Department of Health and Mental Hygiene

Behavioral Health Administration

FY 2017 BEHAVIORAL HEALTH PLAN

A RECOVERY AND RESILENCE-ORIENTED SYSTEM

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ACKNOWLEDGEMENTS

The FY 2017 Behavioral Health Plan is the result of the diligent work of many stakeholders, including the Behavioral Health Administration (BHA) staff, who are passionate and committed to further the development of an integrated behavioral health system of care across the lifespan. On April 21, 2016, as in the past years, a planning meeting was held, comprised of many of the representatives mention above who participated in an all-day activity to brainstorm on concepts and recommendations for strategies that would further move efforts toward a system of integrated behavioral health care. While not all suggestions/recommendations were able to be included in the final document, many of the concepts prioritized by the break-out groups are at least partly expressed in a number of strategies. We thank everyone for their contributions and look forward to continued collaboration as we proceed with our goals and future endeavors in a behavioral health system of care

Representatives from the following entities included:

Addiction Assessment Unit, Baltimore Circuit Court

Addiction Connections Resource

Baltimore Crisis Response, Inc.

Medicaid, Behavioral Health Unit, Maryland Department of Health and Mental Hygiene

Carroll County Youth Service Bureau

Change Health Systems, Inc.

Chrysalis House Healthy Start

Consumer, child and family advocacy organizations

Division of Parole and Probation

Gaudenzia, Inc.

Governor's Office of Crime Control and Prevention

Heroin Action Coalition

Johns Hopkins Bayview

Local Drug and Alcohol Abuse Councils

Local Mental Health Advisory Committees

Maryland Addictions Directors Council

Maryland Association of Local Behavioral Health Authorities

Maryland Center of Excellence on Problem Gambling

Maryland's Commitment to Veterans

Maryland Department of Aging

Maryland Department of Disabilities

Maryland Department of Human Resources, Social Security Administration

Maryland Disability Law Center

Maryland State Agencies

Maryland State Department of Education

Mental Health Association of Maryland

Behavioral Health Providers and Provider organizations

Office of the Public Defender

On Our Own of Maryland

Priority Partners

Protection and Advocacy Agencies

South Baltimore Community Addictions Program (C.A.P.), Inc.

The Maryland Coalition of Families

The National Council on Alcoholism and Drug Dependence of Maryland (NCADD- MD)

The Recovery Network

Treatment Resources for Youth, Inc.

Tuerk House

Wellness and Recovery Centers, Recovery and Wellness Centers, and Recovery Community Centers

University of Maryland System Evaluation Center (UMD SEC), Evidence-Based Practice Center (UMD EBPC

Other interested stakeholders and citizens of Maryland

EXECUTIVE SUMMARY

This year's behavioral health plan highlights the ongoing collaborative efforts towards full system's integration. Our vision to improve access to services and improve the quality of services throughout the continuum of care is addressed through our established goals and strategies. With our partners, we continue to implement these strategies to build the infrastructure to support capacity building, service system expansion and improve outcomes. Our vision to promote wellness, foster recovery and resiliency, and develop and implement a statewide cultural and linguistic system is emphasized throughout the various strategies in this document. I am grateful for the hard work of our partners and the dedication of all our stakeholders in helping us build an integrated system of care. It is with this partnership we are able to improve service delivery.

It is within this collaborative approach that our new regulations for behavioral health became effective July 1, 2016. Together, we will work to implement these regulations and help providers meet required accreditation by FY 2018. We will establish licensure processes, and define and enhance the role and responsibilities of the Health Departments, Local Addictions Authorities, Local Behavioral Health Authorities, and Core Service Agencies. Our work in moving the substance-use disorders' reimbursement structure to the Administrative Service Organization (ASO) will continue throughout the fiscal year; moving ambulatory services in January 1, 2017 and residential services July 1, 2017. More recently, we have engaged in efforts to help build provider capacity by developing tools to help them operate in the fee-for-service system.

Other areas of priority for us will be to improve our hospital capacity issues, including a review of admission and discharge processes, and working with the Forensic Implementation Work Group in identifying barriers, and recommendations for improvement. Additionally, we will continue to work on strengthening and enhancing local overdose prevention plans and implementing evidence-based misuse prevention strategies for the purpose of reducing opiate misuse, overdoses, and overdose fatalities by supporting the implementation of effective and sustainable prevention strategies. We continue to expand recovery support services to build healthier communities. Finally, through the expansion of peer-supports, we are focused on remaining responsive to consumers and their families.

I look forward to continuing to work together in these priority areas and in implementing the strategies outlined in this document.

Kindest regards,

Barbara J. Bazron, Ph.D.
Executive Director

STATE OF MARYLAND BEHAVIORAL HEALTH ADMINISTRATION

MISSION

The Department of Health and Mental Hygiene's 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 Behavioral Health Administration, through publicly-funded services and supports, promotes recovery, resiliency, health, and wellness for individuals who have, or are at risk for, emotional, substance-related, addictive, and/or psychiatric disorders.

VISION

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

VALUES

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 psychiatric and/or substance-related 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 respect and responsiveness to the health beliefs, practices, and cultural and linguistic needs of diverse population groups. Increase knowledge of cultural attitudes and contributions to the process of 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 at the treatment level 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 psychiatric and substance-related 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 supports.

(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 substance-related and mental 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.

List of Acronyms

ACT	Assertive Community Treatment
ADRC	Aging and Disability Resource Center
ARCO	Association of Recovery Community Organizations
ASAM	American Society of Addiction Medicine
ASO	Administrative Services Organization
ATTC	Addiction Technology Transfer Center
BHA	Behavioral Health Administration (formerly Alcohol and Drug Abuse Administration and Mental Hygiene Administration)
B-HIPP	Behavioral Health Integration in Pediatric Primary care
BIP	Balancing Incentive Program
BI	Brain Injury
CBH	Community Behavioral Health Association of Maryland
CEPG	Center of Excellence on Problem Gambling
CFR	Code of Federal Regulations
CMS	Center for Medicare/Medicaid Services
CoC	Continuum of Care (formerly Shelter Plus Care)
COMAR	Code of Maryland Requirements
CPRS	Certified Peer Recovery Specialist
CQT	Consumer Quality Team
CRISP	Chesapeake Regional Information System for our Patients
CSA	Core Service Agency
CSAP	Center for Substance Abuse Prevention
CIT	Crisis Intervention Team
CTI	Critical Time Intervention

CTPC	Center for Tobacco Prevention and Control
DDA	Developmental Disabilities Administration
DDC	Dual Diagnosis Capability
DEA	Drug Enforcement Administration
DHCD	Department of Housing and Community Development
DHMH	Department of Health and Mental Hygiene
DHR	Department of Human Resources
DJS	Department of Juvenile Services
DORS	Division of Rehabilitation Services
DPSCS	Department of Public Safety and Correctional Services
EBP	Evidence-Based Practice
EIP	Early Intervention Program
FASD	Fetal Alcohol Spectrum Disorder
FDA	Food and Drug Administration
FEP	First Episode Psychosis
FLI	Family Leadership Institute
FPE	Family Psycho-Education
FY	Fiscal Year
GOC	Governor's Office for Children
HB	House Bill
HT	Healthy Transitions
HUD	Department of Housing and Urban Development
i-FPRS	integrated-Forensic Peer Recovery Specialist
IMR	Illness Management and Recovery
IT	Information Technology

ITCOD	Integrated Treatment For Co-occurring Disorders
LAA	Local Addiction Authority
LAUNCH	Linking Actions for Unmet Needs in Children's Health
LBHA	Local Behavioral Health Authority
LDAAC	Local Drug and Alcohol Council
LEAP	Leadership Empowerment and Advocacy Project
LGBT	Lesbian, gay, bi-sexual, transgender
LHD	Local Health Department
LIFT	Launching Individual Futures Together
LMHAC	Local Mental Health Advisory Committee
LSS	Local School System
LTSS	Long-Term Services and Supports
MA	Medical Assistance or Medicaid
MABHA	Maryland Association of Behavioral Health Authorities (formerly Maryland Association of Core Service Agencies-MACSA)
MADC	Maryland Addictions Directors Council
MAP	Maryland Access Point
MARFY	Maryland Association of Resources for Families and Youth
MAT	Medication-Assisted Treatment
MCCJTP	Maryland Community Criminal Justice Treatment Program
MCF	Maryland Coalition of Families for Children's Mental Health
MD-EN	Maryland Employment Network
MDoA	Maryland Department of Aging
MDOD	Maryland Department of Disabilities
MFP	Money Follows the Person
MHAMD	Mental Health Association of Maryland, Inc.

MHBG	Mental Health Block Grant
MHFA	Mental Health First Aid
MOU	Memorandum of Understanding
MPAH	Maryland Partnership for Affordable Housing
MSDE	Maryland State Department of Education
MTS	Mobile Treatment Services
NAMI MD	National Alliance on Mental Illness-Maryland
NCADD-MD	National Council on Alcoholism and Drug Dependence of Maryland
OCA	Office of Consumer Affairs
ODHH	Office of the Deaf and Hard of Hearing
OEND	Overdose Education and Naloxone Distribution
OFS	Office of Forensic Services
OMPP	Opioid Misuse Prevention Program
OMS	Outcomes Measurement System
OOOMD	On Our Own of Maryland, Inc.
ORP	Overdose Response Program
OTP	Opioid Treatment Program
PASRR	Pre-admission Screening and Resident Review
PATH	Projects for Assistance in Transition from Homelessness
PBHS	Public Behavioral Health System
PCCP	Person Centered Care Planning
PDMP	Prescription Drug Monitoring Program
PHPA	Prevention and Health Promotion Administration
PRP	Psychiatric Rehabilitation Program
RCC	Recovery Community Center

ROSC	Recovery Oriented System of Care
RRP	Residential Rehabilitation Program
RWC	Recovery and Wellness Center
SAMHSA	Substance Abuse and Mental Health Services Administration
SAPT	Substance Abuse Prevention and Treatment
SB	Senate Bill
SBIRT	Screening Brief Intervention and Referral to Treatment
SDC	Self–Directed Care
SE	Supported Employment
SED	Serious Emotional Disorder
SEOW	State Epidemiology Outcomes Workgroup
SMI	Serious Mental Illness
SOAR	SSI/SSDI, Outreach, Access, and Recovery
SPMI	Serious and Persistent Mental Illness
SRD	Substance-Related Disorder
SSA	Social Security Administration
SSI/SSDI	Supplemental Security Income/ Social Security Disability Insurance
TAY	Transition-Age Youth
TIC	Trauma-Informed Care
TMACT	Tool for Measuring Assertive Community Treatment
UMBC	University of Maryland – Baltimore County
UMD EBPC	University of Maryland Evidence-Based Practice Center
UMD SEC	University of Maryland Systems Evaluation Center
WDC	Workforce Development Committee

WRAP	Wellness Recovery Action Plan
WRC	Wellness and Recovery Center

SYSTEM GOALS

This operational plan is representative of a unified Behavioral Health Administration and an integrated planning process. Core BHA values are encapsulated in objectives and strategies designed to promote an integrated model of behavioral health care for Maryland's Public Behavioral Health System (PBHS). These core functions emphasize:

- Supporting coordinated service delivery towards an integrated system of care
- Improving access and quality of services and recovery supports through the continuum of care
- Strengthening the infrastructure to support system capacity to collect, analyze, and track data to improve service outcomes
- Developing and implementing public awareness activities and population-based efforts to promote wellness and ensure safety of people in care, their families, and communities

Additionally, the planning goals presented in this document are crafted to align with SAMHSA's Strategic Initiatives (see Appendix) and to encompass behavioral health needs (mental illness, substance-related, and other addictive disorders) that are addressed within the PBHS.

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GOAL I. PROMOTE A SYSTEM OF INTEGRATED CARE TO INCREASE ACCESS, REDUCE DISPARITIES, AND SUPPORT COORDINATED CARE AND SERVICES ACROSS SYSTEMS.

Objective 1.1. Enhance the competency of clinical behavioral and somatic care practitioners to provide treatment for problem gambling, mental health, and substance – related disorders and the capacity for integrating these skills into existing treatment practices.

(1-1A)
Develop infrastructure to implement new regulations for the Public Behavioral Health System (PBHS).
Indicators:

- Facilitation of provider movement to accreditation via provision of technical assistance
- Increased numbers of organizations operating accredited mental health and substance-related disorder programs

Involved Parties: BHA Offices of the Deputy Director of Population-Based Behavioral Health, Deputy Director of Clinical Services, Government Affairs & Communication, and Compliance; DHMH; Office of Health Care Quality; Beacon Health Options Maryland (administrative services organization - ASO)
Monitor: Kathleen Rebbert-Franklin, Office of the Deputy Director, Population-Based Behavioral Health

(1-1B)
Incorporate problem gambling services into the existing behavioral health therapeutic treatment system.
Indicators:

- Provision of technical assistance to behavioral health providers to support the implementation of clinical treatment services
- Facilitation of clinical consultations for behavioral health clinical treatment providers
- Engagement of community stakeholders and provision of opportunities for input, particularly in jurisdictions where casinos are located
- Provision of assistance with development of clinical tools and resources that are tailored to community demographics

Involved Parties: Behavioral Health Administration Staff; Maryland Center of Excellence on Problem Gambling (CEPG); Local Addiction Authority/Core Service Agency/Local Behavioral Health Authority (LAA/CSA/LBHA) representatives; Behavioral Health Advisory Council
Monitor: Ardenia Holland, Office of Statewide Projects - Gambling

(1-1C)
In concert with psychiatrists and social workers at Johns Hopkins University and the University of Maryland, continue implementation of the Behavioral Health Integration in Pediatric Primary care (B-HIPP) to provide consultation on assessment, medication, resources, and treatment to any pediatrician statewide, as well as provide additional social work support on the Eastern Shore.
Indicators:

- Data on numbers of consultations provided statewide
- Additional resources and support provided to pediatric offices on the Eastern Shore, through Salisbury University, to offset psychiatrist workforce shortages

Involved Parties: BHA Office of the Deputy Director of Children's Services; University of Maryland School of Medicine; Johns Hopkins University; Salisbury University
Monitor: Al Zachik, Office of the Deputy Director of Children's Services

(1-1D)
Expand access to pharmacotherapy by continuing to fund buprenorphine and other pharmacological medications for the treatment of addiction.
Indicators:

- Increased number or patients receiving pharmacological treatment
- Number of patients receiving methadone or buprenorphine

Involved Parties: BHA Offices of the Deputy Director of Population-Based Behavioral Health and Overdose Prevention; LAAs/LBHAs
Monitor: Kathleen Rebbert-Franklin, Office of the Deputy Director-Population Based Behavioral Health

(1-1E)
Provide training for providers of substance-related disorder (SRD) services, clinicians, and other community stakeholders on the effects of substance use during pregnancy and substance-exposed newborns.
Indicators:

- Trainings provided on screening tools, evidence-based practices (EBPs), or methods used to identify risk of substance use during pregnancy
- Number of trainings provided
- Information disseminated to providers about hotline for intervention for substance use
- EBP tools implemented for mothers of newborns exposed to substance use

Involved Parties: BHA Offices of the Deputy Director of Clinical Services, Women's Services, and Treatment & Recovery Services; Local Addiction Authorities/Local Behavioral Health Authorities (LAAs/LBHAs); Department of Health and Mental Hygiene (DHMH) Office of Child and Maternal Health; Department of Human Resources (DHR); National Center of Child Welfare and Substance Use; community treatment providers
Monitor: Suzette Tucker, Office of Women's Services

(1-1F)
Enhance and sustain tobacco use quit rates among individuals in the behavioral health system and staff in behavioral health treatment services settings.
Indicators:

- Expanded training of behavioral health treatment agency staff to facilitate the provision of smoking cessation classes and guidance for nicotine reduction pharmacotherapies to individuals with mental health and substance-related disorders
- Number of behavioral health treatment center providers and staff trained in providing and incorporating smoking cessation services and pharmacotherapies as a component of the providers' therapeutic services
- Evaluation of training and outcomes – i.e., assessment of number of groups conducted, number of smokers reached, use of nicotine replacement therapy (NRT) and medications, referrals to Maryland Quitline, and number of referral contacts with local health departments

Involved Parties: Behavioral Health Administration (BHA) Staff; Center for Tobacco Prevention and Control (CTPC); MDQuit; LAA, CSA, and LBHA representatives; consumer and provider organizations; Maryland Behavioral Health Advisory Council
Monitor: Anastasia S. Lambropoulos, Office of Statewide Projects – Smoking Cessation

Objective 1.2. Continue to work collaboratively with appropriate agencies to improve access to behavioral health services for children with behavioral health disabilities and individuals of all ages with psychiatric disorders and co-existing conditions, including but not limited to: court and criminal justice involvement, deaf and hard of hearing, brain injury (BI), homelessness, substance use, developmental disabilities, and survivors of traumatic events.

(1-2A)
Develop 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.
Indicators:

- Procedural guidelines developed, in collaboration with Maryland Medicaid, that promote behavioral health treatment within schools
- Issues of reimbursement for substance use treatment providers identified and resolved for services rendered in school settings

Involved Parties: BHA; Maryland Medicaid; Maryland State Department of Education (MSDE); CSAs/LAAs/LBHAs; Maryland Behavioral Health for Adolescents and Young Adults (MD-BHAY); Behavioral Health community-based providers
Monitor: Shanna Wideman, Office of the Deputy Director of Children's Services

(1-2B)
Explore resources to increase the availability of behavioral health services to individuals who are deaf, hard of hearing, or deaf-blind.
Indicators:

- National best practices researched in providing services to individuals who are deaf, hard of hearing, or deaf-blind
- Data collected on the number of individuals being served and ongoing assessment of need for services
- Revision of existing policies and dissemination of information to CSAs/LAAs, local health departments, and the administrative services organization (ASO)
- Revision of Web site to provide updated information on resources/services available through the Public Behavioral Health System (PBHS)
- Outreach initiated to providers to increase access to qualified, comprehensive language interpretation services to be utilized across populations and with individuals with co-occurring disorders
- Resource opportunities, i.e. grants, explored to expand services for individuals who are deaf or hard of hearing across the life span and on the local level

Involved Parties: BHA Division of Adult and Specialized Behavioral Health Services; BHA Offices of Planning and Deputy Director of Children's Services; CSAs/LAAs/LBHAs; Beacon Health Options Maryland; Governor's Office of the Deaf and Hard of Hearing (ODHH); Developmental Disabilities Administration (DDA); consumers and family groups; state and local agencies; colleges and universities; local service providers
Monitor: Marian Bland, Office of the Deputy Director of Clinical Services

(1-2C)
Promote access to appropriate somatic and behavioral health treatment, related services, and resources for individuals with brain injury.
Indicators:

- Screening and accommodations training conducted to behavioral health providers
- Healthy Transitions participants screened for a history of brain injury and accommodations implemented
- Plans of care developed for at least 10 new enrollees participating in the Brain Injury (BI) waiver through the Money Follows the Person (MFP) Project
- Contract with Brain Injury Association of Maryland maintained to provide brain injury information and assistance to individuals with brain injury, families, and professionals
- Resources listed for Brain Injury on Maryland Access Point Web site

Involved Parties: BHA Office of Adult Services; Medical Assistance Division of Waiver Programs; CSAs/LBHAs; Traumatic Brain Injury Advisory Board; community providers; Brain Injury Association of Maryland; Maryland Department of Aging/Maryland Access Point
Monitor: Stefani O'Dea, Office of Adult Services

(1-2D)
Enhance the role and responsibilities of the Health Departments, Core Service Agencies, Local Addiction Authorities, and Local Behavioral Health Authorities as system managers to assure access to quality services.
Indicators:

- Behavioral Health Plans submitted from each CSA, LAA, and LBHA
- Budget documents reviewed and approved
- All submissions reviewed for compliance with planning guidelines
- Facilitation of an all-hazards approach to emergency preparedness and response for the behavioral health community at large
- All Hazards Disaster Planning template provided by the Maryland Institute for Emergency Medical Services Systems (MIEMSS)

Involved Parties: BHA Division of Adult and Specialized Behavioral Health Services; Facilities CEOs; Facilities Emergency Managers; CSAs/LAAs; Maryland Association of Behavioral Health Authorities (MABHA); Health Departments
Monitors: Darren McGregor, Office of Special Populations;
Cynthia Petion, Office of Planning; and Deirdre Davis, Office of Treatment and Recovery Services

Objective 1.3. Improve access and quality of services throughout the continuum of care.

(1-3A)
Expand crisis response systems to increase utilization of intensive services to allow individuals with mental health and substance-related issues to be served in the least restrictive setting.
Indicators:

- Expansion of crisis response services and crisis intervention teams (CITs) throughout the state
- Senate Bill 551 Maryland Crisis Services Strategies Plan developed

Involved Parties: BHA Offices of the Executive Director, the Deputy Director of Planning & Managed Care, the Deputy Director of Clinical Services, Local Planning and Management, and Forensic Services; BHA Division of Adult and Specialized Behavioral Health Services; State Facility CEOs; Maryland Medicaid; CSA/LAA/LBHA directors in involved jurisdictions; Maryland Behavioral Health Advisory Council
Monitor: Marian Bland, Office of the Deputy Director of Clinical Services

(1-3B)
Develop and implement a statewide Cultural and Linguistic Competency Plan.
Indicators:

- Outline of key components developed
- Recommendations of systemic and programmatic strategies from the Cultural Competency and Linguistic Committee of the Maryland Behavioral Health Advisory Council and other stakeholders provided
- Local behavioral health plans reviewed to ensure the development of strategies that address a culturally responsive system

Involved Parties: BHA Office of Planning; BHA staff; CSAs/LAAs/LBHAs; Maryland Behavioral Health Advisory Council; On Our Own of Maryland, Inc. (OOOMD); consumers; family members; Maryland Addictions Directors Council (MADC); Community Behavioral Health Association of Maryland (CBH); other advocacy groups
Monitor: Hilary Phillips, Office of Planning

(1-3C)
In collaboration with the State Psychiatric Facility Chief Executive Officers (CEOs), CSAs, and providers, continue to identify the needs of patients ready for discharge and community integration.
Indicators:

- Recommendations for a service continuum plan developed and implemented

Involved Parties: BHA Office of the Deputy Director for Behavioral Health Facilities; BHA Division of Adult and Specialized Behavioral Health Services; CSAs/LAAs/LBHAs; facility CEOs; providers; other stakeholders
Monitor: Mary Sheperd, Office of the Deputy Director for Behavioral Health Facilities

(1-3D)
Implement population-specific Core Standardized Assessment tools and protocols for certain specialty mental health and brain injury services in order to meet the Core Data Set (CDS) requirements established by the Center for Medicare and Medicaid Services (CMS) for the Balancing Incentive Program (BIP) and to promote access to long-term services and supports.
Indicators:

- Initial training completed and ongoing training for providers of Brain Injury Waiver, Adult Psychiatric Rehabilitation Program (PRP), Residential Rehabilitation Program (RRP), Adult Mobile Treatment Services (MTS), and Assertive Community Treatment (ACT) services on the Core Standardized Assessment process and protocol
- Integration of the designated Core Standardized Assessment for selected adult specialty mental health services into the administrative services organization (ASO)'s Web-based platform and completion of authorization work flow
- Evaluation of accuracy and consistency of Core Standardized Assessment ratings
- Development of plan for Core Standardized Assessment data capture, display, and analysis
- Efforts documented to promote access to Maryland long-term care services and supports (LTSS) for individuals with behavioral health disorders

Involved Parties, BHA Office of Adult Services; DHMH Medical Care Programs (Medicaid); CSAs/LAAs/LBHAs; Maryland Access Point (MAP) – Aging and Disability Resource Centers (ADRCs); adult community mental health and brain injury providers; University of Maryland School of Medicine Behavioral Health Systems Improvement Collaborative; Beacon Health Options Maryland; Brain Injury Association of Maryland
Monitors: Steve Reeder and Stefani O'Dea, Office of Adult Services

(1-3E)
Continue to interface and maintain liaison efforts and partnerships with other agencies and administrations to support a comprehensive system of behavioral and somatic health services and community supports.
Indicators:

- Collaborations established and maintained with state entities

Involved Parties: Various members of the BHA staff
Monitor: Robin Poponne, Office of Planning

GOAL II. PROMOTE PREVENTION AND EARLY INTERVENTION OF BEHAVIORAL HEALTH DISORDERS ACROSS THE LIFESPAN.

Objective 2.1. Develop, implement, and evaluate screening, prevention, and early intervention services.

(2-1A)
Implement and expand SBIRT (screening brief intervention and referral to treatment) services into identified pediatric health centers, primary care settings, and hospital-based health communities throughout Maryland.
Indicators:

- SBIRT services expanded to adolescent population, ages 12-17 (identified through Conrad Hilton grant)
- Numbers screened - adults
- Numbers screened - adolescents
- Number of implementation sites

Involved Parties: BHA Offices of the Deputy Director of Population-Based Behavioral Health and Prevention and Wellness; Behavioral Health Systems Baltimore; CSAs/LAAs/LBHAs; Mosaic Group, Inc.; Conrad Hilton Foundation
Monitors: Debbie Green and Karol Harmon, Office of Prevention and Wellness

(2-1B)
Promote the dissemination of SBIRT practices and implementation across multi-medical disciplines, consumers/participants, and other stakeholders.
Indicators:

- SBIRT information disseminated through Web site, Public Service Announcements (PSAs), printed materials, health fairs, and stakeholder meetings
- SBIRT Policy Steering Committee meetings convened
- SBIRT online training developed and implemented for providers and practitioners

Involved Parties: BHA Office of Prevention and Wellness; Behavioral Health Systems Baltimore; Mosaic Group, Inc.; SBIRT Policy Steering Committee
Monitor: Karol Harmon, Office of Prevention and Wellness

(2-1C)
Enhance and sustain a systematic comprehensive approach to reduce and prevent initiation of problem gambling for youth and adults.
Indicators:

- Collaboration with Prevention Services Unit to incorporate problem gambling intervention strategies within the Maryland Strategic Prevention Framework (MSPF) beginning with the six jurisdictions in which casinos are located
- Presentations and materials provided at community venues and schools that are culturally and linguistically appropriate
- Community stakeholder forums conducted in order to provide problem gambling outreach strategies based on community knowledge and needs
- Collaboration with academic and clinical institutions to incorporate gambling into the Screening Brief Intervention and Referral to Treatment (SBIRT) instrument
- Provision of 24 hour Helpline services for problem gamblers and significant others

Involved Parties: Behavioral Health Administration Staff; Maryland Center of Excellence on Problem Gambling (CEPG); Local Health Department (LHD), LBHA, or LAA Prevention Coordinators; Local Addiction Authoritiy/Core Service Agency (LAA/CSA) Directors; Maryland Behavioral Health Advisory Council
Monitor: Ardenia Holland, Office of Statewide Projects - Gambling

(2-1D)
In collaboration with the Department of Health and Mental Hygiene (DHMH) Office of Maternal and Child Health Bureau, the Maryland Early Childhood Mental Health Steering Committee, the University of Maryland, and other stakeholders continue to build infrastructure and workforce development initiatives to support and improve the delivery of high quality mental health promotion, prevention, early intervention, and treatment services for young children and their families.
Indicators:

- Continued implementation of Maryland *Linking Actions for Unmet Needs in Children's Health* (LAUNCH)
- Implementation of data utilized to modify and sustain, support, and enhance policy reform, workforce development initiatives, parent engagement initiatives, and public awareness initiatives

Involved Parties: The BHA Office of the Deputy Director of Children's Services; Maryland State Department of Education (MSDE); Maternal and Child Health Bureau; University of Maryland; Prince Georges County CSA; the Maryland Early Childhood Mental Health Steering Committee
Monitors: Tom Merrick and D'Lisa Worthy, Office of the Deputy Director of Children's Services

(2-1E)
Enhance the level of understanding about Fetal Alcohol Spectrum Disorder (FASD) to LAAs, CSAs, and local substance use providers.
Indicators:

- Information on Fetal Alcohol Spectrum Disorder (FASD) and the effects on the fetus, as well as adults disseminated to LAAs, CSAs, and community treatment programs
- Implementation of community awareness days at all gender-specific treatment programs during FASD month September

Involved Parties: BHA Offices of the Deputy Director of Clinical Services, Women's Services, and Treatment & Recovery Services; LAAs/CSAs/LBHAs; Community treatment providers; the National Organization on Fetal Alcohol Syndrome
Monitor: Suzette Tucker, Office of Women's Services

(2-1F)
Increase treatment retention, medication compliance, and prenatal care to reduce infant mortality rates among women with opioid addictions.
Indicators:

- Methadone programs monitored to show evidence of admission or referral of pregnant patients within 24 business hours of the request for services
- Records of all pregnant patients reviewed for program assistance with prenatal care and other health care services
- Records reviewed for evidence that the program offers parenting skills classes to all pregnant patients
- Patient urinalysis results reviewed for evidence of relapse and, if indicated, case management to higher level of care provided

Involved parties: BHA Offices of the Deputy Director of Clinical Services, Women's Services, Treatment and Recovery, Quality Assurance & Opioid Authority, and Compliance; DHMH Office of Child and Maternal Health; Community treatment providers
Monitors: Barry Page, Division of Quality Assurance & Opioid Authority and Franklin J. Dyson, Office of Compliance.

(2-1G)
Increase promotion of prevention, early intervention, and treatment and recovery services for special populations in clinical or community-based treatment (including somatic care) settings.

Indicators:

- Collaboration with Local Addiction Authorities (LAAs) to implement outreach activities that include referral agreements and Memorandum of Understanding (MOUs) with core social institutions to address the needs of the individual, family, and community
- Increased collaboration with and outreach activities to community providers and organizations including Maryland Commitment to Veterans, Maryland Joining Forces, Older Women Embracing Life (OWELS), and service providers for the lesbian, gay, bisexual, transgender (LGBT) community

Involved Parties: BHA Office of Treatment & Recovery Services; Recovery Support Service Manager; Local Addiction Authorities (LAAs); LBHAs; Maryland Commitment to Veterans; OWELS; LGBT community centers

Monitors: Deirdre Davis and Patricia Konyeaso, Office of Treatment & Recovery Services

(2-1H)
Enhance the Prescription Drug Monitoring Program (PDMP) to improve healthcare providers' ability to screen for prescription drug misuse, addiction and diversion, as well as reduce the inappropriate prescribing and dispensing of pharmaceutical controlled substances.

Indicators:

- Expanded number of healthcare providers, including physicians, nurse practitioners, pharmacists, social workers, counselors and others, registered with CRISP (a Maryland statewide health information exchange) to query PDMP data through improved registration processes
- Average number of patient queries for PDMP data occurring in a month
- Number of patients receiving controlled substance prescriptions from multiple providers inappropriately or receiving drugs in potentially dangerous dosages or combinations
- Number of unsolicited reports sent to prescribers and dispensers to provide information about patients receiving prescriptions from other providers, drug prescribing at quantities or in combinations that are potentially dangerous
- Criminal and administrative investigations by law enforcement or regulatory authorities aided by PDMP data
- Continued improvement of PDMP data analysis to assist stakeholders at the state and local level with strategic planning and efficient targeting of intervention programs
- Interoperability with the PDMPs established by other states

Involved Parties: Behavioral Health Administration; CRISP; healthcare practitioners and institutions (including hospitals and pharmacies); health occupations licensing boards; DHMH agencies with regulatory authority; law enforcement agencies

Monitors: Michael Baier and Kate Jackson, Office of Overdose Prevention

(2-1I)
Provide statewide leadership in the development of policies, programs, and services to prevent youth substance use, misuse, and consequences.
Indicators:

- Funding provided to local health department, LAA, or LBHA prevention offices to implement data-driven, evidence-based prevention and early intervention services for youth
- On-going training and technical assistance administered to local prevention offices and community coalitions in the provision of federal Substance Abuse and Mental Health Services Administration (SAMSHA) Strategic Prevention Framework process of assessing community needs, building community capacity, developing data-driven strategic plans, implementing evidence-based strategies, and evaluating the effectiveness of their prevention strategies
- Research compiled and maintained on best practices in the prevention and reduction of alcohol and other drug use, misuse, and consequences
- Information from research and best practices utilized to (1) develop effective state policies and programs for prevention/early intervention (2) to develop guidance documents and resources for behavioral health providers and other stakeholders

Involved Parties: BHA Office of Prevention and Wellness; University of Maryland School of Pharmacy; local health department, LAA, or LBHA Prevention Coordinators and staff; community prevention coalitions; Maryland Behavioral Health Advisory Council
Monitor: Larry Dawson, Office of Prevention and Wellness

Objective 2.2. Promote efforts to address suicide and overdose prevention.

(2-2A)
Continue efforts to address and implement suicide prevention activities for youth, adults, and older adults.

Indicators:

- Implementation of deliverables of suicide prevention grants – i.e. the Garrett Lee Smith (GLS) Suicide Prevention Grant for youth ages 10-24
- Training to teachers, primary care, and other professionals implemented
- Annual Suicide Prevention conference conducted with inclusion of training sessions on issues/needs of special needs populations such as veterans and individuals who are lesbian, gay, bi-sexual, transgender (LGBT)
- Participating in and addressing recommendations from the Substance Abuse and Mental Health Services Administration's (SAMHSA) Zero Suicide Policy Academy and Suicide Prevention Resource Center's virtual communities of practice Webinars
- Promotion of increased number of "followers" for the Maryland Crisis Network Facebook account and the Maryland Suicide Prevention Twitter account
- Dissemination of print materials, information cards, brochures, posters, t-shirts, and online videos created for a suicide prevention marketing campaign to promote the Maryland Crisis Hotline number

Involved Parties: BHA Offices of the Executive Director, the Deputy Director of Children's Services, Suicide Prevention, Planning, and Adult Services; Maryland Department on Aging; the Maryland Crisis Hotline Network; MSDE; CSAs/LBHAs; Johns Hopkins University; University of Maryland; Maryland Coalition of Families (MCF); Maryland Human Trafficking Task Force; local school systems; other key stakeholders

Monitor: Brandon J. Johnson, Office of Suicide Prevention

(2-2B)
Increase opioid overdose education and Naloxone distribution (OEND) to individuals at risk for, or likely to witness, an opioid-related overdose.
Indicators:

- Number of entities authorized by DHMH to conduct trainings and certify trainees under the Overdose Response Program (ORP)
- Number of individuals at risk, family members, clinical staff, law enforcement personnel and others trained and certified under ORP
- Number of Naloxone kits dispensed to ORP certificate holders
- Number of opioid treatment programs (OTP) prescribing and/or dispensing Naloxone to clients and number of OTP clients receiving opioid overdose education and Naloxone distribution (OEND)
- Number of local detention centers conducting OEND for during inmate release and number of released individuals receiving OEND
- Number of lay person Naloxone administrations reported to BHA or the Maryland Poison Center
- Number of pharmacies stocking Naloxone
- Provision of funding to local health departments (LHDs), LAAs, and LBHAs to support implementation and expansion of ORP trainings
- Education of health care professionals and the general public about overdose prevention, Naloxone, legal authorities to conduct and participate in OEND and opportunities for certification under ORP
- Technical assistance provided to ORP training entities, OTPs, Naloxone prescribers and dispensers, LHD, LAA, and LBHA staff and others on how to improve the operations and reach of OEND programs

Involved Parties: Behavioral Health Administration; LHDs/LAAs/LBHAs; community-based organizations authorized as ORP entities; OTPs; local detention centers; advocacy organizations; academic researchers; state and local law enforcement agencies; the Governor's Office of Crime Control & Prevention
Monitors: Michael Baier and Erin Haas, Office of Overdose Prevention

(2-2C)
Enhance process by which trained peer support specialists and local outreach workers provide support, information, and referrals to treatment for individuals who are saved from an overdose or who are otherwise in need of substance-related disorder (SRD) treatment, in hospital emergency departments.
Indicators:

- Hospital participation
- Trained hospital, peer specialists, and outreach workers
- Provision of updated resource materials
- Contacts made with survivors to encourage follow up with treatment
- Data collected on number of referrals made per month and number of patients who continue with treatment after six (6) months

Involved Parties: BHA Office of Overdose Prevention; local hospital emergency departments; Behavioral Health Systems Baltimore (BHSB); Mosaic; other community based organizations; treatment providers
Monitors: Michael Baier and Brian Holler, Office of Overdose Prevention

Objective 2.3. Continue to facilitate the development, implementation, and evaluation of services that address the needs of children, adolescents, transition-age youth with behavioral health disorders, and their families.

(2-3A)
Improve the quality and effectiveness of Transition-Age Youth (TAY) services and supports through the continued development and refinement of a constellation of empirically-supported, culturally competent, youth driven, and developmentally appropriate services and supports that constitute the Maryland TAY model.
Indicators:

- Continued implementation of the Substance Abuse and Mental Health Services Administration (SAMHSA)-funded Healthy Transitions (HT) grant through the development of program-specific training and technical assistance plans, a TAY-specific Assertive Community Treatment Team, and TAY-specific supported housing
- Detailed description and specification of Maryland TAY program model (assertive outreach and engagement; Person-Centered Care Planning; naturalistic skills teaching; peer and family support) and its alignment with service delivery practices within federal and state TAY grant-funded programs completed
- TAY model fidelity assessment tool piloted and targeted training, technical assistance, and consultation delivered to federal and state-grant-funded TAY programs on Maryland model implementation
- Sustainability plan developed for State funded TAY services and supports
- Implementation at two sites of research study protocols established by the University of Massachusetts School of Medicine and Dartmouth College School of Medicine for the adaptation of evidence-based practice supported employment and supported education for youth with significant mental health conditions
- TAY Web site developed

Involved Parties: BHA Offices of Deputy Director of Children's Services and Adult Services; Maryland Department of Disabilities (MDOD); MSDE and Division of Rehabilitation Services (DORS); CSAs; Department of Human Resources (DHR); Department of Juvenile Services (DJS); DHMH Medicaid; Governor's Interagency Transition Council for Youth with Disabilities; University of Maryland School of Medicine; Towson University; University of Massachusetts School of Medicine; Dartmouth College School of Medicine; National Alliance on Mental Illness-Maryland (NAMI MD); On Our Own of Maryland, Inc. (OOOMD); local school systems; parents; students; advocates; other key stakeholders

Monitors: Kris Wright, Office of Children's Services

(2-3B)
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.
Indicators:

- A minimum of fifty (50) youth and young adults served with, or at risk of experiencing, a psychotic disorder
- Peer specialists added as members of the teams
- An additional specialist added to each team to provide supported employment, supported education ,or both
- Development and implementation of empirically-supported somatic health interventions
- First Episode Psychosis Program fidelity tool piloted
- Expansion of service and staff capacity at each site and augmentation of existing interventions to include peer support and somatic health interventions
- Evidence-based practices in supported employment and family psycho-education assessed, evaluated, and implemented with fidelity
- Assessment of the Critical Time Intervention (CTI) approach utilized to include a graduated plan to transition to outpatient level of service within two years of enrollment
- Critical ingredients of supported education intervention identified and considered for replication in identified TAY provider programs
- Development and implementation of standardized outcome measures.

Involved Parties: BHA Offices of the Deputy Director of Children's Services, Adult Services, and Planning; CSAs/LBHAs; Maryland Early Intervention Program (EIP) Advisory Council; Governor's Interagency Transition Council for Youth with Disabilities; the University of Maryland School of Medicine; University of Maryland Baltimore County (UMBC); National Alliance on Mental Illness-Maryland (NAMI MD); Maryland Coalition of Families (MCF); On Our Own of Maryland, Inc. (OOOMD); local school systems; parents; students; advocates; other key stakeholders

Monitors: Cynthia Petion, Office of Planning; Steve Reeder, Mona Figueroa, and Kris Wright, Office of Adult Services

(2-3C)
Disseminate information to community gender-specific substance use programs on Fetal Alcohol Spectrum Disorder (FASD) that can be incorporated into the screening process for the population.

Indicators:

- Gender-specific substance use treatment providers educated on FASD and plan developed for screening clients
- Specific evidence-based screening tool identified that can be utilized by the gender-specific treatment programs
- Data collected on the number of women that are screened by gender-specific treatment programs

Involved Parties: BHA Offices of Women's Services, Deputy Director of Clinical Services, and Treatment & Recovery Services; LAAs/LBHAs; National Organization on Fetal Alcohol Syndrome; Community treatment providers

Monitor: Suzette Tucker, Office of Women's Services

(2-3D)
Create efforts to address youth violence through collaboration with existing agencies, identifying funding sources, and educating the community on prevention strategies.

- Efforts coordinated and implemented with DHR, DJS, MSDE, and other agencies on training activities to address youth violence
- Funding resources explored

Involved Parties: BHA Offices of the Executive Director, the Deputy Director of Children's Services, and Planning; MSDE; DHR; DJS; CSAs/LAAs/LBHAs; other key stakeholders

Monitor: Brandon J. Johnson, Office of Suicide Prevention

GOAL III. PROVIDE COORDINATED APPROACHES TO INCREASE RECOVERY SUPPORTS.

Objective 3.1 Improve education, information sharing, and the development of options and supports in areas such as housing, benefits, and employment for individuals with behavioral health disorders across the lifespan.

(3-1A)
Expand the training to increase the number and quality of trained peer support recovery specialists.
Indicators:

- Training provided in the four domains (advocacy, mentoring/education, recovery/wellness support and ethical responsibility) required for peer recovery support specialist certification
- Number of Certified Peer Recovery Specialists (CPRS)
- Continued training activities to potential and current peer supervisors
- Training implemented to certified peers to enhance role as an integrated-Forensic Peer Recovery Specialist (i-FPRS)
- Progress reported on all activities

Involved Parties:
BHA Offices of Consumer Affairs and Workforce Development & Training; BHA Workforce Development Committee (WDC)
Monitor: Brandee Izquierdo, Office of Consumer Affairs

(3-1B)
Support and disseminate evidence-based practices related to employment, supervision, and education for peer providers.
Indicators:

- Continued collaboration with SAMHSA's Region III Workforce Learning Collaborative, the Danya Institute, Central East Addiction Technology Transfer Center (ATTC) and the University of Maryland Evidence-Based Practice Center (UMD EBPC) in dissemination of resources and continuing education opportunities

Involved parties:
BHA Offices of Consumer Affairs and Workforce Development & Training; BHA WDC; UMD EBPC; UMD Training Center
Monitor: Brandee Izquierdo, Office of Consumer Affairs

(3-1C)
Continue to expand the Supplemental Security Income/Social Security Disability Insurance (SSI/SSDI) Outreach, Access, and Recovery (SOAR) program statewide to further develop an integrated behavioral health model to improve access to services.
Indicators:

- New SOAR sites developed
- Number of workgroups expanded and trained in SOAR
- Technical assistance provided to local workgroups and individuals to ensure appropriate knowledge of the SOAR application process
- Number of SOAR-certified case managers
- Implementation of client survey to demonstrate longer term impact of receiving disability benefits through SOAR
- Data collected, collated and submitted monthly to BHA and annually to the National SOAR TA Center

Involved Parties: BHA Office of Special Populations; Policy Research Associates; Social Security Administration; Disability Determination Services; colleges and universities; Department of Public Safety and Correctional Services (DPSCS); DHR; Veterans Administration; Projects for Assistance in Transition from Homelessness (PATH)-funded providers; CSAs/LAAs/LBHAs; other community and facility-based providers
Monitor: Caroline Bolas, Office of Special Populations

(3-1D)
Continue to expand the Maryland Employment Network (MD–EN), a consortium of Maryland mental health supported employment providers, under the auspices of the Social Security Administration's (SSA's) Ticket-to-Work Program to increase availability of and access to supported employment and services to promote long-term career development and economic self-sufficiency.
Indicators:

- Data reported on number of programs participating and individuals' assigned tickets
- Number of consumers receiving individualized benefits counseling through Ticket-to-Work
- Data reported on the number of presentations to individuals, professionals and family members on strategies to promote recovery, career development, and self-sufficiency

Involved Parties: BHA Division of Adult and Specialized Behavioral Health Services; Maryland Department of Disabilities (MDOD); MD-EN; UMD EBPC; University of Maryland Systems Evaluation Center (UMD SEC); Division of Rehabilitation Services (DORS); Community Behavioral Health Association of Maryland (CBH); On Our Own of Maryland, Inc. (OOOMD); CSAs/LBHAs; NAMI MD; University of Maryland Training Center; Beacon Health Options Maryland; SSA; consumers and family members
Monitors: Stacy Seymore and Steve Reeder, Office of Adult Services

(3-1E)
Implement the Maryland Benefits Counseling Network (MD-BCN) which provides benefits counseling education to individuals, service providers, and family members on the value of benefits counseling and employment and the role each plays in facilitating consumer recovery and economic self-sufficiency.
Indicators:

- Further development and implementation of the Johnson & Johnson – Dartmouth Community Mental Health Program Family Advocacy Project to educate family members on the role of supported employment in consumer recovery
- Operational plan and training curricula revised and implemented
- Resource materials developed, disseminated, and posted on Web sites
- Number of presentations to local NAMI MD and On Our Own of Maryland (OOOMD) affiliates, consumers, and family members
- Number of supported employment and Assertive Community Treatment (ACT) employment specialists trained and achieving foundational competency in benefits counseling
- Report on training, technical assistance, and consultation provided to employment specialists, consumers, and family members
- Manual to document policies and procedures developed

Involved Parties: BHA Office of Adult Services; Harford County Office on Mental Health; Maryland Department of Disabilities (MDOD); Dartmouth Psychiatric Research Center; Division of Rehabilitation Services (DORS); CBH; OOOMD; CSAs/LBHAs; NAMI MD; UMD EBPC and Training Center; SSA, consumers and family members
Monitors: Stacy Seymore and Steve Reeder, Office of Adult Services

(3-1F)
Under the auspices of the MD-BCN, establish a new program which will provide targeted technical assistance on state and federal benefits and community resources in order to expedite the discharge of individuals from state hospitals.
Indicators:

- Establish protocol and processes for working with state hospital patients and staff to address benefits and resource issues associated with hospitalization and discharge to the community
- Number of individuals served through this project and as a result successfully discharged from the state hospital to the community

Involved Parties: BHA Offices of the Medical Director, Adult Services, and Forensic Services; BHA facility staff; Harford County Office on Mental Health; SSA; consumers and family members; community behavioral health providers
Monitors: Stacy Seymore and Steve Reeder, Office of Adult Services

(3-1G)
Implement efforts to increase housing opportunities through utilization of available state and federal grants and subsidies.

Indicators:

- Applications submitted to DHMH's Office of Capital Planning, Budgeting, and Engineering to leverage the Administration-Sponsored Capital Program grant (Community Bond) to develop Supported Housing models and Recovery Housing
- Applications reviewed and ranked, recommendations submitted
- Projects for housing monitored on timeline completion
- Number of units (houses) developed
- Number of tenants served
- Continued collaboration and partnerships with Maryland Department of Housing and Community Development (DHCD) and other state and local agencies
- Realign the Projects for Assistance in Transition from Homelessness (PATH) funding to focus services on the delivery of outreach, case management, integrated services, and recovery for individuals who are homeless or at imminent risk of becoming homeless
- Track the number of youth, 18 years and older, who are or were homeless, that received a federal Department of Housing and Urban Development (HUD) voucher and whose information was entered in the homeless management of information system
- Maximize use of Continuum of Care (CoC) funding (formerly called Shelter Plus Care Housing) and other support systems to provide rental assistance to individuals with mental illness and/or co-occurring substance-related disorders who are homeless or were formerly homeless
- Collaborate with MDOD, Maryland Partnership for Affordable Housing (MPAH), and DHMH to increase access to rental assistance programs, such as HUD's Housing Choice Voucher Program and the Weinberg Foundation grants

Involved Parties: BHA Division of Adult and Specialized Behavioral Health Services; BHA Office of Planning; other BHA staff; DHMH Office of Capital Planning, Budgeting, and Engineering Services; MDOD; MPAH; DHCD; CSAs/LAAs/LBHAs; Local Health Departments (LHDs); state psychiatric facilities; Continuum of Care Homeless Boards; local detention centers; HUD; local behavioral health service providers; consumers; case management agencies; local housing authorities; other nonprofit agencies; housing developers; PATH service providers

Monitors: Robin Poponne, Office of Planning and Darren McGregor, Russell Springham, and Kim Qualls, Division of Adult and Specialized Behavioral Health Services

(3-1H)
Establish partnerships with the state Department of Human Resources (DHR), the Department of Housing and Community Development (DHCD), Core Service Agencies (CSAs), Local Addiction Authorities (LAAs), Local Behavioral Health Authorities (LBHAs), Local Health Departments, and other appropriate agencies to make homelessness a rare or brief occasion, and to develop policies and programs to prevent or reduce the duration of homelessness for all individuals, including those who have behavioral health disorders.

Indicators:

- Memorandum of Understanding (MOU) developed with DHCD for technical assistance to BHA, PATH, Continuum of Care (CoC - formerly called Shelter Plus Care Housing), and other behavioral health providers on collecting, entering, and analyzing Homeless Management Information Systems statewide and local data, generating reports, and determining local needs
- Housing First Pilot implemented in Baltimore City, Montgomery, and Prince George's counties
- Engagement in State Interagency Council on Homelessness, reestablished through House Bill (HB) 1086/Senate Bill (SB) 796, to examine system barriers, develop policies, and promote new programming

Involved Parties: BHA Offices of Deputy Director of Children's Services, Special Populations, and Special Statewide Projects (Veterans, Gambling, Tobacco, Smoking Cessation); DHMH Office of Health Services; DHR; DHCD; CSAs/LAAs/LBHAs; LHDs; Maryland Veterans Administration; Regional Coordinators; other state and local agencies; community providers

Monitor: Marian Bland, Office of the Deputy Director of Clinical Services

(3-1I)
Enhance efforts to increase supportive recovery housing assistance to women with dependent children through the use of state and federal funding subsidies.

Indicators:

- Increased number of providers involved through identification of key areas in the state in need of this service for women with dependent children
- Information shared with LAAs/CSAs/LBHAs on the on how to develop supportive housing for women with dependent children
- Standards of care developed in collaboration with Maryland Recovery Organization Connecting Communities (MROCC) for supportive recovery housing for women with dependent children
- Data points developed to track utilization of the service

Involved Parties: BHA Offices of Women Services and Treatment & Recovery Services; community treatment providers; MROCC; LAAs/CSAs/LBHAs; LHDs; recovery housing organizations

Monitor: Suzette Tucker, Office of Women's Services

Objective 3.2. Promote the implementation of models of evidence-based, effective, promising, and best practices for behavioral health services in community programs and facilities.

(3-2A)
Increase availability of and access to evidence-based, effective, promising, and best practices for behavioral health services.
Indicators:

- Fidelity assessment and evaluation of Assertive Community Treatment (ACT), Supported Employment (SE), and Family Psychoducation (FPE) programs to determine eligibility for EBP reimbursement rates
- Ongoing outcome and fidelity data collection on EBPs receiving training and meeting fidelity
- Implementation of the Web-based ACT outcome measurement system
- Development of a plan of transition to an enhanced, recovery-oriented fidelity assessment tool for measuring ACT fidelity - the Tool for Measuring Assertive Community Treatment (TMACT)-including, but not limited to, training in person-centered care planning (PCCP) principles and practices
- Inventory of EBP programs implemented with fidelity across the state
- Monitoring of the implementation of First Episode, Maryland Transition-Age Youth Model, Critical Time Intervention (CTI), Permanent Supported Housing, Motivational Interviewing, and Integrated Treatment for Co-Occurring Disorders (ITCOD)

Involved Parties: BHA Offices of the Executive Director, the Deputy Director of Clinical Services, the Deputy Director of Planning & Managed Care, and Adult Services; Beacon Health Options Maryland; Dartmouth College School of Medicine; University of Calgary; University of Massachusetts School of Medicine; Hunter College; University of Maryland School of Medicine, Department of Psychiatry; CSAs/LBHAs; OOOMD; NAMI MD; Community Behavioral Health Association of Maryland (CBH)

Monitors: Steve Reeder, Mona Figueroa, Kris Wright, and Priya Arokiaswamy, Office of Adult Services

(3-2B)
Continue to promote the principles of a Recovery Oriented System of Care (ROSC) and Evidence-based practices.

Indicators:

- Continued monitoring of LAAs/LBHAs and sub-grantee to ensure that the service delivery systems are comprehensive, person-centered, and aligned with jurisdictional ROSC implementation plans
- Establishment of integrated ROSC Learning Collaborative that involves state agencies, faith-based service providers, behavioral health treatment and recovery support service providers, criminal justice professionals, individuals, and their family members
- Provision of technical assistance in response to system changes

Involved Parties: BHA Offices of the Deputy Director Clinical Services, Forensic Services, Workforce Development & Training, and Treatment & Recovery Services; DHMH; Recovery Support Service Manager; Regional Managers; Prevention Program Manager; CSAS/LAAs/LBHAs; University of Maryland Systems Evaluation Center (UMD SEC); University of Maryland Evidence-based Practice Center (UMD EBPC); Prevention Coordinators; Care Coordinators; community behavioral health treatment providers

Monitors: Marian Bland, Office of the Deputy Director of Clinical Services; Deirdre Davis, Office of Treatment & Recovery Services; and Darren McGregor, Office of Special Populations

GOAL IV. UTILIZE DATA AND HEALTH INFORMATION TECHNOLOGY TO EVALUATE, MONITOR, AND IMPROVE THE QUALITY OF SERVICE DELIVERY AND OUTCOMES.

Objective 4.1. Build infrastructure to support system capacity to collect, analyze, and track data to improve service outcomes.

(4-1A)
Improve behavioral health data collection and capacity for data-driven decision-making through continued activities to develop and/or refine management information systems.
Indicator:

- Technical aspects of BHA management information systems refined; continued practices to promote data integrity; and logic of reports reviewed and enhanced to reflect efficacy, accuracy, and usefulness
- Increased skillset on state and local level to analyze and use data to drive decision-making

Involved Parties: BHA Offices of the Executive Director, the Deputy Director of Planning & Managed Care, and Planning; UMD SEC; LAAs/CSAs/LBHAs; Beacon Health Options Maryland (administrative services organization-ASO)
Monitor: Susan Bradley, Office of Data and IT (Information Technology)

(4-1B)
Monitor the implementation of the Outcomes Measurement System (OMS).
Indicators:

- Implementation of OMS with opioid treatment program (OTP) providers, completed
- The OMS provider-specific Datamart modified to include additional items and display of substance-related disorder (SRD) provider data
- Consultation with CSAS/LAAs/LBHAs and providers on use of the training materials, including the statistical workbooks, related to OMS data analysis and interpretation
- Continued collaboration with the administrative services organization (ASO) regarding OMS Datamart monitoring and maintenance, including monthly data validation and quarterly OMS Datamart refreshes
- Continued collaboration with the ASO regarding how OMS monitoring utilization and questionnaire completion rates can be coordinated with other quality project initiatives

Involved Parties: BHA Offices of the Executive Director and the Deputy Director of Planning & Managed Care; BHA consultant; ASO (Beacon Health Options Maryland); CSAS/LAAs/LBHAs; University of Maryland Systems Evaluation Center (UMD SEC); providers; consumer, family, and advocacy groups
Monitor: Susan Bradley, Office of Data and IT

(4-1C)
The BHA Office of Forensic Services will continue to develop and expand the integrated database for forensic services.
Indicators:

- In collaboration with IT consultants, new modules developed for an integrated database

Involved Parties: BHA Office of Forensic Services; Data/IT Consultant
Monitors: Erik Roskes, BHA Office of Forensic Services

(4-1D)
Continue the development, implementation, and expansion of AVATAR (information/database system) treatment and recovery services.
Indicators:

- Number of AVATAR encounters, service, and population types, utilized through behavioral health system of care claims data
- Utilization of AVATAR services for the identified populations monitored
- Outcome measures compared with traditional face-to-face service delivery measures

Involved Parties: BHA Offices of the Deputy Director of Population-Based Behavioral Health, Prevention and Wellness, and Epidemiology and Evaluation; Community-based AVATAR service providers; CSAS/LAAs/LBHAs; Beacon Health Options Maryland
Monitor: Erik Gonder: Office of Prevention and Wellness Services

Objective 4.2 In collaboration with Medicaid, monitor and evaluate the performance of key contractors, the administrative service organization (ASO), and the Core Service Agencies (CSAs), Local Addiction Authorities (LAAs), Local Behavioral Health Authorities (LBHAs), and Local Health Departments (LHDs) requiring improvement as needed.

(4-2A)
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.
Indicators:

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

Involved Parties: BHA Offices of the Deputy Director of Planning & Managed Care, Deputy Director of Population-Based Behavioral Health, Deputy Director for Clinical Services, BHA Medical Director, Local Planning and Management, Finance and Procurement, Epidemiology and Evaluation, and Data/IT; Division of Quality Assurance and Improvement; BHA Management Committee; UMD SEC; Beacon Health Options Maryland (ASO); Maryland Medicaid-Office of Health Services; CSAS/LAAs/LBHAs; LHDs; representatives of key stakeholder groups
Monitors: Daryl Plevy, Office of the Deputy Director of Planning & Managed Care

(4-2B)
Monitor Opioid Treatment Programs (OTPs) to determine compliance with education, identification, and treatment of individuals with behavioral health disorders who have or may be at risk for infectious diseases such as tuberculosis, sexually-transmitted diseases (STDs), Hepatitis C, and Human Immunodeficiency Virus (HIV).
Indicators:

- Patient records reviewed for completion of screenings for infectious diseases, (including HIV, STDs, Hepatitis C, and tuberculosis) assessment and, if indicated, referral for treatment and/or referral to LHD for medical evaluation
- Patient records reviewed to ensure case management services and education programs are implemented for patients diagnosed with an infectious disease
- Patient records reviewed to ensure OTPs are meeting all state reporting requirements while adhering to federal and state confidentiality requirements, including Code of Federal Regulations (CFR) requirements

Involved parties: BHA Division of Quality Assurance and Opioid Authority; BHA Office of Compliance; DHMH Office of Health Care Quality; LAAs/LBHAs; OTPs; LHDs
Monitors: Barry Page, Division of Quality Assurance and Opioid Authority and Franklin J. Dyson, Office of Compliance

(4-2C)
Monitor all Opioid Treatment Programs (OTPs) for compliance with federal and state regulations, grant conditions of award, and internal BHA policies and procedures, in order to reduce overdose fatalities and medication diversion.
Indicators:

Monitor patient records for required reporting of:

- Updates to medication diversion plans and overdose prevention plans included in records
- Updates of records for patients with special medication assisted requirements
- Medication callbacks and lockbox requirements
- Patient death

Involved parties: BHA Division of Quality Assurance & Opioid Authority; BHA Office of Compliance; DHMH Office of Health Care Quality; Medicaid; LAA/LBHAs; Drug Enforcement Administration (DEA); SAMHSA; Attorney General's Office; Office of the Inspector General; Board of Professional Counselors and Therapists
Monitors: Barry Page, Division of Quality Assurance and Opioid Authority, and Franklin J. Dyson, Office of Compliance

(4-2D)
Conduct Quarterly monitoring activities of the local Core Service Agencies and Local Behavioral Health Authorities.
Indicators:

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

Involved Parties: BHA Offices of the Executive Director, Deputy Director of Planning & Managed Care, Planning, Recovery and Treatment Services, Local Planning and Management, and Finance, Grants, and Procurement; Review Committee (includes representatives of all pertinent BHA offices); UMD SEC; CSAs/LBHAs; Local Mental Health Advisory Committees (LMHACs); CSA advisory boards; BHA staff;
Monitors: John Newman, Office of Local Planning and Management; and Cynthia Petion, Office of Planning

(4-2E)
Collect and analyze Maryland Data System (MDS) for prevention data collected by all Substance Abuse Prevention and Treatment (SAPT) grantees.
Indicators:

- Monthly submissions of the number of prevention activities performed to ensure accuracy of reporting
- Annual report disseminated detailing prevention services to assist local planning
- Ongoing training and technical support provided for system users

Involved Parties: BHA Office of Prevention and Wellness; local Prevention Coordinators; Health Departments
Monitor: Erik Gonder, Office of Prevention and Wellness

(4-2F)
BHA and the Maryland State Epidemiology Outcomes Workgroup (SEOW) will continue to collect, analyze, and disseminate data for prevention planning.
Indicators:

- Identification and coordination of access and analysis projects related to opioid addiction and overdose
- Comprehensive inventory created of federal, state, and local datasets
- State and local profiles and ad hoc reports published and disseminated
- Technical assistance provided to stakeholders

Involved Parties: BHA Offices of the Deputy Director of Population-Based Behavioral Health and Prevention & Wellness; DHMH agencies; LAAs/LBHAs; University of Maryland-School of Pharmacy; SEOW members; providers; Health Departments; Prevention Coordinators
Monitors: Christina Trenton, Office of Deputy of Population-Based Behavioral Health; Debbie Green and Larry Dawson, Office of Prevention and Wellness

(4-2G)
Participate in oversight of the Consumer Quality Team (CQT) project for statewide expansion.
Indicators:

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

Involved Parties: BHA Offices of Consumer Affairs, Planning, Adult Services, the Deputy Director for Behavioral Health Facilities, Epidemiology & Evaluation, and Quality Assurance & Improvement; state facility representatives; CSAs/LBHAs; MHAMD; MCF; Maryland Association of Resources for Families and Youth (MARFY) – Residential Treatment Center Coalition; NAMI MD; OOOMD; Community Behavioral Health Association of Maryland (CBH)
Monitor: Cynthia Petion, Office of Planning

(4-2H)
The BHA and the University of Maryland Systems Evaluation Center (UMD SEC) will analyze data relating to utilization of services in a behavioral health system of care by decedents of opioid overdose, as well as individuals with co-occurring disorders, to further inform system and service planning, as well as identify areas for quality improvement activities.
Indicators:

- Data analyzed for consistency between Basis 24 sub scale (a leading behavioral health assessment tool) and persons in service system enrollment
- Development and dissemination of data (behavioral health data and analysis) on individuals in the Public Behavioral Health System who suffered a death due to opioid overdose

Involved parties: BHA Offices of the Deputy Director of Planning & Managed Care; UMD SEC; DHMH – Vital Statistics Administration; Beacon Health Options Maryland
Monitor: Susan Bradley, Office of Data and IT

Objective 4.3: Improve data accessibility for key stakeholders

(4-3A)
Promote data utilization through continued activities to better inform policy and planning
Indicators:

- Reports generated and posted to designated data reporting section on administrative Web site, making behavioral health demographic data available to users outside of state agencies
- Public awareness and support for improved health and wellness increased through the use of Data Shorts publications to provide various data resources and information

Involved Parties: BHA Offices of the Executive Director, Data and IT, and Planning; UMD SEC; CSAs/LAAs/LBHAs; Beacon Health Options Maryland
Monitor: Susan Bradley, Office of Data and IT

Objective 4.4. Collect, Improve, and Sustain Youth Tobacco Access Data.

(4-4A)
Comply with the SAMHSA mandated Synar requirement (based on 1992 legislation aimed at decreasing youth access to tobacco) for receipt of federal Block Grant Substance Abuse Prevention and Treatment (SAPT) funds.
Indicators:

- In accordance with Synar mandate, annual unannounced, random inspections conducted to measure tobacco retailer compliance with Maryland youth access laws
- Year-end Synar Report developed and distributed

Involved Parties: Behavioral Health Administration Staff; Substance Abuse and Mental Health Services Administration/the Center for Substance Abuse Prevention (SAMHSA/CSAP)
Monitors: Anastasia S. Lambropoulos, Office of Statewide Projects – Smoking Cessation

(4-4B)
Continue to serve as vendor for the Food and Drug Administration (FDA) Maryland Tobacco Enforcement Program.
Indicators:

- In accordance with contract requirements ensure federal youth tobacco access laws are adhered to by retailers

Involved Parties: Behavioral Health Administration Staff; FDA
Monitors: Bonita Ciurca, Office of Statewide Projects - Tobacco

GOAL V. PROMOTE AN INTEGRATED, ALIGNED, AND COMPETENT WORKFORCE.

Objective 5.1: Develop and disseminate workforce training and education tools, as well as core competencies to address behavioral health issues.

(5-1A)
Collaborate to establish and disseminate evidence-based behavioral health core competencies for behavioral health, primary care, and peer providers.

Indicators:

- Continued current training activities and continued support of the BHA's Workforce Development Committee's (WDC) efforts
- Collaboration with stakeholders in the development of behavioral health workforce skills in areas where gaps are identified
- Resource and training materials developed and disseminated with input from local jurisdictions
- Opportunities provided for professionals to earn and maintain licensure and certifications through Continuing Education (CE) training opportunities for all behavioral health fields
- Continued collaboration with University of Maryland Evidence-Based Practice Center

Involved Parties: BHA Offices of Workforce Development & Training, Adult Services, and Treatment & Recovery Services; BHA WDC; UMD EBPC; UMD Training Center

Monitor: Michelle Darling, Office of Workforce Development and Training

(5-1B)
Continue to provide training, technical assistance, and consultation to promote Dual Diagnosis Capability (DDC) within the behavioral health workforce.
Indicators:

- Training, coaching, consultation to SAMHSA's Collaborative Enhancement Services (CHES) Grant providers for individuals without a home who have mental health or substance-related disorders or both, and history of being without a home
- Continued training/coaching by the University of Maryland Evidence-Based Practice Center (UMD EBPC) consultant and trainer on co-occurring disorders
- Provision of consultation and technical assistance to Core Service Agencies (CSAs), Local Addiction Authorities (LAAs), and Local Behavioral Health Authorities (LBHAs) requesting assistance in promoting DDC within their jurisdictions
- Continued technical assistance to substance-related disorders specialists on Assertive Community Treatment (ACT) Teams
- Ongoing training provided on the use of scientifically-validated screening and assessment instruments in support of screening for and assessment of co-occurring disorders

Involved parties: BHA Offices of the Executive Director, the Deputy Director of Clinical Services, the Deputy Director of Planning & Managed Care, and Adult Services; Beacon Health Options Maryland; University of Maryland, School of Medicine and Department of Psychiatry; UMD EBPC; CSAs/LAAs/LBHAs; OOOMD; NAMI MD; CBH
Monitors: Steve Reeder and Mona Figueroa, Office of Adult Services

(5-1C)
Support and disseminate evidence-based practices related to employment, supervision, and education for peer providers.
Indicators:

- Continued collaboration with SAMHSA's Region III Workforce Learning Collaborative, the Danya Institute, Central East Addiction Technology Transfer Center (ATTC) and the UMD EBPC in dissemination of resources and continuing education opportunities

Involved parties: BHA Offices of Consumer Affairs and Workforce Development & Training; BHA WDC; UMD EBPC; University of Maryland Training Center
Monitor: Brandee Izquierdo, Office of Consumer Affairs

(5-1D)
Promote and implement a well-trained behavioral health workforce on suicide prevention, intervention and post-vention.
Indicators:

- Implementation of training on screening, assessment and follow-up of individuals who report a chief complaint of psychological distress
- Implementation of suicide prevention/intervention training to teachers, pediatric and primary care clinicians, and behavioral health providers
- Increased adoption and uptake of Kognito Gatekeeper Training Program for school staff, veterans, peer support specialists and academia faculty
- Data utilized to inform planning initiatives and to guide best practices on suicide prevention

Involved Parties: BHA Offices of the Executive Director, the Deputy Director of Children's Services, Planning, and Adult Services; Maryland Department on Aging; the Maryland Crisis Hotline Network; MSDE; CSAs/LBHAs; Johns Hopkins University; University of Maryland; Maryland Coalition of Families (MCF); Maryland Human Trafficking Task Force; local school systems; other key stakeholders
Monitor: Brandon J. Johnson, Office of Suicide Prevention

GOAL VI. WORK COLLABORATIVELY TO ADDRESS TRAUMA AND JUSTICE IN THE COMMUNITY.

Objective 6.1. Improve training that supports trauma-informed care (TIC) principles and practices across systems and agencies.

(6-1A)
Continue the implementation of trauma-informed care training within organizations that serve the behavioral health needs of individuals to gain a thorough understanding of trauma and its impact on behavior.
Indicators:

- Face-to-face trainings provided in collaboration with CSAs/LAAs/LBHAs and community behavioral health providers
- Workshops provided, as requested, to organizations working with trauma survivors and increased as schedules allow
- Workshops focused on trauma, trauma-informed-care, and/or self-care provided at the request of the organization
- Specialized trainings provided by select trauma specialists upon request (e.g. corrections, paroled probation, first responders)

Involved Parties: BHA Division of Adult and Specialized Behavioral Health Services; CSAs/LAAs/LBHAs; University of Maryland; University of Baltimore; behavioral health provider agencies; detention centers; state hospitals
Monitor: Darren McGregor, Office of Special Populations

Objective 6.2. Provide technical assistance and training to providers who serve individuals residing in the community who are in the court or corrections system.

(6-2A)
The BHA Office of Forensic Services (OFS) will continue to provide training and consultative services to new and established forensic evaluators, providers of clinical services to court-involved consumers, and allied criminal justice professionals who interact with consumers of behavioral health and developmental disabilities services.
Indicators:

- Trainings conducted for new and established forensic evaluators and clinical providers in the adult and juvenile behavioral health and developmental disabilities systems
- Trainings provided for judges, attorneys, law enforcement, and correctional professionals engaged with consumers of behavioral health and developmental disabilities services
- Trainings and consultations available for evaluators and providers of clinical services for consumers of behavioral health and developmental disabilities services who are classified as sex offenders

Involved Parties: BHA Office of Forensic Services (OFS); BHA Division of Adult and Specialized Behavioral Health Services; Developmental Disabilities Administration; the Maryland Behavioral Health Advisory Council
Monitors: Erik Roskes, Richard Ortega, and Lori Mannino, Office of Forensic Services

(6-2B)
Implement practices to provide cost-effective, coordinated, and recovery-oriented services to individuals, who have mental illnesses, substance-related disorders (SRDs), or co-occurring disorders, who are incarcerated in local detention centers or prisons.
Indicators:

- Local LBHA and CSA implementation of Maryland Community Criminal Justice Treatment Program (MCCJTP) monitored through review of conditions of award and program operations
- Utilization of DataLink to promote the continuity of treatment for individuals with serious mental illness who are detained in the detention center in partnership with the Department of Health and Mental Hygiene/Behavioral Health Administration, DHMH's Office of Health Services, the Department of Public Safety and Correctional Services (DPSCS), the administrative services organization (ASO), the CSAs/LBHAs and the local detention centers.
- Provide appropriate treatment and mother/child intervention (pre and postnatal care) to women with mental health, substance use, and trauma related disorders through the Chrysalis House Healthy Start, 16-bed residential/transitional facility.

Involved Parties: BHA Office of the Deputy Director of Clinical Services; BHA Division of Adult and Specialized Behavioral Health Services; CSAs/LBHAs; Beacon Health Options Maryland (ASO); local detention centers; MHAMD; Developmental Disabilities Administration (DDA); community behavioral health providers.
Monitors: Marian Bland, Office of the Deputy Director of Clinical Services and Darren McGregor, Office of Special Populations

(6-2C)
In collaboration with the Department of Juvenile Services (DJS), provide treatment, as well as related recovery supports, for individuals with DJS involvement; including early diversion from juvenile justice and criminal justice systems, as appropriate.
Indicators:

- Annual review and renewal of the DJS-BHA Memorandum of Agreement (MOA) for substance use treatment services for DJS youth
- Quarterly reports of performance outcome measures reviewed as specified in the MOA
- Regular meetings established between DJS and BHA clinical and administrative staff
- One new DJS-BHA collaborative project established and implemented during FY 2017

Involved Parties: BHA Office of the Deputy Director of Children's Services; DJS Office of Behavioral Health and Victim Services; CSAs/LAAs/LBHAs; DJS local offices; DJS and BHA placement coordinators; Beacon Health Options Maryland; Local School System (LSS).
Monitors: Eric English and Tom Merrick, BHA Office of the Deputy Director of Children's Services

6-2D

Participate in the Front-End Diversion Initiative for youth involved with juvenile justice system in order to increase their access to needed behavioral health services.

Indicators:

- Pilots initiated in Baltimore City and Wicomico County
- Numbers of Front-end Diversion participants referred for publicly-funded behavioral health services
- Numbers of participants who received publicly-funded behavioral health services by service type and category

Involved Parties: BHA Office of the Deputy Director of Children's Services; Governor's Office for Children (GOC); DJS; DHR, Behavioral Health Providers, CSAs/LAAs/LBHAs

Monitor: Al Zachik, Office of the Deputy Director of Children's Services

GOAL VII. INCREASE PUBLIC AWARENESS AND SUPPORT FOR IMPROVED HEALTH AND WELLNESS.

Objective 7.1. Continue to work with the behavioral health community to increase the dissemination of educational activities and current information related to psychiatric, substance-related, and addiction disorders to the general public.

(7-1A)
Continue implementation of the Mental Health First Aid-USA (MHFA) initiative for adults and youth in Maryland.

Indicators:

- The number of people trained in MHFA
- Target audiences reached and number of organizations expanded that adopt the program
- The number of instructors certified to teach MHFA classes, including those who are dually certified to teach the core curriculum (adult focused) and the youth curriculum
- The outcomes of evaluation

Involved Parties: Behavioral Health Administration (BHA) Offices of the Executive Director, the Deputy Director of Planning & Managed Care, Planning, and Workforce Development & Training**;** DHMH; CSAs/LBHAs; Mental Health Association of Maryland (MHAMD); Maryland Coalition of Families (MCF); other behavioral health advocacy groups

Monitors: Daryl Plevy and Jenny Howes, Office of the Deputy Director of Planning & Managed Care

(7-1B)
Continue to provide support, funding, and ongoing consultation to Maryland's behavioral health advocacy groups, Local Behavioral Health Authorities, Local Addiction Authorities, and Core Service Agencies to promote and implement a series of public education, training activities, and electronic communication activities to increase awareness of behavioral health issues, as well as recovery and resiliency among children, youth, and adults.
Indicators: Promote and/or conduct the following:

- Overdose prevention activities
- "May is Mental Health Month" initiatives
- Outreach education and training on mental health, substance-related and addictive disorders
- Continued efforts to increase communication, awareness, and education of the Public Behavioral Health System through the use of social media technology such as Facebook or Twitter (@DHMH_BHA)

Involved Parties: BHA Offices of Planning, Overdose Prevention, the Deputy Director of Children's Services, Workforce Development & Training, and Consumer Affairs; BHA Division of Adult and Specialized Behavioral Health Services; key BHA staff; CSAs/LAAs/LBHAs; MCF; MHAMD; NAMI MD; OOOMD; Wellness and Recovery Centers (WRCs); Recovery and Wellness Centers (RWCs); Recovery Community Centers (RCCs); community providers
Monitor: Robin Poponne, Office of Planning

(7-1C)
In collaboration with Local Addiction Authorities (LAAs), Local Behavioral Health Authorities (LBHAs), and prevention coordinators, continue public awareness campaigns targeting adults and youth to help individuals to identify the signs of an overdose and steps to take to administer Naloxone.
Indicators:

- Posters, brochures, and pocket cards published and distributed that identify the signs of an opioid overdose and give instructions to administer Naloxone
- Continued promotion of Naloxone Training events held around the state of Maryland
- Continued efforts with LAAs/LBHAs and prevention coordinators to distribute materials across the state
- Technical assistance provided to Opioid Misuse Prevention Program (OMPP) grantees to: develop a marketing and communication strategy; select a vendor to develop a message and visuals; and implement an effective marketing strategy

Involved Parties: BHA Offices of the Deputy Director of Population-Based Behavioral Health, Overdose Prevention, and Prevention and Wellness; Prevention Program Manager; Local Addiction Authority/Local Behavioral Health Authority – Prevention Coordinators
Monitors: Kathleen Rebbert-Franklin and Margie Donohue, Office of the Deputy Director of Population-Based Behavioral Health; Debbie Green, Office of Prevention and Wellness

(7-1D)
In collaboration with Local Addiction Authorities (LAAs)/Local Behavioral Health Authorities (LBHAs) and prevention coordinators, promote the use by Marylanders of a statewide hotline to obtain a referral to treatment resources.
Indicator:

- Continued work with LAAs/LBHAs and prevention coordinators to disseminate information, across the state, to promote the hotline

Involved Parties: BHA Offices of the Deputy Director of Population-Based Behavioral Health, Overdose Prevention, and Prevention & Wellness; Prevention Program Manager; LAA/LBHA – Prevention Coordinators
Monitors: Kathleen Rebbert-Franklin and Margie Donohue, Office of the Deputy Director of Population-Based Behavioral Health

(7-1E)
Enhance the level of understanding about problem gambling and raise awareness of resources available for treatment.
Indicators:

- Resources, education, and networking opportunities provided to behavioral health service providers, community stakeholders, local and state agencies, somatic care organizations, and educational groups/organizations about problem gambling
- Four regional trainings conducted
- Annual statewide Problem Gambling Conference conducted
- Public awareness campaign developed and implemented, tailored to community needs and demographics
- Annual statewide media campaign conducted in observance of Problem Gambling Month

Involved Parties: Maryland Center of Excellence on Problem Gambling (CEPG); CSAs/LAAs/LBHAs representatives; Community stakeholders; Maryland Behavioral Health Advisory Council; Behavioral Health Administration staff
Monitor: Ardenia Holland, Office of Statewide Projects – Gambling

(7-1F)
In collaboration with Local Addiction Authorities (LAAs)/Local Behavioral Health Authorities (LBHAs), work together to develop an anti-stigma approach to change attitudes in Maryland about people with substance-related disorders (SRDs).
Indicators:

- Proactive media relations activities established to:
  - handle media inquiries, disseminate an
  - update educational materials regarding the research around Medication-Assisted Treatment (MAT)
  - promote outreach to media outlets regarding MAT, Naloxone, the Good Samaritan Law (immunity from certain crimes when assisting in an emergency overdose situation)
- Public service announcements (PSAs) created to educate families and loved ones regarding substance-related disorders and overdose prevention
- Increased public understanding of substance-related disorders as a disease
- Increased public understanding of MAT as a medical treatment vs. drug substitution
- Physicians support gained for provision of MAT, Buprenorphine, and Naloxone
- Additional opportunities sought out to co-sponsor and participate in awareness events across the state, throughout the year, including National Recovery Month, National Drug and Alcohol Facts Week, and National Prevention Week

Involved Parties: BHA Offices of the Deputy Director of Population-Based Behavioral Health, Prevention and Wellness, Workforce Development & Training, and Overdose Prevention; LAA/LBHA Prevention Coordinators
Monitors: Margie Donohue, Office of the Deputy Director of Population-Based Behavioral Health

(7-1G)
In collaboration with On Our Own of Maryland (OOOMD), CSAs, LBHAs, and other stakeholders, expand the outreach and education efforts of the Anti-Stigma Project (ASP) to address the issue of stigma within the behavioral health system and the broader community.
Indicators:

- A series of workshops facilitated to address stigmatizing attitudes, barriers, and practices
- Education materials disseminated
- Number of trainings/workshops conducted

Involved Parties: BHA Offices of Planning, Treatment & Recovery Services, and Consumer Affairs; CSAs/LBHAs; OOOMD; Wellness and Recovery Centers; Recovery Community Centers
Monitor: Cynthia Petion, Office of Planning

Objective 7.2. Continue efforts that facilitate recovery, build resiliency, and develop mechanisms to promote health and wellness across the lifespan.

(7-2A)
Continue to support statewide activities to further enhance peer recovery supports, utilizing best practices within the Public Behavioral Health System (PBHS).
Indicators:

- Training and consultation for Wellness & Recovery Centers, Recovery & Wellness Centers, and Recovery Community Centers (WRC/RWC/RCC) implemented for co-occurring support groups, peer-run centers, and self-directed planning
- Exploration of the development of peer supports specifically for special populations, including endorsement training for somatic healthcare, older adults, children and youth, and families
- Continued dissemination of Person Centered Care Planning principles and practices through regional training sessions to community behavioral health providers
- Continued development and maintenance of professional partnerships that support Leadership Empowerment and Advocacy Project (LEAP) training and promote behavioral health integration activities for both mental health and substance use peers
- Increased consumer and family participation on policy and planning committees across the state to include No Wrong Door approach and health home initiatives
- Continued exploration of Medicaid reimbursement for peer recovery support services

Involved Parties: BHA Offices of Consumer Affairs, the Deputy Director of Planning & Managed Care, Forensic Services, and Deputy Director of Clinical Services; BHA Division of Adult and Specialized Behavioral Health Services; Medicaid – Behavioral Health Division; OOOMD; MCF; LBHAs; WRCs; RWCs; RCCs; advocacy groups for mental health and substance-related disorders; peer specialist and recovery coach organizations; Maryland Coalition on Mental Health and Aging

Monitor: Brandee Izquierdo, Office of Consumer Affairs

(7-2B)
Continue efforts to maintain and expand the provision of resilience trainings and activities that focus on building strengths and wellness in youth, families, communities, and the organizations that serve them across the lifespan.
Indicators:

- Resilience trainings conducted and wellness resource materials disseminated throughout the year
- A Resilience Emotional Wellness Campaign implemented including the use of logos, taglines, campaign poster, and social media to disseminate campaign message of prevention and resilience across the lifespan
- Stakeholders' Meeting regarding resilience and wellness convened
- Based on recommendations of the Stakeholders Meeting, Wellness Plan developed to enhance the Public Behavioral Health System's (PBHS') system of care
- Partnerships/collaborations expanded to further promote the Resilience Emotional Wellness Campaign

Involved Parties: BHA Office of the Deputy Director of Children's Services; University of Maryland School of Medicine, Department of Psychiatry; Resilience, Wellness, and Prevention Committee; CSAs/LAAs/LBHAs; MCF; family members; advocates; providers; MHAMD; representatives from Department of Human Resources (DHR); Department of Juvenile Services (DJS); Maryland State Department of Education (MSDE)
Monitors: Joan Smith and Tom Merrick, Office of the Deputy Director of Children's Services

(7-2C)
Continue to raise awareness of resources for tobacco cessation services for behavioral health populations.
Indicators:

- Continued and expanded collaboration with the DHMH Prevention and Health Promotion Administration (PHPA), the Center for Tobacco Prevention and Control (CTPC), other public health and somatic care agencies, and community-based organizations to enhance public awareness of available smoking cessation services for individuals with behavioral health disorders
- Tobacco Cessation Workgroup initiated

Involved Parties: Behavioral Health Administration Staff; Center for Tobacco Prevention and Control (CTPC); MDQuit; LAA and CSA representatives; the Maryland Behavioral Health Advisory Council; Consumer Organizations; Local Health Departments
Monitor: Anastasia S. Lambropoulos, Office of Statewide Projects – Smoking Cessation

(7-2D)
Continue to implement strategies to promote availability of and access to services and interventions that effectively meet the unique needs of older adults with, or at risk for, behavioral health conditions.

Indicators:

- Continued analysis of existing CSA/LBHA grant-funded programs and long-term care reform initiatives to identify potential opportunities to leverage federal and state resources to support and to expand the array of services and interventions for older adults
- Organizational readiness assessed to implement evidence-based and empirically-supported practices within existing older adult initiatives
- Participation of older adults better incorporated within health, wellness, and recovery initiatives, including, but not limited to, Medicaid Behavioral Health Homes and Chronic Disease Self-Management Programs, through continued technical assistance, advocacy, and support to CSAs/LBHAs, other state agencies, and the community behavioral health provider and consumer networks
- Increased awareness and understanding of the specialized behavioral health needs of older adults through collaboration with advocacy organizations and other entities
- Revision of protocols and processes for the Preadmission Screening and Resident Review (PASRR) through the efforts of an established workgroup to improve screening, assessment, and tracking of individuals at risk for nursing home placement

Involved Parties: BHA Office of Adult Services; MHAMD's Coalition on Mental Health and Aging; University of Maryland Evidence-Based Practice Center (UMD EBPC); Maryland Department of Aging/Local Areas of Aging; Beacon Health Options Maryland; DHMH Divisions of Behavioral Health and Health Care Financing – Office of Health Services (Administrations of Long-term Services & Supports and Policy & Compliance)

Monitor: Stefani O'Dea, Office of Adult Services

(7-2E)
Develop, expand, and implement a family support navigation system to empower and inform families caring for youth, adolescents, and young adults facing challenges related to substance-use disorders.

Indicators:

- Resource materials created and disseminated on: substance use; screening and referral; family and education recovery support groups; volunteer training opportunities; and other services
- Service delivery system implemented on family support navigation
- Outreach materials developed to train stakeholders about the process of referring families to Maryland Coalition of Families (MCF) for substance use Navigation services
- Yearly evaluation conducted on identified outcome measures and findings submitted to BHA
- BHA-approved policy and procedures developed and implemented for the Family Support Navigation System for families with substance use

Involved Parties: BHA Offices of the Director of Population-Based Behavioral Health, Prevention and Wellness, and Overdose Prevention; Maryland Coalition of Families Public Relations Campaign

Monitor: Debbie Green, Office of Prevention and Wellness

Appendix

Leading Change 2.0 – SAMHSA's Six Strategic Initiatives [i]

As the driving force for its direction, SAMHSA has updated and streamlined its strategic plan to align with the evolving needs of the behavioral health field, individuals and families with behavioral health conditions, and the changing fiscal environment. *Leading Change 2.0: Advancing the Behavioral Health of the Nation 2015 – 2018*, issued in late FY 2014, reflects SAMHSA's programmatic priorities and policy drivers including the new HHS strategic plan and full implementation of the Affordable Care Act.

Behavioral health is an essential part of health service systems and effective community-wide strategies that improve health status and lower costs for families, businesses, and governments. Through practice improvement in the delivery and financing of prevention, treatment, and recovery support services, SAMHSA and its partners can advance behavioral health and promote the nation's health. In order to continue to support this goal, SAMHSA emphasizes an updated set of Strategic Initiatives to focus its work on improving lives and capitalizing on emerging opportunities.

These include:

1. ***Prevention of Substance Abuse and Mental Illness:*** Focuses on the prevention of substance abuse, SMI and severe emotional disturbance (SED) by maximizing opportunities to create environments where individuals, families, communities, and systems are motivated and empowered to manage their overall emotional, behavioral, and physical health. This SI will include a focus on several populations of high risk, including college students and transition-age youth, especially those at risk of first episodes of mental illness or substance abuse; American Indian/Alaska Natives; ethnic minorities experiencing health and behavioral health disparities; military families; and lesbian, gay, bisexual, and transgender (LGBT) individuals.

2. ***Health Care and Health Systems Integration****:* Focuses on health care and integration across systems including systems of particular importance for persons with behavioral health needs such as community health promotion; health care delivery; specialty prevention; treatment and recovery; and community living needs. Integration efforts will seek to increase access to appropriate high-quality prevention, treatment, recovery and wellness services and supports; reduce disparities between the availability of services for persons with mental illness (including SMI/SEDs) and substance use disorders compared with the availability of services for other medical conditions; and support coordinated care and services across systems.

3. ***Trauma and Justice:*** Focuses on trauma and justice by integrating a trauma-informed approach throughout health, behavioral health, human services, and related systems to reduce the harmful effects of trauma and violence on individuals, families, and communities. This SI also will support the use of innovative strategies to reduce the involvement of individuals with trauma and behavioral health issues in the criminal and juvenile justice systems.

4. ***Recovery Support:*** Emphasizing person-centered planning, this Strategic Initiative promotes partnering with people in recovery from mental and substance use disorders and their family members to guide the behavioral health system and promote individual, program, and system-level approaches that foster health and resilience (including helping individuals with behavioral health needs be well, manage symptoms, and achieve and maintain abstinence); increase housing to support recovery; reduce barriers to employment, education, and other life goals; and secure necessary social supports in their chosen community.

5. ***Health Information Technology:*** Ensures that the behavioral health system – including states, community providers, patients, peers, and prevention specialists – fully participates with the general healthcare delivery system in the adoption of health information technology (Health IT). This includes interoperable electronic health records (EHRs) and the use of other electronic training, assessment, treatment, monitoring, and recovery support tools, to ensure high-quality integrated health care, appropriate specialty care, improved patient/consumer engagement, and effective prevention and wellness strategies.

6. Workforce Development: Supports active strategies to strengthen the behavioral health workforce. Through technical assistance, training, and focused programs, the initiative will promote an integrated, aligned, competent workforce that enhances the availability of prevention and treatment for substance abuse and mental illness; strengthens the capabilities of behavioral health professionals; and promotes the infrastructure of health systems to deliver competent, organized behavioral health services. This initiative will continually monitor and assess the needs of peers, communities, and health professionals in meeting behavioral health needs in America'

Community Mental Health Services Plan and Report Substance Abuse Prevention and Treatment Plan and Report

U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration