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MARYLAND DEPARTMENT OF HEALTH

BEHAVIORAL HEALTH ADMINISTRATION

FY 2018–2019
BEHAVIORAL HEALTH PLAN

A RECOVERY AND RESILIENCE-ORIENTED SYSTEM

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October 18, 2017

FY 2018-2019 Behavioral Health Plan

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INTRODUCTION

In July 2014, the Mental Hygiene Administration (MHA) and the Alcohol and Drug Abuse Administration (ADAA) merged into one entity within the Maryland Department of Health, creating the Behavioral Health Administration (BHA) and the Maryland Public Behavioral Health System (PBHS). This change also resulted in the transition of substance-related disorder (SRD) services from a managed care system to a fee-for-service system in January 2015. BHA, in collaboration with an Administrative Services Organization (ASO) and local authorities constituted of core service agencies (CSAs), local addiction authorities (LAA), and local behavioral health authorities (LBHAs), manages the PBHS.

Behavioral Health Strategic Plan

The FY 2018–2019 Behavioral Health Plan is the culmination of a collaborative strategic planning process undertaken by participants from BHA’s senior/executive staff, management, and members of various stakeholder groups. Members of the Maryland Behavioral Health Advisory Council’s Planning Committee reviewed and commented on several drafts of the Behavioral Health Plan.

The FY 2018–2019 Behavioral Health Plan also informed the FY 2018–2019 Federal Mental Health Block Grant (MHBG) and Substance Abuse Block Grant (SABG) applications submitted to the Substance Abuse and Mental Health Services Administration (SAMHSA) on September 1, 2017.

The Strategic Planning Process

BHA’s planning process is a multi-phase process that involves individuals from state agencies, community organizations, consumer and family advocacy organizations, and other stakeholders. The process began with BHA’s Annual Stakeholders’ Plan Development Meeting on April 21, 2017. A key stakeholder group worked to develop recommendations for four systems goals that highlighted the ongoing collaborative efforts toward building an integrated system of care in the FY 2016 Behavioral Health Plan: 1) supporting coordinated service delivery toward an integrated system of care; 2) improving access and quality of services and recovery supports through the continuum of care; 3) strengthening the infrastructure to support the system’s capacity to collect, analyze, and track data to improve service outcomes; and 4) developing and implementing public awareness activities and population-based efforts to promote wellness and ensure the safety of people in care, their families, and communities. Additional planning goals used in FY 2016 were crafted to align with the Substance Abuse and Mental Health Services Administration’s (SAMHSA) strategic initiatives. The strategic planning process aims to address and understand critical challenges and opportunities facing the BHA through 2019.

Phase I: Stakeholder Support and Guidance

Stakeholders from around the state participated in the planning process throughout 2017. Many individuals, members from multiple organizations, and state agencies contributed to the development of the plan.

Phase II: The Behavioral Health Administration's Mission and Vision Statements

During BHA's Senior Staff Retreat on April 27, 2017, both the vision and mission statements were modified by the addition and/or substitution of additional terms and concepts. The revised vision and mission statements are as follows:

VISION STATEMENT

“Improved health, wellness, and quality of life for individuals across the life span through a seamless and integrated behavioral health system of care.”

MISSION STATEMENT

“The Maryland Department of Health Behavioral Health Administration (BHA) will develop an integrated process for planning, policy, and services to ensure a coordinated quality system of care is available to individuals with behavioral health conditions.”

“The BHA will, through publicly-funded services and support, promote recovery, resiliency, health and wellness for individuals who have or are at risk for emotional, substance related, addictive, and/or psychiatric disorders to improve their ability to function effectively in their communities.”

The values underpinning this system are:

(1) SUPPORTIVE OF HUMAN RIGHTS

Promote a quality system of care that is supportive of individual rights and preferences. Persons with behavioral health disorders have the same rights and obligations as other citizens of the state. Individuals have the right to choice, to retain the fullest possible control over their own lives, and to have opportunities to be involved in their communities.

(2) CULTURAL COMPETENCE AND ELIMINATION OF DISPARITIES

Promote effective and appropriate delivery of behavioral health services that respects and is responsiveness to the health beliefs, practices, and cultural and linguistic needs of diverse populations. Support activities intended to increase knowledge of culturally responsive approaches to behavioral health treatment, recovery, and the elimination of health disparities system-wide.

(3) RESPONSIVE SYSTEM

The behavioral health system of care must be responsive to the people it serves, coherently organized, and accessible to those individuals needing behavioral health care. Information must be readily available for individuals to enter and proceed through the system in a more appropriate and timely manner. The hospitals are one part of the community-based behavioral health system of care. The behavioral health system of care must collaborate with other public and private human health service systems in order to allow for continuity of care and facilitate support with all activities of life.

(4) EMPOWERMENT

Individuals, families, and advocates will be involved in decision-making processes throughout the continuum of care, and collectively in the planning and operational aspects of the behavioral health system. An array of services and programs must be available to allow for individual choice in obtaining and using necessary services.

(5) COMMUNITY EDUCATION

Wellness is promoted and enhanced through early identification and prevention activities for risk groups of all ages. Public education and efforts that support families and communities must be incorporated into our service system. Increased acceptance and support for behavioral health services come from increased awareness and understanding of behavioral health disorders and treatment options.

(6) FAMILY AND COMMUNITY SUPPORT

We must provide families with the assistance they need in order to maintain or enhance the support they give to their family members. We will strive to provide services to persons within their communities with the availability of natural/family peer support.

(7) LEAST RESTRICTIVE SETTING

An array of services will be available throughout the state to meet a variety of individual needs. These services should be provided in the least restrictive, most normative, and most appropriate setting.

(8) WORKING COLLABORATIVELY

While recognizing that co-occurring conditions are common, collaborations with other agencies at the state and local level will be fostered so support to individuals with behavioral health disorders is inclusive in all activities of life. This will promote a consistently appropriate level of behavioral health services.

(9) EFFECTIVE MANAGEMENT AND ACCOUNTABILITY

Accountability is essential to consistently provide an adequate level of behavioral health services. Essential management functions include monitoring and self-evaluation, rapid response to identified gaps in the system, adaptation to changing needs, and improved technology. A high priority is placed on measuring client perception of care and satisfaction with the services they receive. Outcome measures will be a key component for evaluating program effectiveness.

(10) LOCAL GOVERNANCE

Local management of resources will improve continuity of care, provide needed services in a timelier manner, improve the congruence of services and resources with needs, and increase economic efficiency due to the closer proximity of the service delivery level.

(11) STAFF RESOURCES

The presence of a competent and committed staff is essential for the provision of an acceptable level of behavioral health services. Staff must be provided with adequate support systems and incentives to enable them to focus their efforts on the individuals who receive care from them. Opportunities must be provided for skill enhancement training or retraining as changes in the service system take place.

Phase III: Defining the Direction

The Executive Team reviewed accomplishments made for the five areas highlighted in the FY 2016 Behavioral Health Plan at the BHA's Senior Staff Retreat. BHA Executive Team reflected on the progress made in priority areas over the past year and worked to refine management strategies for moving forward in these priority areas in FY 2018–2019. From the outset, Deputy Secretary/Executive Director Dr. Barbara Bazron and BHA's Executive Team actively engaged in the process of establishing this year's goals based on an open, participatory process based on stakeholders' input. The planning process culminated in establishing goals defining the organization's continued success in key priority areas.

As the strategic planning process unfolded, the decision was made to create goals for the four areas of focus (i.e., customer needs, internal business processes, learning innovations, and finances). The four areas of focus are four perspectives that are part of a strategic planning and management system known as the Balanced Scorecard (BSC) system (Kaplan and Norton, 2007). The BCS approach aligns an organization's vision/mission statements with everyday business/operational activities.

Phase IV: Developing a Plan of Action

The goals, strategies, and metrics developed for the FY 2018–2019 Behavioral Health Plan by the BHA Executive Team were determined to drive organizational improvement primarily through ten pre-selected goals finalized through a multi-phase strategic planning process. The BSC approach keeps track of progress toward pre-selected goals by using carefully selected measures.

Balanced Scorecard Framework (BSC)

The following strategies connect BHA’s high-level organizational strategy elements, such as the mission (our purpose) and vision statements (what we aspire for) and core values (what we believe in), with strategic focus areas (themes, results, and/or goals), objectives (continuous improvement activities), initiatives (projects that help you reach your targets), measures (used to track organizational strategy-based performance), and targets (our desired level of performance for each measure).

- To communicate BHA’s accomplishments in addressing clinical and systemic issues and changes; fee-for-service (FFS) system development; recovery residence credentialing; accreditation-based licensing for community behavioral health providers; and efforts related to opioid-legislated programming, interventions, and protocol changes.
- To align day-to-day work being done to provide comprehensive, community-based services with strategic thinking.
- To set priorities for project activities, program implementation, and service delivery.
- To measure, monitor, and track progress toward strategic targets using evaluation criteria, performance data, outcome data, and other metrics to determine the ongoing effectiveness of behavioral health services—namely, prevention, treatment, and recovery services.

The Way Forward

Using the following four BSC perspectives as part of the FY 2018–2019 Behavioral Health Plan communicates organizational goals and strategies in terms of how the organization is currently structured and operating. BHA’s mission and vision statements are central to the four areas of focus used in this year’s plan; it is through the desired accomplishments that our mission and vision statements are transformed into actionable strategies. In addition, monitoring progress toward strategic targets with clearly defined key performance measures not only aligns performance measures with organizational strategies, but also involves BHA’s leaders, managers, and employees in the day-to-day work that institutionalizes the use of the scorecard as part of BHA’s routine operations. With the use of the scorecard, a comprehensive view of mental health and substance use program services will be provided as part of our continuing efforts to move toward an integrated system of care and improve access and the quality of services throughout the continuum of care.

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CUSTOMERS: GOAL 1a.

Quality Performance

Higher customer satisfaction and retention rates require viewing organizational performance from the point of view of the customer and other key stakeholders served by the BHA. Customer goals focus on the BHA's quality performance for the customer and the impact that the delivery of the performance has on the customer's experiences and outcomes. The organization's ability to increase the quality of service to consumers and key stakeholders can be improved through the development of process tools and organizational processes such as the development of provider forms, newsletters, data briefs, emails blasts, and websites.

Goal 1: Develop and implement bi-directional communication tools and processes, as well as marketing materials.

a. Objective: Obtain bi-directional feedback from internal and external customers.

Systems Management

STRATEGY

(1.1a)

Create and maintain liaison efforts and partnerships with other agencies and administrations to develop a comprehensive system of behavioral and somatic health services and community supports.

Person(s) Responsible: Division of Systems Planning

Evaluation Criteria:

- Number of MOU's established by partnerships
- Number of policy initiatives established through these partnerships that integrate behavioral and somatic health services

Forensic Services

STRATEGY

(1.2a)

Develop a mechanism to ensure that courts receive prompt feedback regarding all referrals and orders requiring a departmental response.

Person(s) Responsible: Office of Forensic Services, Office of Behavioral Health Facilities, and the Office of the Medical Director

Evaluation Criteria:

- Policy, and response form letters developed to be used by facility staff
- Use IT to track the number of response letters received by the Office of Forensic Services (OFS)

(1.3a)

Develop data-focused strategic initiatives to address the needs of court-involved individuals.

Person(s) Responsible: Office of Forensic Services, Office of Behavioral Health Facilities and the Office of the Medical Director

Evaluation Criteria:

- Number of strategic initiatives established
- Number of new beds established for court-involved individuals

Clinical Services

STRATEGIES

(1.4a)

Work in partnership with Medicaid, Beacon Health Options, BHA's System Management Division, Local Addictions Authorities (LAAs) and Local Behavioral Health Administrations (LBHAs) to communicate information, regulations, and processes regarding the transfer of grants to fee for service.

Person(s) Responsible: Office of Clinical Services and Adults and Older Adults

Evaluation Criteria:

- Number of website visits to Beacon Provider Alerts and FAQs as measured quarterly
- Number of monthly meetings with Maryland Association of Behavioral Health Authorities (MABHA), Provider Council, and ITC to provide information about transfer of grants regulations and processes

(1.5a)

Conduct targeted meetings and feedback sessions to solicit input on policies and regulations, including accreditation, recovery residences certification process/regulations, and conditions of awards.

Person(s) Responsible: Office of Clinical Services and Adults and Older Adults

Evaluation Criteria:

- Number of feedback sessions and meetings conducted annually
- Number of policy actions initiated based on input from feedback sessions and meetings through an analysis of feedback received

(1.6a)

Create advisory committee to assist with oversight and development of older Adult Behavioral Health Preadmission Screening and Resident Review (PASRR) specialist project.

Person(s) Responsible: Office of Clinical Services and Adults and Older Adults

Evaluation Criteria:

- Number of actions initiated based on recommendations from the Advisory Committee

(1.7a)

Utilize newly created Recovery Support Service Integration (RSSI) Web site to improve the exchange of related information.

Person(s) Responsible: Division of Systems Integration/Community Liaison and the Office of Consumer Affairs

Evaluation Criteria:

- Number of timely response to e-mail questions to RSSI
- Percent of e-mail questions responded to within 24-hours of receipt as measured quarterly
- Number of visits to the RSSI Web site per quarter

Child, Adolescent and Young Adult Services

STRATEGY

(1.8a)

Collect and distribute information to agencies, partners, facilities, and community providers to facilitate the placement of highly-involved youth.

Person(s) Responsible: Office of Child, Adolescent and Young Adult Services

Evaluation Criteria:

- Number of youth waiting for a community placement in residential treatment centers (RTCs) as measured quarterly
- Number of children and youth in out-of-state placements as measured quarterly

Health Promotion and Prevention

STRATEGIES

(1.9a)

Conduct Annual Survey of local health and behavioral health authorities to identify public information needs.

Person(s) Responsible: Division of Prevention

Evaluation Criteria:

- Number of responses received

(1.10a)

Conduct a survey of the public regarding perception of stigma toward individuals with Substance Use Disorders (SUDs), and individuals using Medicated Assisted Treatment (MAT).

Person(s) Responsible: Division of Public Awareness

Evaluation Criteria:

- Number of survey responses

Office of Consumer Affairs

STRATEGY

(1.11a)

Develop strategies for the Office of Consumer Affairs (OCA) that promotes consumer participation.

Person(s) Responsible: Office of Consumer Affairs

Evaluation Criteria:

- Develop a Strategic Plan for the OCA, align strategies with the OCA mission statement
- Solicit feedback and guidance from external customers

CUSTOMERS: GOAL 1b.

Bi-directional Communication

Bi-directional communication tools and processes will enable information to flow in all directions and ride the information superhighway that will run between the behavioral health system and the Behavioral Health Administration (BHA).

Goal 1: Develop and implement bi-directional communication tools and processes, as well as marketing materials.

b. Objective: Ensure that all customers receive timely information on agency goals, objectives, activities, and outcomes.

Systems Management

STRATEGIES

(1.1b)

Provide support, funding, and consultation to Maryland's local behavioral health authorities (LBHAs), and advocacy groups to increase awareness of behavioral health issues, as well as recovery and resiliency among children, youth, and adults by implementing a series of public education, training and electronic communication activities.

Person(s) Responsible: Division of Planning

Evaluation Criteria:

- Number of activities on behavioral health and substance use that address recovery, prevention and early intervention
- Number of social media and public education and awareness activities initiated annually

(1.2b)

Expand the outreach and education efforts of the Anti-Stigma Project (ASP), in collaboration with On Our Own of Maryland (OOOMD), Core Service Agencies (CSAs), LBHAs, and other stakeholders, to address the issue of stigma within the behavioral health system and the broader community.

Person(s) Responsible: Division of Planning

Evaluation Criteria:

- Number of workshops on stigma, barriers, and practices in mental health held annually

(1.3b)

Enhance the role and responsibilities of the CSAs, LAAs, and LBHAs as system managers to assure access to quality services.

Person(s) Responsible: Division of Planning

Evaluation Criteria:

- All CSAs, LAAs, and LBHAs submits Behavioral Health Plans to assure access to quality services
- Percent of Behavioral Health Plans that comply with BHA guidelines
- Number of budget documents timely submitted for review and approval

Clinical Services

STRATEGIES

(1.4b)

Seek interest in participation in the implementation of the Maryland Opioid Rapid Response (MORR) through provision of information at regional informational meetings and creation of email mailbox to communicate goals, objects, and strategic planning activities.

Person(s) Responsible: Division of Systems Integration/Community and the Division of Crisis Prevention, Criminal Justice Treatment and Diversion

Evaluation Criteria:

- Use the Community Forensics Aftercare Program (CFAP) to improve the exchange of information
- Number of regional meetings held and documented annually
- FAQ document created and updated based on regional meetings

(1.5b)

Provide face to face presentation on trauma, trauma-informed care, and self-care upon request.

Person(s) Responsible: Division of Crisis Prevention, Criminal Justice Treatment and Diversion

Evaluation Criteria:

- Number of face-to-face trainings conducted annually
- Number of feedback suggestions on evaluations reviewed

(1.6b) Partner with the Brain Injury Association of Maryland to conduct podcasts to improve access and knowledge of brain injury resources and accommodations.

Person(s) Responsible: Division of Older Adults/Long Term Care

Evaluation Criteria:

- Number of podcasts created annually
- Number of podcast views as measured annually

(1.7b)

Create podcasts and other messaging mechanisms geared toward older adults, related to the impact and risk of substance use as people age.

Person(s) Responsible: Division of Older Adults/Long Term Care

Evaluation Criteria:

- Number of pod casts/messages created annually
- Number of podcast views by older adults as measured annually

(1.8b)

Provide technical assistance and funding to jurisdictions to assist providers with understanding new BHA regulations and to become accredited by the required deadlines.

Person(s) Responsible: Office of Clinical Services Adults and Older Adults

Evaluation Criteria:

- Number of providers accredited as measured quarterly
- Percent of providers who obtain full accreditation

(1.9b)

Develop toolkits, a repository of behavioral health resources, and technical assistance as needed, for internal staff and local health authorities.

Person(s) Responsible: Division of Systems Integration/Community Liaison

Evaluation Criteria:

- Number of customers receiving toolkits and technical assistance resources annually
- Number of Technical Assistance activities reports submitted

(1.10b)

Collaborate with LAAs, and CSAs around the effective implementation of BHA's policies and programmatic practices for the behavioral health service delivery system.

Person(s) Responsible: Division of Systems Integration/Community Liaison

Evaluation Criteria:

- Maryland Association of Behavioral Health Authorities (MABHA) and Integration Transition Committee meetings attended
- Number of collaborative meetings held with LAAs and CSAs regarding BHA policies and practices annually

Health Promotion and Prevention

STRATEGIES

(1.11b)

Increase knowledge and public awareness of behavioral health issues, such as recovery and resiliency among children, youth, and adults through implementing a series of public education, training and electronic communication activities.

Person(s) Responsible: Division of Planning

Evaluation Criteria:

- Number of public education, training, and electronic communication activities initiated by LBHAs
- Number of individuals who participate in public education and training events

(1.12b)

Expand distribution channel for all Promotion and Prevention materials to reach internal and external partners and stakeholders.

Person(s) Responsible: Division of Public Awareness

Evaluation Criteria:

- Number of organizations, groups, and staff contacts reached through public awareness initiatives by reports

(1.13b)

To develop a plan to create a mental health awareness campaign. Coordinate and collaborate with new partners.

Person(s) Responsible: Division of Public Awareness

Evaluation Criteria:

- Plan is developed and presented to BHA Deputy Secretary
- Take an inventory of partners

Medical Director

STRATEGIES

(1.14b)

In collaboration with Opioid Treatment Program (OTP) Quality Implementation Workgroup, create additional Best Practices Guidance documents and a detailed plan for training.

Person(s) Responsible: Office of the Medical Director

Evaluation Criteria:

- Best Practice Guidance documents developed
- Opioid treatment provider training plan based on best practices developed and implemented

(1.15b)

In collaboration with Opioid Treatment Program (OTP) Medical Directors, create Best Practices Guidance Documents for OTP medical staff.

Person(s) Responsible: Office of the Medical Director

Evaluation Criteria:

- Best Practice Guidance documents for OTP medical staff created

Office of Consumer Affairs

STRATEGY

(1.16b)

Create an active Office of Consumer Affairs (OCA) sponsored Facebook page which focuses on networking, advocacy, recovery, and community engagement events

- Identify guidelines for social media development
- Develop a detailed communications Policy

CUSTOMERS: GOAL 2

Workforce Development

Employees should be motivated and educated through workforce skill development as well as increased levels of job expertise and knowledge using training and learning opportunities. We should work with providers to establish the needed training and technical assistance. We should also share policy developments, research developments, evidence-based practices, and data through state-of-the-art data initiatives, such as establishing dashboards to track progress and communicate more effectively with internal and external customers.

Goal 2: Establish and implement a plan to support workforce development to provide state-of-the-art information to internal and external customers.

- a. Objective: Provide assistance to the local provider network and state hospitals to recruit and retain staff.**

Systems Management

STRATEGY

(2.1a)

Increase the number of providers who adhere to the Limited English Proficiency (LEP) Policy and are equipped with the necessary language skills to facilitate and promote effective service delivery.

Person(s) Responsible: Division of Planning

Evaluation Criteria:

- Percent of providers demonstrating adherence to the Limited English Proficiency (LEP) Policy in each jurisdiction as measured annually

Forensic Services

STRATEGIES

(2.2a)

Recruit and develop staff to manage the expanding role of the Office of Forensic Services (OFS), especially regarding the 8-505/7 program and the Community Forensic Aftercare Program (CFAP).

Person(s) Responsible: Office of Forensic Services

Evaluation Criteria:

- Percent of 8-505/7 recipients placed within the 21-day admission timeframe
- Continue with CFAP caseload reductions

(2.3a)

Maintain the Office of Forensic Services (OFS) Web site

Person(s) Responsible: Office of Forensic Services and the Division of Data/IT

Evaluation Criteria:

- OFS Web site updated monthly

(2.4a)

Develop public-private partnerships to expand capacity for selected forensic cases

Person(s) Responsible: Office of Forensic Services and the Office of the Medical Director

Evaluation Criteria:

- Number of partnerships established to expand selected forensic case capacity

Clinical Services

STRATEGIES

(2.5a)

Explore funding and resources to provide a train-the-trainer for BHA's Clinical Staff and external customers on American Society of Addiction Medicine (ASAM).

Person(s) Responsible: Office of Clinical Services, Adults and Older Adults

Evaluation Criteria:

- Funding secured
- Number of ASAM trainings scheduled

(2.6a)

Collaborate with Core Service Agencies (CSAs) to modify conditions of award (COAs) such as Maryland Community Criminal Justice Treatment Program (MCCJTP), Trauma, Addiction, Mental Health and Recovery (TAMAR), and Crisis Intervention Team (CIT), to support workforce development needs.

Person(s) Responsible: Division of Crisis Prevention, Criminal Justice Treatment and Diversion

Evaluation Criteria:

- COA modifications made that support workforce development needs

(2.7a)

Support educational opportunities for BHA staff to enhance skills.

Person(s) Responsible: Office of Clinical Services, Adults and Older Adults

Evaluation Criteria:

- Number of staff who participate in skill based educational opportunities annually

(2.8a)

Schedule and conduct Recovery Residences Certification Trainings throughout the year for Recovery Housing Providers.

Person(s) Responsible: Division of Housing and Recovery Supports

Evaluation Criteria:

- Percent of Recovery Residences who receive core certification training

(2.9a)

Enhance the expertise of behavioral health providers to support consumers who are aging in place through training and sharing of informational materials via the BHA Web site.

Person(s) Responsible: Division of Older Adults/Long Term Care

Evaluation Criteria:

- Number of trainings conducted
- Number of materials posted to Web site
- Number of hits/visits to the BHA Web site

(2.10a)

Expand the expertise of behavioral health providers to support consumers with brain injury through training and promotion of accommodations materials.

Person(s) Responsible: Division Older Adults/Long Term Care

Evaluation Criteria:

- Number of trainings conducted
- Percent of behavioral health providers who receive training

(2.11a)

Establish standards for core competencies and knowledge, skills, and abilities for the State Care Coordination service providers reflective of an integrated fee for service system of care.

Person(s) Responsible: Division of Systems Integration/Community Liaison

Evaluation Criteria:

- Position Description and Core Competencies Standards developed by State Care Coordination Workgroup by 1/2018

(2.12a)

Work collaboratively across the Division of Clinical Services offices to establish a Regional Technical Assistance Team to develop training resources around standards of care.

Person(s) Responsible: Division of Systems Integration/Community Liaison and the Division of Gender Specific Services

Evaluation Criteria:

- Training and technical assistance activities coordinated and implemented for behavioral health care service providers
- Webinar-need platform developed
- Funding resources identified and secured
- Report on Technical Assistance activities
- Work products submitted to Senior Management/Deputy Director

Child, Adolescent and Young Adult Services

STRATEGY

(2.13a)

Establish a Web-based training platform to be used by internal and external customers for the purposes of increasing their knowledge of behavioral health for the child, adolescent, and transition-age youth population.

Person(s) Responsible: Division of Substance Use Disorders

Evaluation Criteria:

- Web-based platform developed and implemented
- Number of persons who receive training through Web-based system

Health Promotion and Prevention

STRATEGIES

(2.14a)

Develop, publicize, and conduct conferences and other training events to provide state of the art information and skill development to the behavioral health field.

Person(s) Responsible: Division of Workforce Development and Training

Evaluation Criteria:

- Number of conferences and training events conducted annually
- Number of attendees participating in conferences and training events

(2.15a)

Collaborate with academic and other training providers to provide input on both content and delivery of BHA training events.

Person(s) Responsible: Division of Workforce Development and Training

Evaluation Criteria:

- Number of collaborations with academic and training providers established

(2.16a)

Facilitate entry of new professionals into the behavioral health field by collaborating and assisting with academic institutions to develop relevant curriculum.

Person(s) Responsible: Division of Workforce Development and Training

Evaluation Criteria:

- Number of academic institutions that participate in collaboration
- Number of consultations with academic institutions and input provided

STRATEGY

(2.17a)

Use Annual Salary Reviews at State hospitals to facilitate recruitment and retention of psychiatrists and somatic physicians.

Person(s) Responsible: Office of the Medical Director and Office of Behavioral Health Facilities

Evaluation Criteria:

- Annual Salary Reviews completed

INTERNAL BUSINESS PROCESSES: GOAL 3

We should improve processes for putting infrastructure into place to implement system-wide regulations and standards in moving toward an integrated system of care. Focusing on internal operational goals and objectives is necessary for enhancing quality and efficiency and addressing both the service delivery level and systems level of integration. As we develop our services and expand our programs, key business processes must be designed, developed, and monitored with outcome measures that are easy to understand, update, and communicate to allow the feedback process to inform the types of services needed and used by our customers for effective delivery in our system of care.

Goal 3: Develop and implement a recovery-oriented, integrated system of care with clearly articulated quality and outcome standards.

a. ACCREDITATION

Objective: Establish accreditation-based licensure for community behavioral health providers.

Systems Management

STRATEGY

(3.1a)

Collaborate and provide active consultation with accreditation organizations, and provide technical/fiscal assistance to providers to support implementation of the accreditation initiative.

Person(s) Responsible: Division of Accreditation

Evaluation Criteria:

- Number of providers that requested and received technical support
- Number and type of collaboration and/or consultation activities implemented to support accreditation

Clinical Services

STRATEGIES

(3.2a)

Provide one-time only, one-on-one, accreditation assistance to support providers to become accredited by the deadline.

Person(s) Responsible: Office of Clinical Services, Adults, and Older Adults

Evaluation Criteria:

- Percent of providers who receive accreditation related assistance

(3.3a)

Develop FAQs on accreditation to ensure standards and accreditation assistance are clearly articulated.

Person(s) Responsible: Office of Clinical Services, Adults, and Older Adults and the Accreditation Workgroup

Evaluation Criteria:

- FAQs on-line access developed and updated
- Guidelines language modified as appropriate

b. FEE-FOR-SERVICE MOVEMENT

Objective: Communicate information, regulations, and processes regarding the transfer of grants to a fee-for-service structure.

Clinical Services

STRATEGY

(3.1b)

Transition all Residential Services to a Fee-for-Service System, including services for special populations.

Person(s) Responsible: Office of Clinical Services, Adults, and Older Adults

Evaluation Criteria:

- Workflows/timelines established
- Uninsured Exceptions processes completed and implemented
- **Objective: Communicate information, regulations, and processes regarding the transfer of grants to a fee-for-service structure.**

c. CO-OCCURRING ENHANCED SERVICES AND SUPPORTS

Objective: Increase the availability of services for individuals with co-occurring needs within the service system.

Clinical Services

STRATEGY

(3.1c)

Assess the availability of co-occurring capable and enhanced services within the system and develop a strategic plan to increase capacity statewide.

Person(s) Responsible: Office of Clinical Services, Adults, and Older Adults

Evaluation Criteria:

- Consultant hired
- Assessment of capacity completed
- Strategic plan developed

Child, Adolescent and Young Adult Services

STRATEGY

(3.2c)

Maintain an infrastructure within schools across the state that supports students with mental health, substance-related, and/or co-occurring disorders to receive Medicaid reimbursable school-based assessment and counseling services.

Person(s) Responsible: Office of Child, Adolescent, and Young Adult Services

Evaluation Criteria:

- Number of students who receive Medicaid reimbursable school-based assessment and counseling services.
- Number of schools where school-based assessment and counseling services are provided

d. RECOVER-ORIENTED SYSTEMS OF CARE (ROSC) and OTHER RECOVERY SUPPORTS

Objective: Expand system-wide efforts to transform service delivery to a recovery-oriented system of care.

Clinical Services, Adults, and Older Adults

STRATEGIES

(3.1d)

Work in collaboration with BHA's Division of Workforce Development to develop a Learning Collaborative on *Recovery-Oriented Systems of Care (ROSC)*.

Person(s) Responsible: Division of Systems Integration/Community Liaison

Evaluation Criteria:

- Learning Collaborative developed

(3.2d)

Credential trainers to deliver Person-Centered Care Planning (PCCP) training, technical assistance, and consultation to behavioral health providers to systematically transform service delivery using a recovery-oriented paradigm.

Person(s) Responsible: Office of Clinical Services, Adults, and Older Adults

Evaluation Criteria:

- Number of trainers credentialed
- Number of trainings /activities provided

Health Promotion and Prevention

STRATEGIES

(3.3d)

Build capacity to promote awareness of resources for tobacco prevention and smoking cessation training to behavioral health care professionals and consumers

Person(s) Responsible: Division of Statewide Projects – Tobacco and Gambling

Evaluation Criteria:

- Number of events to promote awareness of tobacco prevention and smoking cessation resources conducted
- Number of smoking cessation trainings conducted
- Number of individuals receiving smoking cessation training

(3.4d)

Partner with the Maryland Department of Health and the Prevention and Health Promotion Administration's (MDH-PHPA) Infectious Disease Prevention Services Bureau to reduce HIV Infection by implementing the Sexual Health Integration Initiative in jurisdictions most impacted by the disease.

Person(s) Responsible: Division of Statewide Projects – Tobacco and Gambling

Evaluation Criteria:

- Number of jurisdictions where sexual health integration initiatives are implemented

e. PEER SUPPORT

Objective: Centralize data collection and program resources to strengthen efforts around peer support and the utilization of peer services.

Clinical Services

STRATEGY

(3.1e)

Research peer support models for older adults and develop an implementation plan.

Person(s) Responsible: Division of Older Adults/Long Term Care

Evaluation Criteria:

- Evidenced-based peer support model for older adults identified
- Implementation plan and timeline for older adult's peer support model established

Health Promotion and Prevention

STRATEGIES

(3.2e)

Expand and develop family peer navigation services throughout the state.

Person(s) Responsible: Division of Early Intervention and Wellness

Evaluation Criteria:

- Number of families served statewide

(3.3e)

Facilitate expansion of peer workforce via promotion and delivery of peer training.

Person(s) Responsible: Division of Workforce Development and Training

Evaluation Criteria:

- Number of peer trainings conducted
- Number of peers trained

Office of Consumer Affairs

(3.4e)

Develop a State Job Classification Series for Peer Recovery Specialists.

Person(s) Responsible: Office of Consumer Affairs

Evaluation Criteria:

- MS22 defined and approved for entry level job classifications for Peer I, Peer II, and Peer Supervisor
- Complete Department of Budget and Management (DBM) desk audit

(3.5e)

Focus on training projects which promote the development of Certified Peer Recovery Specialists (CPRS) skills essential to the recovery workforce in Behavioral Health.

Person(s) Responsible: Office of Consumer Affairs

Evaluation Criteria:

- Number of trainings
- Utilize the Peer Recovery Support Specialists (PRSS) List Serve to promote workforce development initiatives

(3.6e)

Establish guidelines for providing statewide Behavioral Health Recovery Support.

Person(s) Responsible: Office of Consumer Affairs

Evaluation Criteria:

- Guidelines established and implemented

INTERNAL BUSINESS PROCESSES: GOAL 4

A top priority for the BHA is the continuing development of a comprehensive system of care that includes the following components: prevention, intervention, treatment, and recovery.

Goal 4: Maintain and expand capacity to provide sufficient substance use, mental health, and addictive disorder services to address the needs of individuals in care and their families. This includes prevention, intervention, treatment, and recovery services and supports.

a. PREVENTION

Health Promotion and Prevention

STRATEGIES

(4.1a)

Suicide Prevention – Promote Kognito training and linkages to the MD-SPIN Initiative for public community colleges and university networks.

Person(s) Responsible: Division of Early Intervention and Wellness

Evaluation Criteria:

- Number of new university partners added to networks

(4.2a)

Suicide Prevention- Work with state agencies and programs to plan for the expansion of the MD-SPIN and its associated training opportunities and resources to other child-serving systems (e.g., child welfare, juvenile justice).

Person(s) Responsible: Division of Early Intervention and Wellness

Evaluation Criteria:

- Partnership with the MD Department of Juvenile Services to plan Kognito implementation developed

b. INTERVENTION

Clinical Services

STRATEGY

(4.1b)

Work in partnership with Policy Academy Team (DHR, Medicaid, Johns Hopkins, Patient Safety, Maternal and Child Health, University of Maryland School of Social Work, Child and Adolescent Division, and State Opioid Authority) to develop a strategic plan in response to participation in the Federal Policy Academy to improve behavioral health outcomes for women, children and families in the continuum of services.

Person(s) Responsible: Division of Gender Specific Services

Evaluation Criteria:

- Strategic plan to improve behavioral health outcomes of women, children and families in the continuum of services developed

Child, Adolescent and Young Adult Services

STRATEGIES

(4.2b)

Improve the quality and effectiveness of behavioral health services and supports for Adolescents (12-17 yrs.) and Transition-Age Youth (18-24 yrs.), including programs to address the first episode of psychosis, to prevent and treat substance use disorders (SUDs) and opioid use disorders (OUDs), through the ongoing development and refinement of highly specialized, culturally and linguistically competent, and developmentally appropriate approaches to intervention.

Person(s) Responsible: Office of Child, Adolescent and Young Adult Services

Evaluation Criteria:

- Number of school staff trained in SUD and OUD prevention curriculum
- Number of jurisdictions with school teams trained using the SUD and OUD prevention curriculum
- Number of adolescents/youth who receive school-based SUD treatment based on PBHS claims data as measured annually
- Number of providers trained in evidence based SUD and OUD Adolescent Community Reinforcement Approach (A-CRA)

(4.3b)

Improve the quality and effectiveness of early childhood services and supports for children ages 0-8 years and their families, including consultation programs that serve in early childhood settings such as Head Start, Pre-K programs, day care centers and others, through the continued development and refinement of highly specialized, culturally and linguistically competent, and developmentally appropriate services and supports for the children and their families.

Person(s) Responsible: Office of Child, Adolescent and Young Adult Services

Evaluation Criteria:

- Number of children served through consultation programs

Health Promotion and Prevention

STRATEGIES

(4.4b)

Expand Screening, Brief Intervention and Referral to Treatment (SBIRT) practices across the state.

Person(s) Responsible: Division of Early Intervention and Wellness

Evaluation Criteria:

- Number of providers including hospitals utilizing SBIRT practices.

(4.5b)

Increase access to medication for the treatment of opioid use disorder through hospital emergency room departments.

Person(s) Responsible: Division of Early Intervention and Wellness

Evaluation Criteria:

- Number of new hospitals providing medication for the treatment of opioid use disorder through hospital emergency room departments

(4.6b)

Increase overdose education and naloxone distribution throughout the state

Person(s) Responsible: Division of Prevention

Evaluation Criteria:

- Number of individuals trained in overdose response through the Overdose Response Program (ORP)
- Naloxone doses dispensed for the treatment of opioid use disorder

c. TREATMENT

Clinical Services

STRATEGIES

(4.1c)

Collaborate with the Opioid Operational Command Center (OCCC) to monitor and expand service capacity through OCCC, Cures Grant, and Hope Act funding.

Person(s) Responsible: Office of Child, Adolescent and Young Adult Services

Evaluation Criteria:

- Collaboration with OCCC maintained and service capacity expanded

(4.2c)

Establish Maryland Recovery Net (MDRN) partnerships with service providers according to areas of need to include rural and shoreline areas.

Resource Dependent

Person(s) Responsible: Division of Systems Integration/Community Liaison

Evaluation Criteria:

- Plan for expanding access and capacity to opioid treatment developed
- Number of MDRN partnerships with service providers in rural and shoreline areas established.

(4.3c)

Provide training, technical assistance, and consultation to promote Dual Diagnosis Capability (DDC) within the behavioral health workforce at organizational and practitioner levels to include the use of empirically supported tools designed to assess provider/program and/or system needs as counties/jurisdictions work to integrate their mental health and substance use disorders delivery systems.

Person(s) Responsible: Division of Evidence-Based Practices, Housing and Recovery Supports

Evaluation Criteria:

- Number of training, technical assistance and consultations on use of empirically supported assessment of Dual Diagnosis Capability provided

(4.4c)

Perform fidelity assessment and evaluation of Assertive Community Treatment (ACT), Supported Employment (SE), and Family Psychoeducation (FPE) programs

Person(s) Responsible: Office of Clinical Services, Adults, and Older Adults

Evaluation Criteria:

- Number individuals served through this project, and successfully discharged to the community as a result
- Number of fidelity assessments and evaluations completed for Assertive Community Treatment (ACT), Supported Employment (SE), and Family Psychoeducation (FPE) programs

(4.5c)

Increase availability of and access to evidence-based (EB), effective, promising, and best practices for behavioral health services.

Person(s) Responsible: Office of Clinical Services, Adults, and Older Adults

Evaluation Criteria:

- Number of clients receiving evidence-based (EB) services
- Increased availability and access to best practices
- Number of providers trained to provide EB services

Child, Adolescent and Young Adult Services

STRATEGY

(4.6c)

Enhance the Evidence-based Practice (EBP) fidelity implementation of the multi-component, multidisciplinary treatment team-based First Episode Psychosis model that provides community-based, person centered, recovery oriented services and supports to youth and young adults who are within two years of initial onset of psychotic symptoms.

Person(s) Responsible: Office of Child, Adolescent, and Young Adult Services

Evaluation Criteria:

- Number of youth and young adults with, or at risk of experiencing a psychotic disorder served
- Number of peer specialists added as members of the teams
- Critical ingredients of supported education intervention identified and considered for replication in identified transitional age youth (TAY) provider programs
- Standardized outcome measures developed and implemented

Health Promotion and Prevention

STRATEGIES

(4.7c)

Create gambling treatment funding infrastructure that enables individuals with gambling disorders to access treatment through Substance Use Disorder (SUD) programs regardless of insurance status

Person(s) Responsible: Division of Statewide Projects – Tobacco and Gambling

Evaluation Criteria:

- Number of persons receiving treatment for gambling disorders

(4.8c)

Sustain and expand Overdose Survivors Outreach Program (OSOP) practices within the hospitals by employing peer recovery support specialists within hospital emergency departments to assist survivors with accessing treatment.

Person(s) Responsible: Division of Early Intervention and Wellness

Evaluation Criteria:

- OSOP practices expanded more hospitals

d. RECOVERY SERVICES AND SUPPORTS

Clinical Services

STRATEGIES

(4.1d)

The Recovery Support Service Integration (RSSI) Workgroup will work toward the implementation of a recovery support service delivery model that supports integrating recovery into practice across behavioral health service settings and within the community.

Person(s) Responsible: Division of Systems Integration/Community Liaison

Evaluation Criteria:

- Report from the RSSI committee on best practices for integrating RSSI completed
- Evidence-Based Practice (EBP) tool identified and recommended to track recovery outcomes

(4.2d)

Work with Florida Alliance of Recovery Residences and consultant to develop a Recovery Capital Model in Maryland.

Person(s) Responsible: Office of Clinical Services, Adults, and Older Adults

Evaluation Criteria:

- Operational plan for Recovery Capital Pilot program developed

(4.3d)

Develop and implement plan to improve quality and effectiveness of Assertive Community Treatment (ACT) services.

Person(s) Responsible: Division of Evidence-Based Practices, Housing and Recovery Supports

Evaluation Criteria:

- Enhanced recovery-oriented ACT fidelity assessment instrument implemented
- Utilize Tool for Measuring Assertive Community Treatment (TMACT) - with timeline and scoring threshold for eligibility for reimbursement as an ACT program

(4.4d)

Establish Maryland Benefits Counseling Network to provide targeted technical assistance on state and federal benefits; provide community resources to expedite the discharge of individuals from state hospitals, when clinically indicated; and to facilitate the seamless access of those individuals to needed community behavioral health services, resources, and supports upon discharge.

Person(s) Responsible: Office of Clinical Services, Adults, and Older Adults

Evaluation Criteria:

- Number of individuals served and successfully discharged to the community through this project
- Number of targeted technical assistance consultations on state and federal benefits provided

(4.5d)

Increase Recovery Support Care Managers services for Pregnant/Postpartum women and their families.

Person(s) Responsible: Division of Gender Specific Services

Evaluation Criteria:

- Number of care manager positions established in jurisdictions across the state

(4.6d)

Maintain/Expand residential service providers for pregnant/postpartum women and women with children.

Person(s) Responsible: Division of Gender Specific Services

Evaluation Criteria:

- Current providers informed on best practices
- Number of new residential providers to serve women and children

(4.7d)

Continue/expand recovery housing for women with children to support the recovery efforts of women and their families.

Person(s) Responsible: Division of Gender Specific Services

Evaluation Criteria:

- Level of recovery housing for women with children maintained
- Number of jurisdictions with recovery housing for women with children

(4.8d)

Increase access to independent housing and competitive employment for individuals enrolled in the Medicaid Waiver for Adults with Brain Injury.

- Number of individuals who receive the brain injury waiver annually
- Number of individuals who receive supported employment services through the brain injury waiver
- Number of individuals housed annually through the HUD 811, Weinberg, and Bridge subsidy housing programs for brain injury waiver participants

Supported Housing

(4.9d)

Increase the service capacity of both the Public Behavioral Health System (PBHS) and the public housing system through the SAMHSA Collaboration of Homeless Enhancement Services (CHES) grant to provide comprehensive, accessible, coordinated and integrated evidence-based practices to support individual recovery and housing permanency for individuals who have either a substance use disorder, a serious mental illness (SMI), or a co-occurring mental health and substance use disorder and who meet the SAMHSA definition of homelessness.

Person(s) Responsible: Division of Evidence-Based Practices, Housing and Recovery Supports

Evaluation Criteria:

- GPRA data
- Local performance evaluation report (including report on behavioral health integration) developed
- Number of individuals in Permanent supported housing;
- Fidelity assessments piloted for Motivational Interviewing, Permanent Supported Housing, and Critical Time Intervention

(4.10d)

Enhance efforts to increase availability of and access to affordable, permanent supportive housing through utilization of federal subsidies and grants.

Person(s) Responsible: Division of Evidence-Based Practices, Housing and Recovery Supports

- Number of accessible and affordable housing units created
- Federal funding for permanent supportive housing maintained

(4.11d)

Continue efforts to increase access to social security disability benefits for individuals who have behavioral health disorders and who are homeless or at risk for homelessness.

Person(s) Responsible: Office of Clinical Services, Adults and Older Adults

Evaluation Criteria:

- Number of ongoing SSI/SSDI, Outreach, Access, and Recovery (SOAR) trainings provided
- Number of quarterly SOAR Workgroup meetings held

Child, Adolescent and Young Adult Services

STRATEGY

(4.12d)

Support health, wellness, and quality of life per BHA vision through implementation of Resilience Initiative and B-HIPP for primary care.

Person(s) Responsible: Office of Child, Adolescent, and Young Adult Services

Evaluation Criteria:

- Resilience initiative implemented

INTERNAL BUSINESS PROCESSES: GOAL 5

Data Systems

Creating data systems that are accessible to everyone would involve working with HDs, LAAs, and CSAs to capture accurate data and expanding staff and provider training in the use of data analytics. Outcomes management measurement systems (OMS) should be expanded to include SUD/SRD data and regular data claims updates by SUD/SRD providers.

Goal 5: Create and implement a process for collecting, analyzing, and utilizing data.

Systems Management

STRATEGIES

Systems Development

(5.1)

Design and implement data-driven decision support tools, including the BHA Strategic Dashboard, to monitor progress toward: achieving strategic goals; refining implementation strategies; identifying gaps in service; and inform quality improvement actions.

Person(s) Responsible: Division of Applied Research and Evaluation and Division of Data/IT

Evaluation Criteria:

- Key Performance measured identified and defined
- Dashboard tool published and operational
- Measurement parameters Identified
- Tool used by Divisions to manage the system developed/implemented

(5.2)

Continue to design and implement DLA-20 DataMart and outcome dashboard

Person(s) Responsible: Division of Data/IT

Evaluation Criteria:

- DataMart and Outcome Dashboard fully operational
- DataMart/Dashboard for planning and decision-making used

(5.3)

Improve Treatment Locator/Bed Capacity by creating a Behavioral Health (BH) Treatment Locator that includes the capture of bed capacity data.

Person(s) Responsible: Division of Data/IT

Evaluation Criteria:

- BH Treatment Locator published and operational

Data Analysis and Reporting

(5.4)

Continued updating, monitoring, and training to support use of the Outcomes Measurement System (OMS) for system planning and quality improvement purposes, including monitoring completion rates and training of providers on data collection procedures and use of the system for program planning and quality improvement.

Person(s) Responsible: Division of Data/IT

Evaluation Criteria:

- Completion Rates monitored
- Number of trainings completed
- OMS data/reports used in decision making

(5.5) Continued development and distribution of data-focused reports to local entities to improve behavioral health data collection efforts and capacity for data-driven decision-making.

Person(s) Responsible: Division of Data/IT

Evaluation Criteria:

- Increase number of data-focused reports provided to improve data quality
- Create data-driven decision-making mechanism to be implemented at local levels

Forensic Services

STRATEGY

Data Analysis and Reporting

(5.6)

Refine data collection approaches regarding forensic evaluations, and court orders.

Person(s) Responsible: Office of Forensic Services

Evaluation Criteria:

- Web-based data collection system designed and implemented

Clinical Services

STRATEGIES

Systems Development

(5.7)

Develop web-based system for submitting application for Recovery Residences Certification.

Person(s) Responsible: Office of Clinical Services, Adults, and Older Adults

Evaluation Criteria:

- System to process Recovery Residences Certification developed and implemented

(5.8)

Implement Recovery Care Coordinators data base for pregnant/ postpartum women and women with children.

Person(s) Responsible: Division of Gender Specific Services

Evaluation Criteria:

- Number of Quarterly data reports on project developed and disseminated

(5.9)

Implement the DLA-20 as the Core Standardized Assessment tool for Psychiatric Rehabilitation Program (PRP)/ Residential Rehabilitation Program (RRP) and Mobile Treatment Services/ Assertive Community Treatment MTS/ACT Programs, as required by Balancing Incentive Program.

Person(s) Responsible: Office of Clinical Services, Adults, and Older Adults

Evaluation Criteria:

- Data mart to capture, display, and analyze data developed and implemented

Data Analysis and Reporting

(5.10)

Implement bed tracking system through Chesapeake Regional Information System for our Patients (CRISP) in Partnership with external stakeholders and BHA.

Person(s) Responsible: Clinical Services, Adults, and Older Adults

Evaluation Criteria:

- Bed tracking system developed and implemented

(5.11)

Collect utilization data quarterly for MCCJTP and TAMAR; and collect training data annually for (CIT).

Person(s) Responsible: Division of Crisis Prevention, Criminal Justice, Treatment and Diversion

Evaluation Criteria:

- Utilization data for MCCJTP and TAMAR obtained
- Annual CIT training data collected

(5.12)

Work in partnership with external stakeholders to expand DataLink statewide.

Person(s) Responsible: Division of Crisis Prevention, Criminal Justice, Treatment and Diversion

Evaluation Criteria:

- DataLink expansion implemented statewide

(5.13) Transition TCA reporting to Web-based platform statewide

Person(s) Responsible: Division of Gender Specific Services

Evaluation Criteria:

- Web-based database for Statewide TCA reports completed

(5.14)

Refine Web-based ACT outcome measurement system and utilization of data collected to inform quality improvement efforts as well as direct training and technical assistance.

Person(s) Responsible: Office of Clinical Services, Adults, and Older Adults

Evaluation Criteria:

- Web-based ACT outcome measurement system refined
- Preliminary data collected and utilized to shape policy and practice and inform service delivery

(5.15)

Collect, review and analyze DataLink data from the ASO to refine or enhance services to individuals involved in the criminal justice system.

Person(s) Responsible: Office of Clinical Services, Adults, and Older Adults

Evaluation Criteria:

- Data collected, reviewed, and analyzed

Health Promotion and Prevention

STRATEGIES

Data Analysis and Reporting

(5.16)

Use SYNAR initiative data to collaborate with MDH – PPHA center for Tobacco Prevention and Control to plan and implement joint activities aimed at reducing sale of tobacco products to minors in selected jurisdictions.

Person(s) Responsible: Division of Statewide Projects – Tobacco, Gambling

Evaluation Criteria:

- Number of joint collaborative activities planned and/or implemented

(5.17)

Evaluate statewide gambling services currently provided for needed changes in the type of services delivered and implemented statewide.

Person(s) Responsible: Division of Statewide Projects – Tobacco, Gambling

Evaluation Criteria:

- Statewide Gambling study data analyzed and report of study findings produced
- Evaluation of whether services changes should be implemented

(5.18)

Improve utility of prevention activities database through migrating database to new vendor, enhancing data collected, and developing improved plan for data analysis.

Person(s) Responsible: Division of Prevention

Evaluation Criteria:

- New vendor established
- Creation of a new database

(5.19)

Convene the Statewide Epidemiological Outcomes Workgroup (SEOW) to collate and disseminate research, reports, and data; and provide technical assistance to state and local partners conducting data analysis and/or prevention projects.

Person(s) Responsible: Division of Prevention

Evaluation Criteria:

- Number of SEOW meetings convened
- Number of SEOW reports created and disseminated

(5.20)

Work with CRISP to create online data dashboards and credential state and local public health professionals to access for use in research, surveillance, strategic planning, and program evaluation.

Person(s) Responsible: Division of Prevention

Evaluation Criteria:

- Number of dashboards created
- Number of credentialed users

INTERNAL BUSINESS PROCESSES: GOAL 6

Legislative Mandates

Implement a process to review legislative mandates, activities, and judicial requirements in order to stay abreast of legislative updates and mandates of behavioral health initiatives.

Goal 6: Create systems capacity to address the needs of judicial requirements and legislative mandates.

Behavioral Health Facilities

STRATEGIES

Facility Resources and Capacity

(6.1)

Track the progress for a successful establishment of a new classification - Psychiatric Nurse Practitioner as physician extender.

Person(s) Responsible: Office of Behavioral Health Facilities

Evaluation Criteria:

- Review of required paperwork completed,
- Establish a new job classification and submit to the Department of Budget and Management (DBM)
- Monthly updates reported at Governing Body meetings

(6.2)

Explore additional job classifications to augment clinical services within the hospitals to assist in staff recruitment.

Person(s) Responsible: Office of Behavioral Health Facilities

Evaluation Criteria:

- Percent of difficult to recruit positions reviewed
- Alternate classifications to perform same job duties identified

(6.3)

Liaison with Developmental Disabilities Administration (DDA) to facilitate the discharge of individuals with developmental disabilities who are fully supported and no longer meet medical necessity for continued care.

Person(s) Responsible: Office of Behavioral Health Facilities

Evaluation Criteria:

- Disposition of individuals listed on a shared Google doc updated bi-weekly
- Percent of fully supported individuals with developmental disabilities that no longer meet medical necessity discharged

Forensic Services

STRATEGIES

Facility Resources and Capacity

(6.4)

Expand capacity of fully functioning Bon Secours Pretrial Evaluation Pilot, for selected forensic cases, to restore patients to competency and clinical stabilization with provision of appropriate aftercare to prevent further decompensation and forensic hospitalization.

Person(s) Responsible: Office of the Medical Director and Office of Forensic Services

Evaluation Criteria:

- Number of patients diverted from SGHC through Bon Secours

(6.5)

BHA's Office of Forensic Services (OFS) will prioritize and track patients that reside in the BHA hospitals to assure that discharge planning remains a priority during hospitalization and that hospitals receive assistance to expedite discharges where appropriate.

Person(s) Responsible: Office of the Medical Director, Office of Behavioral Health Facilities, and the Office of Forensic Services

Evaluation Criteria:

- Number of prioritized patients in BHA hospitals tracked
- Number of expedited discharges completed

(6.6)

Hire staff for centralization of admissions to facilitate alignment with the centralization of Forensics Services to enhance efficiency.

Person(s) Responsible: Office of Medical Director and the Office of Behavioral Health Facilities

Evaluation Criteria:

- Number of new staff hired

Criminal Justice System and Legislation

(6.7)

Develop policies to fast track all forensic cases that have been determined as competent to stand trial but awaiting court disposition.

Person(s) Responsible: Office of the Medical Director and Office of Behavioral Health Facilities

Evaluation Criteria:

- Progress log on Google Docs kept updated in real time
- Weekly Issues and Policy development meetings convened
- Percent of forensic cases awaiting court dispositions fast tracked (Target 100%)

(6.8)

BHA and Spring Grove Hospital Center will work with the Baltimore County courts to provide teleconferencing for court appearances.

Person(s) Responsible: Office of Behavioral Health Facilities

Evaluation Criteria:

- System/timelines to teleconference court appearances developed and implemented

(6.9)

Propose legislation to reduce need for hospital-level management of forensic cases.

Person(s) Responsible: Office of Forensic Services and the Office of Government Affairs

Evaluation Criteria:

- Legislation introduced during the 2018 Session

(6.10)

Expand capacity of Justice Services consistent with Justice Reinvestment Act (JRA) to keep up with larger demand for 8-505 evaluations and 8-507 placements.

Person(s) Responsible: Office of Forensic Services and Justice Services Staff

Evaluation Criteria:

- Meet 21-day admission time frame for 8-507s
- Establish 2 new Pins and 2 new contract positions and recruit candidates to hire

Clinical Services

STRATEGY

Criminal Justice System and Legislation

(6.11)

Create system enhancements to better manage the growing number of SB 512 referrals by working with Maryland Coalition for the Safe Care of Substance Exposed Infants and Their Families

Person(s) Responsible: Division of Gender Specific Services

Evaluation Criteria:

- Number of SB 512 families receiving services

Child, Adolescent and Young Adult Services

STRATEGY

Criminal Justice System and Legislation

(6.12)

Refine data collection approaches regarding evaluations and court orders in Juvenile Court.

Person(s) Responsible: Office of Child, Adolescent, and Young Adult Services

Evaluation Criteria:

- Data collection system designed and implemented

Health Promotion and Prevention

STRATEGY

Community Integration Support

(6.13)

Implement mandatory Prescription Drug Monitoring Program (PDMP) registration and use mandate for healthcare providers.

Person(s) Responsible: Division of Prevention

Evaluation Criteria:

- Number and percentage of prescribers and pharmacists registered in the Prescription Drug Monitoring Program (PDMP)

Medical Director

STRATEGY

Facility Resources and Capacity

(6.14)

Track cases in facilities no longer meeting medical necessity criteria and work toward discharging those cases.

Person(s) Responsible: Office of the Medical Director and Office of Forensic Services

Evaluation Criteria:

- Number and percent of patients no longer meeting medical necessity who are discharged within a designated timeframe

LEARNING AND INNOVATION: GOAL 7

We should focus on the following key elements: 1) human capital (skills, talent, and knowledge); 2) information technology (databases, information systems, networks, and technology infrastructure); and 3) organizational resources (culture, leadership, employee alignment, teamwork, and knowledge management). We should search for areas of focus that allow us to use our human resources in innovative ways.

Tele-Health

Enhanced information systems involving state-of-the-art IT/technology mechanisms will result in improved communication processes statewide and the implementation of an internal data-driven decision-making process. A deeper examination of our current technology platform will result from the objectives created for our technology strategies.

Goal 7: Develop and implement tele-health and E-health applications to support service delivery.

Behavioral Health Facilities

STRATEGIES

Electronic Service Delivery and Consultation Technology

(7.1)

Participation in the electronic medical records meetings and providing feedback to the consultant as requested.

Person(s) Responsible: Office of Behavioral Health Facilities

Evaluation Criteria:

- Number of medical record vendor products reviewed
- Obtain an electronic medical record system within the state by 2020.

(7.2)

Explore tele-IT approaches to be used with court system for patients committed to facilities.

Person(s) Responsible: Office of Behavioral Health Facilities

Evaluation Criteria:

- Tele-IT approaches identified and recommendations developed

Clinical Services

STRATEGIES

Tele-Mental/Tele-Health Services

(7.3)

Provide partial funding through MCCJTP to implement tele-psychiatry in selected detention centers.

Person(s) Responsible: Division of Crisis, Prevention, Criminal Justice Treatment and Diversion

Evaluation Criteria:

- Utilization monitored
- Satisfaction survey on tele-psychiatry conducted
- Quarterly reports submitted

(7.4)

Implement inpatient tele-health services at the Finan Hospital Center.

Person(s) Responsible: Division of Older Adults/Long Term Care

Evaluation Criteria:

- Number of brain injury waiver participants accessing neuropsychiatry tele-health

Child, Adolescent and Young Adult Services

STRATEGY

Tele-Mental/Tele-Health Services

(7.5)

Expand tele-health support through Behavioral Health Integration in Pediatric Primary Care (B-HIPP) for primary care and other grant programs to support rural areas to address the shortage of Child Psychiatrists in their regions.

Person(s) Responsible: Office of Child, Adolescent, and Young Adult Services

Evaluation Criteria:

- Tele-health service capacity expanded – number of providers using tele-health services
- Number of children/adolescents served via tele-health

Health Promotion and Prevention

STRATEGIES

Tele-Mental/Tele-Health Services

(7.6)

Expand availability of buprenorphine through use of tele-medicine.

Person(s) Responsible: Division of Early Intervention and Wellness

Evaluation Criteria:

- Number of jurisdictions with tele-medicine capacity

Electronic Service Delivery and Consultation Technology

(7.7)

Develop Mobile phone IT application (app) to deliver educational information regarding overdose prevention.

Person(s) Responsible: Division of Public Awareness

Evaluation Criteria:

- Phone app developed

(7.8)

Implement Maryland Addiction Consultation Service (MACS) to support primary care and specialty providers across the state in the identification and treatment of Opioid Use Disorder and use of buprenorphine.

Person(s) Responsible: Division of Early Intervention and Wellness

Evaluation Criteria:

- Number of outreach and consultation activities via brochures and other advertising completed
- Number of telephonic consultations provided
- Number of educational trainings to primary care and specialty providers conducted

Medical Director

STRATEGY

Tele-Mental/Tele-Health Services

(7.9)

In collaboration with the University of Maryland Baltimore Tele-mental Health Inpatient Services Pilot Plan for the Finan Hospital Center.

Person(s) Responsible: Office of the Executive Director and Office of the Medical Director

Evaluation Criteria:

- Written Plan of Pilot Program completed
- Initial Development of Operating Procedures completed

INTERNAL BUSINESS PROCESSES: GOAL 8

Cultural and Linguistic Competence Initiatives

Ensuring that all services are culturally and linguistically competent is necessary to build a high-quality, efficient, innovative public behavioral healthcare system.

Goal 8: Develop and implement a cultural and linguistic competency plan for the behavioral healthcare system.

Systems Management

STRATEGY

(8.1)

Develop and implement a statewide Cultural and Linguistic Competency Strategic Plan.

Person(s) Responsible: Office of Systems Planning

Evaluation Criteria:

- Strategic Plan completed
- Systemic and programmatic recommendations from the Cultural and Linguistic Competency Committee of the Maryland Behavioral Health Advisory Council
- Strategies addressing cultural and linguistic competence included in local behavioral health plans
- Consultation with Clinical Services to include strategies for cultural and linguistic competent services for individuals who are deaf and hard of hearing, have socio-cultural, and linguistic diversity
- Consultation with Child, Adolescent and Young Adult Services include strategies with an emphasis on issues, needs, and family dynamics associated with the child, adolescent, and young adult population
- Consult with stakeholders; and other BHA Offices and Divisions

FINANCE: GOAL 9

Increased financial usage will result from the focused tracking of financial performance and efficient resource use (e.g., budget and cost-saving targets). Financial performance is usually the result of good performance in the other three scorecard perspectives. The focus should be on managing financial resources effectively and efficiently.

“Pay-For-Value”

Value-based outcomes and measures such as scoring providers on performance, measuring the quality of services, and evaluating outcomes would move the system toward a “pay-for-value” payment structure.

Goal 9: Develop a process to implement value-based contracting.

Finance and Fiscal Management

STRATEGY

(9.1)

Establish a tracking process for contracts.

Person(s) Responsible: Finance and Fiscal Management and Applied Research and Evaluation

Evaluation Criteria:

- A tracking process is developed and implemented
- COA’s are reviewed and revised

FINANCE: GOAL 10

Tracking Expenditures

Developing a data tracking system for financial management with the capacity to track contracts will improve current efforts and processes around the management of financial documents.

Goal 10: Create and distribute monthly/quarterly management reports that track expenditures and fund-balances for all contracts, interagency agreements (IAs), grants, and administrative functions.

Finances and Fiscal Management

STRATEGIES

Tracking and Reporting Funds/Systems Expenditure Monitoring and Management

(10.1)

Develop a reporting mechanism to distribute periodic financial/management reports that track expenditures and fund balances.

Person(s) Responsible: Finance and Fiscal Management and Applied Research and Evaluation
Evaluation Criteria:

- A report template is designed
- Reports are produced and distributed to BHA staff periodically

(10.2)

Reconcile COAs at Annual budget and plan reviews and year-end rollover funds requests

Person(s) Responsible: Office of Finance and Fiscal Management

Evaluation Criteria:

- Reconciliations completed

(10.3)

Review year-end rollover funds requests.

Person(s) Responsible: Office of Finance and Fiscal Management

Evaluation Criteria:

- Address requests

(10.4)

Monitor state-funded projects and make modifications in COAs in a timely manner to ensure funding is spent by close of fiscal year.

Person(s) Responsible: Office of Finance and Fiscal Management

Evaluation Criteria:

- COAs updated
- Year-end expenditures monitored

(10.5)

Monitor Federal Grant expenditures monthly to ensure funding deliverables are met.

Person(s) Responsible: Office of Finance and Fiscal Management

Evaluation Criteria:

- Monthly expenditure and year-end reports developed

Efficiency, Quality and Performance

(10.6)

Work with BHA fiscal office to create meaningful fiscal management reports that support the operations and decision-making of the unit

Person(s) Responsible: Office of Finance and Fiscal Management

Evaluation Criteria:

- Reports developed

Systems Management

STRATEGIES

Tracking and Reporting Funds/Systems Expenditure Monitoring and Management

(10.7)

Conduct Quarterly monitoring activities of the local Core Service Agencies and Local Behavioral Health Authorities.

Person(s) Responsible: Division of Local Planning and Management

Evaluation Criteria:

- Reviews for first, second, and fourth quarter monitoring of CSAs/LBHAs scheduled
- Third quarter review of plan and budget documents completed
- Budget documents reviewed and contracts finalized by BHA's Office of Finance, Grants, and Procurement

Efficiency, Quality and Performance

(10.8)

Monitor the ASO contractual obligations and performance, monitor the system's growth and expenditures, identify problems, provide (as needed) corrective action, and maintain an appropriate level of care for at least the same number of individuals.

Person(s) Responsible: Office of Systems Management

Evaluation Criteria:

- Data shared to monitor performance and inform policy
- Information shared with key stakeholders
- Monthly and quarterly reports generated by ASO;
- Reports analyzed by involved parties
- Analysis of utilization management practices completed

(10.9)

Participate in oversight of the Consumer Quality Team (CQT) project for statewide expansion

Person(s) Responsible: Division of Planning

Evaluation Criteria:

- Statewide implementation of CQT oversight of all Maryland's regions and outlying jurisdictions completed
- Psychosocial programs and inpatient facilities in Maryland visited
- Feedback meetings held, identified issues resolved, and annual report submitted
- Planning and implementation activities for a youth and family-oriented CQT Continued

Behavioral Health Facilities

STRATEGY

Tracking and Reporting Funds/Systems Expenditure Monitoring and Management

(10.10)

Review monthly supply and equipment orders according to each of the BHA divisions to determine if waste and inefficiencies exist.

Person(s) Responsible: Division of General Services

Evaluation Criteria:

- Monthly expenditures tracked using Excel worksheet
- BHA leadership informed of multiple orders placed outside of the norm