Maryland
DEPARTMENT OF HEALTH

Behavioral Health Administration

Local Strategic Plan Implementation and Financial Plan Guidelines Fiscal Year 2026

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INTRODUCTION

This document serves as planning guidelines for the Core Service Agencies (CSA), Local Addiction Authorities (LAA), and Local Behavioral Health Authorities (LBHA), also referred to as local jurisdictions throughout this document. As outlined in Health General §10- 1201-1203, guidelines developed by the Maryland Department of Health (MDH) shall be implemented to develop planning, management, and accountability mechanisms for the delivery of services.

In FY24, all Maryland jurisdictions created three-year behavioral health strategic plans. The three-year strategic plans outlined each jurisdiction's goals, objectives and action steps for the management and delivery of services within their jurisdiction. The three-year strategic plans are followed by two implementation plans. For the implementation plans, local jurisdictions will review program progress, adjust action steps of the goals and objectives in their three-year strategic plan as needed based on changing conditions, and discuss the next steps. Local jurisdictions also have an opportunity to assess changing conditions, highlight achievements and challenges, and discuss findings on specific outcomes that highlight program efficacy. These changes and progress toward accomplishment of the goals and objectives outlined in the three-year strategic plan should be reflected in the FY26 implementation plan.

BHA will provide data resources to inform local implementation and planning activities. However, BHA will not provide jurisdictional specific data; gathering specific data is the responsibility of the jurisdiction (see Presentation of Data section). Progress will be assessed through key performance and outcome measures associated with each objective and will help guide implementation activities for the subsequent years of the strategic plan. Local jurisdictions will also be able to update or revise goals, objectives, outcomes, and strategies as needed at any time.

The implementation plan should also include the local jurisdiction's self-assessment on the level of integration of systems manager functions specific to their jurisdiction and updates on their efforts to implement culturally and linguistically appropriate services. There must also be a section where the local jurisdictions describe how they monitor sub-grantees and other service providers' compliance with the Conditions of Award.

In developing this implementation plan, please include the jurisdiction's comprehensive approach for addressing the BHA Continuum of Care. This should encompass a full range of services from prevention and promotion, primary behavioral health and early intervention, urgent and acute care, and treatment and recovery support for individuals affected by behavioral health issues. The implementation plan should ensure a seamless transition between these services, promote collaboration across providers, and prioritize access to care that is both culturally competent and equitable.

This plan should cover all state funding sources, both at the federal block grant level and from general funding sources, to ensure holistic understanding of available financial resources.

PART I: IMPLEMENTATION PLAN GUIDELINES

As outlined in Health General §10-1201-1203, local jurisdictions' implementation plans must address the needs of priority populations. These populations include but are not restricted to, veterans, LGBTQ+, immigrants, refugees, and non-English speakers, deaf or hard of hearing, rural and geographically isolated, and individuals who have been forensically involved. The implementation plan should include narratives that identify issues or initiatives that were addressed or are being addressed in response to the local jurisdictions' three-year strategic plan. The implementation plan should reference what resources were used as part of the planning process and how resources could include the BHI Learning Community, the Maryland Association of Behavioral Health Authorities (MABHA), the MDH/BHA website, or other local, state, and regional sources.

A. IMPLEMENTATION PLAN SUBMISSION DATE AND GUIDELINES

- The submission deadline is on or before **April 11, 2025**
- Plans should not exceed more than 20 pages in length (does not apply to the Data & Finance Sections)
- Use single-spaced text in Calibri font, size 12
- Ensure that pages are numbered consecutively throughout the plan
- Each jurisdiction should submit only one plan. For jurisdictions that do not have a LBHA, the CSA and LAA should collaborate to develop a single, integrated plan
- Submit a Word version of the plan using the **Local Strategic Plan Submission Form**
- **NEW:** Please provide information about the publication and distribution of the Local Strategic Plan for the community and public stakeholders to view. For example, share the URL link where Local Strategic Plans are posted on the website. If the plans are not yet published, please make a note of this in the Introduction Section of the plan.

B. DEVELOPING YOUR IMPLEMENTATION PLAN

Each year the local jurisdictions are required to review progress made, assess current status and changing conditions, and adjust action steps that will guide implementation activities for the subsequent year of the plan. This document reports on progress in implementing the strategic plan during the FY, which is the second year of the three-year plan. This plan may also speak to lessons learned during the first year of the Strategic Plan, as well as unidentified gaps within the population targets and proposed outcomes. Additionally, monitoring and evaluation efforts should increase to assess progress toward key performance indicators (or outcomes), allowing for data-driven adjustments that strengthen the impact of the plan.

BHA has published The Manual for Managing the Public Behavioral Health System (MMPBHS) which seeks to build a shared vision for local behavioral health systems in Maryland and was developed over a few years with input from a broad cross-section of behavioral health stakeholders. Most importantly, the MMPBHS serves as a foundation for BHA and local jurisdictions across Maryland to implement a shared vision for the delivery of the highest quality level of behavioral services to the citizens of Maryland. The MMPBH defines four major roles as listed below, that operationalize the vision of the MMPBHS in the mission of local jurisdictions across the state. It is important that references to these roles be clearly reflected in the development of the plans that are generated by the local jurisdictions every year.

- **Leadership:** Maryland's local jurisdictions will adopt a whole-person health approach that will empower the providers of behavioral health services that respond to the unique demographic and socio-economic needs of their jurisdiction in a way that is coordinated, collaborative, data driven, and evidence-based in addressing the needs of citizens across the lifespan.
- **Management:** Maryland's local jurisdictions will design, develop, and manage behavioral health programs in accordance with the vision of the Moore-Miller Administration which seeks to leave no one behind and respects the unique strengths of each region of Maryland while responding to the behavioral health needs of citizens in every part of the state.
- **Oversight:** Maryland's local jurisdictions will enable compliance and improve quality and performance through the contract monitoring process to ensure that services are delivered in accord with the guidelines spelled out in COMAR and in line with best practices in the field of Behavioral Health.
- **Operations:** Maryland's local jurisdictions will manage their administrative functions in collaboration with the leadership, program, and fiscal staff of BHA to ensure that public funds entrusted to MDH/BHA are being utilized in an effective and

transparent manner in the delivery of high quality behavioral health services for the citizens of Maryland.

The implementation plan should include the following sections:

1. **Introduction**

    a. Agency overview: Description of local authority organizational structure, systems management, services provided, councils and committees, staffing, and populations served.
    b. Jurisdiction overview: Description of geographical and physical information, population, racial and ethnic makeup, economic, employment information, military/veteran status, etc.

2. **Highlights, Achievements, New Developments and Challenges**

    a. Describe the success of programs and initiatives within the local jurisdictions as well as challenges and barriers that have impeded initiatives and treatment services (e.g., staffing issues).

3. **Key Priorities, Goals, Objectives, and Outcomes**

    a. 2-3 local jurisdiction key priorities or goals. All goals should follow the SMART format (Specific, measurable, achievable, relevant, timebound). The key priorities and goals can be the same or different from those stated in the 3 year Strategic Plan based on data and/or needs of the community/jurisdiction.
    b. Using the presentation and guidance provided by the Office of Behavioral Health Research and Innovation, consider revising the goals, objectives, performance measures and targets from the 3-year strategic plan. If this is not necessary, this section should give an update on the progress or barriers to implementing the 3 year strategic plan goals.

4. **Targeted Case Management**

    Targeted Mental Health Case Management (TCM) for both adults and youth is unique among Medicaid-funded behavioral health services, because unlike other providers, TCM providers are chosen by LBHAs/CSAs through a competitive procurement process. MDH has been granted a 1915(b)(4) waiver from the federal government to allow this to occur. This competitive selection must be renewed locally at least once every five years. BHA also must periodically renew the selective contracting waiver granted by the federal government that allows this to occur. The most recent federal renewal was completed

May 21, 2024.
There are a number of conditions that accompany this program that BHA must report to the federal government. These include compliance with the requirements of the five-year period of competitive selection. In addition, BHA provides information on the requirement for annual site visits to assess compliance with access, quality, and other regulatory standards, including the approach taken to enforce corrective action. How the jurisdiction fulfills these federal conditions should be addressed in the local jurisdiction's plan and reviewed annually.

This section addresses the status of the TCM provider selection against the minimum five-year cycle, giving a schedule and steps that will be taken to remain compliant with this requirement. An additional important federal condition of the TCM waiver involves the local planning process, it requires the State to provide evidence on the following:

- There are a sufficient number of contracted TCM providers to meet the needs of Medicaid recipients statewide.
- TCM provider capacity is appropriately distributed throughout the state's geographic regions to assure statewide comparability in access.

To assist MDH in meeting this federal requirement, CSAs and LBHAs are asked to:

- Include a TCM capacity analysis for your jurisdiction in your plan.
- This capacity analysis should include separate comparisons for your jurisdiction in contrast to the statewide average for both youth and adult TCM programs based on data supplied for each age group. The capacity analysis should detail specific strengths and challenges of providing TCM in the jurisdiction.
- If the analysis reveals that your jurisdiction's utilization is substantially lower than the state average for either TCM program, your plan should include strategies to remedy the capacity insufficiencies identified and bring your jurisdiction into a more comparable position relative to the rest of the State.

5. Local Systems Management Integration

BHA has been supporting local jurisdictions in moving toward strategic, integrated behavioral health systems management. The Statewide Plan for Local Systems Management Integration promotes structural and functional integration, comprehensive planning, and improved coordination and efficiency. Integrated behavioral health services include state administrative functions, funding streams, and local systems management. The goal is to fully integrate systems management oversight for publicly funded behavioral health services at the local level throughout Maryland.

Complete the Local Systems Management Integration Self-Assessment Tool in Appendix C.

6. Cultural and Linguistic Competence (CLC) Implementation

As stated in the BHA State Strategic Plan, the Cultural and Linguistic Guiding Principle is as follows:

> *Maryland's public behavioral health system aims to ensure that all populations have equal access to quality care regardless of ethnicity, race, gender, geographical location, nationality, sexual orientation, disability or socio-economic status. Understanding the distribution of behavioral health services in Maryland is essential to effectively evaluate and address potential issues concerning access to and quality of services. Data provides the foundation for sound decision-making and serves as a guide to the design and implementation of appropriate strategies to address quality of care and equal access to the public behavioral health system. BHA recognizes that continuous data analysis is a vital part of improving the quality and effectiveness of a strong culturally and linguistically competent system. Thus, BHA will continue to explore ways to positively apply data-driven decision-making approaches to enhancing the cultural and linguistic appropriateness of services throughout the system.*

For this section of the implementation plan, local jurisdictions should provide an update on each of the strategies that were set forth in their three year strategic plan and how they will continue to be implemented into FY26. This section may include narrative about the community services and events that provide improvement to culturally responsive programs and initiatives in the local jurisdictions. Also include local workgroups or training related to CLC, diversity, equity, inclusion, belonging (DEIB) that the local jurisdiction has hosted or facilitated. Respond to the questions in Appendix D to outline this narrative.

7. PLAN APPROVAL REQUIREMENTS The following applies to all Local System's Managers

Each jurisdiction should engage their local advisory councils (Local Mental Health Advisory Council and Local Drug and Alcohol Abuse Council) in the planning process. Local System Managers that are private non-profits must also engage their Board of Directors in the planning process as well. Letters of approval must be submitted to BHA indicating the review and approval of the plan as well as any recommendations made by the LMHAC/LDAAC. **(Due within 30 Days of the Plan Review Letter from BHA)**

8. Local Planning and Management-Sub Grantee Monitoring

Describe how the local systems manager will monitor sub-grantees and/or other service providers' compliance with the Conditions of Award. At minimum plans should include the following:

- Discussion of site visits to the provider
- Review of provider progress reports
- Review of provider fiscal reports/budgets/invoices
- Review of provider financial audit reports
- Review of deliverables met/not met; actions to be taken if services have not been delivered
- Completion of the BHA Universal Reporting Form

9. Data and Planning Section

Data Resource Guide and Data Analysis Guidance: BHA will provide data resources (see *Behavioral Health Data Resource Guide)* to inform local implementation and planning activities, however, BHA *will not* provide PBHS Service Utilization data needed for the plan; the jurisdiction is responsible for gathering the required data for the PBHS through Optum. (see *Presentation of Data* section). PBHS Service Utilization (MARF0004) data through September 30, 2024, will be available for the local jurisdictions to download within Optum's Tableau Reporting Server https://orbit-tableau-azure-hcid-e2.optum.com/#/site/MDH/home**.**

1. **At a minimum, the Data Section should cover key topics such as suicide and prevention efforts, overdose fatalities, youth and family services, older adults, LGBTQ+, the expansion of Maryland Medicaid to eligible populations, military service members and their families, health disparities, and social determinants of health, along with other priority areas specific to your jurisdiction. This section must include a narrative analysis of service utilization, spending patterns, and trends, highlighting any unusual patterns or trends where relevant. The focus should be on the jurisdiction's oversight and management of the local arm of the Public Behavioral Health System (PBHS).**

2. **The minimum data requirement:**
    - All data identified or used for analysis purposes should be included for reference in the implementation plan.
    - Where appropriate, the jurisdictions are expected to use the results of their county-specific data analysis to identify and document priority goals and strategies.

3. **Presentation of Data:**
    - Charts, graphs, or other methods of relaying the progress of each strategy, action step or data element.
    - Narrative that provides an analysis of the data presented and how it relates to your goals and objectives and the needs in your jurisdiction.
    - PBHS Service Utilization (MARF0004) data through September 30, 2024, will be available for the local jurisdictions to download within Optum's Tableau Reporting Server https://orbit-tableau-azure-hcid-e2.optum.com/#/site/MDH/home

4. **Implementation Analysis:**
    - Goals met? Why or why not?
    - What worked, what didn't?
    - Learning Opportunities- what could be done differently and next steps?
    - PBHS Service Utilization (MARF0004) data through September 30, 2024 will be available for the local jurisdictions to download within Optum's Tableau Reporting Server https://orbit-tableau-azure-hcid-e2.optum.com/#/site/MDH/home

Where applicable, please use the gathered data to inform on the progress of the local **Key Priorities, Goals, and Objectives (see #4 above).**

Part II: SFY 2026 Financial Plan Guidelines

The SFY 2026 Financial Plan Guidelines contain instructions for submission of the Behavioral Health Award Plans.

The State Fiscal Year 2026 Financial Plan is due **April 11, 2025** and must be received PRIOR TO SCHEDULED PLAN REVIEW MEETING. All Financial Plans must be submitted using the Local Financial Plan Submission Form for review and approval by BHA Program Staff and the BHA Grants Management Unit.

Timetable SFY 2026

Please note there are several awards that will be on a later timeline, including: HUD, PATH, SOR IV, and STOP. Information and a timeline will be provided for each of these awards.

TASK	Proposed Due Date
1. Allocation Letters are sent to local jurisdictions from the BHA Fiscal Team via email	**February 10**
2. BHA Program Staff send COA/SOWs to local jurisdictions for comment via email	**February 21**
3. Local jurisdictions send any proposed COA/SOW changes and budgets, including sub-vendor budgets, to BHA Program Staff for review via email	**March 14**
4. BHA Program Staff send finalized COA/SOWs to Jurisdiction for review vial email	**March 28**
5. Jurisdictions review and submit finalized financial plan and budget package via the Local Financial Plan Submission Form, including: ● **Conditions of Award and Statement of Work, including Subvendor Budget** ● **Budget Forms, either 432 or 4542** ● **Worksheet #3s** ● **Attachment M** ● **Forms 433 and 434** ● **Attestation Letters**	**April 11**
6. Jurisdictions Submit Annual Local Strategic Plan via the Local Strategic Plan Submission Form	**April 11**
7. Plan Review Meetings **Week of April 21:** Anne Arundel, BHSB, Harford, Mid-Shore, Washington, Frederick, Carroll, Montgomery **Week of April 28:** Garrett, Wicomico, Calvert, Worcester, Cecil, Baltimore, Allegany, Somerset, **Week of May 5:** Prince George's, St. Mary's, Howard, Charles	**April 21 - May 6**

Overview

The Behavioral Health Administration Annual Financial Plan is designed to assist in developing the upcoming State Fiscal Years' awards for each Local Behavioral Health Authority (LBHA), Local Addictions Authority (LAA) and Core Service Agency (CSA). These Financial Plan Guidelines provide instructions for each document required to be submitted in the Financial Plan/Budget Package.

The Behavioral Health Administration's Finance & Fiscal Management Grants Unit distributes State Fiscal Year (SFY) 2026 **Allocation Letters,** which establishes funding for the upcoming year awards to each LBHA, LAA and CSA. **Allocation Letters** include information regarding the official starting point for SFY 2026 funding.

For the purpose of determining the completion status of the Financial Plan/Budget Package submissions must include the following required documents:

1. **Conditions of Award and Statement of Work** must be obtained for each initiative from the BHA Program Staff and are approved by the LBHA/CSA/LAA and BHA program staff.
2. **Budget Forms,** Budgets for Administration and Services must be submitted on the DHMH 432 or DHMH 4542 budget forms, whichever is applicable.
3. **Worksheet #3s,** Worksheet #3 is required for each BHA award number.
4. **Attachment M**, Summary of Certain Federal Fund Requirements and Restrictions.
5. **Subvendor Budget**
6. **Forms 433 and 434**, if applicable.
7. **Attestation Letters**, if applicable.

To improve the organization of the submission of award packages, please send the required documents listed above in a separate submission for each individual award listed on your allocation letter via the **Local Financial Plan Submission Form**.

For awards that include consolidated COA/SOWs, where multiple COA/SOWs are consolidated into one COA/SOW, the submission will need to include the associated documents for each COA/SOW.

For example, if a consolidated COA/SOW groups five previously individual COA/SOWs together, the submission will need to include the budget forms and subvendor budgets for each of the five COA/SOWs that now make up the consolidated version.

Please use the following file naming convention:
SFY - Jurisdiction - F# - Award# - Program Shortname - $Amount - SOW - AttachmentA.
(CSA Awards will not have an F#)

Example:
26 - AlleganyCoLBHA - F854N - AS414DCT - Drug Court - $20,000 - SOW - Attachment A

The BHA Finance & Fiscal Management Grants Unit will provide a Financial Plan Guidelines **Completion Memo** after the Financial Plan due date and following the review sessions. The **Memo** will include a check list of each document received, noting any incomplete or missing documents required, acknowledge any revisions to **allocation** amounts.

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THE FINANCIAL PLAN - (Required Documents, Items 1. thru 8.)

Financial Plan Guidelines

THE FINANCIAL PLAN - (Required Documents, Items 1. thru 8.)

1. **CONDITIONS OF AWARD (COAs)** The requesting Jurisdiction must submit a completed CONDITIONS OF AWARD (COAs) by the Financial Plan due date.

2. **STATEMENTS OF WORK (SOW)** The requesting Jurisdiction must submit a completed STATEMENTS OF WORK (SOW) by the Financial Plan due date.

   The MDH award process requires the combined FY26 COA/SOW document be submitted with the required documents listed above, as well as the budget, in a separate submission for each Award listed on your Allocation Letter and Chart. These documents must be submitted using the Local Financial Plan Submission Form for review and approval by BHA program staff and the BHA Grants Management Unit. All documents must be submitted by the Financial Plan due date.

3. **Budgets**

   Requests for funds for Administration and Services must be submitted on the DHMH 432 or DHMH 4542 budget packet, whichever is applicable. By the Financial Plan due date, please submit, via the Local Financial Plan Submission Form, an Excel copy with the required documents listed above for each Award listed on your Allocation Letter and Chart.

   - Funds awarded for Services are subject to the DHMH Human Services Agreement Manual (HSAM) or the DHMH Local Health Department Funding System Manual (LHDFSM).
   - All behavioral health services for funds being requested must be examined annually for eligibility for reimbursement under the Fee-For-Service System (FFS). Services under FFS are not eligible for reimbursement.
   - For Local Health Departments, please utilize the State Pay Scale in effect January 1, 2025.

   State Awards

   A. Administrative Budgets

      Administrative costs are defined as necessary and reasonable costs that are not related to the direct provision of behavioral health services. An administrative budget must be prepared for FY26 that reflects the administrative costs to plan and manage the behavioral health system. Special considerations for administrative budgets are below:

      - Indirect costs to account for local health department overhead support are allowable administrative costs. **The indirect cost rate cannot exceed 10% of direct jurisdiction administrative costs.**
      - The State Merit and Special Payments Schedule of Salary Costs (DHMH 432D or DHMH 4542D and E) **must** contain a brief description of employee(s) job duties.
      - Consultant request forms (DHMH 432E or DHMH 4542F) **must** contain a brief description of the consultant's job duties and a rationale as to why a consultant is being utilized to support those activities rather than internal LBHA, CAS, etc. staff.
      - Equipment requests forms (DHMH 432F or DHMH 4542G) **must** contain an explanation

why the equipment is needed.

- Funding for Local Drug and Alcohol Abuse Council Activities must be reflected in this budget.

B. Behavioral Health Services Budgets

- BHA will provide a Glossary of Behavioral Health Services Type for mental health and substance use services. Utilize this Glossary to populate the budget with the specific type of services funded within each budget. It is important to read each glossary description and list the services that fall under that category and service type on the budget page.
- An Excel spreadsheet (**WORKSHEET #3)** must accompany the agency's budget. The spreadsheet must include details to support the amount of funds being requested. Additionally, the spreadsheet should list all projects that are to be funded under the services award. The Sum of all projects must equal the total amount being requested.
- Funds that are granted for special initiatives may not be reduced without prior written approval from BHA.
- Any LBHA/CSA/LAAs that serve special needs individuals are to update that consumer's specific funding requirement for SFY 2026. If additional funds or reallocations are needed, contact the BHA Clinical Services Division Program Staff. If less funds than SFY 2026 funding is needed, any remaining, unexpended funds shall revert to BHA.

Special Consideration should be given to the:

- **Performance Measures** – The entry in the "Performance Measures" column on the DHMH432C and DHMH432G; DHMH 4542C, 4542H, 4542I &4542J pages must be filled in with specific quantifiable measures.
- **Direct Service Staff** – If salaried staff listed on the DHMH 432D, DHMH 4542D, and DHMH4542E provides direct care, information on their job duties and initiative it is associated with must be included in the STATEMENT OF WORK (based on the CONDITIONS OF AWARD) for that service.
- **Consultants** – Consultant page (DHMH 432E or DHMH 4542F) must contain a brief description of each consultant's job duties and the associated initiative. Attach additional sheets as a STATEMENT OF WORK (based on the CONDITIONS OF AWARD) if necessary.
- **Substance Use Service Grants** - may not include any ambulatory or residential treatment services where applicable.

C. Crisis Pilot Program
D. General Fund Grant Substance Use Services
E. General Fund Grant Mental Health Services
F. Maryland Recovery Net (MDRN)
G. State Awards
H. State General Fund Multi-Award
I. Substance Abuse Treatment Outcomes Partnership (STOP)

Federal Awards

J. Crisis Response Grants
K. Continuum of Care (CoC)

L. Drug Court
M. Federal Fund Block Grant Substance Use Services
N. Federal Fund Block Grant Mental Health Services
O. FBG ARPA Substance Use Services
P. FBG ARPA Mental Health Services
Q. FBG COVID 19 Supplemental MH Services
R. FBG COVID 19 Supplemental Substance Use Services
S. Projects for Assistance in Transition from Homelessness (PATH)
T. State Opioid Response III NCE
U. State Opioid Response IV

4. SUBVENDOR BUDGETS for all awards that apply.

Please submit a subvendor budget for each award. BHA prefers that a proposed FY26 subvendor budget be submitted. If not available at this time, please submit a subvendor budget from SFY 24 or SFY25.

5. SFY 2026 OPERATIONAL BUDGET WORKSHEETS

A. **WORKSHEET #1** - STATE GENERAL FUND SERVICES & ADMINISTRATION
- SFY 2024, 2025, and 2026 Data.
- Report SFY 2024 actual expenditures charged for each Service
- Report actual expenditures charged to the rollover budget (please summarize, in a separate line-item on the worksheet, one-time only expenditures, e.g., equipment, vehicles, etc.)
- Report the combined actual outcomes for services from both budgets

B. **WORKSHEET #2** - FEDERAL BLOCK GRANTS
- FY 2024, 2025, and 2026 Data

C. **WORKSHEET #3** – PROGRAM FUNDING
- Separate worksheets are required for each SFY 2026 Award Number
- Must include columns for each Condition of Award
- Totals must reconcile to Total Funding
- **Please submit an electronic copy in Excel** with the required documents listed above in a separate email for each Award listed on your Allocation Letter and Chart to your designated BHA program staff for review and approval by the Financial Plan due date.

6. ATTACHMENT M Summary Certain Federal Fund Requirements and Restrictions.

Please include the Attachment M template in the Financial Plans for Federal Grants. It details various Federal funding requirements for lobbying activities, tobacco regulation, the Single Audit and employment issues. Submission of one current FY26 Attachment M Template identifying “All Federal Awards” on page 4., signed by the jurisdictional representative with the required documents listed above in a separate email for each Award listed on your Allocation Letter and Chart to your designated BHA program staff for review and approval by the Financial Plan due date.

7. FORMS DHMH 433 and DHMH 434

A. **DHMH 433 -** Conditions of Human Service Agreement Statement

B. **DHMH 434 -** Assurance of Compliance with the Department of Health and Human Services. Departments that submit these forms as part of their Unified Funding Document (UFD) process do not need to include these forms with this submission.

8. ATTESTATION LETTERS (Electronic signatures will be accepted)

A. **Audit of Subvendor Cost Reimbursement Contracts**
Provide a letter attesting to your compliance with Sections 2180.04 of the Local Health Department Funding Systems Manual (LHDFSM) or Section 2210.04 of the Human Services Agreements Manual (HSAM) regarding subvendor audits.

B. **Procurement Policy**
Provide a letter attesting your procurement policy on file at BHA is current or provide an updated copy to the BHA Finance & Fiscal Management Grant Unit.

APPENDIX A

Implementation Plan Template
FY_____

1. **Introduction**
2. **Highlights, Achievements, New Developments, and Challenges**
    - Any developments or challenges that may have occurred over the year that are significant to report
3. **Key Priorities- Goals and Objectives**
4. **Targeted Case Management**
5. **Local Systems Management Integration Self-Assessment Tool-** continue to report the progress of MH and SU integration in the local jurisdictions
6. **Cultural and Linguistic Competency Plan**
7. **Plan Approval Requirement**
8. **Local Planning & Management-Sub Grantee Monitoring-** See monitoring instructions in the corresponding section above.
9. **Data Section (Required)- See 9 Data and Planning Section and Appendix B**
    - Minimum Data Requirement
    - Presentation of Data
    - Implementation Analysis

Financial Planning Document Requirements

- **Conditions of Awards** must be obtained for each initiative from the BHA Program Staff.
- **Statements of Work** are based on the Condition of Award, and approved by the LBHA/CSA/LAA and BHA program staff.
- **Budget Forms,** Budgets for Administration and Services must be submitted on the DHMH 432 or DHMH 4542 budget forms, whichever is applicable.
- **Worksheet #3s,** Worksheet #3 is required for each BHA award number.
- **Attachment M**, Summary of Certain Federal Fund Requirements and Restrictions.
- **Subvendor Budget**, if applicable.
- **Forms 433 and 434**, if applicable.
- **Attestation Letters**, if applicable.

APPENDIX B

Data Resource Guide and Data Analysis Guidance

1. Guidance: Analyzing the Data

In the data section of your plan, include your analysis of all appropriate data sources and priority areas.

a. In addition to the minimum required Public Behavioral Health System (PBHS) data reporting and analysis, conduct an analysis on any three of the following priority areas:
   - Suicide Deaths and Ideation
   - Overdose Deaths
   - Overdose Events
   - Crisis Response and Prevention
   - Health and Behavioral Health Disparities Response
   - Older Adults System Planning
   - Student Behavioral Health
   - Jurisdiction Specific Response to COVID-19
   - Other Pertinent Priority Topics

b. Include a detailed, descriptive narrative of critical contextual factors that impact the data.

c. Include a table that displays the Medicaid Enrollment and Penetration rate.

d. The analysis should reflect the impact and response of each indicator across the lifespan.

e. The analysis should examine trends that occur among the selected indicators and appropriate strategies to address these trends within the local plan.

f. Offer possible explanations on anomalies such as significant increases or decreases in year-to-year comparisons.

g. Include an analysis of unusual patterns or trends, if appropriate.

h. For any data analysis narrative, include a reference to the table, chart, or graph upon which your analysis is based.

i. When relevant in the data analysis narrative, include explanations of measures and links to your objectives and/or strategies.

As you conduct your analysis, consider the following questions regarding the data:

- Was the data as expected, why or why not? Were there program initiatives in your jurisdiction that may account for the change? Did a large provider close? Did

more providers come into the jurisdiction?

- Was data affected by policies, procedures, or characteristics at the community, jurisdiction, or state level? Did a school suspension/expulsion result in a policy change?
- Was the data affected by contextual or program factors-new outreach initiatives?
- Was the data affected by characteristics of individual staff or clients served? New social services agency in the county referring more adults or children.

2. Guidance: Reporting and Presenting Data Effectively

How to Calculate Change over Time: The formula to calculate change from one time period to the other is represented as COT= (Current Year-Previous Year)/Previous Year X 100 For example; 200 individuals served in fiscal year 2022 and 91 individuals served in fiscal year 2019 would be calculated: 200-91/91*100=119.78% There was a 120% increase in the number of individuals served from FY 19 to 22.

The following suggestions are useful for presenting data most effectively:

- **Use the most appropriate charting format, e.g., bar graph, pie.** If charting data for numerous services over a span of fiscal years (a comparison of two years is suggested to avoid anomalies), a bar graph would be the most beneficial. Line graphs become too "hectic" in appearance and information can be easily confused.
- **Use appropriate ink color.** When possible, use patterns to differentiate categories to assist when the document may not be printed in color. Avoid lighter colors (such as yellow) that do not show or copy well. It is best to use black with various patterns for differing categories.
- **Label charts appropriately.** For example, when charting data containing age levels, label groups by numerical ages 0-5, 6-11, etc., as opposed to Adolescents, Transition-Age Youth, etc. BHA considers individuals aged 18 and over to be adults. Please match your charts accordingly.
- **Presenting financial information**. When charting data that pertains to dollar expenditures, including a "data table" or "data value" with the specific expenditure amounts. With this approach, the reader will not have to rely solely on bar graphs and scales to estimate the figure.
- **Presentation of the data source.** When presenting data in chart or table form, be sure to indicate the data source or data run date of the report. For example; "*Data Source: MDH-VSA based on data through 09/30/2023*" or "*Data Source: ASO based on claims paid through 10/31/2021*".

BHA recognizes data staffing limitations for jurisdictions. For technical assistance, please feel free to contact Susan Bradley at Susan.Bradley@maryland.gov

Behavioral Health Data Resource Guide

The following resources are available for the inclusion or use when conducting an analysis of your jurisdiction and planning your system's objectives and strategies.

TOPIC	SOURCE	OWNER	LINK
Medicaid Population	Dashboard	The Hilltop Institute	Public Dataport - The Hilltop Institute
Despair Deaths due to COVID-19	Website	Wellbeing Trust	Well Being Trust
Overdose Deaths	Website	OCME/VSA	Pages - MDH Interactive Dashboards
Overdose Deaths	Website	OCME	GOVERNMENT OF THE DISTRICT OF COLUMBIA OFFIC OF THE CHIEF MEDICAL EXAMINER Opioid-related Fat Overdoses
Suicide	Website/ Database	CDC WISQARS	WISQARS
COVID-19	Website	Health Communication Research Laboratory	Focus-19 | Health Communication Research Laborato | Washington University in St. Louis
211 Helpline	Website	211 Helpline Maryland	211 Counts
Opioid Overdoses by Race/Ethnicity	Website	Kaiser (KFF)	Opioid Epidemic | KFF
Maryland Unemployment Rates	Website	Maryland Manual Online: A Guide to Maryland & It's Government	Maryland Manual On-Line: A Guide to Maryland & Its Government
Maryland Population Statistics	Website	Maryland (VSA)	Maryland Department of Health reports
National Survey on Drug Use and Health (NSDUH)	Website	SAMHSA	State Estimates of Mental Health and Substance Use
Mental Health Household Pulse Survey (Anxiety/ Depression during COVID-19)	Website	Center for Disease Control (CDC)	Mental Health - Household Pulse Survey - COVID-19
US Census Bureau, County Population Totals, 2010-2019	Website	US Census Bureau	Census Data Tables 2010 Counties Data Quick Facts
National Survey of Children's Health (NSCH)	Website	CAHMI	Data Resource Center for Child and Adolescent Health

			2019 NSCH Data Release
Unemployment Insurance Claims By Count (MD)	Website	MD-DLR	Unemployment Insurance Initial Claims by County
Maryland Unemployment Claims Data	Website	United States Department of Labor	Unemployment Insurance Data, Employment & Training Administration (ETA) - U.S. Department of Labor
Overdose Hospital Even\ts	Dashboard	CRISP	CRISP Reporting Services - Improve Outcomes and Enhance the Patient Experience
Maryland Youth Risk Behavior Survey/Youth Tobacco Survey (YRBS/YTS)	Website	MDH	MD.gov PHPA CCDPC Reports

Appendix C

Systems Management Integration Status Report Template

INTEGRATION STATUS REPORT TO INCLUDE IN LOCAL IMPLEMENTATION PLAN

FOCUS ON THE OUTCOME: An integrated approach to managing the Public Behavioral Health System is intended to support individuals and families in accessing and receiving high quality, person-centered services and supports in a coordinated way that appears seamless.

TOPIC	Score
1: One Integrated Behavioral Health Plan for the local jurisdictions /region	
2: Integrated Local Behavioral Health Advisory Council	
3: Budget that Supports Integrated Operations	
4: Integration of Behavioral Health Approach Among Providers	
5: Integrated Behavioral Health Messaging and Outreach	
6: Integrated Approach to Behavioral Health for Staff	
TOTAL INTEGRATION STATUS SCORE (0-24)	

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

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

- □ a. One integrated behavioral health plan for the local public behavioral health system that meets state requirements, aligns with the BHA statewide behavioral health plan, and meets all parameters required by BHA.
- □ b. The local plan describes a shared vision and strategic priorities that include a focus on integrated system planning and management
- □ c. A local mechanism is in place to measure and document progress toward taking an integrated approach to managing the Public Behavioral Health System in the local area
- □ d. All elements of the local plan consider both mental health and substance use disorders

TOTAL NUMBER OF BOXES CHECKED (0 to 4): _____ *(insert score in table above)*

2: Integrated Local Behavioral Health Advisory Council *(builds on prior domains: Leadership and Governance)*

- □ a. A single local Advisory Council is in place to address behavioral health (i.e., mental health and substance use) -- OR – the local mental health advisory council and the substance use-related advisory council meet jointly at least annually
- □ b. The local Advisory Council(s) includes community members who have lived experiences with mental health, substance use, and co-occurring disorders
- □ c. The local Advisory Council(s) includes providers with clinical and service expertise in mental health, substance use, and co-occurring disorders
- □ d. A local structure, including staff support, is in place to coordinate and communicate both mental health and substance use information to the local Advisory Council(s)

TOTAL NUMBER OF BOXES CHECKED: _____ *(insert score in table above)*

3: Budget that Supports Integrated Operations *(builds on prior domains: Budgeting and Operations)*

- □ a. Budgeting functions are in one LBHA -- OR -- are closely coordinated between the CSA and LAA based on a written agreement to reduce duplication and maximize resource use
- □ b. Operations are within one LBHA -- OR -- are tightly coordinated between the CSA and LAA based on a written agreement to reduce duplication and maximize use of resources
- □ c. A local mechanism is in place for reviewing mental health and substance use disorder budgeting and operations for opportunities to further integrate and maximize efficiencies
- □ d. A local mechanism is in place to integrate and/or braid system management budgets, with appropriate monitoring and tracking to meet separate funding source requirements

TOTAL NUMBER OF BOXES CHECKED: _____ *(insert score in table above)*

4: Integration of Behavioral Health Approach Among Providers *(builds on prior domains: Quality; Stakeholder Collaboration)*

- □ a. There is a local understanding of the meaning of integrated behavioral health services
- □ b. Local meetings are regularly held with providers of mental health, substance use, and co-occurring disorder services to jointly discuss integrated behavioral health approaches
- □ c. Education and training on best practices in behavioral health, cultural competency and related topics is routinely provided to clinical and non-clinical providers in the local area
- □ d. Encouragement, information and incentives are offered to local behavioral health providers to coordinate formally and informally with local primary care providers

TOTAL NUMBER OF BOXES CHECKED: _____ *(insert score in table above)*

5: Integrated Behavioral Health Messaging and Outreach *(builds on prior domains: Public Outreach, Individual and Family Education)*

- ☐ a. A local coordinated communication process is in place to educate individuals, families and the public about behavioral health and the link between mental health and substance use
- □ b. Local outreach and information for the public always includes the link between mental health and substance use disorders even if there is a primary focus on only one area
- □ c. LBHA, or CSA and LAA, websites, promotions and advertisements are designed to support and promote an integrated approach such as a standardized logo and single point of contact for all public messaging about behavioral health
- □ d. Behavioral health integration is promoted within the entire organization if part of another agency (e.g. local health department) and with partner agencies

TOTAL NUMBER OF BOXES CHECKED: _____ *(insert score in table above)*

6: Integrated Approach to Behavioral Health for Staff *(builds on prior domains: Workforce; Stakeholder Collaboration)*

- □ a. All LBHA, CSA and LAA employees, including leaders, are trained in integrated system management expectations so that they can articulate their role in helping to manage the Public Behavioral Health System at the local level
- □ b. The LBHA, or CSA and LAA, organizational structure formally connects staff with substance use disorder and mental health expertise to support and encourage collaboration
- □ c. Cross training opportunities are provided to LBHA, or CSA and LAA, staff
- □ d. All LBHA, CSA and LAA position descriptions include the expectation of developing some level of knowledge in both mental health and substance use disorders as part of their role in managing the Public Behavioral Health System at the local level

TOTAL NUMBER OF BOXES CHECKED: _____ *(insert score in table above)*

Appendix D

Cultural And Linguistic Competency Implementation Narrative

Local jurisdictions have been required to submit a separate Cultural and Linguistic Competency Strategic Plans (CLCSP) as part of their overall strategic and fiscal year planning process. This year, the BHA is requesting local jurisdictions provide a narrative about the implementation and improvement of cultural and linguistic competency within the implementation plan. This narrative may include DEIB related activities that local authorities have conducted during the previous fiscal year and intend to implement during FY26. As Local Authorities continue to implement their established goals for the FY 2024-2026 CLCSP, consider assessing what has been the impact and/or progress made. This will assist in the process for determining key areas for further capacity building that can and should be reflected in the current process for CLCSP. Below is offered some critical questions to answer in the narrative:

1. ***What are 2-3 accomplishments that the local jurisdiction has achieved since submission of the three year CLCSP?***

2. ***What has been the impact of these accomplishments on consumers of the local public behavioral health system, the local communities served and your organization?***

3. ***What has not been accomplished that was stated in the 3-year CLCSP? What barriers inhibited these efforts? Which Strategies/Objectives have been changed to overcome these obstacles?***

4. ***How will it be addressed by the local authority, relative to CLC and DEIB, during FY2026?***