



BEHAVIORAL HEALTH ADMINISTRATION

2020–2021 BEHAVIORAL HEALTH PLAN

A RECOVERY AND RESILIENCE-ORIENTED SYSTEM

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State of Maryland Behavioral Health Administration

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MARYLAND BEHAVIORAL HEALTH ADMINISTRATION

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ACKNOWLEDGEMENTS

The 2020-2021 Behavioral Health Plan is the result of a collaborative work of the Behavioral Health Administration leadership, staff and many stakeholders, who are dedicated to establish a person-centered and family-focused integrated behavioral health system of care for all Marylanders.

Thank you to everyone who contributed to the development of this Plan and provided feedback and recommendations, including the Behavioral Health Administration Executive Team, the Behavioral Health Advisory Council and Planning Committee, and regional stakeholders.

EXECUTIVE SUMMARY

It is my pleasure to present the 2020-2021 Behavioral Health Plan. The contributions from our behavioral health community has been essential in the completion of this Plan, and we are grateful for the ongoing collaborations that will continue as we implement these strategies. Since joining Maryland's Public Behavioral Health System (PBHS) as the Deputy Secretary in January 2020, it became quickly evident that the partnerships with our stakeholders are strong and critical to our success in establishing an integrated system of care that builds resiliency throughout the continuum of care.

You will find that the goals in this Plan continue to follow our Mission to "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." In alignment with our Mission, we continue to emphasize a system that remains focused on person-centered and family-focused services and supports toward improving community wellness across the lifespan.

In doing so, we will continue to identify gaps and barriers to treatment through efforts to enhance our data collection and analysis capabilities. We are also moving forward in our COVID-19 response activities, prevention and intervention efforts as well as improving access and the quality of care within the PBHS. Additionally, we will focus on strategies that diminish health disparities and inequities, further cultural and linguistic competencies, and expand our provider network which also supports telehealth applications. Improving the overall quality of behavioral health services and supports is a priority and will include expansion of crisis services, and evidence-based and promising practices.

Remaining clinically and fiscally responsive is a top priority for Maryland's PBHS as these goals clearly demonstrate. Through our ongoing collaborations with the System of Care Workgroup, Behavioral Health Integration project, our local and state partners, and behavioral health stakeholders, the PBHS will stay on course to improving efficiencies and outcomes.

I thank you for your ongoing support and partnership and look forward to implementing these strategies together.

Sincerely,

A handwritten signature in black ink, appearing to read 'Aliya Jones', written in a cursive style.

Aliya Jones, M.D., MBA
Deputy Secretary Behavioral Health

State of Maryland Behavioral Health Administration

2020-2021 BEHAVIORAL HEALTH PLAN

The 2020-2021 goals are based on the Behavioral Health Administration's (BHA) vision and mission statements and on Maryland's and the Substance Abuse and Mental Health Services Administration's (SAMHSA) current priority areas.

Vision Statement

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

Mission Statement

"The BHA will, through publicly funded services and supports, 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.

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(4) EMPOWERMENT

Individuals, families, and advocates will be involved in decision-making processes throughout the continuum of care (CoC), 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.

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LIST OF ACRONYMS

| | |
|--------------|---|
| ACT | Assertive Community Treatment |
| ASL | American Sign Language |
| ASO | Administrative Services Organization |
| ATTC | Addiction Technology Transfer Center |
| BHA | Behavioral Health Administration |
| BHI | Behavioral Health Integration |
| BIAMD | Brain Injury Association of MD |
| CEPG | Center of Excellence on Problem Gambling |
| CoC | Continuum of Care |
| CPRS | Certified Peer Recovery Specialist |
| DPSCS | Department of Public Safety and Correctional Services |
| EBP | Evidence-Based Practice |
| ER | Emergency Room |
| ERPO | Extreme Risk Protective Orders |
| FFPSA | Families First Prevention Services Act |
| GPRA | Government Performance and Results Act |
| HB | House Bill |
| JCR | Joint Chairman's Report |

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| | |
|---------------|---|
| LDA | Local Designated Authority/Authorities (Core Service Agency, Local Addictions Authority, Local Behavioral Health Authority) |
| LTSS | Long-Term Services and Supports |
| MA | Medical Assistance or Medicaid |
| MAT | Medication-Assisted Treatment |
| MCCJTP | Maryland Community Criminal Justice Treatment Program |
| MCO | Managed Care Organizations |
| MDH | Maryland Department of Health |
| MNC | Medical Necessity Criteria |
| ODU | Opioid Use Disorder |
| PASRR | Pre-admission Screening and Resident Review |
| PCCP | Person-Centered Care Planning |
| PBHS | Public Behavioral Health System |
| PRP | Psychiatric Rehabilitation Program |
| RACE | Recognize, Ask, Care, Encourage |
| ROSC | Recovery Oriented System of Care |
| SATS | Substance Abuse and Treatment Services Program |
| SE | Supported Employment |
| SPA | State Plan Amendment |
| SRD | Substance Related Disorder |

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| | |
|--------------|---|
| SUD | Substance Use Disorder |
| SOR | State Opioid Response |
| START | Sobriety Treatment and Recovery Teams |
| TAMAR | Trauma, Addiction, Mental Health and Recovery |
| TMACT | Tool for Measurement of Assertive Community Treatment |

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GOAL 1: INCREASE ACCESS TO CARE

OBJECTIVE 1.1 - Expand capacity of 24/7 Crisis Services

Strategy 1.1A: In partnership with the local designated authorities (LDA) and the Opioid Operational Command Center, BHA will assess the current crisis services landscape and identify components needed to create a comprehensive crisis response system such as crisis intervention teams, crisis walk-in centers, crisis beds and safe stations.

Performance Measure: Using state general legislated funds (Crisis Response Program Grant [HB1092]), and federal funding (State Opioid Response [SOR]) new crisis service programs will be developed and existing programs expanded to increase the percentage of individuals diverted from hospital emergency departments and detention facilities to community based crisis services.

Responsible Person: Director, Office of Crisis and Criminal Justice Services and Director, Clinical Services, Adults and Older Adults

Strategy 1.1B: Train individuals residing in certified recovery residences and provide them with a naloxone kit.

Performance measure: 100% of individuals residing in certified recovery residences will be trained and offered a naloxone kit.

Responsible Person: Chief, Center for Harm Reduction Services, Public Health Administration

Strategy 1.1C: Develop a mobile crisis team, crisis location, or triage pathway operating 24/7 where urgent assessments can be completed for children and youth.

Performance Measures: 1) Develop and implement 4 new crisis centers in FY 2021. 2) Implementation of 4 screening Evidence-Based Practices (EBPs) in each crisis center. 3) Implementation of consultation access in each crisis center. 4) Number of youth served and outcomes of referral. 5) Monitoring number of unique child ER visits to regional hospitals to assess for a decrease. 6) Monitoring of unique child inpatient psychiatric admissions.

Responsible Person: Director, Child, Adolescent and Young Adult Services

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OBJECTIVE 1.2 - Expand the capacity of the Behavioral Health Workforce

Strategy 1.2A: Improve core competencies of current workforce through training provided by the University of Maryland Training Center.

Performance Measure: Number of training provided and number of attendees awarded continuing education credit hours.

Responsible Person: Director, Office of Workforce Development and Technology Transfer; Director, University of Maryland Training Center

Strategy 1.2B: Facilitate entry of new professionals into the behavioral health field through collaboration with and support to higher education partners.

Performance Measure: Number of students pursuing behavioral health related degrees that were awarded stipends, scholarships or loan assistance.

Responsible Person: Director, Office of Workforce Development and Technology Transfer

Strategy 1.2C: Enhance structures and processes to recruit, promote and support a diverse workforce.

Performance Measure: Develop grants to Historically Black Colleges and Universities to provide financial assistance to students pursuing behavioral health degrees. Grants to include scholarships, stipends, and curriculum infusion activities.

Responsible Person: Director, Office of Workforce Development and Technology Transfer

Strategy 1.2D: Promote the delivery of on-going cultural and linguistic competency training and cross-training of the behavioral health workforce.

Performance Measure: Number of training provided, number of trainees awarded continuing education credit hours or certificate of attendance, and result of surveys on the effectiveness of the training programs.

Responsible Person: Chief, Division of Planning

Strategy 1.2E: Implement cultural and linguistic competency training programs that incentivize staff at all levels of the workforce to learn about and address the cultural and linguistic needs of the individuals and families they serve.

Performance Measure: 1) Tools to measure effectiveness and outcomes of training programs are developed. 2) Guidelines and cultural competence developmental milestones for staff performance and management are established.

Responsible Person: Chief, Division of Planning

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Strategy 1.2F: Provide information and training to behavioral health providers on problem gambling screening, and appropriate treatment for clients whose screening indicates a need for further assessment or treatment.

Performance Measure: Number of training provided and number of attendees awarded continuing education credit hours.

Responsible Person: Director, Office of Problem Gambling and Family Peer Support

Strategy 1.2G: Work with local subject matter experts to develop additional training content that provide continuing education units to individuals seeking their Certified Peer Recovery Specialist (CPRS) credential.

Performance Measure: Number of curricula developed, and number of peer specialists trained.

Responsible Person: Director, Office of Community Based Access and Support

Strategy 1.2H: Increase the peer workforce by 10%.

Performance Measure: Percentage of increase across the peer workforce.

Responsible Person: Director, Office of Community Based Access and Support

Strategy 1.2I: Train behavioral health providers to screen for brain injury and ensure cognitively accessible treatment approaches.

Performance Measure: Increase in the number of providers who answer the brief brain injury screening questions into the ASO online authorization process for Psychiatric Rehabilitation Program (PRP) services and Mobile Treatment Services (MTS).

Responsible Person: Director, Office of Older Adults and Long-Term Services and Supports (LTSS), Clinical Services Division

Strategy 1.2J: Provide training and technical assistance on trauma-informed care principles and practices within the context of agency substance use and mental health services integration projects (for adults).

Performance Measure: Number of training provided and number of attendees.

Responsible Person: Director, Office of Older Adults and Long-Term Services and Supports, Clinical Services Division

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OBJECTIVE 1.3 - Increase the use of Telehealth and other Information Technology Applications

Strategy 1.3A: Assist Maryland Assertive Community Treatment (ACT) providers utilizing telepsychiatry to develop and implement telepsychiatry strategies that ensure individual choice and high quality service provision.

Performance Measure: Track, monitor and evaluate providers' capabilities and progress.

Person Responsible: Director, Office of Evidence-Based Practices, Housing and Recovery Supports, Clinical Services Division

Strategy 1.3B: Assist Maryland Community Criminal Justice Treatment Program (MCCJTP) providers utilizing telepsychiatry to develop and implement telepsychiatry strategies that ensure individual choice and high quality service provision.

Performance Measure: Track efficiencies of service delivery and treatment outcomes of telehealth practices.

Responsible Person: Director, Office of Crisis and Criminal Justice Services, Clinical Services Division

Strategy 1.3C: Provide webinar training for behavioral health providers and practitioners on best practices in the use of telehealth.

Performance Measure: Number of training provided and number of attendees.

Person Responsible: Director, Office of Workforce Development and Training

Strategy 1.3D: Establish telehealth training and utilization of consultation for Evidence-Based Practice resources to be used by current Mental Health and other clinicians seeking to provide EBP SUD services.

Performance Measure: 50 clinicians trained and 200 referral encounters.

Responsible Person: Director, Child, Adolescent and Young Adult Services

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OBJECTIVE 1.4 - Increase public awareness on the nature of addiction, the importance of treatment and recovery services, and Maryland Crisis Hotline (211 press 1)

Strategy 1.4A: Run developed media campaigns: Talk to Your Doctor, Anti-Stigma, How to Administer Naloxone, Dangers of Fentanyl, Maryland Crisis Helpline, Good Samaritan Law and Problem Gambling as warranted.

Performance Measure: Track and monitor number of impressions.

Person Responsible: Director, Office of Public Awareness

Strategy 1.4B: Create and disseminate new campaigns as specific needs arise, such as the outreach to construction workers and nursing homes.

Performance Measure: Track and monitor number of impressions.

Person Responsible: Director, Office of Public Awareness

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GOAL 2: IMPROVE QUALITY OF CARE IN THE PUBLIC BEHAVIORAL HEALTH SYSTEM (PBHS)

OBJECTIVE 2.1 - Improve Data Collection and Analysis Capabilities

Strategy 2.1A: Develop and implement applications to identify available behavioral health treatment sites and beds.

Performance Measure: Progress towards the implementation of Maryland Bed Availability Registry (MD-BAR) application.

Responsible Person: Director, Office of IT and Data

Strategy 2.1B: Provide individualized technical assistance and structured data-oriented training and webinars to state and local partners in analyzing and using data in planning, decision-making, program implementation and reporting.

Performance Measure: The number of webinars, training, and individualized technical assistance sessions.

Responsible Person: Director, Office of IT and Data

Strategy 2.1C: Enhance capacity for local designated authorities to utilize behavioral health data to measure service effectiveness to inform policy and planning.

Performance Measure: Provision of 75% of all Power BI licenses to the BHA Performance Outcomes Dashboard for the purpose of executive and county-wide access to dashboard reports and behavioral health data.

Responsible Person: Director, Office of IT and Data

Strategy 2.1D: Identify program indicators and tools to accurately perform program evaluation activities that will drive program decision-making and policy.

Performance Measures: 1) Program indicators developed from BHA dashboard and monitored quarterly to track program implementation and outcomes. 2) Quarterly performance report developed and distributed to program leadership. 3) Number of program decisions and/or actions taken based on review of program performance.

Responsible Person: Director, Office of Applied Research and Evaluation

Strategy 2.1E: Establish suicide fatality review process in Maryland to improve the usefulness and quality of suicide-related data.

Performance Measures: Improved data linkage across agencies and organizations, and dissemination of data to stakeholders.

Responsible Person: Director, Suicide Prevention and MD Crisis Hotline

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OBJECTIVE 2.2 - Move to Measurement-Based Care

Strategy 2.2A: Develop a streamlined and effective system for budgeting and systems operation.

Performance Measure: Track expenditures and fund-balances for all contracts, interagency agreements, grants and administrative functions.

Responsible Person: Director, Finance and Fiscal Management Division

Strategy 2.2B: Develop and implement quality improvement monitoring and accountability tools.

Performance Measure: Monitoring tools developed to efficiently manage and track financial resources.

Responsible Person: Deputy Director, Systems Management and Planning; Director Finance and Fiscal Management Division

Strategy 2.2C: Perform ongoing and consistent auditing and monitoring of the systems managers and community-based treatment programs utilizing a site monitoring tool.

Performance Measure: 1) Quarterly site visits to jurisdictions to ensure that recipients are enrolled in high quality and accessible community-based services.

2) Implementation of corrective action plans, as needed, to address cited deficiencies.

Responsible Person: Director, Office of Treatment Services, Clinical Services Division

Strategy 2.2D: Implement a comprehensive constituent follow-up protocol to effectively address, monitor and track constituent referrals; follow-up with constituents at specific intervals to help improve customer service and establish a rapport of trust.

Performance Measure: Monthly or quarterly progress reports published by the Behavioral Health Administration.

Responsible Person: Director, Office of Treatment Services, Clinical Services Division

Strategy 2.2E: Improve Pre-admission Screening and Resident Review (PASRR) processes and access to specialized services for individuals with mental illness (for older adults).

Performance Measure: 1) Increase in number of PASRR determinations annually.

2) Increase in utilization of specialized behavioral health services for individuals with mental illness admitted to nursing facilities.

Responsible Person: Director, Office of Older Adults and Long-Term Services and Supports, Clinical Services Division

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Strategy 2.2F: Hold annual older adult behavioral health policy summit to improve statewide capacity to support older adults with behavioral health conditions.

Performance Measure: Number of attendees and number of new services created to support older adults with behavioral health conditions.

Responsible Person: Director, Office of Older Adults and Long-Term Services and Supports (LTSS), Clinical Services Division

Strategy 2.2G: Monitor brain injury waiver providers annually to ensure licenses are renewed.

Performance Measure: Number of participating waiver providers with current license.

Responsible Person: Director, Office of Older Adults and Long-Term Services and Supports

Strategy 2.2H: Monitor mental health residential crisis bed providers annually to ensure licenses are renewed.

Performance Measure: Number of participating programs with current license.

Responsible Person: Acting Director, Office of Accreditation

Strategy 2.2I: Expand regional availability and improved access to effective, intermediate and intensive community-based behavioral health services for children, youth and their families including cost-effective psychiatric rehabilitation programs (PRP), targeted case management (TCM), respite care, 1915(i) and early intervention/first episode psychosis programs (FEP).

Performance Measure: 1) Reduction in overall PRP expenditures by 10% by establishing medical necessity criteria (MNC) and eliminating unnecessary PRP utilization. 2) Reduction in number of unique child/adolescent ER visits by 10%. 3) Reduction of hospital overstays by 5%. 4) Yearly TCM capacity analysis by MDH showing increased utilization and improved access to TCM programs statewide. 5) Expansion of FEP to 2 more sites.

Responsible Person: Director, Child, Adolescent and Young Adult Services

Strategy 2.2J: Support implementation of MNC for PRP for Adults.

Performance Measures: 1) ASO implementation of MNC. 2) Decrease in unnecessary PRP service utilization.

Responsible Person: Assistant Director, Clinical Services Division

Strategy 2.2K: Partner with the Governor's Office of the Deaf and Hard of Hearing to reduce barriers to access to PBHS for individuals who are deaf or hard of hearing.

Performance Measure: Increased utilization of PBHS by individuals who are deaf and hard of hearing.

Responsible Person: Director, Office of Treatment Services

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OBJECTIVE 2.3 - Increase support of Evidence-Based and Promising Practices

Strategy 2.3A: In collaboration with the University of Maryland, the LDA, and key stakeholders continue to implement statewide evidence-based practice (EBP) in supported employment (SE) and assertive community treatment (ACT).

Performance Measures: Number of teams participating, obtaining and maintaining fidelity as determined by the assessment and evaluation of program fidelity to establish eligibility for EBP reimbursement rates.

Responsible Person: Director, Office of Evidence-based Practices, Housing and Recovery Supports, Clinical Services Division

Strategy 2.3B: Provide training and technical assistance on Person-Centered Care Planning (PCCP) principles and practices, within the context of agency substance use and mental health services integration projects (for adults).

Performance Measure: Number of training provided and number of attendees.

Responsible Person: Director, Office of Evidence-based Practices, Housing and Recovery Supports, Clinical Services Division

Strategy 2.3C: Provide training and technical assistance on trauma informed care principles and practices to behavioral health facilities statewide.

Performance Measure: Number of training sessions provided and number of attendees.

Responsible Person: Director, Office of Crisis and Criminal Justice Services

Strategy 2.3D: Increase volume and proportion of individuals with opioid use disorder (OUD) receiving medications for OUD.

Performance Measure: Number of linkages between jurisdictions, treatment providers and prescribers using Hub and Spoke models.

Performance Measure: Number of technical assistance that Maryland Addiction Consultation Service provides to assist primary care practices with treatment of patients with OUD.

Responsible Person: Director, Office of Early Intervention and Wellness Services

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Strategy 2.3E: Partner with the Governor’s Office of Crime Prevention, Youth, and Victim Services and Department of Public Safety and Correctional Services (DPSCS) to launch or enhance detention center MAT programs.

Performance Measure: Using progress report forms developed for SOR funded activities, measure the number of participants receiving MAT. Data are to include demographics, utilization, and evaluation as monitored by the University of Maryland.

Responsible Person: Director, Crisis and Criminal Justice Services, Clinical Services Division

Strategy 2.3F: Partner with DPSCS to identify funding to increase the number of detention center MAT programs per House Bill (HB) 116 (2019).

Performance Measure: 1) Funding obtained. 2) Increase in the number of detention facilities with a MAT program and the number of individuals being treated.

Responsible Person: Director, Crisis and Criminal Justice Services, Clinical Services Division

Strategy 2.3G: Develop and actualize plan for transition to the Tool for Measurement of Assertive Community Treatment (TMACT) as a means of measuring EBP program fidelity and improving program effectiveness.

Performance Measure: 1) Joint Chairman’s Report (JCR) submitted. 2) Draft regulations developed. 3) Plan milestones met.

Responsible Person: Director, Office of Evidence-based Practices, Housing and Recovery Supports, Clinical Services Division

Strategy 2.3H: In collaboration with the Children’s Cabinet, Medicaid, and other child serving agency partners, expand the use of selected EBPs and promising practices for children, youth and families as a component of expanding youth specific substance use resources, as well as implementing the 1915(i) Intensive Services for Children and Families State Plan Amendment (SPA) and aligning with the guidelines of the Federal Families First Prevention Services Act (FFPSA).

Performance Measures: 1) Number of new EBP or promising practices endorsed by the State; 2) Number of new providers trained and enrolled in each of these practice categories; 3) Numbers of children, youth and families served in each practice category.

Responsible Person: Director, Child, Adolescent and Young Adult Services

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OBJECTIVE 2.4 - Create a strategic framework with shared values to promote equity and access to quality of care that addresses the social determinants of health through programming, implementation and evaluation for all individuals served by the Maryland Public Behavioral Health System (PBHS)

Strategy 2.4A: Develop and implement comprehensive policies and protocols to effectively address, monitor, and track equity to quality of care across all Public behavioral health programs and services.

Performance Measures: 1) Behavioral Health Equity Strategic Plan developed and used as a blueprint across the PBHS. 2) Policies and protocols to effectively address and track equity as a measure for quality of care are developed and deployed for use. 3) Programs and services are reviewed quarterly to access standards in place to equity and quality of care.

Responsible Person: Lead, BHA Behavioral Health Equity Work Group

Strategy 2.4B: Analyze and use data to support the development of behavioral health equity outcome measures in program planning and implementation across the Maryland PBHS.

Performance Measures: 1) Performance metrics will be established around the Behavioral Health Equity Strategic Plan's core elements. 2) All program data are reviewed quarterly to track progress made in reducing disparities and improving access to quality of care in the Maryland PBHS.

Responsible Person: Lead, BHA Behavioral Health Equity Work Group

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GOAL 3: IMPROVE COORDINATION OF CARE

OBJECTIVE 3.1 - Develop and Utilize an Integrated Systems Management Approach

Strategy 3.1A: In collaboration with MDH, support the implementation of the Behavioral Health Integration (BHI) process across Maryland through the development of standards and frameworks for systems management, and technical support to the LDA to further enhance stakeholder engagement.

Performance measures 1) Standards developed to guide and support systems management integration. 2) Quarterly progress reports. 3) Annual report of assessment of structural and process integration achieved at the LDA level. 4) Analysis report on the systems management integration.

Responsible Person: BHA Health Policy Analyst

Strategy 3.1B: In collaboration with Medicaid (MA), monitor and evaluate the performance of the Administrative Service Organization (ASO) requiring improvement as needed.

Performance measures: 1) Data shared to monitor performance and inform policy. 2) Information shared with key stakeholders. 3) Monthly and quarterly reports generated by ASO. 4) Analysis of reports by involved parties. 5) Analysis of utilization management practices.

Responsible Person: Deputy Director, Systems Management and Planning

Strategy 3.1C Under the direction of MDH, work collaboratively with Medicaid to develop a System of Care that addresses the needs of individuals by aligning the roles of Medicaid, BHA, the managed care organizations (MCOs), the ASO, and local systems management.

Performance Measure: System of Care Design developed through a series of stakeholder workgroups.

Responsible Person: Deputy Director, Systems Management and Planning

Strategy 3.1D: Improve screening, assessment, and referral services for individuals in need of entitlements through the Department of Social Services, including but not limited to Food Supplement Programs and Temporary Cash Assistance Program.

Performance Measure: Monitor the Substance Abuse and Treatment Services (SATS) Program in each jurisdiction and track the number of individuals that are screened/assessed and referred to treatment through the Program.

Responsible Person: Director, Office of Gender Specific Services, Clinical Services Division

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Strategy 3.1E: In collaboration with the Children’s Cabinet, the Children’s Cabinet Implementation Team, and other similar Interagency work groups, develop integrated cross agency approaches to increasing the overall numbers of children, youth and families served in high quality community based services and/or settings.

Performance Measure: 1) Reduced out of state institutional placements; 2) Reduced psychiatric hospital lengths of stay, especially for those youth deemed ready for discharge but who do not have a suitable living arrangement for discharge; 3) Reduced length of stay in Psychiatric Residential Treatment Centers; 4) Increased enrollment in the 1915(i) SPA and other intensive community based services; 5) Increased availability and utilization of child and family focused crisis and stabilization services.

Responsible Person: Director, Child, Adolescent and Young Adult Services

OBJECTIVE 3.2 - Expand Recovery Services and Supports

Strategy 3.2A: Distribute to individuals residing in certified recovery residences and care coordinators business cards with contact information to file a complaint.

Performance measure: Number of business cards delivered to individuals living in certified recovery residences and care coordinators.

Responsible Person: Director, Evidence-Based Practices, Housing and Recovery Supports, Clinical Services Division

Strategy 3.2B: Provide ongoing technical assistance and consultation to the LDA on the implementation of MDRN non-housing client support services.

Performance measure: 1) Number of technical assistance and consultation contacts provided to the LDA; 2) Implementation report showing trends, gaps and needs.

Responsible Person: Director, Evidence-Based Practices, Housing and Recovery Supports, Clinical Services Division

Strategy 3.2C: Provide information sessions regarding certification to non-certified recovery residences and other interested parties to increase the number of certified recovery residences.

Performance Measure: Increase the number of certified recovery residences by 10%.

Responsible Person: Director, Evidence-Based Practices, Housing and Recovery Supports, Clinical Services Division

Strategy 3.2D: Utilize SOR funding to increase access to prevention, treatment and recovery services for individuals who have an OUD.

Performance Measure: Monthly Collection of GPRA data for treatment and recovery services rendered.

Responsible Person: Director, Office of Treatment Services, Clinical Services Division

State of Maryland Behavioral Health Administration

Strategy 3.2E: Identify recovery services for pregnant women and women with children, and process referrals for counties that have recovery support housing for pregnant women and women with children.

Performance Measure: Number of referrals and recovery services provided.

Responsible Person: Director, Office of Gender Specific Services, Clinical Services Division

Strategy 3.2F: Develop and implement referral systems to support women with children that are in need of SUD treatment services; pregnant women that may need prenatal/high risk pregnancy services; women that have vulnerable children and need services for the children; and women with children unable or waiting to enter into a treatment program.

Performance Measure: Track the number of referrals made to treatment programs services in each jurisdiction.

Responsible Person: Director, Gender Specific Services, Clinical Services Division

Strategy 3.2G: Support families involved in the Child Welfare System through referral services for SUD to the Sobriety, Treatment and Recovery Teams (START) Program that are located within the local Department of Social Services.

Performance measure: Monitor and track the number of referrals to the program and the outcomes for each referral.

Responsible Person: Director, Gender-specific Services, Clinical Services Division

Strategy 3.2H: Implement regional home-based or residential programs for intensive SUD services for adolescents and/or young adults with MAT availability and EBP services.

Performance Measure: Implementation of 6 regional programs.

Responsible Person: Director, Child, Adolescent and Young Adult Services

Strategy 3.2I: Establish adolescent clubhouses incorporating EBP interventions.

Performance Measure: 4 new clubhouses with EBP interventions.

Responsible Person: Director, Child, Adolescent and Young Adult Services

Strategy 3.2J: In collaboration with the LDA across Maryland expand the availability of peer recovery specialist services into every jurisdiction of the State.

Performance Measures: Percentage of jurisdictions offering peer recovery specialist services across the State of Maryland for individuals seeking behavioral health recovery; inclusive of those with mental health concerns, substance related and problem gambling disorders.

Responsible Person: Director, Office of Community-based Access and Support

State of Maryland Behavioral Health Administration

GOAL 4: STRENGTHEN AND EXPAND SUICIDE PREVENTION PROGRAMS

OBJECTIVE 4.1 - Continue to develop, implement, and monitor effective programs that promote wellness and prevent suicide and related behaviors

Strategy 4.1A: Provide training to community groups and clinical service providers on the prevention of suicide and related behaviors.

Performance Measures: 1) Number of training provided and people trained. 2) Number of attendees at the annual suicide prevention conference.

Responsible Person: Director, Suicide Prevention and MD Crisis Hotline

Strategy 4.1B: Increase the knowledge of the warning signs for suicide and how to connect individuals in crisis with assistance and care.

Performance Measures: 1) Number of training provided and number of people trained. 2) Impressions/reach of public awareness campaigns related to the state crisis hotline. 3) Number of people who complete the online Recognize, Ask, Care, Encourage (RACE) module.

Responsible Person: Director, Suicide Prevention and MD Crisis Hotline

OBJECTIVE 4.2 - Promote efforts to reduce access to lethal means of suicide among individuals with identified suicide risk

Strategy 4.2A: Promote the free online training “Counseling on Access to Lethal Means” to providers.

Performance Measure: Reach/impressions of promotion of training related to lethal means counseling.

Responsible Person: Director, Suicide Prevention and MD Crisis Hotline

Strategy 4.2B: Develop a comprehensive listing of safe storage facilities in Maryland, disseminate gun locks and lockable medication pouches, and promote awareness of medication take-back days.

Performance Measures: 1) Listing of safe storage facilities in Maryland. 2) Number of gun locks and medication pouches disseminated. 3) Number of medication take-back days sponsored.

Responsible Person: Director, Suicide Prevention and MD Crisis Hotline

Strategy 4.2C: Develop a statewide means safety campaign and raise awareness of Extreme Risk Protective Orders (ERPOs) through training and educational materials. Performance Measures: 1) Reach/impressions of means safety awareness campaign. 2) Number of clinicians provided information on ERPOs.

Responsible Person: Director, Suicide Prevention and MD Crisis Hotline

State of Maryland Behavioral Health Administration

OBJECTIVE 4.3 - Provide care and support to individuals affected by suicide deaths and attempts to promote healing and implement community strategies to help prevent further suicides

Strategy 4.3A: Promote timely access to assessment, intervention, and effective care for individuals affected by suicide deaths and those with heightened risk for suicide.

Performance Measures: 1) Crisis hotline/chat/text utilization data. 2) Development and maintenance of postvention resources.

Responsible Person: Director, Suicide Prevention and MD Crisis Hotline

Strategy 4.3B: Provide information and training to providers on suicide risk screening and appropriate clinical care for clients at risk of suicide.

Performance Measures: 1) Number of training given to providers. 2) Impressions/reach of public awareness campaign targeting primary care providers to implement suicide risk screening.

Responsible Person: Director, Suicide Prevention and MD Crisis Hotline