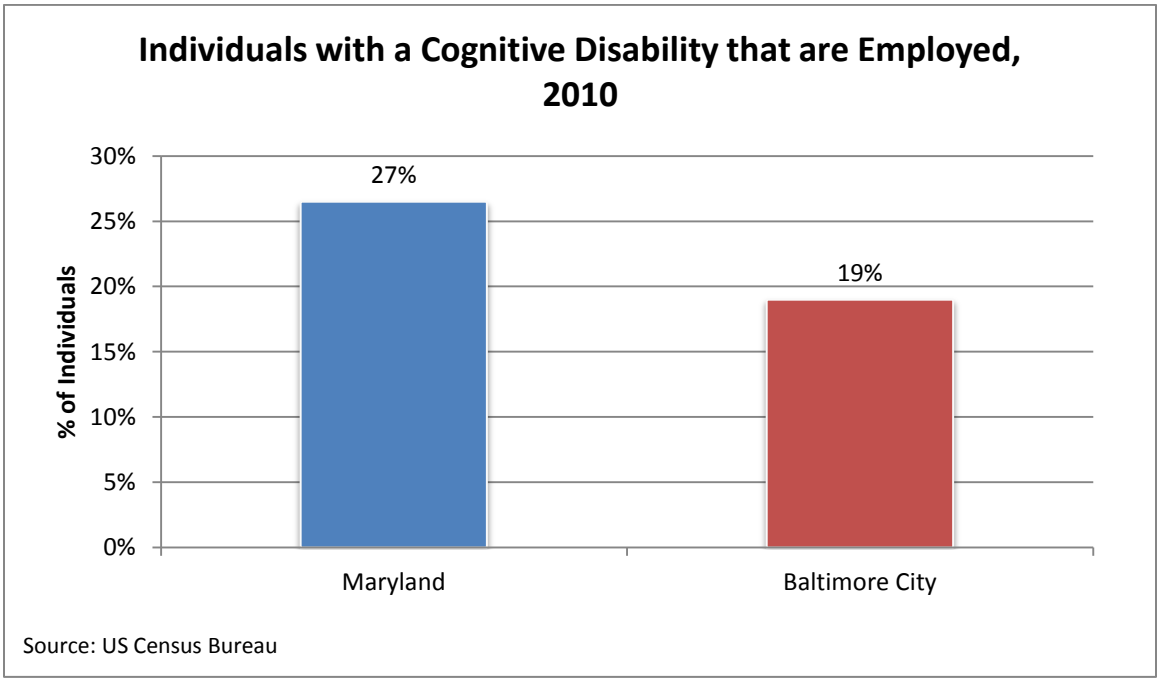
EMPLOYMENT

Baltimore City's unemployment rate is higher than Maryland's. Like most cities and states throughout the country, Baltimore City and Maryland unemployment rates have drastically increased since 2008, with a 60% increase in Baltimore City and 70% increase in Maryland.

Annual Average Unemployment Rates, 2013	
Area	**Rate**
United States	7.4%
Maryland	6.6%
Baltimore City	9.6%

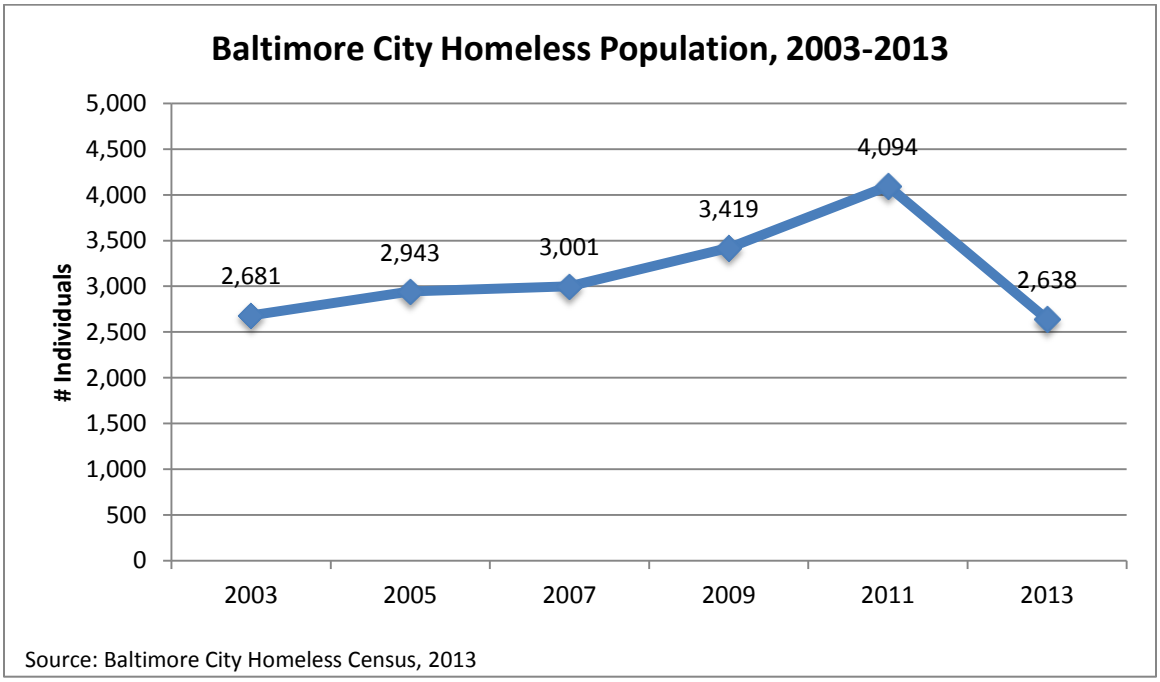


In 2010, the employment rate of individuals with a cognitive disability was one out of five employed in Baltimore compared to one out of four employed in the State. The difference between State and City rates was reduced by half since 2007, when the rates were 33% and 17%, respectively.



HOMELESSNESS

Homelessness is a persistent and growing problem in Baltimore City. In 2013, the Baltimore City Homeless Census identified 2,638 homeless individuals, representing. However, it is difficult to accurately count the number of homeless individuals, and data on the number are thought to be underestimates.



Source: Baltimore City Homeless Census, 2013

HOUSING

Lack of access to safe and affordable housing is a significant obstacle to the recovery of individuals with behavioral health disorders.

Characteristics of Baltimore City Housing		
	2010	**% Change from 2009**
Total housing units	296,584	9.1%
Occupied units	237,860	1.3%
Vacant units	58,724	-1.8%
Vacancy rates		
Homeowner	5.3%	0.1%
Rental	7.5%	4.2%
Gross monthly rent		
Less than $500	26,085	29.2%
$500 - $749	21,498	10.8%
More than $750	77,881	7.9%

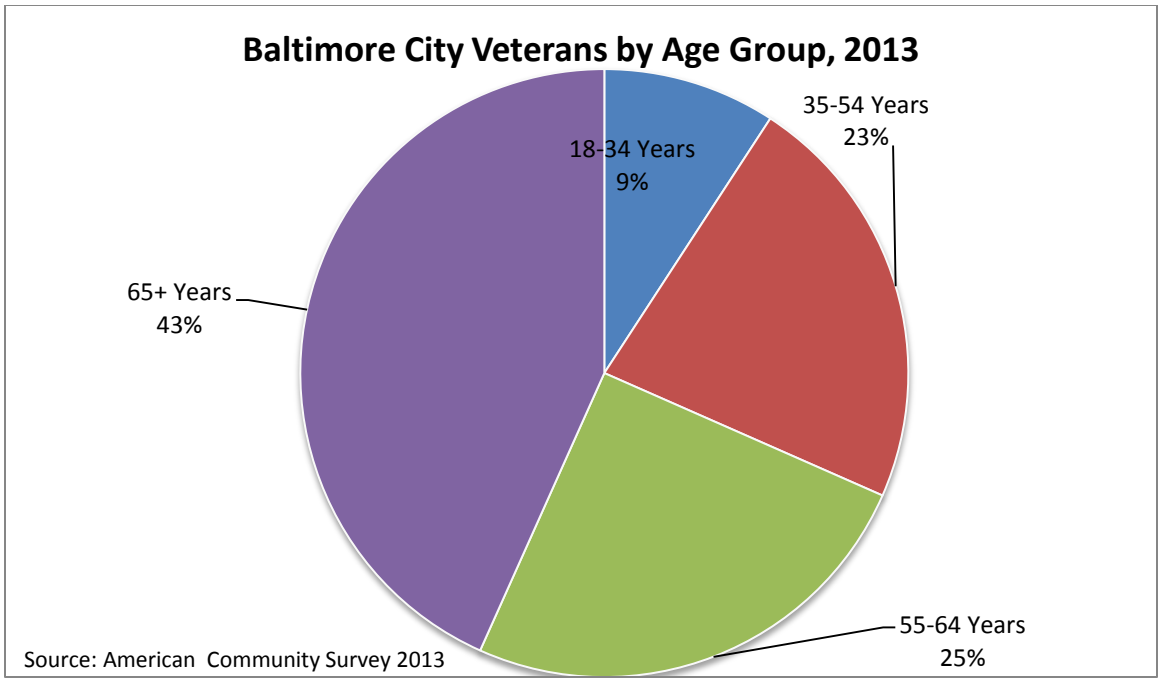
The supply of adequate housing has also been additionally affected by the national housing crisis, with one out of every 1,601 houses in Baltimore City in foreclosure as of October of 2011.[12]

The cost of housing relative to income is a barrier. According to the 2010 American Community Survey, 32% of those with a mental disability live below the poverty level.[13] According to the Census American Community Survey for 2013, the median monthly housing cost for renter-occupied units in Baltimore City was $917, a $43 dollar increase over the past 3 years. Additionally, 47% of renters in the City were spending more than 35% of their income on rent and utilities, down from 51% in 2009.

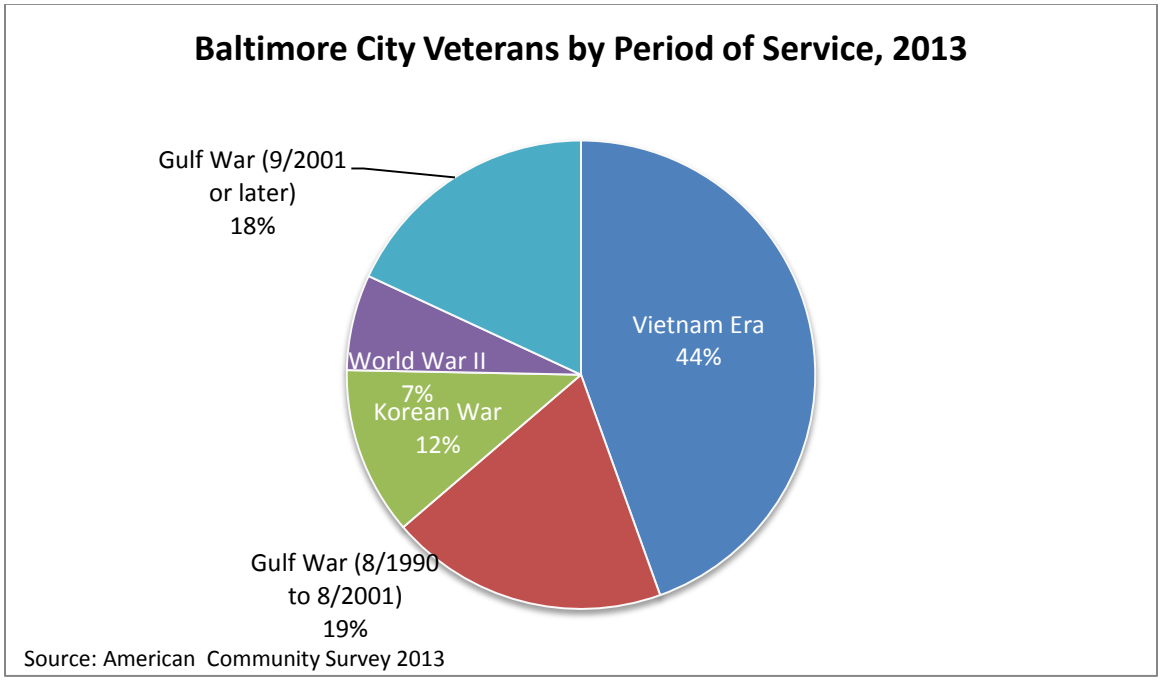
VETERANS AND WAR RETURNEES

Mental health needs are prevalent in veterans and war returnees[14]. The US Department of Veterans Affairs estimates that there are 30,530 veterans in Baltimore City, representing 7.6% of all veterans in Maryland. Males represent 90% of Baltimore City veterans. Adults aged 35-64 represent 48% of the City's veteran population.

[12] RealtyTrac.com.
[13] American Community Survey, 2010
[14] War returnee refers to any personnel returning from war zones, regardless of military status, including civilian personnel.

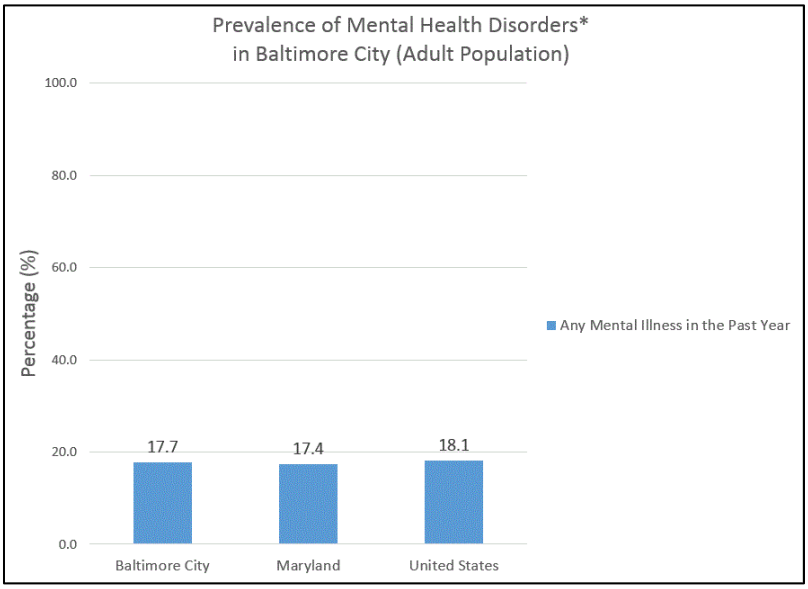


The majority (45%) of veterans served in the Vietnam War.



Prevalence of Mental Illness and Substance Use

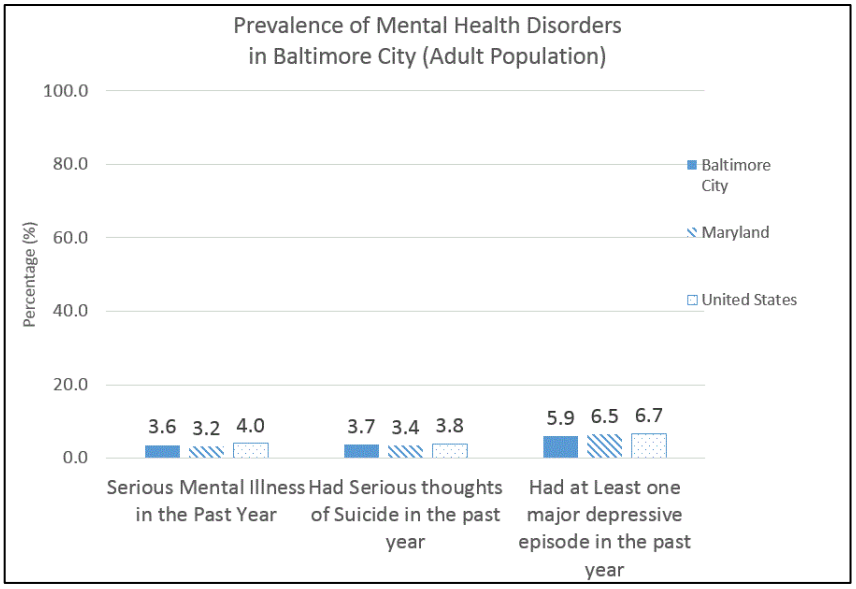
Although the rate of any mental illness in the past year in Baltimore City was slightly higher than the state rate it remains below the national rate (18.1%).



*Any Mental Illness (AMI) is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder, which met the criteria found in the 4th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV).

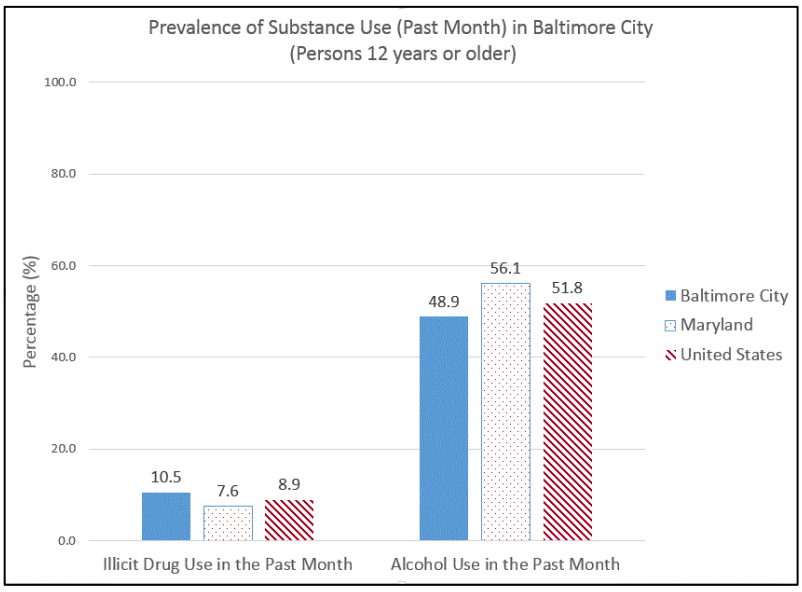
SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2010, 2011, and 2012 (2010 Data - Revised March 2012). (Substate Estimates of Substance Use and Mental Disorders).

The highest rates of mental illness were for individuals who had at least one major depressive episode in the last year with Baltimore City having a rate just below the state and nation-wide rates. The Baltimore City rates for serious mental illness and those who had serious thoughts of suicide were slightly above the rates for the state but neither surpassed the national rate of 4.0%.



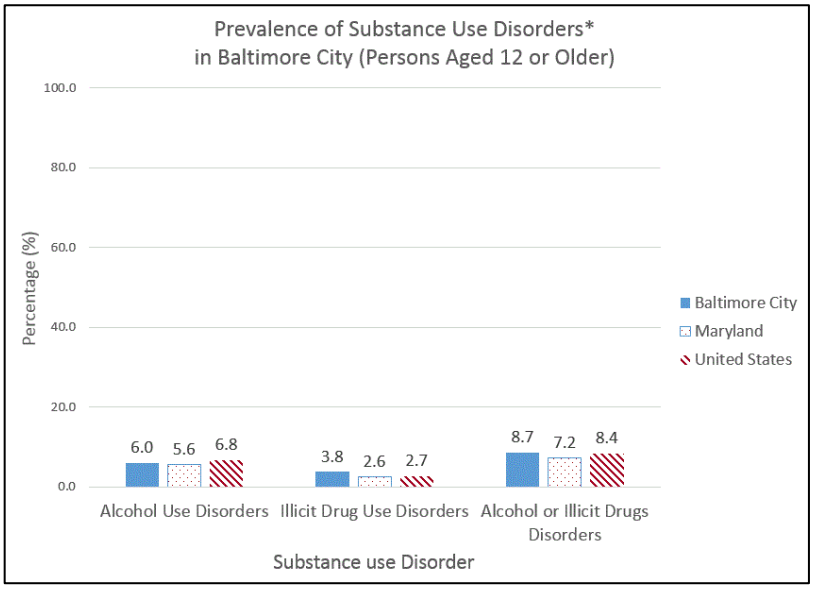
SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2010, 2011, and 2012 (2010 Data - Revised March 2012). (Substate Estimates of Substance Use and Mental Disorders).

The rates of alcohol use are significantly higher than the rates of illicit drug use. However Baltimore City surpasses the state and national rates for illicit drug use, but does not for alcohol use.



SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2010, 2011, and 2012 (2010 Data - Revised March 2012). (Substate Estimates of Substance Use and Mental Disorders).

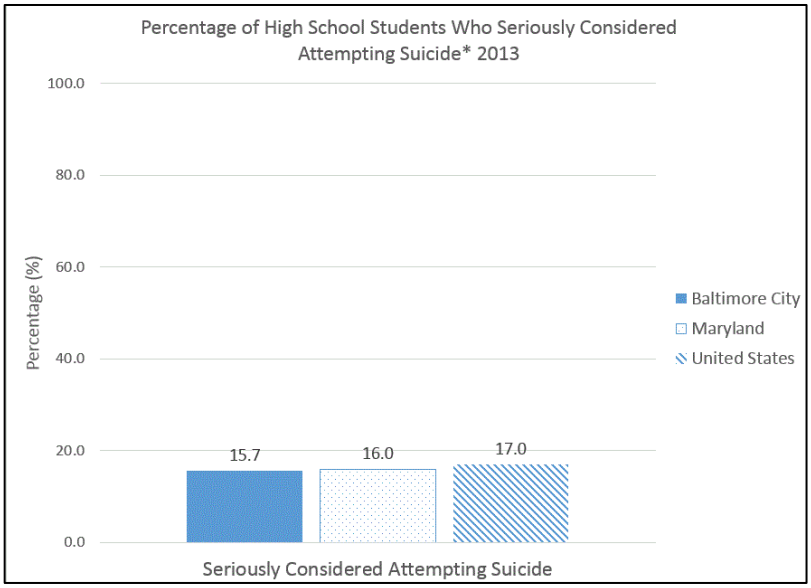
The prevalence of those with alcohol or illicit drug disorders in Baltimore City (8.7%) was higher than both the state and national rates. The rate of alcohol use disorders in Baltimore City (6.0%) was greater than the state-wide rate (5.6%) but both Baltimore City and Maryland rates were below the national rate (6.8%). However, the rate of illicit drug use disorders in Baltimore City (3.8%) was greater than the state (2.6%) and national rates (2.7%).



*Substance Use Disorder (either Alcohol and/or Illicit Drugs) includes the concepts of Dependence or Abuse. Dependence or Abuse is based on definitions found in the 4th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV).

SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2010, 2011, and 2012 (2010 Data - Revised March 2012). (Substate Estimates of Substance Use and Mental Disorders).

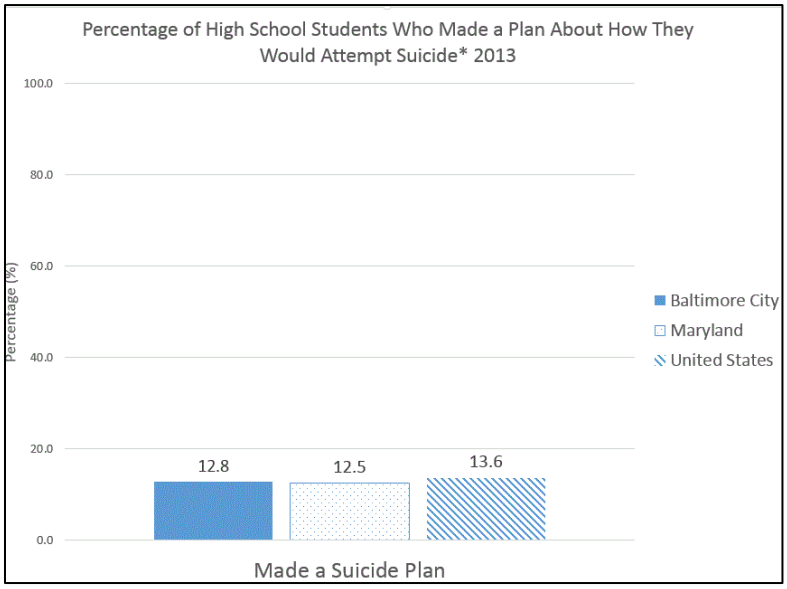
The percentage of high school students who seriously considered attempting suicide in Baltimore City was lower than both the state and national rates.



*During the 12 months before the survey

2013 Maryland Youth Risk Behavior Survey Report and Youth Risk Behavior Survey, 2013. Note: 109 students were excluded from this analysis

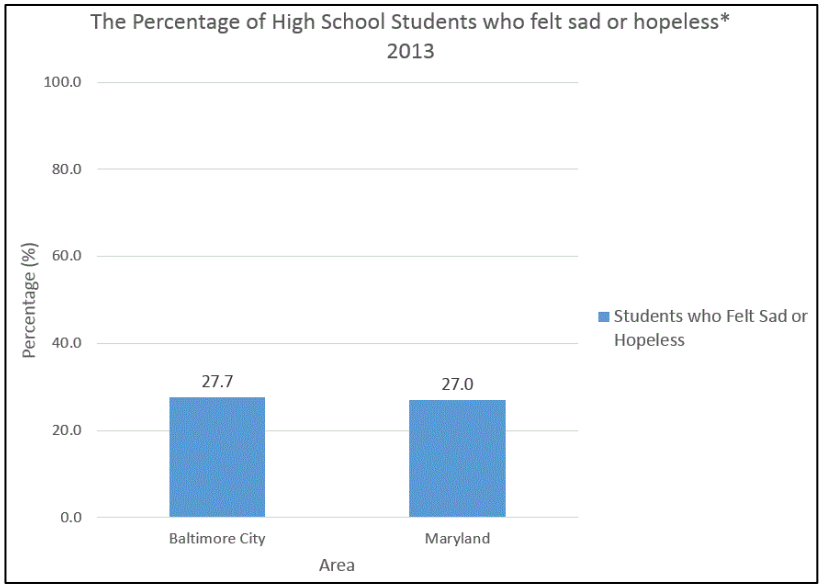
The percentage of high school students who made a plan about how they would attempt suicide was lower in Baltimore City and Maryland than the nation.



*During the 12 months before the survey

2013 Maryland Youth Risk Behavior Survey Report and Youth Risk Behavior Survey, 2013. Note: 115 students were excluded from this analysis

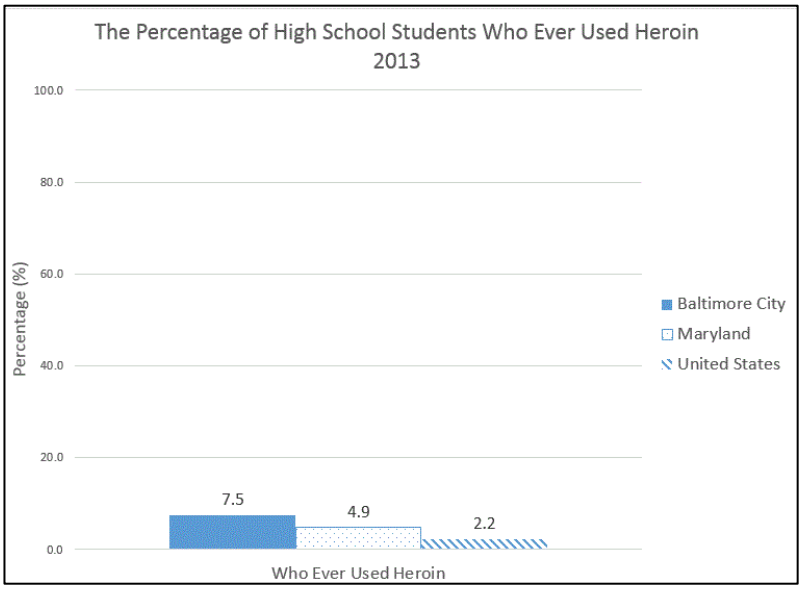
A large percentage of high school students reported feeling sad or hopeless in the last 12 months.



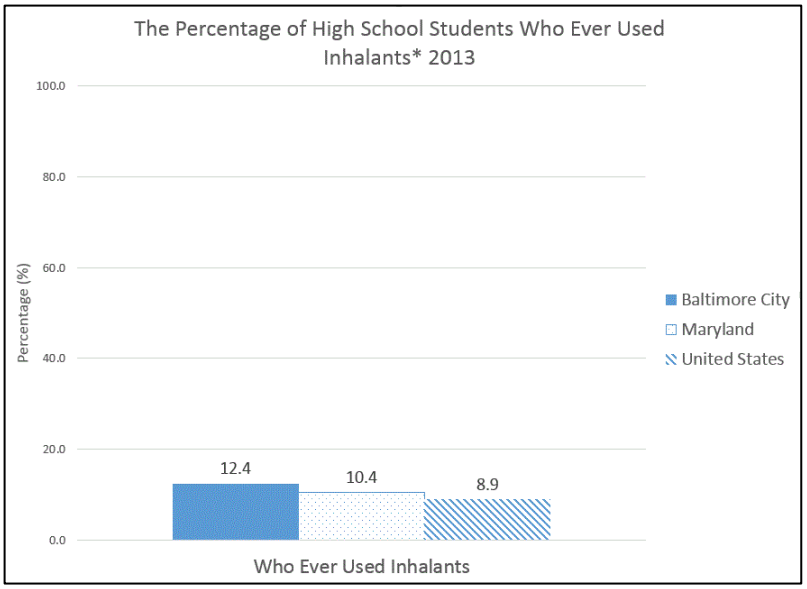
*During the 12 months before the survey, almost every day for 2 or more weeks in a row so that they stopped doing some usual activities

2013 Maryland Youth Risk Behavior Survey Report and Youth Risk Behavior Survey, 2013. Note: 161 students were excluded from this analysis

The next five charts demonstrate that a large percentage of high school students use drugs and alcohol with the rate of use being higher in Baltimore City than in Maryland and the United States for everything except alcohol. The percentage of high school students who ever used heroin is 2.6% higher than Maryland students and 5.3% higher than the national average.

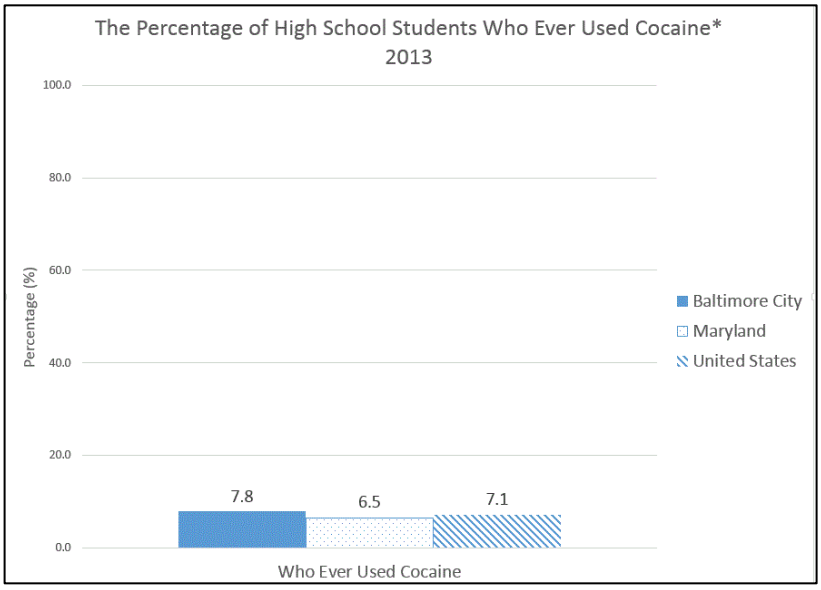


2013 Maryland Youth Risk Behavior Survey Report and Youth Risk Behavior Survey, 2013. Note: 257 students were excluded from this analysis, 2013 Maryland Youth Risk Behavior Survey Report.



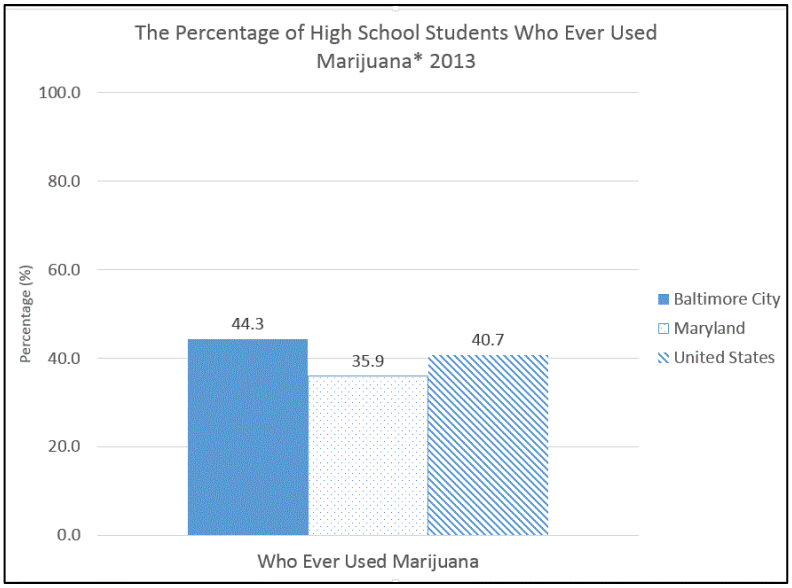
*Sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high one or more times during their life

2013 Maryland Youth Risk Behavior Survey Report and Youth Risk Behavior Survey, 2013. Note: 229 students were excluded from this analysis



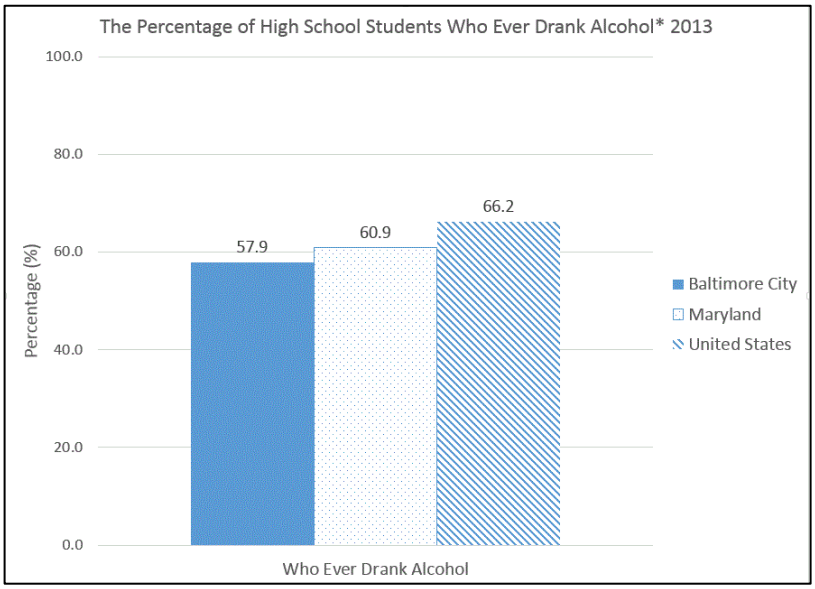
*Used any form of cocaine (e.g. powder, crack, or a freebase one or more times during their life

2013 Maryland Youth Risk Behavior Survey Report and Youth Risk Behavior Survey, 2013. Note: 216 students were excluded from this analysis



*One or more times during their life

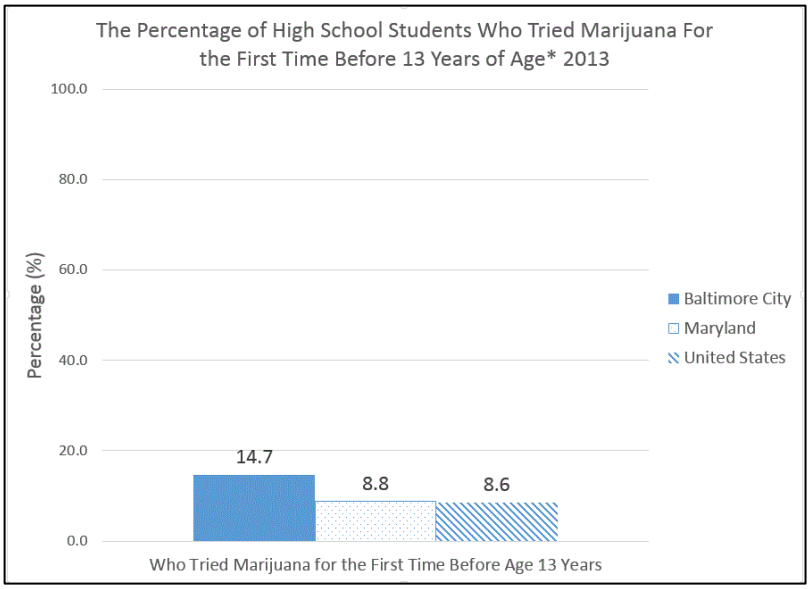
2013 Maryland Youth Risk Behavior Survey Report and Youth Risk Behavior Survey, 2013. Note: 399 students were excluded from this analysis



*Had at least one drink of alcohol on at least 1 day during their life

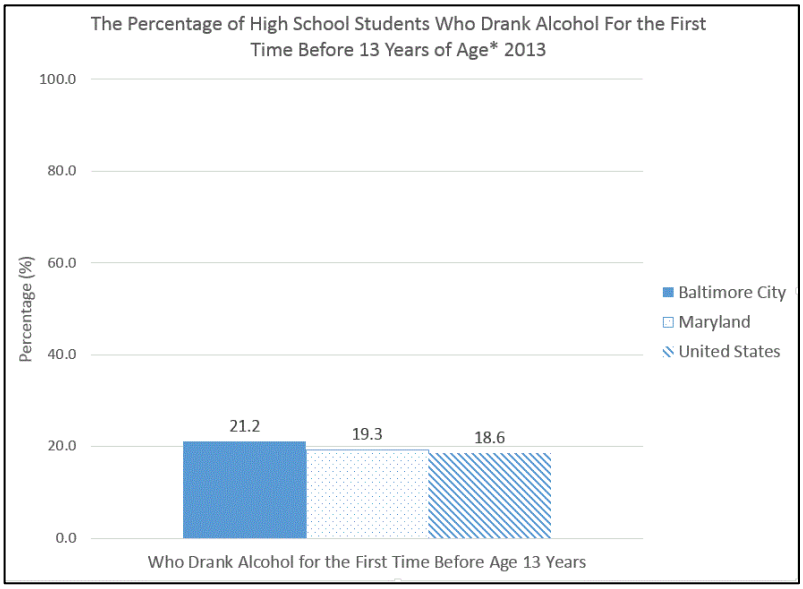
2013 Maryland Youth Risk Behavior Survey Report and Youth Risk Behavior Survey, 2013. Note: 325 students were excluded from this analysis

The next two charts document that a large percentage of youth began using marijuana or alcohol before the age of 13, again with the rate of use being higher for Baltimore City than Maryland or the United States.



*One or more times during their life

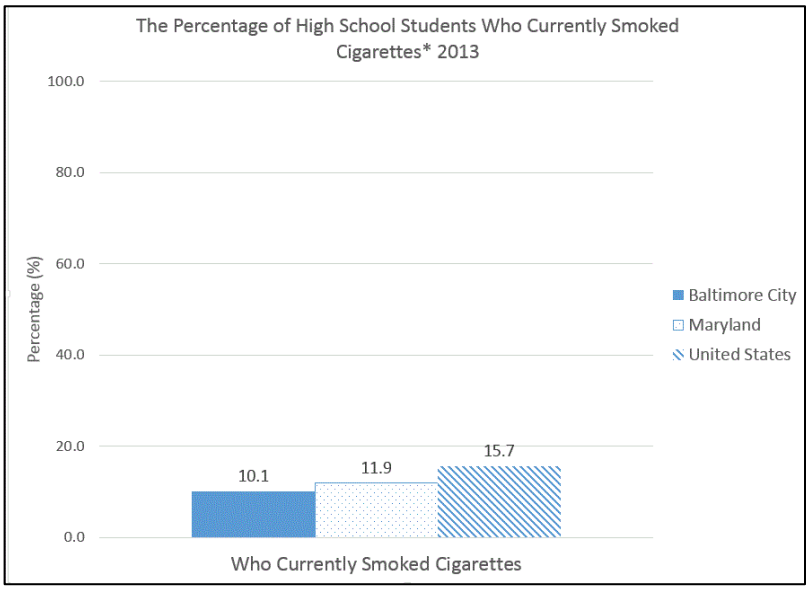
2013 Maryland Youth Risk Behavior Survey Report and Youth Risk Behavior Survey, 2013. Note: 354 students were excluded from this analysis



*Had at least one drink of alcohol on at least 1 day during their life

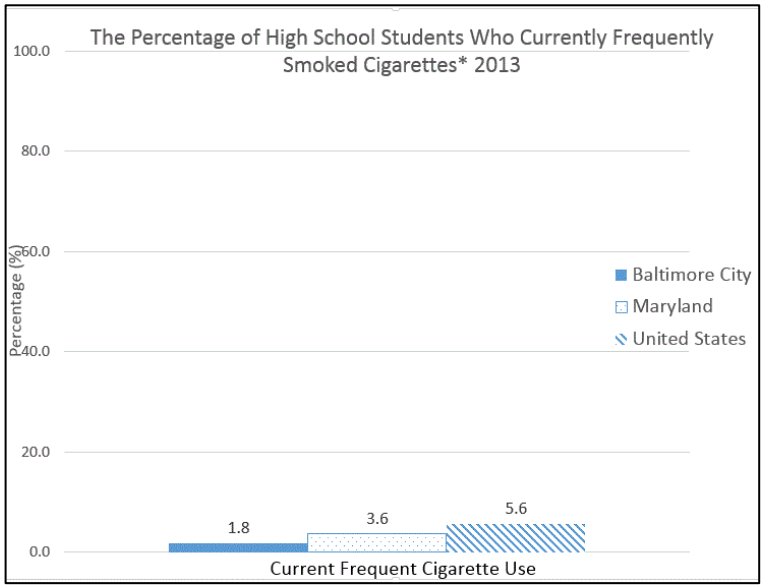
2013 Maryland Youth Risk Behavior Survey Report and Youth Risk Behavior Survey, 2013. Note: 208 students were excluded from this analysis

The next three graphs document that Baltimore City youth smoke cigarettes less frequently when compared to Maryland as a whole or the United States.



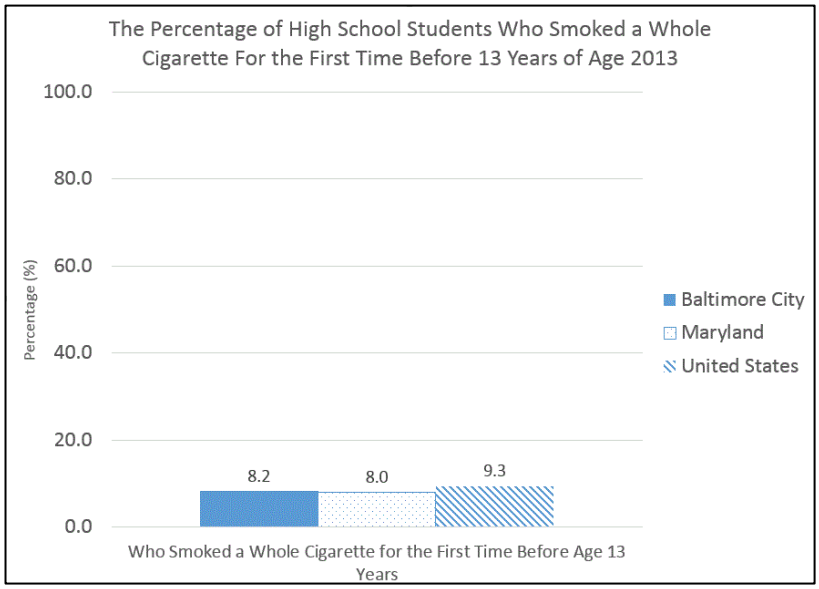
*On at least 1 day during the 30 days before the survey

2013 Maryland Youth Risk Behavior Survey Report and Youth Risk Behavior Survey, 2013. Note: 255 students were excluded from this analysis, 2013 Maryland Youth Risk Behavior Survey Report.



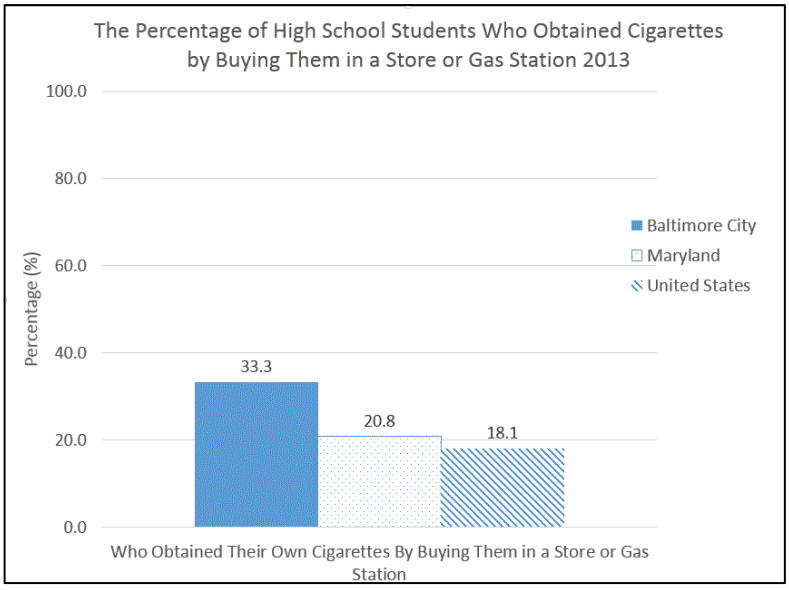
*Who smoked cigarettes on 20 or more of the past 30 days

2013 Maryland Youth Risk Behavior Survey Report and Youth Risk Behavior Survey, 2013. Note: 255 students were excluded from this analysis



2013 Maryland Youth Risk Behavior Survey Report and Youth Risk Behavior Survey, 2013. Note: 65 students were excluded from this analysis

Although Baltimore City youth smoke cigarettes less often, for those youth who do smoke, they are more likely to obtain their cigarettes in a store or gas station.



2013 Maryland Youth Risk Behavior Survey Report and Youth Risk Behavior Survey, 2013. Note: 2405 students were excluded from this analysis

Public Behavioral Health System Utilization

MENTAL HEALTH UTILIZATION

Unless otherwise specified, the data presented in this section of the report are mental health service utilization and Outcome Measurement System (OMS) data collected by the Administrative Services Organization (ASO) for Maryland's fee-for-service Public Behavioral Health System (PBHS), which is currently ValueOptions (VO). The mental health utilization data describe the use of mental health services and associated expenditures for children and adults in FY 14, and the OMS data describe point-in-time outcomes of various dimensions of wellness from the most recent observation for each consumer in FY 14. Data reports were run through September 30, 2014 (three months after the end of FY 14). Substance use disorder service utilization data was not available from the ASO for FY 14.

As in previous years, the most recent data reported (FY 14) is incomplete, as claims may be submitted up to 12 months after the date of service delivery. Therefore, the data for FY 14 does not reflect all of the claims for services rendered to Baltimore City individuals, while the data for previous years, to which it is being compared, represents 100% of claims for those years. This needs to be kept in mind when comparing FY 14 data to FY 13 and FY 12 data for trends. When comparisons with previous years show increases in FY 14, it is likely that the actual increase is somewhat greater. Conversely, decreases in FY 14 compared to previous years will be somewhat offset by the missing claims data. This artifact of the PBHS is more pronounced for expenditures and service data and less for numbers of consumers served, since the majority of consumers served have a severe mental illness or emotional disorder and receive services for a significant duration.

This is the fourth year that OMS data is included in this document. The OMS data is gathered through interviews with individuals, ages 6-64, who are receiving outpatient mental health treatment services. Interviews are conducted at the commencement of treatment and then every six months in licensed outpatient mental health clinics, federally qualified health centers, and hospital-based clinics. Consumers, who are Medicare recipients, or dual recipients of Medicaid and Medicare, are not included.

The mental health service utilization tables present summary data from the past three fiscal years for Baltimore City and the past fiscal year for Maryland. It should be noted that previously reported data for the three fiscal years prior to FY 14 has been updated to include claims that were paid after September 30th following the respective fiscal year and may, therefore, differ from data reported in previous BHS Baltimore annual reports. The OMS data tables compare outcomes for Baltimore City and the State for FY 14 only.

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

Overall, there are several striking observations from the FY 14 data on mental health service utilization in the PBHS:

- The mental health system continues to expand in terms of the number of individuals served (7% over the last three years to 48,768).
- There has been a continued increase in Medicaid consumers, 4% from FY 13 to FY 14, and 8% over the last three years.
- There was a 15% decrease in uninsured individuals served from FY 13 to FY 14.
- The number of consumers utilizing inpatient treatment increased 16% from FY 13, while the expenditures remained relatively steady at $56.7 million.

Consumers Served

While Baltimore City represents 11% of the State's population, it represents 30% of those who utilized the PBHS in FY 14. During the past three fiscal years, the number of City residents served has increased by 7% which can be largely attributed to an increase in service utilization by adults (22-64 years) of 12%, followed by the elderly (65 and older) with an increase of 8%, and children (6-12 years) with an increase of 4%.

Expenditures

Total expenditures of $243,887,098 for Baltimore City account for 33% of the State's total expenditures on public mental health services in FY 14. Expenditures for the City increased by 6% in the last fiscal year.

The average cost per person increased for all ages groups except the elderly which decreased slightly by 1%. The largest increase in the average cost person was for young children (0-5 years) with an increase of 22% followed by an increase of 19% for children (6-12 years). The increase of over $14 million in PBHS expenditures in Baltimore City is largely due to increases associated with the following types: outpatient ($9.1 million), psychiatric rehabilitation ($4 million), and mobile treatment ($1.1 million). It is important to note that inpatient expenditures remained relatively steady from FY 13 to FY 14 while the number of consumers served increased by 16%.

Insurance Coverage

The main source of health insurance coverage for public mental health services is Medicaid, including Medicaid State-funded.[15] Most noteworthy is the continued expansion of service to individuals with Medicaid, which has increased by 8% over the last three years and 4% in the last year. There has also been a corresponding decrease in the number of uninsured consumers served: 8% over the past three years and 15% in the last year alone.

Between FY 13 and FY 14, Medicaid expenditures increased by 6% and Medicaid State-funded by 11%, while uninsured expenditures decreased by 6%. It is notable that while the number of Medicaid State-funded individuals served decreased by 5%, the expenditures in this category increased by 11%.

The following tables present overall data for Baltimore City and the State of Maryland. It should be noted that statewide data include data from Baltimore City, which, as previously stated, comprise about a third of all consumers served in Maryland and more than a third of State expenditures. In addition, the tables that follow were required by Maryland's Behavioral Health Administration (BHA) for inclusion in the Annual Report and were submitted to the Behavioral Health Administration on January 30, 2015.

[15] Medicaid State-funded expenditures are state-only funds (versus those with a federal match) for State programs such as Primary Adult Care (PAC) for individuals who are eligible based on certain income and assets criteria.

BALTIMORE CITY PUBLIC MENTAL HEALTH SYSTEM UTILIZATION FY 14

	Persons Served By Age				
	FY2012	FY 2013	% Change	FY 2014	% Change
Early Child (0-5)	2,343	2,372	1.2%	2,225	-6.2%
Child (6-12)	8,559	8,829	3.2%	8,871	0.5%
Adolescent (13-17)	5,794	5,840	0.8%	5,684	-2.7%
Transitional (18-21)	2,756	2,793	1.3%	2,607	-6.7%
Adult (22 to 64)	25,785	27,197	5.5%	28,931	6.4%
Elderly (65 and over)	418	427	2.2%	450	5.4%
TOTAL	**45,655**	**47,458**	**3.9%**	**48,768**	**2.8%**

**Based on claims paid through September 30, 2014*

	Persons Served By Service Type				
	FY2012	FY 2013	% Change	FY 2014	% Change
Case Management	1,124	1,250	11.2%	1,266	1.3%
Crisis	607	632	4.1%	678	7.3%
Inpatient	3,231	3,146	-2.6%	3,644	15.8%
Mobile Treatment	1,005	1,074	6.9%	1,189	10.7%
Outpatient	43,096	44,897	4.2%	46,179	2.9%
Partial Hospitalization	762	666	-12.6%	703	5.6%
Psychiatric Rehabilitation	7,899	8,444	6.9%	8,903	5.4%
Residential Rehabilitation	1,031	1,084	5.1%	1,095	1.0%
Residential Treatment	251	184	-26.7%	161	-12.5%
Respite Care	89	98	10.1%	65	-33.7%
Supported Employment	459	465	1.3%	482	3.7%
BMHS Capitation	310	312	0.6%	310	-0.6%
Emergency Petition	40	23	-42.5%	22	-4.3%
Purchase of Care	91	19	-79.1%	-	-100.0%
PRTF Waiver	45	27	-40.0%	8	-70.4%
TOTAL	**45,655**	**47,458**	**3.9%**	**48,768**	**2.8%**

**Based on claims paid through September 30, 2014*

Note: Totals represent unduplicated counts and may not equal the sum of the individual lines

	Persons Served				
	FY2012	FY 2013	% Change	FY 2014	% Change
Medicaid	43,229	44,964	3.9%	46,529	3.5%
Medicaid State Funded	4,863	5,476	11.2%	5,198	-5.1%
Uninsured	2,683	2,891	7.2%	2,459	-14.9%
TOTAL	**45,655**	**47,458**	**3.8%**	**48,768**	**2.8%**
Dually Diagnosed	**8,099**	**8,087**	**-0.1%**	**8,202**	**1.4%**

**Based on claims paid through September 30, 2014*

Note: Totals represent unduplicated counts and may not equal the sum of the individual lines

BALTIMORE CITY PUBLIC MENTAL HEALTH SYSTEM UTILIZATION FY 14

	Expenditures By Age				
	FY2012	**FY 2013**	**% Change**	**FY 2014**	**% Change**
Early Child (0-5)	$7,100,214	$7,538,191	6.2%	$7,081,200	-6.1%
Child (6-12)	$46,848,395	$48,019,932	2.5%	$47,009,591	-2.1%
Adolescent (13-17)	$39,042,147	$34,856,496	-10.7%	$35,614,543	2.2%
Transitional (18-21)	$10,720,017	$11,296,246	5.4%	$12,027,861	6.5%
Adult (22 to 64)	$125,966,737	$124,270,455	-1.3%	$138,393,989	11.4%
Elderly (65 and over)	$4,115,032	$3,541,558	-13.9%	$3,759,914	6.2%
TOTAL	**233,792,542**	**229,522,878**	**-1.8%**	**243,887,098**	**6.3%**

**Based on claims paid through September 30, 2014*

	Expenditures By Service Type				
	FY2012	**FY 2013**	**% Change**	**FY 2014**	**% Change**
Case Management	1,880,792	1,775,225	-5.6%	1,946,787	9.7%
Crisis	1,806,148	1,932,919	7.0%	2,282,602	18.1%
Inpatient	58,015,173	56,626,147	-2.4%	56,705,732	0.1%
Mobile Treatment	8,406,584	9,140,841	8.7%	10,250,888	12.1%
Outpatient	96,411,174	97,082,227	0.7%	106,226,902	9.4%
Partial Hospitalization	3,436,041	3,555,426	3.5%	3,278,458	-7.8%
Psychiatric Rehabilitation	39,162,351	38,052,599	-2.8%	42,145,529	10.8%
Residential Rehabilitation	1,646,359	1,596,901	-3.0%	1,640,940	2.8%
Residential Treatment	13,259,936	10,744,424	-19.0%	10,452,504	-2.7%
Respite Care	167,553	176,731	5.5%	106,944	-39.5%
Supported Employment	758,453	824,898	8.8%	781,342	-5.3%
BMHS Capitation	8,044,524	7,906,278	-1.7%	8,056,417	1.9%
Emergency Petition	29,185	16,702	-42.8%	9,555	-42.8%
Purchase of Care	700,073	73,801	-89.5%	0	-100.0%
PRTF Waiver	68,195	17,758	-74.0%	2,500	-85.9%
TOTAL	**$233,792,542**	**$229,522,878**	**-1.8%**	**$243,887,098**	**6.3%**

**Based on claims paid through September 30, 2014*

Note: Totals represent unduplicated counts and may not equal the sum of the individual lines

	Expenditures				
	FY2012	**FY 2013**	**% Change**	**FY 2014**	**% Change**
Medicaid	218,416,644	$215,055,242	-1.5%	228,507,032	6.3%
Medicaid State Funded	11,098,808	$10,571,703	-4.7%	11,701,934	10.7%
Uninsured	4,277,089	$3,895,932	-8.9%	3,678,131	-5.6%
TOTAL	**$233,792,542**	**$229,522,878**	**-1.8%**	**$243,887,098**	**6.3%**
Dually Diagnosed	**$70,135,246**	**$66,476,070**	**-5.2%**	**$72,600,538**	**9.2%**

**Based on claims paid through September 30, 2014*

Note: Totals represent unduplicated counts and may not equal the sum of the individual lines

BALTIMORE CITY PUBLIC MENTAL HEALTH SYSTEM UTILIZATION FY 14

	Persons Served: Child / Adolescent (Age 0 – 17 Years)				
	FY2012	FY 2013	% Change	FY 2014	% Change
Case Management	82	122	48.8%	103	-15.6%
Crisis	2	3	50.0%	1	-66.7%
Inpatient	893	857	-4.0%	791	-7.7%
Mobile Treatment	109	111	1.8%	126	13.5%
Outpatient	16,305	16,667	2.2%	16,371	-1.8%
Partial Hospitalization	441	428	-2.9%	373	-12.9%
Psychiatric Rehabilitation	3,631	4,096	12.8%	4,290	4.7%
Residential Rehabilitation	3	3	0.0%	1	-66.7%
Residential Treatment	239	173	-27.6%	149	-13.9%
Respite Care	88	97	10.2%	64	-34.0%
Supported Employment	3	0	-100.0%	0	0.0%
BMHS Capitation	0	0	0.0%	0	0.0%
Emergency Petition	0	0	0.0%	0	0.0%
Purchase of Care	5	0	-100.0%	0	0.0%
PRTF Waiver	40	26	-35.0%	7	-73.1%
TOTAL	**16,696**	**17,041**	2.1%	**16,780**	-1.5%

**Based on claims paid through September 30, 2014*

Note: Totals represent unduplicated counts and may not equal the sum of the individual lines

	Expenditures: Child / Adolescent (Age 0 – 17 Years)				
	FY2012	FY 2013	% Change	FY 2014	% Change
Case Management	$150,885	$195,949	29.9%	$219,387	12.0%
Crisis	$3,415	$5,624	64.7%	$2,019	-64.1%
Inpatient	$17,703,443	$17,089,978	-3.5%	$13,123,203	-23.2%
Mobile Treatment	$672,929	$787,359	17.0%	$876,387	11.3%
Outpatient	$49,109,023	$48,900,817	-0.4%	$51,357,581	5.0%
Partial Hospitalization	$2,159,935	$2,260,404	4.7%	$1,933,686	-14.5%
Psychiatric Rehabilitation	$10,135,860	$10,633,753	4.9%	$11,954,624	12.4%
Residential Rehabilitation	$402	$281	-30.1%	$101	-64.1%
Residential Treatment	$12,818,692	$10,347,416	-19.3%	$10,129,231	-2.1%
Respite Care	$166,529	$175,699	5.5%	$106,868	-39.2%
Supported Employment	$1,248	$0	-100.0%	$0	0.0%
BMHS Capitation	$0	$0	0.0%	$0	0.0%
Emergency Petition	$0	$0	0.0%	$0	0.0%
Purchase of Care	$12,216	$0	-100.0%	$0	0.0%
PRTF Waiver	$56,177	$17,340	-69.1%	$2,250	-87.0%
TOTAL	**$92,990,756**	**$90,414,619**	**-2.8%**	**$89,705,334**	**-0.8%**

**Based on claims paid through September 30, 2014*
Note: Totals represent unduplicated counts and may not equal the sum of the individual lines

BALTIMORE CITY PUBLIC MENTAL HEALTH SYSTEM UTILIZATION FY 14

	Persons Served: Adult (Age 18+ Years)				
	FY2012	**FY 2013**	**% Change**	**FY 2014**	**% Change**
Case Management	1,042	1,128	8.3%	1,163	3.1%
Crisis	605	629	4.0%	677	7.6%
Inpatient	2,338	2,289	-2.1%	2,853	24.6%
Mobile Treatment	896	963	7.5%	1,063	10.4%
Outpatient	26,791	28,230	5.4%	29,808	5.6%
Partial Hospitalization	321	238	-25.9%	330	38.7%
Psychiatric Rehabilitation	4,268	4,348	1.9%	4,613	6.1%
Residential Rehabilitation	1,028	1,081	5.2%	1,094	1.2%
Residential Treatment	12	11	-8.3%	12	9.1%
Respite Care	1	1	0.0%	1	0.0%
Supported Employment	456	465	2.0%	482	3.7%
BMHS Capitation	310	312	0.6%	310	-0.6%
Emergency Petition	40	23	-42.5%	22	-4.3%
Purchase of Care	86	19	-77.9%	0	-100.0%
PRTF Waiver	5	1	-80.0%	1	0.0%
****TOTAL**	**28,959**	**30,417**	**5.0%**	**31,988**	**5.2%**

**Based on claims paid through September 30, 2014*
Note: Totals represent unduplicated counts and may not equal the sum of the individual lines

	Expenditures: Adult (Age 18+ Years)				
	FY2012	**FY 2013**	**% Change**	**FY 2014**	**% Change**
Case Management	$1,729,907	$1,579,276	-8.7%	1,727,400	9.4%
Crisis	$1,802,732	$1,927,295	6.9%	2,280,584	18.3%
Inpatient	$40,311,729	$39,536,169	-1.9%	43,582,528	10.2%
Mobile Treatment	$7,733,656	$8,353,483	8.0%	9,374,502	12.2%
Outpatient	$47,302,151	$48,181,409	1.9%	54,869,321	13.9%
Partial Hospitalization	$1,276,105	$1,295,022	1.5%	1,344,772	3.8%
Psychiatric Rehabilitation	$29,026,493	$27,418,845	-5.5%	30,190,905	10.1%
Residential Rehabilitation	$1,645,956	$1,596,621	-3.0%	1,640,839	2.8%
Residential Treatment	$441,243	$397,008	-10.0%	323,274	-18.6%
Respite Care	$1,023	$1,032	0.9%	76	-92.6%
Supported Employment	$757,204	$824,898	8.9%	781,342	-5.3%
BMHS Capitation	$8,044,524	$7,906,278	-1.7%	8,056,417	1.9%
Emergency Petition	$29,185	$16,702	-42.8%	9,555	-42.8%
Purchase of Care	$687,857	$73,801	-89.3%	0	-100.0%
PRTF Waiver	$12,018	$419	-96.5%	250	-40.3%
****TOTAL**	**$140,801,786**	**$139,108,259**	**-1.2%**	**$154,181,764**	10.8%

**Based on claims paid through September 30, 2014*
Note: Totals represent unduplicated counts and may not equal the sum of the individual lines

BALTIMORE CITY PUBLIC MENTAL HEALTH SYSTEM UTILIZATION FY 14

	State and County Comparisons Persons Served			
	STATE*		COUNTY	
Age	**Number**	**Per Cent**	**Number**	**Per Cent**
Early Child	7,099	4.3%	2,225	4.6%
Child	30,960	18.9%	8,871	18.2%
Adolescent	22,424	13.7%	5,684	11.7%
Transitional	9,511	5.8%	2,607	5.3%
Adult	92,461	56.4%	28,931	59.3%
Elderly	1,565	1.0%	450	0.9%
TOTAL	**164,020**		**48,768**	
Service Type				
Case Management	4,469	2.7%	1,266	2.6%
Crisis	1,854	1.1%	678	1.4%
Inpatient	11,967	7.3%	3,644	7.5%
Mobile Treatment	3,653	2.2%	1,189	2.4%
Outpatient	155,866	95.0%	46,179	94.7%
Partial Hospitalization	2,138	1.3%	703	1.4%
Psychiatric Rehabilitation	22,794	13.9%	8,903	18.3%
Residential Rehabilitation	4,490	2.7%	1,095	2.2%
Residential Treatment	679	0.4%	161	0.3%
Respite Care	400	0.2%	65	0.1%
Supported Employment	3,415	2.1%	482	1.0%
BMHS Capitation	361	0.2%	310	0.6%
Emergency Petition	568	0.3%	22	0.0%
Purchase of Care	0	0.0%	0	0.0%
PRTF Waiver	27	0.0%	8	0.0%
TOTAL	**164,020**		**48,768**	
Coverage Type				
Medicaid	155,381	94.7%	46,529	95.4%
Medicaid State Funded	22,068	13.5%	5,198	10.7%
Uninsured	8,937	5.4%	2,459	5.0%
TOTAL	**164,020**		**48,768**	
Dually Diagnosed Individuals				
All with DD	**23,597**	14.4%	**8,202**	16.8%

**Based on claims paid through September 30, 2014*
Note: Totals represent unduplicated counts and may not equal the sum of the individual lines

BALTIMORE CITY PUBLIC MENTAL HEALTH SYSTEM UTILIZATION FY 14

	State and County Comparisons Expenditures			
	STATE*		COUNTY	
Age	**Number**	**Per Cent**	**Number**	**Per Cent**
Early Child	$17,584,597	2%	$7,081,200	2.9%
Child	$131,751,280	18%	$47,009,591	19.3%
Adolescent	$129,513,646	17%	$35,614,543	14.6%
Transitional	$39,366,634	5%	$12,027,861	4.9%
Adult	$414,829,177	56%	$138,393,989	56.7%
Elderly	$13,223,120	2%	$3,759,914	1.5%
TOTAL	**$746,268,454**	100%	**$243,887,098**	
Service Type				
Case Management	$7,399,742	1.0%	$1,946,787	0.8%
Crisis	$7,034,736	0.9%	$2,282,602	0.9%
Inpatient	$159,231,609	21.3%	$56,705,732	23.3%
Mobile Treatment	$28,858,058	3.9%	$10,250,888	4.2%
Outpatient	$295,240,942	39.6%	$106,226,902	43.6%
Partial Hospitalization	$7,381,924	1.0%	$3,278,458	1.3%
Psychiatric Rehabilitation	$158,932,322	21.3%	$42,145,529	17.3%
Residential Rehabilitation	$10,981,660	1.5%	$1,640,940	0.7%
Residential Treatment	$52,231,329	7.0%	$10,452,504	4.3%
Respite Care	$1,297,422	0.2%	$106,944	0.0%
Supported Employment	$7,941,753	1.1%	$781,342	0.3%
BMHS Capitation	$9,489,154	1.3%	$8,056,417	3.3%
Emergency Petition	$227,179	0.0%	$9,555	0.0%
Purchase of Care	$0	0.0%	$0	0.0%
PRTF Waiver	$20,623	0.0%	$2,500	0.0%
TOTAL	**$746,268,454**	100%	**$243,887,100**	
Coverage Type				
Medicaid	$676,066,037	90.6%	$228,507,032	93.7%
Medicaid State Funded	$55,948,106	7.5%	$11,701,934	4.8%
UnInsured	$14,254,311	1.9%	$3,678,131	1.5%
TOTAL	**$746,268,454**		**$243,887,097**	
Dually Diagnosed Individuals				
All with DD	**$190,481,015**	**25.5%**	**$72,600,538**	29.8%

**Based on claims paid through September 30, 2014*
Note: Totals represent unduplicated counts and may not equal the sum of the individual lines

BALTIMORE CITY PUBLIC MENTAL HEALTH SYSTEM UTILIZATION FY 14

	State and County Comparisons Cost Per Person Served			
	State	**County**	**Difference**	**Percent**
Age				
Early Child	$2,477	$3,183	$706	22.2%
Child	$4,256	$5,299	$1,044	19.7%
Adolescent	$5,776	$6,266	$490	7.8%
Transitional	$4,139	$4,614	$475	10.3%
Adult	$4,487	$4,784	$297	6.2%
Elderly	$8,449	$8,355	-$94	-1.1%
TOTAL	$4,550	$5,001	$451	9.0%
Service Type				
Case Management	$1,656	$1,538	-$118	-7.7%
Crisis	$3,794	$3,367	-$428	-12.7%
Inpatient	$13,306	$15,561	$2,256	14.5%
Mobile Treatment	$7,900	$8,621	$722	8.4%
Outpatient	$1,894	$2,300	$406	17.7%
Partial Hospitalization	$3,453	$4,664	$1,211	26.0%
Psychiatric Rehabilitation	$6,973	$4,734	-$2,239	-47.3%
Residential Rehabilitation	$2,446	$1,499	-$947	-63.2%
Residential Treatment	$76,924	$64,922	-$12,002	-18.5%
Respite Care	$3,244	$1,645	-$1,598	-97.1%
Supported Employment	$2,326	$1,621	-$705	-43.5%
BMHS Capitation	$26,286	$25,988	-$297	-1.1%
Emergency Petition	$400	$434	$34	7.9%
Purchase of Care	$0	$0	$0	$0
PRTF Waiver	$764	$313	-$451	-144.4%
TOTAL	$4,550	$5,001	$451	9.0%
Coverage Type				
Medicaid	$4,351	$4,911	$560	11.4%
Medicaid State Funded	$2,535	$2,251	-$284	-12.6%
Uninsured	$1,595	$1,496	-$99	-6.6%
TOTAL	$4,550	$5,001	$451	9.0%

**Based on claims paid through September 30, 2014*
Note: Totals represent unduplicated counts and may not equal the sum of the individual lines

BALTIMORE CITY PUBLIC MENTAL HEALTH SYSTEM UTILIZATION FY 14

Outcome Measurement System State and County Comparisons Point In Time Observations - FY 2014 *					
	Child and Adolescent			Adults	
	STATE	COUNTY		STATE	COUNTY
	Percent	Percent		Percent	Percent
Homeless in last 6 months	2.6%	2.7%		13.7%	18.5%
Arrested in last 6 months	2.9%	3.0%		6.7%	6.6%
In jail or prison in last 6 months	n/a	n/a		6.1%	6.0%
Employed now or last 6 months	n/a	n/a		31.7%	21.8%
Cigarette smokers**	8.3%	6.2%		47.7%	51.2%
Attend school when in session	95.7%	95.9%		n/a	n/a
Suspended from school in last 6 months	14.7%	15.5%		n/a	n/a
Expelled from school in last 6 months	1.4%	1.7%		n/a	n/a
General Health Status					
Excellent	24.8%	24.2%		6.0%	5.8%
Very Good	34.6%	32.0%		16.8%	14.2%
Good	33.3%	37.4%		36.4%	36.0%
Fair	6.5%	5.8%		30.3%	33.7%
Poor	0.8%	0.5%		10.5%	10.4%
I am hopeful about my future					
Strongly Agree	33.4%	35.6%		n/a	n/a
Agree	50.0%	50.3%		n/a	n/a
Neutral	13.7%	11.8%		n/a	n/a
Disagee	2.3%	2.0%		n/a	n/a
Strongly Disagree	0.6%	0.3%		n/a	n/a
How satisfied are you with your recovery					
Very Satisfied	n/a	n/a		25.8%	26.4%
Satisfied	n/a	n/a		29.1%	27.1%
Neutral	n/a	n/a		27.8%	28.7%
Dissatisfied	n/a	n/a		8.7%	8.8%
Very Dissatisfied	n/a	n/a		8.6%	9.0%

** Most recent observation for each consumer in FY 2014;*

*** For children and adolescents, only those ages 13 to 17*

Data Source: http://maryland.valueoptions.com/services/OMS_Welcome.html

Most Recent Interview Only, FY 2014

Based on Data through 09/30/2014

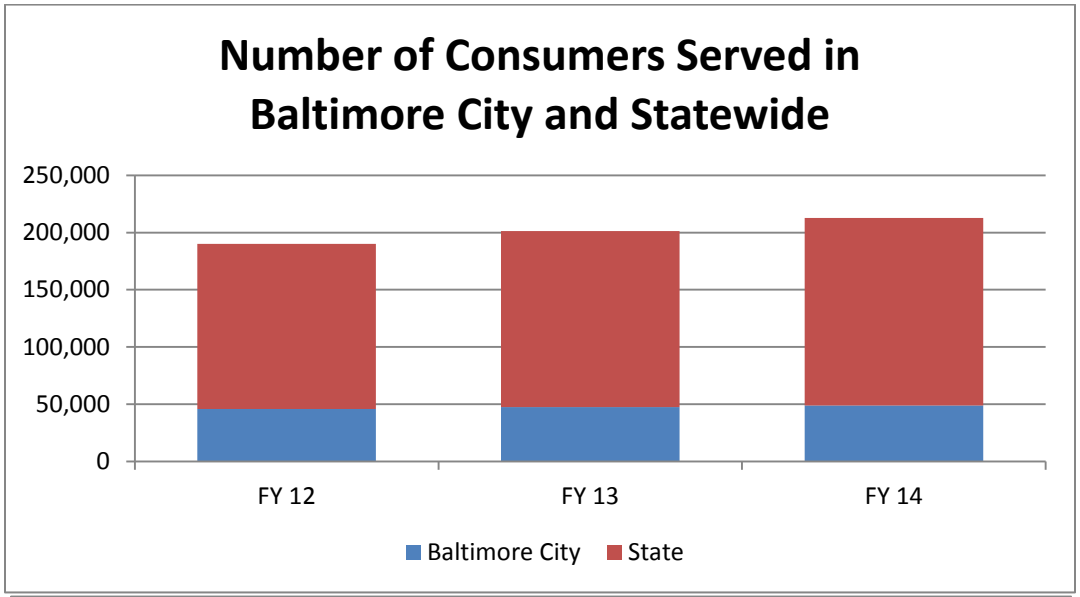
FY 14 Medicaid Penetration Rate

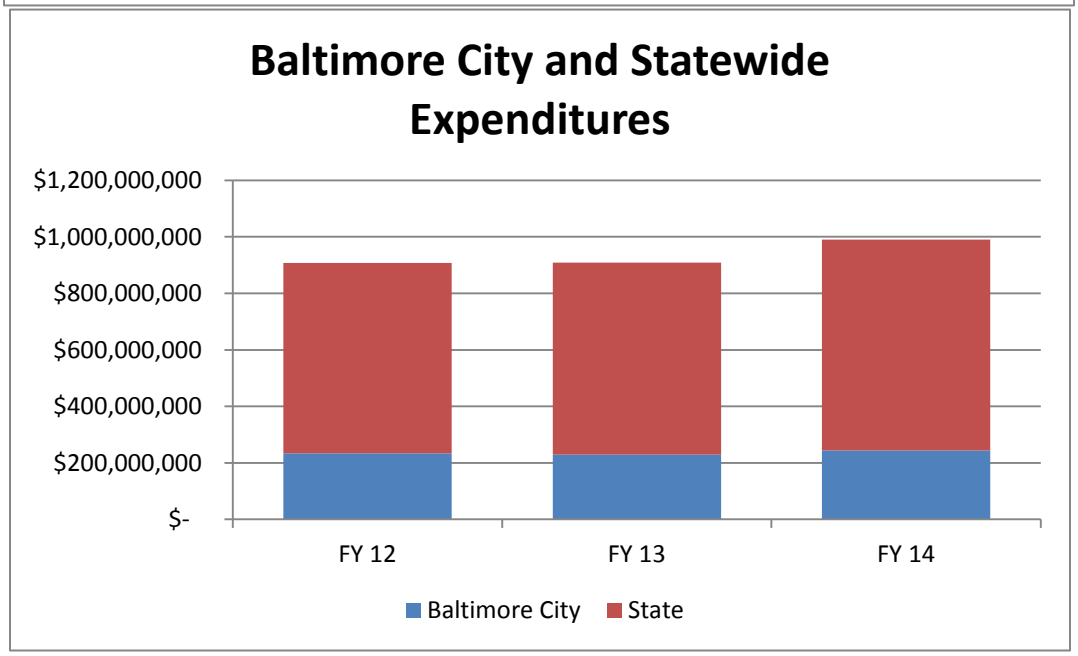
COUNTY	Average FY 14 MA Eligibility MA Eligible	PBHS MA Participation* Served	Medicaid Penetration Rate
Allegany	19,451	3,849	19.8%
Anne Arundel	75,112	10,672	14.2%
Baltimore County	157,868	22,237	14.1%
Calvert	12,843	2,070	16.1%
Caroline	10,159	1,540	15.2%
Carroll	19,178	3,200	16.7%
Cecil	22,737	3,661	16.1%
Charles	25,328	2,795	11.0%
Dorchester	11,409	2,093	18.3%
Frederick	32,597	4,932	15.1%
Garrett	7,668	992	12.9%
Harford	35,580	6,015	16.9%
Howard	33,936	3,582	10.6%
Kent	4,472	762	17.0%
Montgomery	148,404	12,154	8.2%
Prince George's	188,176	13,486	7.2%
Queen Anne's	7,997	1,194	14.9%
St. Mary's	19,323	2,471	12.8%
Somerset	7,605	1,290	17.0%
Talbot	7,179	1,224	17.0%
Washington	36,269	6,505	17.9%
Wicomico	28,954	4,567	15.8%
Worcester	11,092	2,057	18.5%
Baltimore City	254,664	46,728	18.3%
Statewide	1,178,000	160,110	13.6%

Medicaid Eligibility from Hilltop Institute Medicaid eStatistics Website
http://chpdm-ehealth.org/eligibility/index.cfm
**Based on claims as of September 30, 2014*

OVERVIEW

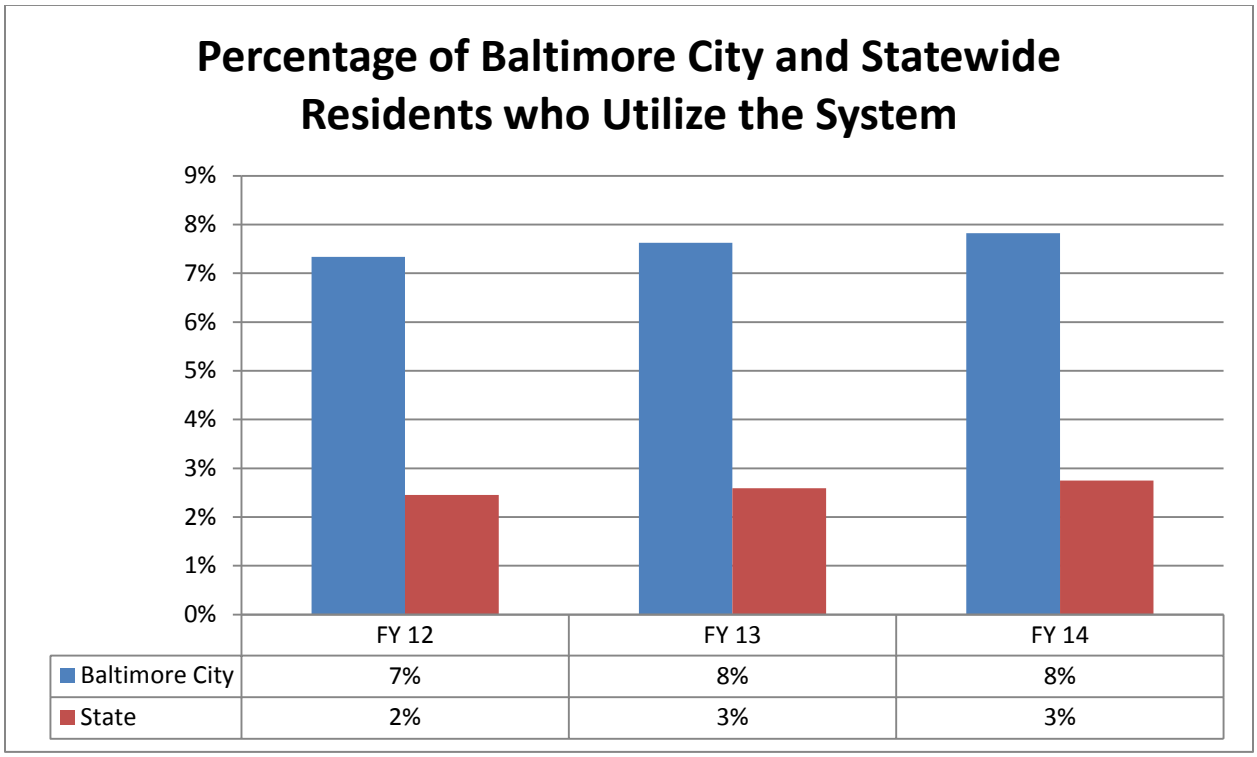
Baltimore City residents comprise 30% of all consumers served in the State and 33% of total expenditures for public mental health services.





Source: Value Options
Based on claims paid through September 30, 2014
Run Date: October 16, 2014

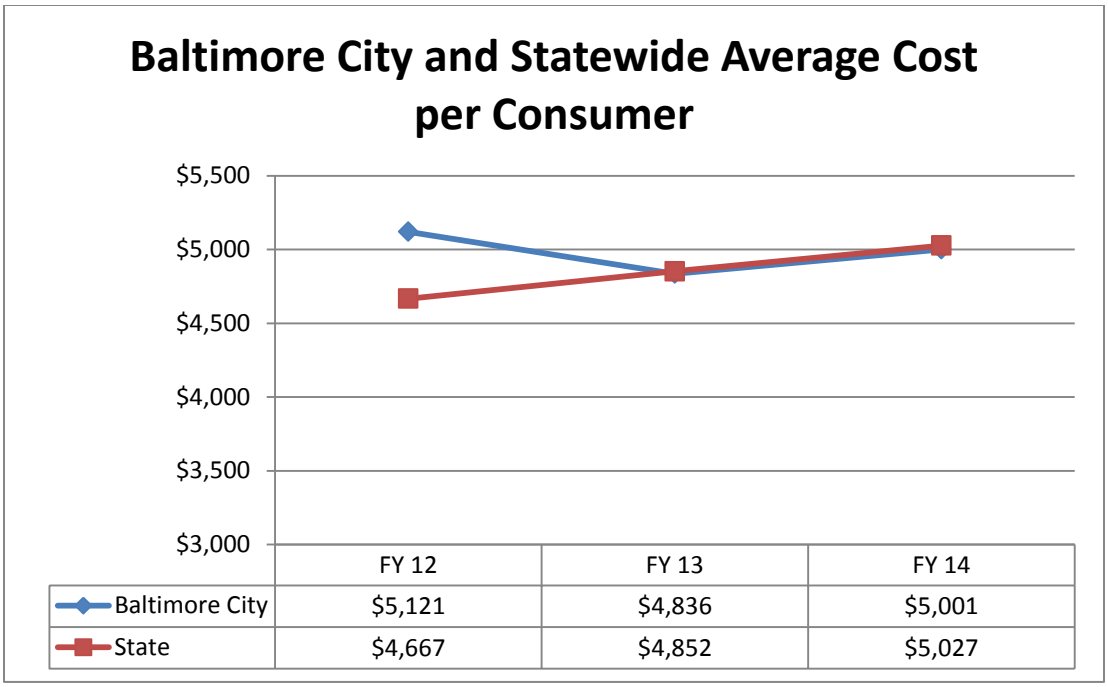
Compared to the State, Baltimore City residents have a higher rate of utilization of Public Mental Health System (PMHS) services, 8% of the City population compared to the State's 3%.



Source: Value Options
Based on claims paid through September 30, 2014
Run Date: October 16, 2014

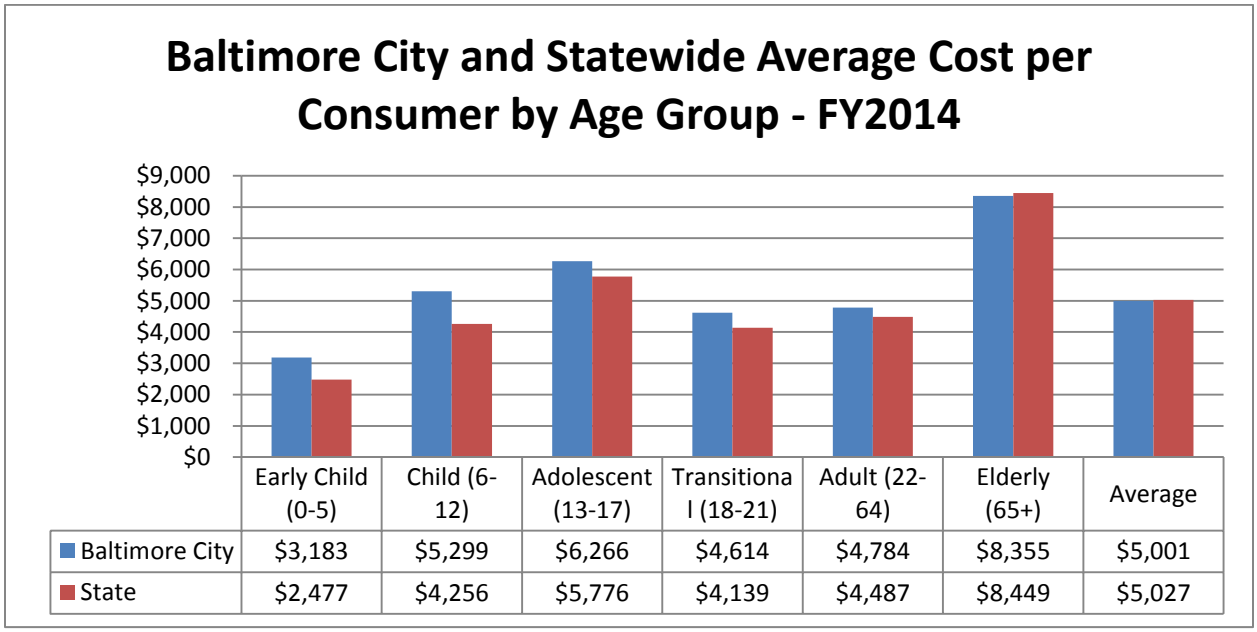
AVERAGE COST PER CONSUMER

In FY 12 Baltimore City had a higher overall cost per consumer than the State. However, following a decrease in the cost per consumer for Baltimore City in FY 13, the cost per consumer for Baltimore City and the State became relatively equal. The overall cost per consumer for both Baltimore City and the State increased between FY 13 and 14.



Source: Value Options
Based on claims paid through September 30, 2014
Run Date: October 16, 2014

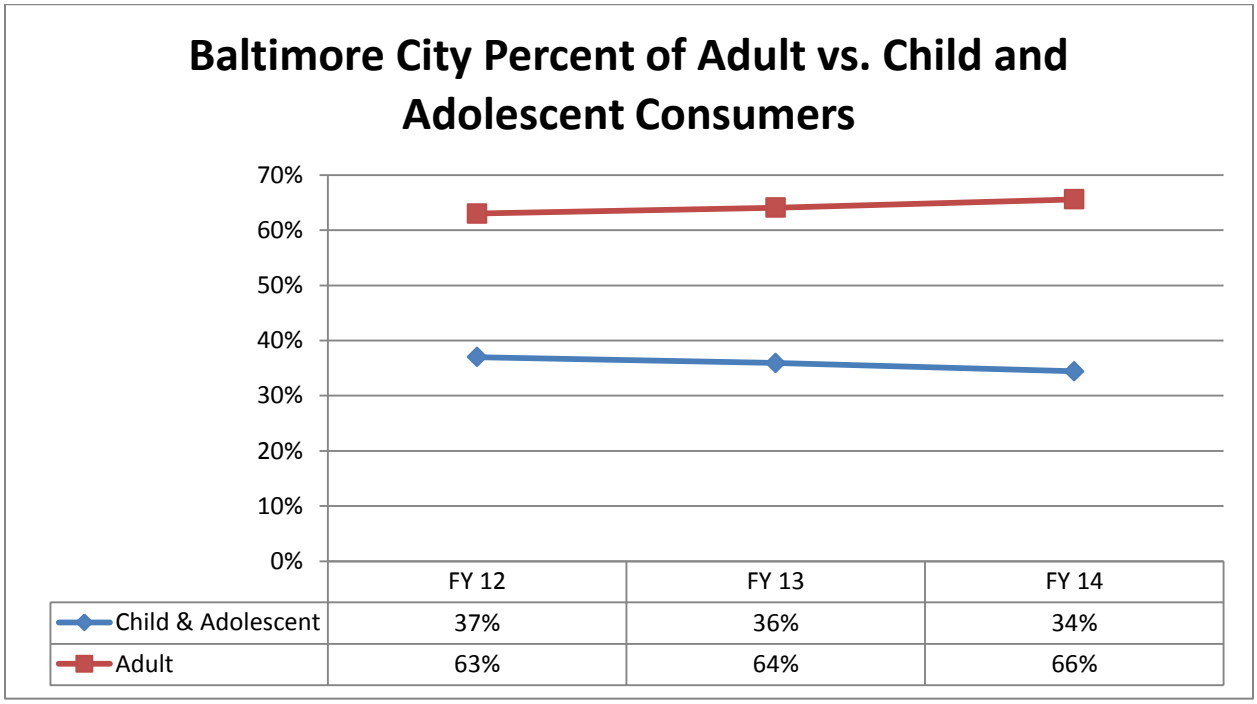
The chart below indicates that the cost per consumer is higher in Baltimore City for every age group except the elderly.



Source: Value Options
Based on claims paid through September 30, 2014
Run Date: October 16, 2014

ADULT VS. CHILD

The gap between the proportion of adult and youth consumers receiving public mental health services continues as roughly two out of three consumers being adults and one out of three being children/adolescents in FY 14.

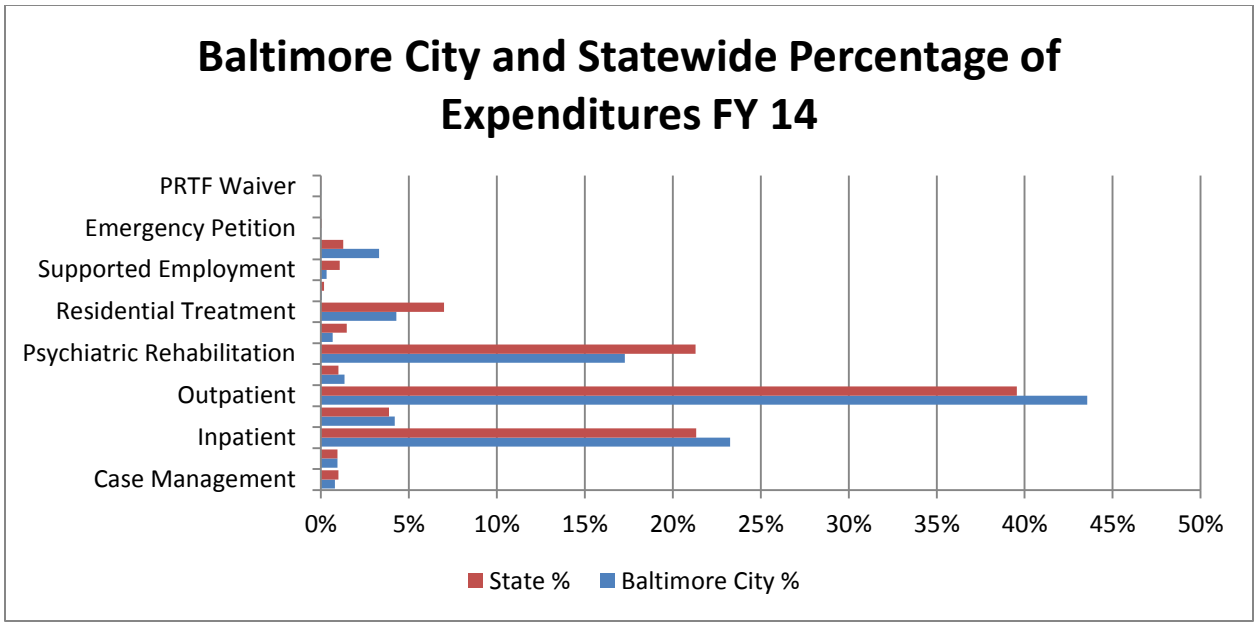


	FY 12	FY 13	FY 14
Child & Adolescent	37%	36%	34%
Adult	63%	64%	66%

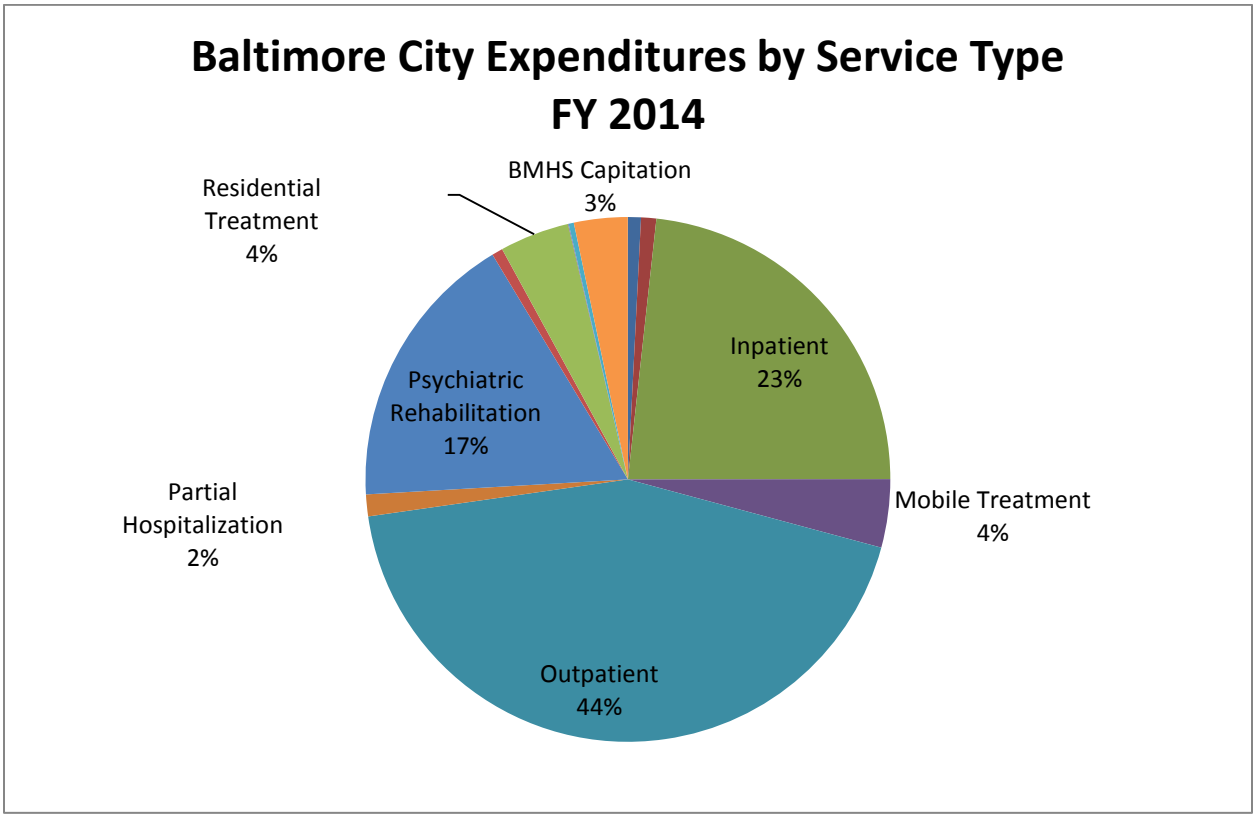
Source: Value Options
Based on claims paid through September 30, 2014
Run Date: October 16, 2014

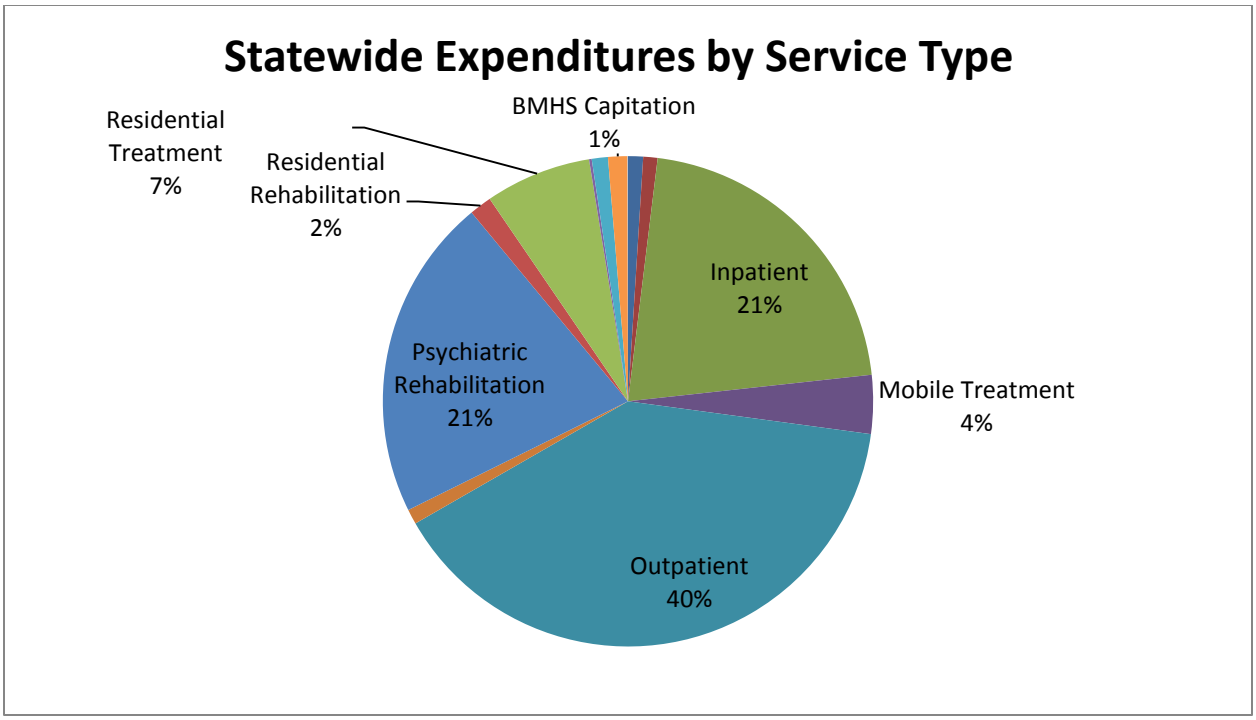
EXPENDITURES

The charts below show that the distribution of expenditures in Baltimore City differs in several respects from that of the State. There are relatively higher overall expenditures in Baltimore City for five service types: outpatient, inpatient, partial hospitalization, mobile treatment and Capitation. There are relatively lower overall expenditures for four service types: psychiatric rehabilitation, residential treatment, residential rehabilitation and supported employment. Of note, despite being a Baltimore City program, the Capitation Project serves residents of other jurisdictions, and the payment claims are submitted in the county of residence.



Source: Value Options
Based on claims paid through September 30, 2014
Run Date: October 16, 2014



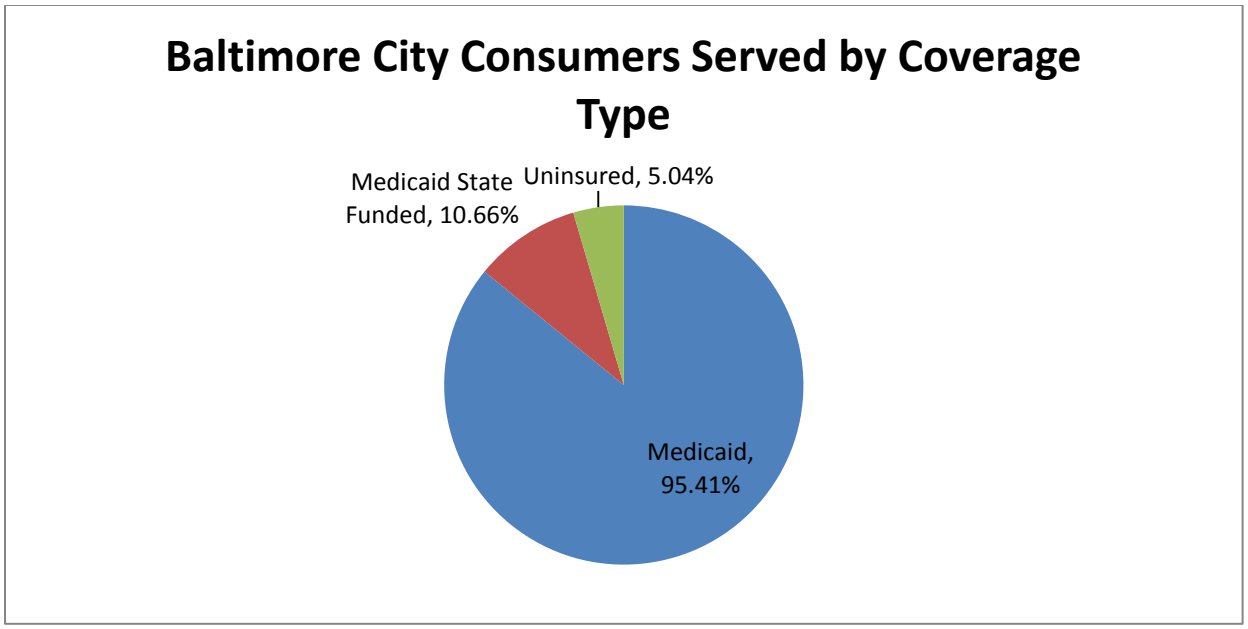


Source: Value Options
Based on claims paid through September 30, 2014
Run Date: October 16, 2014

INSURANCE COVERAGE

Most (95%) of the individuals being served by the public mental health system were covered by Medicaid (including Medicaid State-funded), while 5% were uninsured.[16]

[16] Many people use services in more than one category. As a result, the sum of the percentage of people served across service categories and across insurance statuses will exceed 100%.



Source: Value Options
Based on claims paid through September 30, 2014
Run Date: October 16, 2014

The total number of uninsured consumers served in Baltimore City decreased by 8% between FY 12 and FY 14.

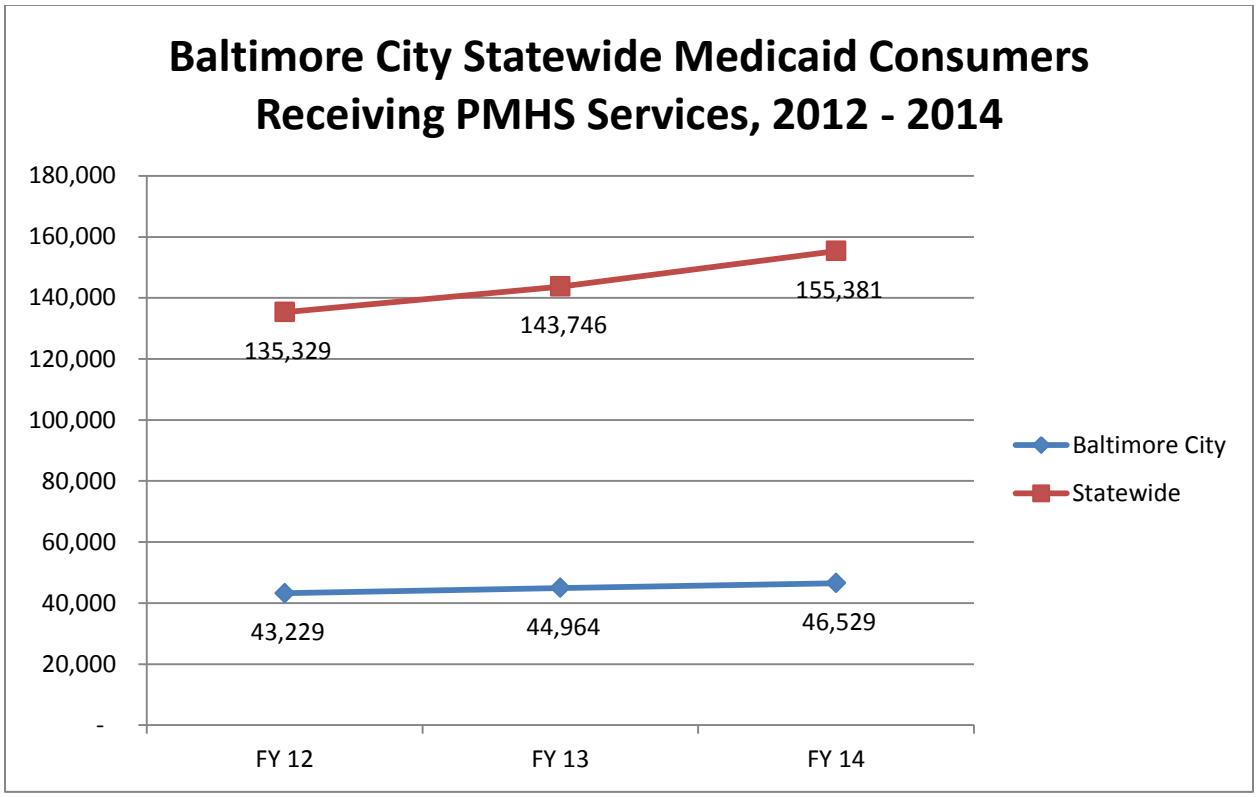
FY 12	FY 13	FY 14	FY 12 – 14 Percent Change
2,683	2,891	2,459	-8%

Medicaid has the highest cost per consumer of the three coverage types in the PMHS. This is likely due to restrictions in access to care for uninsured individuals and a more limited benefits package for the Primary Adult Care (PAC) program[17].

Baltimore City Cost per Consumer by Coverage Type			
	Medicaid	Medicaid State-Funded	Uninsured
FY 12	$5,053	$2,282	$1,594
FY 13	$4,783	$1,931	$1,348
FY 14	$4,911	$2,251	$1,496
FY 12 - 14 % Change	-3%	-1%	-6%

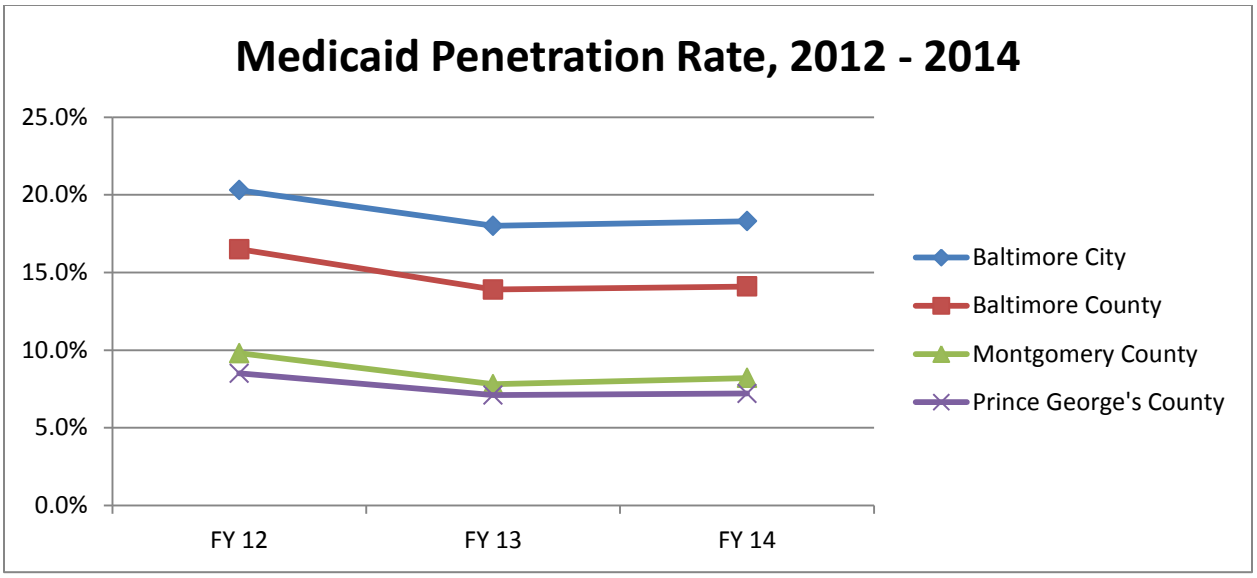
[17] PAC accounts for a substantial portion of Medicaid State-funded.

Over the last three years, the number of Medicaid consumers receiving mental health services has increased both in the City and State.



Source: Value Options
Based on claims paid through September 30, 2014
Run Date: October 16, 2014

The City's Medicaid penetration rate, or the percentage of Medicaid enrollees accessing the system, remained relatively the same from FY 13 to FY 14. Baltimore City continues to have the highest Medicaid penetration rate compared to the State's four largest jurisdictions.



Source: DHMH Membership Data

SUBSTANCE USE UTILIZATION

The data presented in this section of the report are substance use service utilization data collected in SMART the data system used by the Behavioral Health Administration to track utilization of public substance use services. This data describes the use of substance use services for children and adults in FYs 11, 12 and 13. Data was analyzed using the SMART data set received from the Behavioral Health Administration in February of 2014. This data set includes substance use utilization data for services paid for with grant dollars from the Behavioral Health Administration as well as utilization data for some services paid for by Medicaid. Data was limited to Baltimore City residents. Expenditure data and state-wide comparison data were not available in SMART. The structure of the tables required by the Behavioral Health Administration for the mental health data were utilized for the presentation of substance use data. The levels of care documented in the table were the levels of care coded in SMART.

Comparisons between the mental health and substance use data sets are limited in scope due to the SMART data set not including all Medicaid claims for substance use treatment services. Medicaid collects their own information for claims paid. However, if a provider receives grant funding for substance use services, they are required to enter data for all services provided no matter the funding source. However, there was no mechanism in place to validate that data from all funding sources was entered. In addition, there was inconsistency in how the data was coded in the system. Because of the quality control challenges in the collection and maintenance of SMART data, analysis of this data set is limited.

Although the analysis of the SMART data is limited, it is being presented in this integrated plan document to create the framework for what data analysis can look like in the future within the merged Public Behavioral Health System. Beginning January 1, 2015, all substance use service providers were required to enter data into the ASO's data collection system no matter what the funding source. Two separate data sets will not be maintained. It is expected that the quality of data moving forward will be more conducive to an integrated comparison of mental health and substance use services and a more in-depth analysis of the utilization of the Public Behavioral Health System.

Again, it should be noted that the data presented here does not provide a complete picture of the utilization of publicly funded substance use services, since services funded by Medicaid are not consistently included, nor are services funded through grants outside of the Behavioral Health Administration.

Overall, there are several observations from the data on substance use service utilization:

- There has been an almost 10% increase in the unduplicated number of clients receiving services since 2011 with 19,669 individuals receiving services in FY 13.
- Outpatient services account for the large majority of substance use services provided with Opioid Maintenance Treatment being the level of care with the highest numbers.
- There has been a 14% increase in the number of individuals receiving residential treatment services since FY 11.
- There has been a 16% decrease in the number of uninsured individuals served since 2011.
- The large majority of individuals served were adults with 18, 624 adults aged 18 years or older receiving services in FY 13 compared to 1,045 children and youth.

BALTIMORE CITY PUBLIC SUBSTANCE USE SYSTEM UTILIZATION

	Persons Served By Age				
	FY2011	**FY 2012**	**% Change**	**FY 2013**	**% Change**
Early Child (0-5)	2	1	-50.0%	1	0.0%
Child (6-12)	23	13	-43.5%	8	-38.5%
Adolescent (13-17)	1,150	1,204	4.7%	1,036	-14.0%
Transitional (18-21)	732	840	14.8%	737	-12.3%
Adult (22 to 64)	15,896	16,876	6.2%	17,741	5.1%
Elderly (65 and over)	103	112	8.7%	146	30.4%
TOTAL	**17,906**	**19,046**	**6.4%**	**19,669**	**3.3%**

**SMART Dataset (02-21-14) - calculations based on admissions through February 21, 2014.*

Note: Limited to Baltimore City Residents

BALTIMORE CITY PUBLIC SUBSTANCE USE SYSTEM UTILIZATION

	Persons Served By Service Type				
	FY2011	FY 2012	% Change	FY 2013	% Change
Level 0.5: Early Intervention	39	65	66.7%	71	9.2%
Level 1: Outpatient	6,667	6,279	-5.8%	6,135	-2.3%
Level 1.D: Outpatient Detox	106	108	1.9%	155	43.5%
Level 2: Intensive Outpatient	5,957	6,673	12.0%	7,162	7.3%
Level 3.1: Clinically Managed Low Intensity Residential	1,110	1,078	-2.9%	1,064	-1.3%
Level 3.3: Clinically Managed Medium Intensity Residential	624	644	3.2%	746	15.8%
Level 3.5: Clinically Managed Medium/High Intensity Residential	822	1,019	24.0%	1,140	11.9%
Level 3.7: Medically Monitored Intensive Inpatient	1,464	1,424	-2.7%	1,684	18.3%
Level 3.7.D: Medically Monitored Intensive Inpatient	1,413	1,403	-0.7%	1,552	10.6%
OMT: Opioid Maintenance Treatment	7,705	9,184	19.2%	9,626	4.8%
OMT.D: Opioid Maintenance Treatment Detox	9	6	-33.3%	6	0.0%
Level 2.5: Partial Hospitalization	223	272	22.0%	418	53.7%
Level 2.D: Intensive Outpatient Detox	3	3	0.0%	2	-33.3%
Assessment	0	6	N/A	43	616.7%
Continuing Care	83	190	128.9%	185	-2.6%
****TOTAL**	**17,906**	**19,046**	**6.4%**	**19,669**	**3.3%**

**SMART Dataset (02-21-14) - calculations based on admissions through February 21, 2014*

Note: Limited to Baltimore City Residents

Note: Totals represent unduplicated counts and may not equal the sum of the individual lines

	Persons Served				
	FY2011	FY 2012	% Change	FY 2013	% Change
Medicaid	866	880	1.6%	912	3.6%
Medicaid State Funded	3,973	4,407	9.8%	4,641	5.3%
Uninsured	7,796	7,335	-6.3%	6,534	-10.9%
Other (private insurance, Medicare, other public funds or unspecified code in SMART)	5,271	6,424	21.9%	7,582	18.0%
****TOTAL**	**17,906**	**19,046**		**19,669**	**3.3%**

**SMART Dataset (02-21-14) - calculations based on admissions through February 21, 2014*

Note: Limited to Baltimore City Residents

FY 16 Strategic Plan

BHS Baltimore has one overarching goal for FY 16: ***Ensure that City Residents have prompt access to high quality, integrated services provided by agencies that are well-run and responsive to neighborhoods***

Strategy 1: Improve access to and quality of behavioral health prevention, early intervention, treatment and recovery support services for Baltimore City residents

Action Step 1: Provide leadership for the Heroin Treatment and Prevention Task Force convened by the city to reduce the harmful effects (on individuals, families, and communities) associated with untreated substance use disorders

Action Step 2: Develop and implement enhancements to the Early Childhood and Expanded School Behavioral Health program including the integration of substance use disorder services into the model and the addition of services to better address the needs of children who have recently emigrated unaccompanied to the U.S. from Central America

Action Step 3: Invest in the sustainability of the provider system by continuing to provide leadership for the implementation of the Capacity Development Initiative which provides targeted trainings, technical assistance, and change management support to best prepare both mental health and substance use providers for a successful future

Action Step 4: Provide leadership and funding to develop a support network for families living with substance use, mental illness or co-occurring disorders

Action Step 5: Collaborate with first responders (fire, police, paramedics and other emergency services) to promote earlier problem recognition through partnership arrangements and education on substance use disorders and mental illness

Indicator: *Number of individuals served and report on progress to date*

Strategy 2: Improve the quality of service delivery through the use of evidence-based practices

Action Step 1: Oversee the implementation of a state-wide grant for developing the capacity of health centers, including those in schools, to conduct Screening, Brief Intervention and Referral to Treatment (SBIRT) services

Action Step 2: Expand efforts to develop and implement behavioral health assertive outreach to historically marginalized populations

Action Step 3: Develop peer outreach services for adolescents with substance use disorders.

Action Step 4: Collaborate with stakeholders across the City and State to implement trauma informed practices in systems and agencies

Indicator: *Number of individuals served and report on progress to date*

Strategy 3: Improve the quality and range of behavioral health crisis response services in the city

Action Step 1: Collaborate with stakeholders to develop, fund and implement a Stabilization Center that offers a more effective way of addressing public intoxication

Indicator: *Number of individuals served and report on progress to date*

Strategy 4: Improve the range of behavioral health prevention services in the city

Action Step 1: Develop and document a comprehensive, integrated behavioral health prevention plan

Action Step 2: Collaborate with stakeholders in the city to develop a plan and targeted efforts to prevent and reduce violence in the city

Action Step 3: Continue to monitor, implement and enhance a comprehensive Overdose Prevention Plan

Action Step 4: Expand overdose prevention training and the availability of naloxone medication for individuals with opioid use disorders and their families and support networks

Indicator: *Number of individuals served and report on progress to date*