

**Baltimore County
Department of Health**

**Bureau of Behavioral Health
Local Behavioral Health Authority**

FY 2020
Highlights

FY 2022
**One Year
Comprehensive Behavioral Health Plan and Budget**



Baltimore County Department of Health

Gregory Wm. Branch, M.D., MBA, CPE, FACP
Director of Health & Human Services Baltimore County Health Officer

Della Leister, RN
Deputy Health Officer

Phyllis Hall, LCSW-C
Administrator Community and Behavioral Health

***Bureau of Behavioral Health/Local Behavioral Health Authority
Leadership Team***

Stephanie House, MA, CPRP
Chief, Bureau of Behavioral Health

Elise Andrews, MA, MPH
Program Administrator – Overdose to Action Program

Martine Jean Baptiste, LCSW-C
Program Manager – Local Addictions Authority

Joyce Beverly
Management Analyst III - Fiscal Services

Linda Bryan, MS
Program Manager - Recovery Support Services

Charlotte A. Crenson
Program Manager - Prevention Services

Shakima Davey, LCSW-C
Division Chief, Harm Reduction

Brandi Miller
Office Administrator

Lee Ohnmacht, LCSW-C
Division Chief – Core Service Agency

Amy Park, LCSW-C
Division Chief - Local Addictions Authority

Our thanks and appreciation to the following for their assistance in FY 2020:

The Maryland Department of Health
The Behavioral Health Administration

Gregory Wm. Branch, M.D., MBA, CPE, FACP
Director of Health & Human Services
Baltimore County Health Officer

Della Leister, RN, Deputy Health Officer

The Baltimore County Behavioral Health Advisory Council

Melissa Anderson, Fiscal Team, Department of Health
Brenda Lydic, Fiscal Team, Department of Health
Barbara Martin, Fiscal Team, Department of Health
Heather Panowicz, Fiscal Team, Department of Health
Ladonnia Wilson, Fiscal Team, Department of Health

Don Schlimm, Director, Local Management Board

Baltimore County Health and Human Service Quality Improvement Team
Laura Culbertson, RN
Chief, Quality Improvement

Jan Markowitz, PhD
Epidemiologist

We would also like to acknowledge and thank the Baltimore County Behavioral Health provider agencies that contracted with the Bureau in FY 2020. These agencies operate in close partnership with us and we thank them for their dedication to providing excellent services to the community.

Affiliated Santé Group, Inc.
Associated Catholic Charities, Inc.
Another Chance Recovery, Inc.
Community Support Services for the Deaf (CSSD)
HealthCare Access Maryland, Inc.
Hope Health Systems, Inc.
Institute for Family Centered Services, Inc. (IFCS)
Lab Corp of America Holdings
Light of Truth Center, Inc.
Maryland Recovery Homes
Mental Health Association of Maryland
Misha House, LLC
Mosaic Community Services
National Alliance on Mental Illness (NAMI), Baltimore
On Our Own, Inc.
One Promise Transitional Housing, LLC
People Encouraging People, Inc.
Prologue, Inc.
The Daniel Carl Torsch Foundation Inc.

FY 2020 Highlights and Achievements
&
FY 2022 Comprehensive Behavioral Health Plan and Budget

Table of Contents

<i>Executive Summary</i>	1
<i>Program Plan</i>	
A. Introduction	7 - 12
B. New Developments, Challenges, Issues	13 - 16
C. Organizational Structure	17 - 26
D. FY 2020 Highlights and Achievements	27 - 44
a. Management and Coordination Activities	44 - 47
b. Services Needed by Individuals in the Population Served	47 - 48
E. Planning Process	49
1. Collaborative Efforts with Providers to Ensure “No wrong door”	49
2. Complaint Investigation, Role, Contract Monitoring	50
3. Planning Process Used in Designing the System of Services	50
4. Plans to Include Stakeholders in Planning and Evaluating	51
5. Relationship with Local and State Behavioral Health Advisory Councils	52
6. Coordination of Activities in Response to Emergencies	57
7. All Hazards Plan - Attached	58
F. Service Delivery and Recovery Supports	59
1. Treatment Services	59
Development and Implementation of Integrated Services	60
Behavioral Health Service Needs	60
System Management Processes	61
Office Based Buprenorphine Therapy	62
Co-occurring Disorders	63
Crisis Services	64
Services Provided to Problem Gamblers and Their Families	65
Tobacco Cessation Services	66
Peer Recovery Specialists Services	66
2. Outreach and Public Awareness, Education and Information	67 - 74
3. Sub-Grantee Monitoring	74
G. Data Analysis	
Mental Health Treatment Service	76 - 84
Substance Related Disorder Treatment Services	85 - 89
H. FY 22 Goals	90
Behavioral Health Advisory Council Plan Approval & Roster	91 - 95
Appendix Acronym Glossary	97 - 99

Attachment A – Baltimore County Department of Health FY 2020 Outcomes
Attachment B – All Hazards Behavioral Health Emergency Response Plan
Attachment C – Baltimore County MH and SUD Provider Map

Executive Summary

The Baltimore County Bureau of Behavioral Health (BBH) serves as the Local Behavioral Health Authority (LBHA) and Public Behavioral Health Systems (PBHS) manager for Baltimore County. The BBH/LBHA includes mental health, substance abuse/addictions, harm reduction, recovery support services, and substance use prevention. In FY 2021, the Harm Reduction Division was moved to the BBH/LBHA while Tobacco unit moved to Community Health Services. The following are some highlights and are discussed in-depth elsewhere in the plan.

Beginning in FY 2021, the BBH/LBHA reorganized under three divisions, including the Core Service agency, the Local Addictions Authority and added the third, Special Projects Unit which includes Harm Reduction and the Overdose Data to Action Grant (OD2A) among others. While each has a designated Division Chief and all programs are organized under them, there is integration and collaboration around services; planning and budget. A detailed description can be found in the organizational chart section.

COVID 19 and the Bureau of Behavioral Health/Local Behavioral Health Authority

For the last half of FY 2020, and all of FY 2021, at this writing, COVID 19 has impacted our clients, our providers, our Bureau and staff, our Department and our County. Although the vaccination effort has started, we recognize that the impact of COVID on behavioral health will continue to exist well after the virus is under control. Prevention of the impact of despair including drug and alcohol poisoning and suicide efforts must stay front and center for the foreseeable future.

Our County - As of 1-12-2021, Baltimore County has the third highest number of COVID positive cases in the State of Maryland. According the State of Maryland's Coronavirus Website as of this date, we have 42,505 positive cases. According to the Baltimore County Economic Development Website there are 847, 000 residents projected in 2020.

Our Clients- As the Manager of the public behavioral health system, we know many of our clients are disproportionately affected by COVID. We know that isolation and stress on adults and children out of school, job loss, housing and food insecurity, and serious health issues make many susceptible to a more severe infection if they become ill. Baltimore County residents who are not part of the PBHS are affected by all of the same stressors and may be experiencing anxiety, depression and other symptoms.

Our Providers – public behavioral health providers have done an extraordinary job in serving clients while keeping them and their staff safe. As the BBH/LBHA, we have kept them informed and updated on information from the state and local levels affecting their programs. Our providers have worked with the Health Department in reporting positive cases and following guidance from Public Health Investigators with few exceptions. No residential client was reported removed from the program as a result of status. PBHS providers have done this while also working through challenges of the public behavioral health system and the Administrative Services Organization.

Our Bureau staff- In April of 2020, the Department of Health in an abundance caution ordered all staff who were able to begin working remotely. This was a challenging undertaking as we needed to look at essential duties; equipment needs and implement new processes and modes of operation very quickly. Because of COVID, our BBH/LBHA staff were required to be creative and provide essential services remotely where possible. This includes developing virtual trainings; virtual inspections and meetings and groups with clients. Phone communication was maintained during operating hours for Help Calls and REACH calls were answered keeping established schedule. Alcohol and drug counselors provided virtual substance use screenings. If virtual could not be accomplished, staff followed Department of Health COVID protocols to transport clients to services, meet with clients safely, deliver Naloxone, etc. Provider Relation services including authorizing new providers who met all requirements were approved with little to no disruption. PBHS services requiring authorizations such as Supported Employment and Crisis beds continued. Provider requests to provide services in the county continued with timely reviews by Provider Relations staff and Agreements to cooperate approved in a timely fashion. Contractual Services not covered by the PBHS continued to operate. All of this accomplished while many staff also supported the Department's COVID efforts.

Our Department –As reported since the BBH/LBHA is part of the Baltimore County Health Department many of our staff are also deployed to COVID efforts. The BBH/LBHA has staff working from a few days to full time on the COVID Hotline, Contract Tracing, Results team, Outbreak team, the Local Bulk Shipment Warehouse, in addition to working Testing and Vaccination clinics as essential staff.

In addition, we have provided behavioral health expertise and resources wherever possible. In addition to direct COVID efforts, the BBH/LBHA participates in the following:

- **The County Executive's COVID Community Engagement Committee** to inform other County Agencies such as Housing and Social Services about resources and needs. An example of this is the Baltimore County Office of Housing included contact information regarding Crisis Response Services on their letters informing applicants when denied assistance
- **The Health Department's COVID Incident Command Mental Health Unit** to provide information on resources and input on the PBHS. Information was shared on training for health care providers on the front line. The Mental Health Unit also assisted in coordinating information for PBHS providers and clients for vaccination efforts for the Incident Command.
- **Provider support** around COVID needs in obtaining Personal Protective Equipment; providing connection with appropriate Health Department agencies as appropriate; and ongoing updated information from state and local authorities, and most recently informing and assisting provider agencies to access the Baltimore County Provider Registry for their public facing health care staff under Tier 1a and **Surveying providers as to the numbers of clients and staff, including Residential**

Rehabilitation and other congregate living and informing of the Baltimore County Provider Registry for vaccines when clients were eligible under Vaccine Tier 1B. \

- **Implementation of a Strategic Suicide Prevention Plan** to provide information and support to County residents experiencing symptoms of despair as a result of isolation, job and or housing loss, illness and or death of a loved one, or any number of secondary effects of COVID.
- **County-wide campaign to advertise Crisis Response Services** to inform Baltimore County residents of available services so people who have never experienced behavioral health needs in the past and don't know where to turn. In addition, we anticipate there will be ongoing effects of COVID long after the virus is under control.

Selected Highlights Described Elsewhere in the Plan

Local Addictions Authority

The BBH/LBHA has many new and ongoing initiatives to combat the opioid epidemic in Baltimore County both in the Local Addictions Authority and Harm Reduction Divisions.

County Executive's Opioid Response Working Group Report

The BBH/LBHA continue to work with partners on the recommendations of the 2019 report. Efforts around stigma, social determinants of health, treatment, family support and harm reduction are discussed in depth in this report.

The Drug Overdose Lethality Review Team (DOLRT) and the Opioid Intervention Team (OIT)

These teams continue to foster coordination and cooperation among multiple stakeholders in Baltimore County. The Lethality Review Team reviews overdose deaths with the purpose of improving systems to prevent in the future. The Opioid Intervention Team is coordinated by the Opioid Strategy Coordinator, Eric Bromwell and brings together partners dedicated to opioid interventions.

MAT Expansion- the Substance Abuse and Mental Health Services Administration (SAMHSA) grant

SAMHSA continues to fund Medication Assisted Treatment (MAT) (buprenorphine only) for inmates in detention four months prior to release and referral to community treatment/case management post release served 72 individuals in FY 2020. The grant ends in September 2021. State Opioid Response (SOR) funding from the Behavioral Health Administration allows individuals who were receiving buprenorphine treatment in the community to continue their treatment uninterrupted during the time they are incarcerated. This program began inducting patients in December 2019 and served 75 individuals during FY 2020. There are numerous efforts to expand MAT in the community as well and are detailed further in this document.

Inpatient Substance Use Treatment-Baltimore County opened an inpatient facility in February of 2020 for adult men and women providing 3.3 and 3.5 inpatient substance abuse treatment operated by Gaudenzia. Starting with 30 beds, the program expects to expand to 70 in the future. In the past twelve months, they have served 214 individuals. The average length of stay is 46.4 days and average three to five admissions per week. Of the 214 individuals, the three highest Substance Use Disorders (SUD) diagnosis were opioid use (91), alcohol use (65) and cocaine (33).

Recovery Services

The 410-88-REACH line is operational Monday through Saturday from 8:30 a.m. to midnight. Phones are answered by Peer Recovery Specialists who can assist people with questions as well as meet and transport people who wish to engage in treatment. In FY 2020, the reach line received 3,325 calls, which resulted in the engagement of 1,339 individuals with 876 referred to treatment and recovery services. Baltimore County had resources during fiscal year 2020 to provide recovery housing to 117 individuals for an average stay of 123 days.

Special Projects Unit

Harm Reduction efforts continue with Naloxone training for community groups and individuals. In FY 2020, the BBH/LBHA conducted 48 community trainings to 1,147 individuals and 2,443 received Naloxone. Peers continued to do one-on-one training and the Baltimore County Emergency Medical Service (EMS) participate in a leave a dose behind program.

Syringe Services

Since the implementation of HRP in June 2018, the Program has provided syringe services to over 190 individuals, provided overdose education and naloxone distribution to 949 individuals, and administered 195 vaccinations to people who use drugs.

Overdose Data to Action (OD2A)

The Center for Disease Control (CDC) Overdose Data to Action (OD2A) funded Baltimore County to further increase collaboration, data sharing, and utilization of County-wide data to implement targeted prevention activities began in October of 2019. Under the surveillance component, a competitive bid process currently is underway to secure a case management system for internal use by the Department of Health. The system is expected to facilitate more effective tracking of clients and outcomes as well as facilitating referrals.

Prevention

A Baltimore County community needs assessment revealed that youth regard marijuana as much easier for them to obtain than alcohol and do not recognize any risk or harm related to marijuana use. The Prevention team has released a Request for Proposals for a marijuana prevention campaign for youth, young adults and their parents. The Prevention team continued efforts to train alcohol retailers and the public on safe disposal of medications.

Tobacco Cessation

Cessation services were provided, through BBH or provider partnerships to 142 behavioral health program consumers. These included programs at Sheppard Pratt (partner), Mosaic

Rosedale, Mosaic-Timonium, Mosaic-Catonsville, KEYS Development Randallstown, National Pike Health Center-Dundalk, National Pike Health Center Catonsville, and Active Day Parkville. One hundred and ten (110) individuals received services in the first half of FY 2020. However, due to the COVID-19 pandemic and in-person activity closures in March, 32 individuals received services in the second half of FY 2020.

Core Service Agency

The impact of isolation; job loss; food insecurity and other impacts of despair that many County residents are experiencing during COVID continues to increase the need for mental health support and services.

Crisis Services -While Baltimore County has had a robust crisis program in place for the past 20 years, including a 24/7 hotline and mobile crisis response in partnership with the Affiliated Santé Group (ASG) and Baltimore County Police Department, resources to support individuals in crisis as an alternative to the hospital emergency rooms is lacking. Baltimore County currently has 20 crisis beds located on the grounds of Sheppard Pratt Hospital serving the entire state. A 24/7 Crisis Stabilization facility is needed in Baltimore County. In FY 2020, the Operations/Hotline engaged in 30,336 calls and mobile crisis responded to 2,689 calls for intervention. **Crisis services are available to all county residents regardless of insurance status.**

Greater Baltimore Regional Integrated Crisis System (GBRICs)

Baltimore County through the BBH/LBHA joined Baltimore City, Carroll and Howard Counties in the Greater Baltimore Regional Integrated Crisis System (GBRICS) partnership, which will invest \$45 million over five years to transform behavioral health crisis response services in the four jurisdictions. The goal is to create a behavioral health crisis response system that helps resolve crises quickly for individuals and families, meets people where they are comfortable, and provides appropriate care and support, while avoiding emergency department (ED) use, and hospitalization. This will also improve infrastructure and expand behavioral health crisis services to be available around the clock.

Suicide Prevention

The BBH/LBHA was developing a plan for focused suicide prevention when the COVID pandemic hit in 2020. The BBH/LBHA is collaborating with the Baltimore County Local Management Board to develop a comprehensive Suicide Prevention Plan for the County. In addition, the Baltimore County Behavioral Health Advisory Council established a suicide prevention sub-committee.

Systems Integration

To meet the vision to *provide improved health, wellness, and quality of life across the life span through a seamless and integrated behavioral health system of care* the BBH/LBHA has been working with the Behavioral Health Administration towards an integrated system of care. Results of the FY 2020 self-assessment are found later in this report.

Behavioral Health System Capacity

Due to location in a metropolitan area, Baltimore County has a large number of licensed providers for reimbursable services throughout the County. In FY 2020, with the addition of 16 new Outpatient Mental Health Centers (OMHC) added to the continuum of behavioral health services, the total number of OMHCs to operating in the County is 52. The number of substance use disorder (SUD) programs has increased with the addition of 20 new SUD programs. There are 108 Psychiatric Rehabilitation Programs for adults and 85 Psychiatric Rehabilitation Programs for minors. The number of programs providing co-occurring Mental Health and Substance Use services has increased and currently we have 32 programs with the ability to provide co-occurring services.

PROGRAM PLAN

A. Introduction

Organizational Structure

The Bureau of Behavioral Health (BBH) is the Local Behavioral Health Authority (LBHA) for Baltimore County. In Baltimore County, mental health (Core Service Agency - CSA), substance use disorders and recovery support services (Local Addictions Authority- LAA), prevention, provider relations & compliance, and harm reduction services fall under the umbrella of the BBH within the Baltimore County Department of Health (DOH). At the conclusion of FY 2020, Tobacco services moved to the Cancer Program.

Beginning FY 2021, we re-organized into three Divisions within the Bureau, including LAA, CSA and Special Projects Unit. Each Division has a Division Chief, who reports to the Chief of BBH/LBHA. The BBH Leadership Team meets weekly, at minimum, to discuss priority areas, problem-solve, provide updates, develop plans, and implement services. Our ability to integrate services has been greatly enhanced by the team approach to managing the system. An organization chart is included in this document to provide additional detail on the organizational structure.

The BBH/LBHA uses this team approach to work towards a full integration of these programs and services to provide improved health, wellness, and quality of life for individuals across the life span through a seamless and integrated behavioral health system of care. The coordination of the system of care occurs through the interaction of this team to ensure a comprehensive, multi-strategy approach utilizing prevention, intervention, treatment, and recovery support services. This approach is necessary to create positive and lasting change within clients and the environment.

The Department of Health is one of four departments under the Baltimore County Department of Health and Human Services (HHS) led by Dr. Gregory Wm. Branch, M.D., MBA, CPE, FACP, Health Officer. Other Departments include the Department of Social Services, the Office of Housing and Community Development, and the Local Management Board. Clients/consumers involved in HHS services can be more effectively assisted by a collaborative effort. Many of the clients/consumers that we work with in BBH/LBHA also touch the other programs in HHS.

Each year, the Department of Health prepares an Annual Report and highlights from FY 2020 include (*See attachment for the full report*):

- 13,00 people were assisted by the Maryland Children's Health Program;
- 220,449 transports were provided to Medical Assistance recipients;
- 48* infectious disease outbreaks managed (*does not include COVID-related);
- 5,807 clients served through the elder health and disabilities programs - Adult Evaluation & Review Services (AERS) program, Pre-Admission Screening & Resident Review (PASRR) program, Community First Choice nurse monitor program and audiologists assisted geriatric patients with hearing aids;

- 10,000+ immunizations given; 1,620 cases of HIV and Syphilis investigated; 1,390 HIV tests given through Clinical Services;
- 28,367 pregnant women or children served through the Maternal and Child Health program, and;
- 33,804 students screened for hearing and vision.

Demographics

Baltimore County is situated in the geographic center of Maryland, surrounding Baltimore City almost entirely. Baltimore County is the third-most populous county in Maryland, with a population of 827,370 in 2019. The population is projected to grow to 847,000 by 2020. The County is the third-largest land area of any political subdivision in the state of Maryland, with 612 square miles and an additional 28 square miles of water. Over the past few decades, the predominant land use in the County has changed from rural to an urban and rural mix.

In 2019, the median household income was \$76,866. The population break-down by race and ethnicity was 60% White, 30% Black, 6% Asian, and 6% Hispanic. The gender breakdown is almost equal with 53% female and 47% male respectively. Approximately 8.9% of residents live below the poverty level, with poverty being concentrated in the southeast and west areas of the county. The number of children living in poverty is 11.4% of the population. Eligibility for Medicaid increased from 177,498 in December 2015 to 199,989 in December 2019.

The **targeted population** for services are Baltimore County residents who are uninsured or underinsured or have Medical Assistance (Medicaid), who have a substance use and/or mental health disorder.

The **function** of BBH/LBHA includes coordinating this system of care through the interaction of these entities, and addressing the emerging and identified behavioral health issues in Baltimore County. No single organization can completely address the complexity of behavioral health issues in individuals and the community. Rather, a comprehensive, multi-strategy approach utilizing prevention, intervention, treatment, and recovery support services is necessary to create positive and lasting change within a client and the environment.

Local Addictions Authority (LAA) Division - Types of services provided or monitored by BBH/LBHA under the LAA Division for **substance use disorder** services include:

- Telephone information, referrals and case consultations;
- Temporary Cash Assistance (TCA) substance use screenings at each of five DSS district offices;
- Court and detention center services that include substance use screenings, education, and HG 8-505 evaluations;
- Adult substance use disorder screenings, referrals and administrative case management;
- Adolescent substance use screening and education programs;
- Community Reinforcement and Family Training (CRAFT) for families;

- Tobacco prevention, education, cessation, and enforcement (moved from Behavioral Health to Cancer Programs at the end of FY 2020);
- Substance use outreach and education;
- Recovery support services provided through Peer Recovery Specialists;
- Support services for Medication Assisted Treatment in the Baltimore County Detention Center;
- Academic detailing to increase Buprenorphine availability in the community.

Core Service Agency (CSA) Division - Types of services provided directly or funded/contracted and monitored by BBH/LBHA under the CSA Division for **Adult Mental Health Services** include:

- Oversight of the Residential Rehabilitation Programs (RRP) and 3 community vendors with a total of (352 beds) including referrals, case consultations, development of Management Intervention Plans (MIP), annual inspections, chart reviews and consumer interviews;
- Review of Certificate of Need (CON) documents for adults accepted for placement in Residential Rehabilitation Programs;
- Housing Discharge Initiative with State Hospitals – partnerships with 3 community vendors who in-reach to state hospitals and serve a total of 52 hard-to-place individuals identified through the state hospital system;
- Oversight of Assertive Community Treatment services: (2 Teams - East and West side of Baltimore County);
- Bureau of Behavioral Health - Telephone information and referral (Help Calls);
- Management of the Adult Flex Funds which provide assistance for psychiatric medications, labs, eviction prevention, BGE and security deposits;
- Family to Family program with NAMI Baltimore;
- Adult Targeted Case Management;
- Geriatric Services Team;
- PATH (Projects Assisting Transition from Homelessness);
- Outreach to Homeless;
- Continuum of Care (COC);
- Baltimore County Crisis Response System (BCCRS) which includes: Crisis Hotline, Mobile Crisis Team (MCT) – 2 Teams: East and West side of the county, Urgent Care Clinic, In-Home Intervention Team, Disaster Response, Crisis Intervention Team (CIT), Community Education Program;
- Seniors in Partnership/Education Program (PEERS);
- Wellness and Recovery Centers;

- Management of the SOAR program (SSI/SSDI) Outreach, Access, and Recovery);
- Completion of authorizations in the Administrative Service Organization for crisis beds for adults;
- Oversight of the Supported Employment provider network and completion of authorizations in Administrative Service Organization for vocational services;
- Specialized residential and treatment program for individuals with a mental illness who are deaf or hard of hearing; and
- Tobacco prevention, education, and cessation is offered to Psychiatric Rehabilitation Programs (PRP).

Types of services provided directly or funded/contracted and monitored by BBH/LBHA under the CSA Division for **Child, Adolescent and Young Adult (CAYA) Mental Health Services** include:

- Bureau of Behavioral Health - Telephone information and referral (Help Calls);
- Management of the State Child and Adolescent Flex Funds, which provide assistance for in-home services, respite care, day care evaluations, therapeutic services, camps and pro-social activities;
- Management of Local Flexible Funds, which provide assistance for therapeutic services, camps and pro-social activities, as well as eviction prevention, energy assistance, security deposits for families;
- Multisystemic Family Therapy (MST) evidence-based in-home therapy serving youth with involvement with the Department of Juvenile Services and Department of Social Services (funding ended in FY 2020);
- Multisystemic Family Therapy (MST) – Emerging Adult – evidence-based community-based therapy for young adults serving young adults with prior DSS, DJS involvement or being released from the Detention Center;
- Baltimore County Crisis Response System (BCCRS) which includes: Crisis Hotline, Mobile Crisis Team (MCT) – 2 Teams: East and West side of the county, Urgent Care Clinic, In-Home Intervention Team, Disaster Response, Crisis, Intervention Team (CIT), Community Education Program;
- Care Coordination and 1915 (i) services for children and youth;
- Transitional Age Youth (TAY) Program;
- Member of the Local Care Team (LCT) and Multi-Disciplinary Team to review cases presented to the team for Residential Treatment Center (RTC) and Voluntary Placement (VPA) review or assistance for families with multiple complex needs;

- Review of Certificate of Need (CON) documents for children and youth entering Residential Treatment and Level III Care Coordination; and
- Monitoring and case management for children and youth in Residential Treatment Centers, with the LBHA as lead.

Special Projects Unit- Types of services

The **function** of Harm Reduction Program (HRP) is to reduce the transmission of HIV and HCV among people who use drugs and to reduce the risk of overdose through education and distribution of naloxone. HRP provides comprehensive services to reduce the harms of drug use through HIV and HCV testing and linkage to care, needle exchange, nurse consultations, immunizations, overdose education, naloxone distribution, peer support, and referrals to substance use disorder treatment, medical and mental health care, and social services programs.

Types of services provided include:

- HIV testing and linkage to care
- HCV testing and linkage to care
- Syringe services
- Immunizations
- Wound care
- Naloxone Trainings and distribution
- Peer Support
- Education
- Community Referrals and Resource linkage

Provider types and numbers operating in Baltimore County

As the systems manager for the public behavioral health system, it is a function of the BBH/LBHA to determine gaps in service delivery or needs. In FY 2020, BBH/LBHA approved an *Agreement to Cooperate* with the following **newly accredited** and/or licensed provider types:

Provider types and numbers operating in Baltimore County

As the systems manager for the public behavioral health system, it is a function of the BBH/LBHA to determine gaps in service delivery or needs. In FY 2020, BBH/LBHA approved an *Agreement to Cooperate* with the following **newly accredited provider types**:

- 16 Outpatient Mental Health Centers (OMHC) (Includes 7 existing providers who added OMHC)
- 26 Psychiatric Rehabilitation Programs (PRP) (Includes 3 existing providers who added PRP)
- 20 Outpatient Substance Use Disorder (SUD) (Includes 4 existing providers who added SUD)
- 9 Programs with both Mental Health (MH) and Substance Use Disorder (SUD).

- 2 Mobile Treatment Service (MTS) (Includes 2 existing providers who added MTS)
- 1 Psychiatric Day Treatment Programs (PDTP) (Included 1 existing provider who added PDTP)
- 2 Supported Employment Programs (SEP) (Includes 1 existing provider who added SEP)

This brings the total* of accredited and licensed providers located and operating in Baltimore County as 6/30/20 to: (**Includes providers that have multiple site locations)**

- 52 Outpatient Mental Health Centers (OMHC)
- 108 Psychiatric Rehabilitation Program for Adults (PRP-A)
- 85 Psychiatric Rehabilitation Program for Minors (PRP-M)
- 84 Combined PRP-A and PRP-M
- 53 Outpatient Substance Use Disorder (SUD Level 1)
- 47 Intensive Outpatient Substance Use Disorder (SUD Level 2.1)
- 10 Partial Hospitalization Treatment (SUD Level 2.5)
- 7 Opioid Treatment Services (Methadone)
- 45 Combined SUD Level 1 and Level 2.1
- 9 Combined SUD Level 1, Level 2.1 and Level 2.5
- 32 Programs with both Mental Health (MH) and Substance Use Disorder (SUD).
- 2 Residential Substance Use Disorder (SUD) American Society of Addictions Medicine (ASAM) Levels 3.1, 3.3 & 3.5
- 7 Mobile Treatment Programs (MTS)
- 1 Crisis Response Program
- 3 Psychiatric Day Treatment Programs (PDTP)
- 8 Supported Employment Programs (SEP)
- 352 Residential Rehabilitation Programs (RRP) Beds
- 52 Outpatient Mental Health Centers (OMHC)

*** Note: while providers may be licensed as of 6/30/20, they may not be actively providing services if they do not have a Medical Assistance Provider number.

See attachments for a map of programs last updated in April, 2019.

B. New Developments, Changes, Challenges, Issues that Affect the Delivery of Behavioral Health Services (mental health, substance use, co-occurring and behavioral addiction), and any changes to the service delivery model (directed or contracted).

During FY 2020, the BBH has been focused on the impact of the COVID 19 pandemic. There have been many challenges for the provider community, individuals receiving or seeking services, and the staff in the BBH. The provider community faced an adjustment to providing services remotely. During the early part of the pandemic, providers struggled to obtain the necessary technological equipment and supplies to provide services, including personal protective equipment (PPE) provided by the state. BBH has been in regular contact with provider programs, updating on developments and directions from the MDH, BHA and Department of Health. When PPE supplies were available, we worked with providers to provide supplies. We cannot emphasize enough the work Providers in Baltimore County have done balancing all of the demands and challenges.

In late March, the Department of Health moved staff to a telework model. This shift was initially difficult due the lack of technological resources available and the need to shift our work policies, practices and methods. However, concerns have been addressed and teleworking has improved significantly since the beginning of the pandemic with the support of the Office of Information Technology. Some staff have been deployed to assist with the pandemic response. While this has stretched staff, existing staff have picked up the workload of staff that have been deployed and have focused on essential functions and grant requirements. We anticipate this to be a major factor throughout 2021. We have learned a great deal from operating during the pandemic and will likely continue some of those practices.

Recovery housing for individuals in Baltimore County with substance use disorder (SUD) continues to be an ongoing need for individuals in our community. Currently, Baltimore County has contracts with five recovery houses to provide sober housing to Baltimore County residents: Another Chance Recovery, Inc.; Misha House; One Promise Transitional Housing, Inc.; Port Recovery, Inc.; and Marian House, Inc. Baltimore County had resources during fiscal year 2020 to provide recovery housing to 117 individuals for an average stay of 123 days. The standard time limit for recovery house funding is 90 days, with extensions granted on a case by case basis. The onset of the Covid-19 emergency had a direct impact on a recovery house resident's ability to obtain and/or keep work, meet with their recovery coaches, attend outside recovery meetings, etc. Extensions were requested and approved to ensure safe housing. Despite resources to provide recovery housing to Baltimore County residents, there are currently no certified recovery houses located in Baltimore County, so County residents utilize Recovery Housing outside the county. Baltimore County has renovated a facility in Owings Mills and Gaudenzia is currently serving patients.

The restructuring of MDRN and the non-housing services programs was also a challenge. While the funding remained level for the recovery housing services, the transition to the new process created gaps in service. BHA approved some recovery housing funds in the STOP grant that has helped to provide housing for qualified individuals while they awaited approval for MDRN. The non-housing services funding (formerly recovery flexible funds described above) is currently being provided through HCAM. The transition has been

extremely slow, leaving participants without much needed services. As of January 1, 2021, halfway through FY 2021, no non-housing services have been provided.

Lack of availability of medication-assisted treatment with all three FDA-approved medications (buprenorphine, methadone, and naltrexone) for Baltimore County residents, both in a correctional setting and in the community, continues to be a challenge; however, Baltimore County has implemented programs to begin to address this need. Baltimore County obtained both federal and state funding to begin a buprenorphine program for opioid-dependent individuals incarcerated at Baltimore County Detention Center (BCDC) and the first participants were enrolled in the program in April 2019. Baltimore County Department of Health (BCDH) continues to work with our partners at BCDC to expand this program, with the goal of providing service to all opioid-dependent individuals incarcerated at BCDC with one of the three FDA-approved medications that best meets their treatment needs. In addition to the need for medication-assisted treatment for individuals in the correctional system, Baltimore County has also identified a lack of availability of medication-assisted treatment in the community. Many office-based opioid treatment (OBOT) providers who are allowed to treat 30 – 100 patients (depending on their Drug Abuse Treatment Act [DATA] 2000 waiver limitations) are treating many fewer patients than their capacity. To move toward addressing these needs, Baltimore County has sought and received funding to implement outreach, education, and support for OBOT providers with the goal of increasing medication-assisted treatment capacity in the community.

BBH/LBHA continues to utilize the recovery-oriented system of care (ROSC) approach that is funded through multiple funding sources. BBH/LBHA continues to strengthen and expand its recovery support services to those individuals with substance use or co-occurring disorders and their families residing in Baltimore County. These recovery support services include a team of 20 Peer Recovery Specialists (PRS) who serve various functions, two recovery community centers, one adolescent recovery “clubhouse”, access to transitional recovery housing, and recovery flexible funds to supply basic needs in emergencies. In addition, state care coordination services are provided by HealthCare Access Maryland (HCAM) to monitor and support an individual’s transition into the community from either residential treatment or incarceration at the Baltimore County Detention Center (BCDC). HCAM’s care coordinators can request funding for gap services that enable or strengthen an individual’s recovery. BBH/LBHA continue to operate the 88-REACH line, a warm line to provide support and referrals to services, available to provide assistance to individuals and providers from 8:30 a.m. to midnight, Monday through Saturday. The onset of the Coronavirus pandemic created challenges for peer services across programs. While the peer staff were able to engage clients through phone, text and virtual platforms such as Zoom, the face-to-face engagements were drastically reduced. The participants in the Baltimore County Detention Center were greatly affected, as entrance to the detention center was restricted. Program staff developed creative ways to engage incarcerated individuals through letters, program literature and limited phone contact.

BBH/LBHA provides an array of services to individuals with a substance use or co-occurring disorder who are involved with the criminal justice system. The Court Evaluation Unit (Supervisor and two Alcohol and Drug Counselors) conducts substance use screenings in both the county’s Circuit and District Courts. This unit is responsible for conducting HG §8-505

evaluations referred by the Office of Forensic Services. Support in the detention center is provided by four County funded PRS positions in addition to a case manager and a PRS funded by BHA. Additionally, through funding from BHA's Office of Adult and Specialized Behavioral Health Services Special Populations Unit, BBH/LBHA implements the Maryland Community Criminal Justice Treatment Program (MCCJTP) and the Trauma, Addictions, Mental Health, and Recovery (TAMAR) program. These programs serve BCDC inmates who have a severe mental illness as a diagnosis, or who are identified as having a significant trauma history on the Adverse Childhood Experiences (ACE) respectively.

During the coronavirus pandemic, the local department of Social Services (DSS) offices were closed to the public; therefore, our addiction specialists were unable to provide alcohol and drug screenings to new Food Stamp and/or Temporary Cash Assistance (TCA) applicants. At the height of the pandemic, the addiction specialist staff were temporarily reassigned to assist with COVID-19 contact tracing and outbreaks.

To date, department of social services remains closed to the public. Our staff has worked collaboratively with Department of Social Services to create a process that helped resume alcohol and drug screenings for new applicants. Currently, our addiction specialists provide telephonic screenings to Food Stamps and Temporary Cash Assistance applicants and they also provide case management follow-up calls to applicants that were previously screened.

Baltimore County continues to lack services to meet the need of individuals who require crisis beds or 24-hours crisis walk-in services. In Baltimore County, the crisis service system includes a total of 20 designated crisis beds, which are available to any Medical Assistance recipient. These crisis beds tend to operate at capacity, which greatly minimizes the ability of local stakeholders to refer individuals who are assessed and may require that level of care. BBH/LBHA continues to observe that the lack of crisis services as a critical need to reduce the number of individuals and identified high utilizers with psychiatric and substance use disorders being treated within the local hospital emergency departments. BBH/LBHA continues to explore potential opportunities to expand crisis services. In March 2019, the County was able to secure additional local funding to increase the hours of operation of the Urgent Care Clinic through the Baltimore County Crisis Response System vendor, Affiliated Santé. Over the last year during the COVID pandemic, the program has provided services through telehealth. We continue to explore options to increase capacity to meet the needs of individuals in crisis and to ease the burden on Emergency Departments.

Baltimore County has 354 mental health Residential Rehabilitation (RRP) beds and we currently have 234 individuals on a wait list for a residential community bed. Additional residential rehabilitation beds are needed to provide support to consumers who are in the community but, due to many factors, are unable to live independently. For over two years, we have been unable to use the five RRP specialty beds designated for deaf and hard of hearing individuals. The previous provider determined they were unable to meet the financial cost of accreditation and the informed the County. As a result, the County was no longer able to continue the contract. Efforts to secure a new provider thorough two separate competitive Request for Procurement (RFP) bids were unsuccessful in identifying a new provider. We are working with the Behavioral Health

Administration to identify a solution to procure a new provider to operate a program to meet the needs of individuals who are deaf and hard of hearing and meet the criteria for the RRP program.

The Prevention Program's annual After-prom activities were cancelled because of COVID and school closures.

Harm Reduction Program's summit to educate the community on harm reduction and provide updates on program successes, challenges, and next steps was canceled due to COVID-19 pandemic.

An ongoing challenge is level funding for many of our grant services. BBH/LBHA appreciates BHA's recognition of this issue and support to increase funding in FY 2022 if available.

C. CSA, LAA or LBHA Organizational Structure

The Bureau of Behavioral Health (BBH) is one of four bureaus within Baltimore County Department of Health. The Bureau of Behavioral Health is the designated Local Behavioral Health (LBHA) for Baltimore County. The Chief of BBH is the Director of the Local Behavioral Health Authority (LBHA).

BBH is organized into three Divisions: Core Service Agency (CSA), Special Projects Unit, and Local Addictions Authority (LAA). Each service area has a Division Chief who is responsible for the oversight of her/his program area, and the services related to that area. Each Division has relationships with the provider community related to her/his service area, and oversees contracts in that service area. BBH/LBHA consists of the following Divisions:

Core Service Agency

- Adult Mental Health;
- Child, Adolescent and Young Adult (CAYA) Mental Health;
- Mental Health Services program at Baltimore County Detention Center; and
- Provider Relations and Compliance;

Special Projects Unit

- Overdose to Action;
- Prevention; and
- Harm Reduction Services

Local Addictions Authority

- Recovery Support Services; and
- SUD Services and Programs

Additional areas in BBH, which fall under the supervision of the Bureau Chief include:

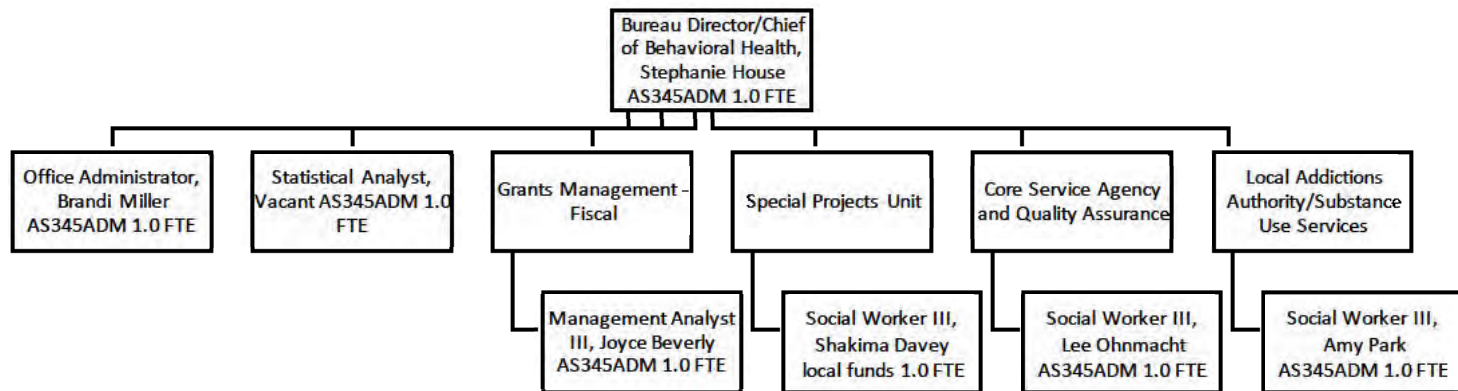
- Data Analysis and Program Evaluation;
- Administrative team; and
- Fiscal team.

Staff work collaboratively with each other, the Chief, and the Department. Each attends meetings related to her/his service area content, and reports back to the BBH leadership team. This allows for information to be shared and communication between service lines.

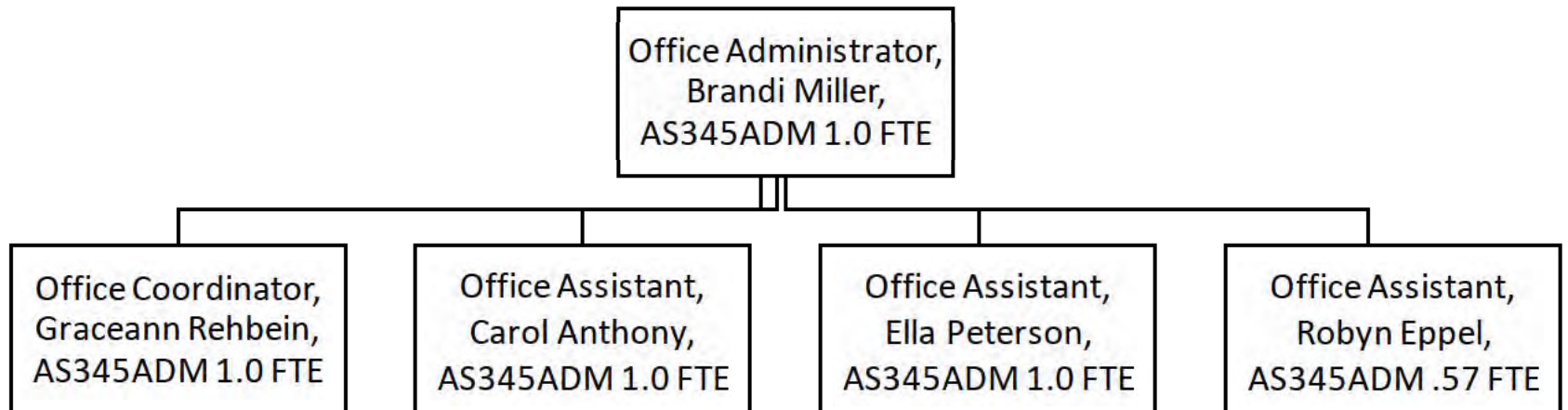
Division Chiefs and staff in each Division represent BBH/LBHA on many local councils, boards, and committees. Members of the BBH/LBHA leadership team assist with the coordination of the Local Behavioral Health Advisory Council.

Please see the attached Bureau of Behavioral Health Organizational Chart.

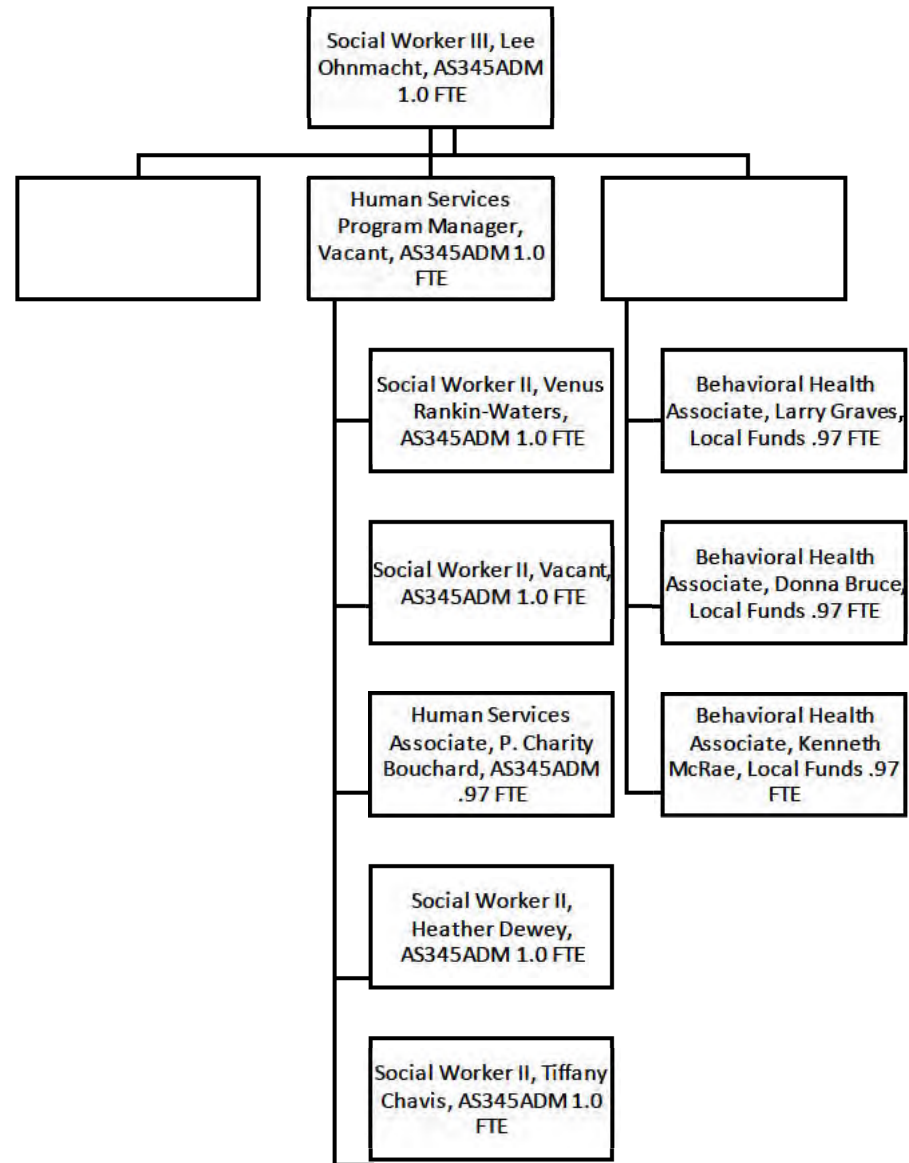
**Baltimore County Bureau of Behavioral Health
Leadership Team**



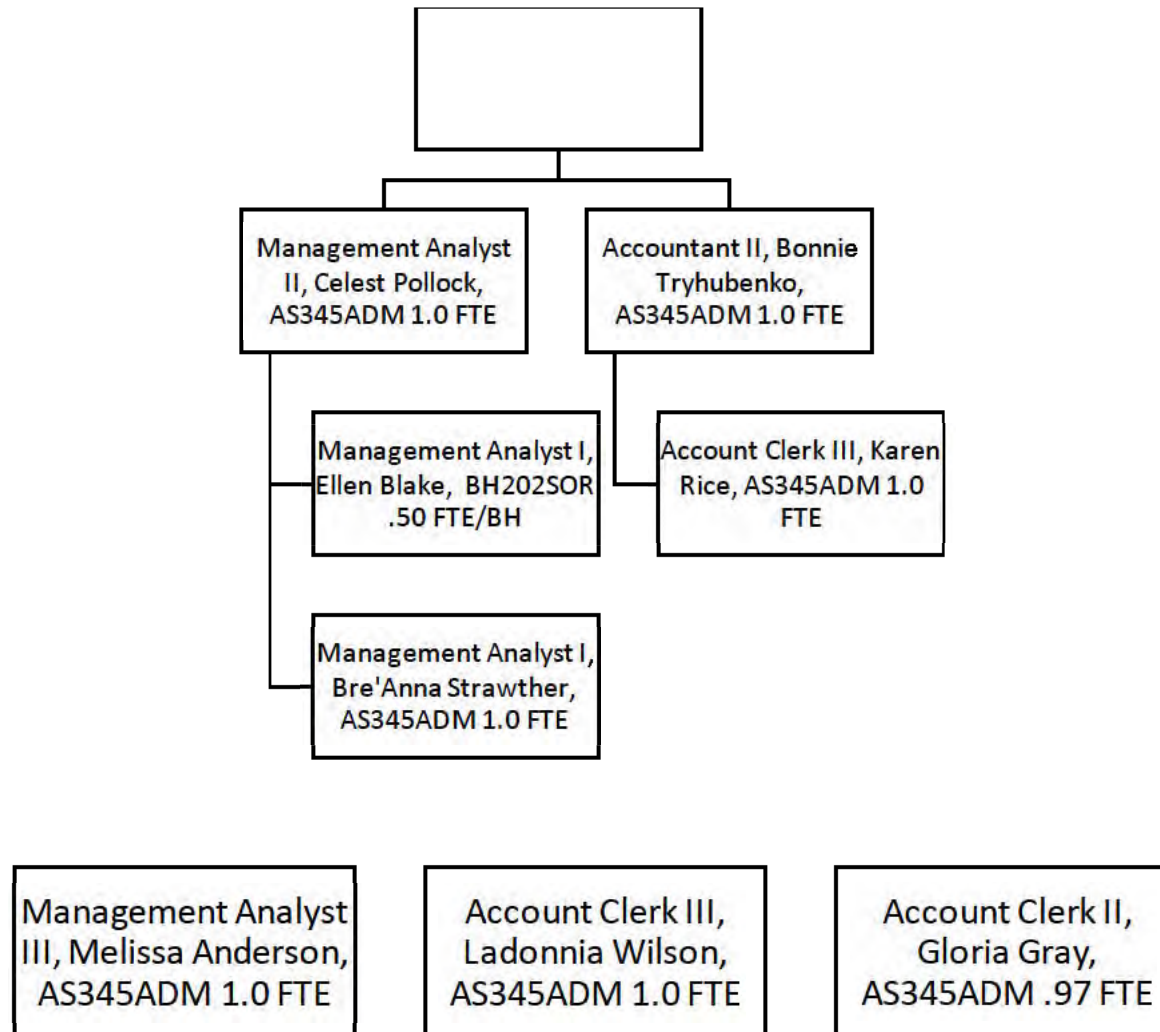
Baltimore County Bureau of Behavioral Health, Administrative Staff



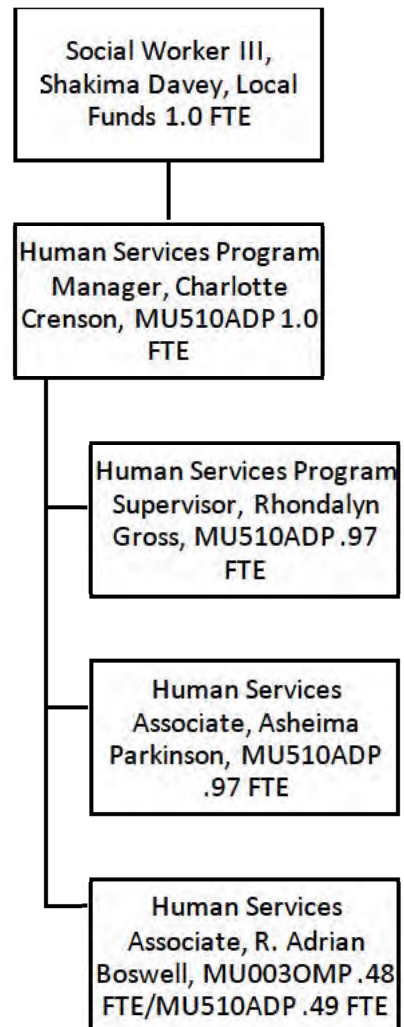
Baltimore County Bureau of Behavioral Health, CSA Division



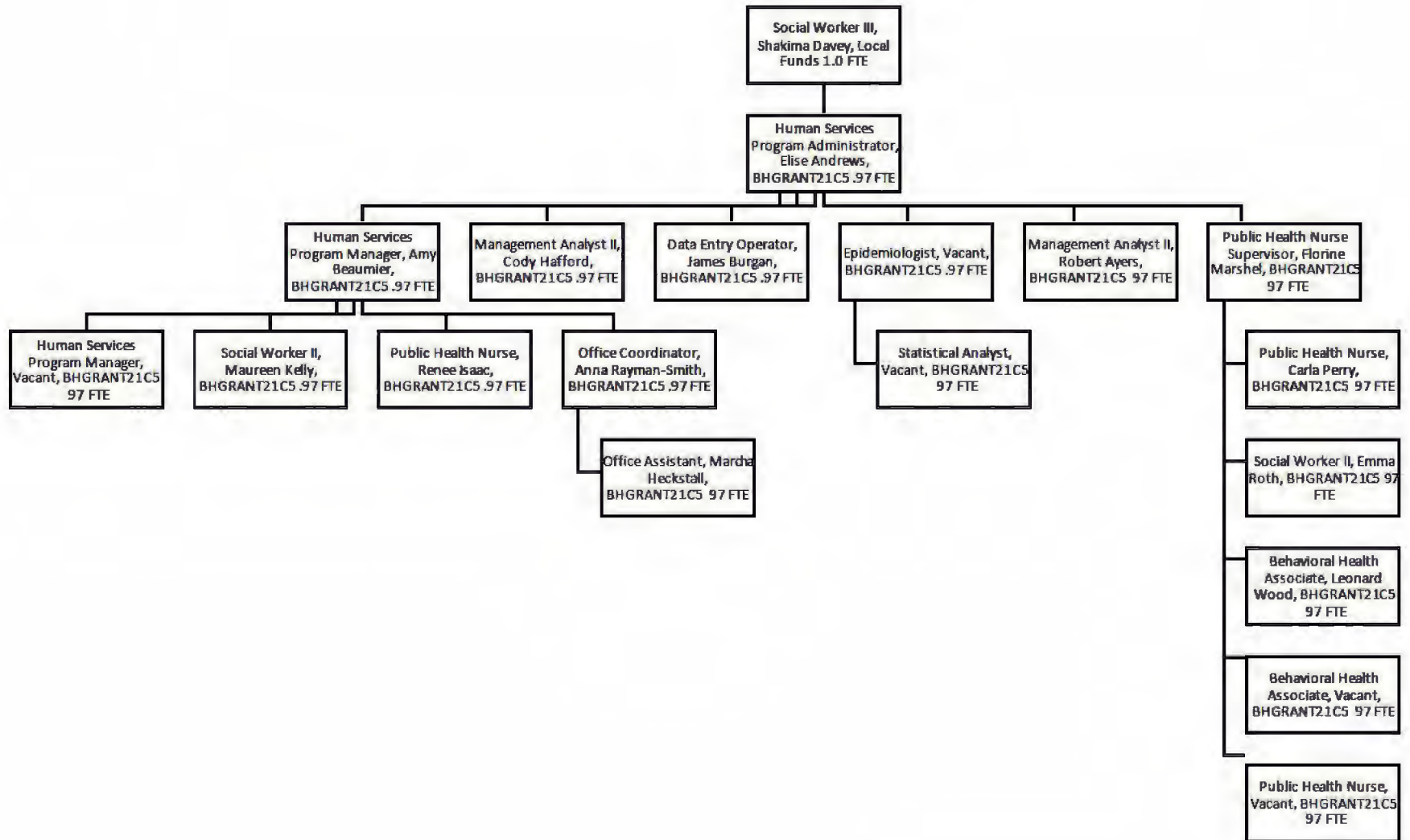
Baltimore County Bureau of Behavioral Health, Fiscal Staff



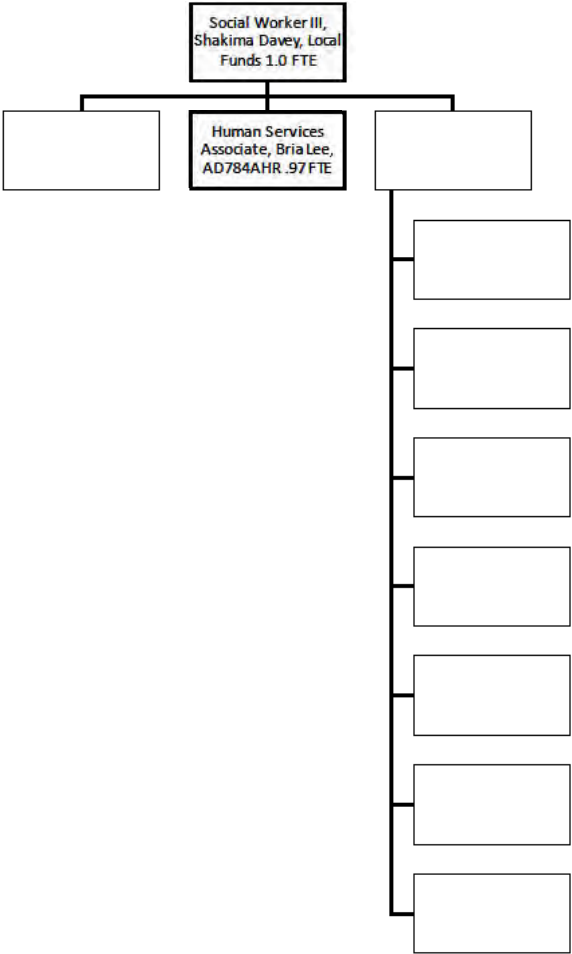
Baltimore County Bureau of Behavioral Health, Special Projects Unit - Prevention Services



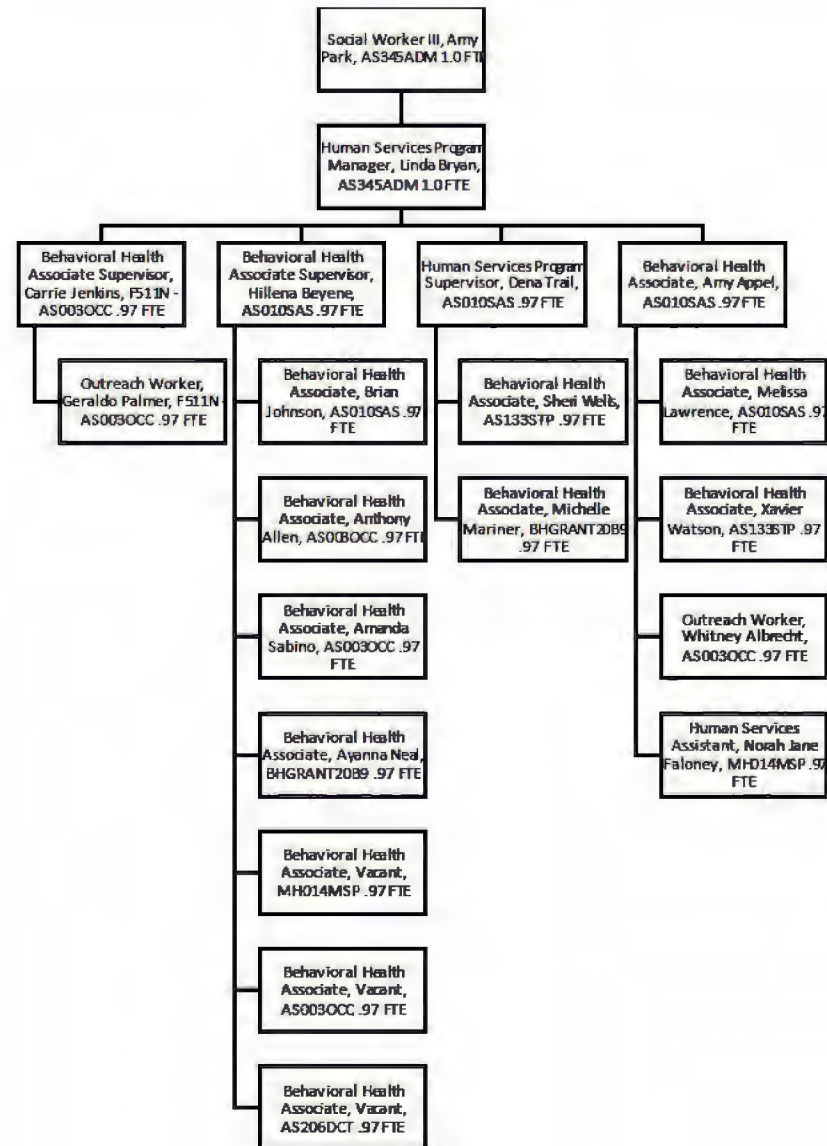
Baltimore County Bureau of Behavioral Health, Special Projects Unit- Overdose to Action



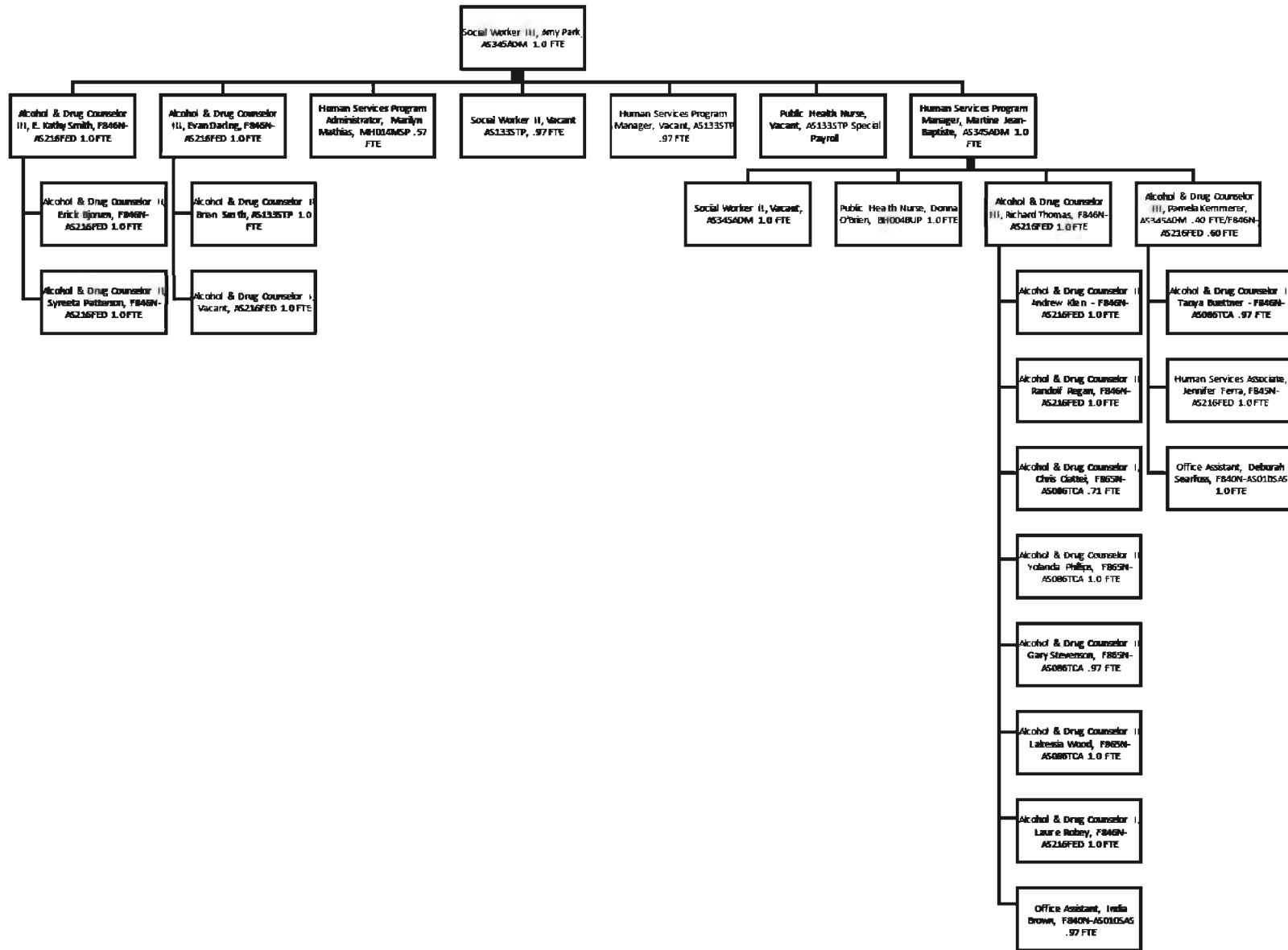
Baltimore County Bureau of Behavioral Health, Special Projects Unit - Harm Reduction Program



Baltimore County Bureau of Behavioral Health, LAA Division – Recovery Support Services



Baltimore County Bureau of Behavioral Health, LAA Division



D. FY 2020 Highlights and Achievements

The following is a description of highlights and accomplishments during the 2020 fiscal year:

- **24-hour availability of the Mobile Crisis Team** through an overnight team funded by Baltimore County. This project continues to be a state/county effort. Additional funds were awarded by the State in FY 2018, with implementation beginning in FY 2019, for the Urgent Care Clinic. These funds allow for increased hours and service capability for the Urgent Care Clinic. During FY 2020, **hotline staff diverted 1,096 calls from the Emergency Room and 386 individuals were served through the Urgent Care Clinic.**
- **Awarded a Substance Abuse and Mental Health Services Administration (SAMHSA) grant** to provide Medication Assisted Treatment (MAT) (buprenorphine only) for inmates in detention four months prior to release and referral to community treatment/case management post release. The grant period began in FY 2019 and funding will end in September of 2021. **The program began inducting patients in April 2019 and served 72 individuals in FY 2020.** Also in FY 2020, BBH/LBHA worked with the Behavioral Health Administration obtain additional funding for **buprenorphine treatment for individuals incarcerated at the Baltimore County Detention Center** through State Opioid Response (SOR) funding. SOR funding allows individuals who were receiving buprenorphine treatment in the community to continue their treatment uninterrupted during the time they are incarcerated. **This program began inducting patients in December 2019 and served 75 individuals during FY 2020.**
- **The Baltimore County Peer Programs** have expanded services to focus on special populations, including adolescents, young adults, and pregnant and parenting individuals. We continue to provide immediate treatment options through the 410-88REACH Line. We have strengthened our partnerships with other County agencies, including EMS and Fire, the Police Department and the Department of Economic and Workforce Development.
- **In FY 2020, the peer recovery specialists provided one-to-one services to 557 individuals;** helping to remove barriers to recovery, such as housing and transportation, by providing support, referrals to service and resources. The REACH Team helped to find recovery housing for 117 individuals that were enrolled in outpatient recovery programs. In FY 2020, the team logged 1,339 calls to the 410-88REACH Line that resulted in 876 referrals to treatment and/or other resources. The peer program expanded to serve special populations, including adolescents and young adults. The team continues to work to strengthen partnerships with other County agencies, including: EMS and Fire, the Police Department and the Department of Economic and Workforce Development. Prior

to the Covid emergency shut down, BBH peers had expanded street outreach, partnering with peers working in the harm reduction program to target areas with high overdose rates. These efforts will resume as the Covid restrictions are lifted.

- The Local Behavioral Health Advisory Council (LBHAC) combining the Mental Health Advisory Council (MHAC) and the Drug and Alcohol Council (DAAC) has been operational since July 2019. All voting positions have been filled per code. A school nurse from Baltimore County Public Schools has been added to the membership to support our partnership with the schools and assist in coordination of initiatives. The LBHAC meets regularly and is generating advisory statements and facilitating dialogue per its charge. Additionally, LBHAC developed a subcommittee to form partnerships with local stakeholders in suicide prevention.
- The **CDC Overdose Data to Action (OD2A)** grant implementation continued with significant strides made on innovative surveillance strategies to organize and analyze overdose data in order to inform intervention efforts. An internal County data warehouse is being developed to combine Police and Fire/EMS data to enable outreach to survivors of nonfatal overdoses. Data from the Office of the Chief Medical Examiner is targeted for inclusion in the warehouse as well to promote deeper understanding of trends and profiles of victims. Also under the surveillance component, a competitive bid process is underway to secure a case management system for internal use by the Department of Health. The system is expected to facilitate more effective tracking of clients and outcomes as well as facilitating referrals. From a prevention and intervention perspective, additional fatal overdose cases are being reviewed by an internal team in order to more effectively select representative cases for the multi-agency Drug Overdose Lethality Review Team (DOLRT). This primary internal review process will help to promote review by the DOLRT of cases that reflect demographic, geographic and other trends observed in the surveillance data. Additional intervention efforts include the provision of patient navigation services bundled with peer recovery specialist interventions in order to improve linkage to care. Linkage to care is also being enhanced by an expanded partnership with Fire/EMS and the dedication of a full-time EMS Lieutenant to work within the agency on overdose response efforts, including addressing compassion fatigue, increased naloxone distribution and training around trauma-informed care. Across the county health care system, efforts to engage primary care, OB/GYN and other health care providers in the continuum of care for substance use disorder are targeted to improve County residents' access to treatment and recovery resources. The Department of Health is outreaching targeted providers, offering technical assistance, and mentoring.
- **Establishment of an inpatient residential substance use disorder treatment facility** for ASAM Levels 3.3 and 3.5 opened in February of 2020 serving adult men and women in Baltimore County. From February 1, 2020 to 1/31/2021, they served 214 adults from ages 18 to 65 plus with the greatest numbers between 25

and 44. There were 157 men and 57 women from ages 18 to 65 plus with the greatest numbers between 25 and 44 and 45-64. The average length of stay was 46.6 days. Drug use identified at admission as Opioids (91) Alcohol (65) and Cocaine (33) and primary breakdown by race was 108 African American and 88 Caucasian.

- BBH/LBHA LAA Program Manager and Program Evaluation/Data Program Manager were selected to work with the **County Executive's Opioid Response Working Group** to develop recommendations to reduce Opioid deaths in Baltimore County. The Final Report was released November 19, 2019. The report includes recommendations in eleven areas of focus. Baltimore County Department of Health has begun or continued initiatives that address the following recommendations:

Stigma: The Department of Health should develop and launch an expanded campaign to reduce stigma against people who use drugs and medication-based treatment for opioid use disorder: BBH has state funding targeted for buprenorphine expansion in FY 2021. A portion of this funding will be used to provide web-based training to HHS staff and community providers on the topic of medication assisted treatment (MAT) for opioid use disorder. Addressing stigma against people who use drugs and MAT is a major component of these trainings. These trainings were also provided to all HHS staff during FY 2020, with the goal of reducing stigma and increasing knowledge about MAT for all staff. BBH conducted six Medication Assisted Treatment trainings during FY 2020 and has trained 298 individuals. Additional trainings are scheduled during FY 2021 and will be open to the community. In addition, funding was redirected in the Centers for Disease Control Overdose Data to Action grant to pay for an anti-stigma campaign; this campaign is currently in development.

Social Determinants of Health: The Department of Health and Human Services should build partnerships with government and community organizations to prevent opioid misuse by addressing social determinants of substance use: BBH's peer recovery specialists have created a network of community resources to address these needs on an individual level by connecting program participants to needed resources.

Treatment: The Department of Health should set standards for providing addiction treatment in hospitals, primary care clinics, mental health programs, and addiction treatment programs. These standards should include offering individuals with opioid use disorder treatment with FDA-approved medications: BBH is moving toward implementation of this recommendation through combined efforts funded by the Overdose Data to Action (OD2A) grant, Academic Detailing grant, and Hub and Spoke Pilot grant. Efforts in these initiatives include discussions with provider systems, individual providers,

and Baltimore County hospitals to identify shared goals and needs that will form the basis for development of standards of care for treatment.

Family support: The Department of Health and Human Services should strengthen family support in two high-priority areas: for pregnant and parenting individuals and their families, and for family members of individuals affected by addiction: BBH has secured state funding to support the services of the Substance Exposed Newborn Unit (SEN) by providing a Program Manager to coordinate activities across the SENs unit and a Community Liaison to assist with establishing and strengthening SENs partnerships with community providers who will engage SENs families in the services they need. Hiring for these positions is currently in process.

Harm Reduction: The Department of Health should expand access to harm reduction programs based in evidence for populations at risk of overdose: BCDH has maintained a robust harm reduction program for several years. As of July 2020, BCDH reorganized and the harm reduction program moved under the Bureau of Behavioral Health. The program offers syringe services and other harm reduction services, including nurse and peer recovery support specialist services. The harm reduction program has also placed sharps containers at multiple Baltimore County Health Center locations.

- During FY 2020, **BBH has conducted three Medication Assisted Treatment (MAT) training for Health Department employees in which 298 employees were trained.** Topics discussed include brain changes after opioid use, stigma related to MAT programs, and the pros and cons of the three FDA approved medications used in MAT programs. Several additional training are scheduled for FY 2021. Future trainings will be made available to Health Department employees and the public.
- **Baltimore County Department of Health has identified the expansion of medication assisted treatment, an evidence-based strategy to treat opioid use disorder and reduce overdose mortality, as a key priority.** Initiatives focused on this goal include academic detailing (targeted education and support for providers delivered by a physician); provider support and linkage to County-wide resources delivered by a public health nurse; and a buprenorphine maintenance program for individuals incarcerated at Baltimore County Detention Center mentioned earlier. In addition, BBH obtained SOR funding through the Maryland Department of Health during FY 2020 to establish a Hub and Spoke Pilot program. This program will establish partnerships between BBH and Hubs (OTPs or other providers who can facilitate access to both buprenorphine and methadone, as well as structured outpatient treatment) and Spokes (community buprenorphine providers who are able to treat patients with a greater level of stability). BBH will create a community-wide system of treatment with this funding that will allow patients to move between Hub and Spoke providers as their changing treatment needs indicate.

BBH will also hire a case manager and an outreach worker with this funding who will facilitate patient transfer between levels of care and support continuous patient engagement in treatment.

- Child Fatality Review (CFR) created a **Youth Suicide Prevention workgroup** to address trends in youth suicide increases in FY 2019. The group reviewed available data from partner agencies and developed an action report with recommendations, which was presented to the Department of Health leadership. A recommendation of the report was to identify a staff position for the role of Suicide Prevention Coordinator. In August 2020, a new social worker joined the CAYA team to serve in this role. Additional description of the efforts to address suicide prevention are included in the data section of the report.
- The Prevention team offered **Responsible Beverage Service training** to alcohol retailers in the Towson and Cockeysville precincts to help them reduce alcohol service to underage patrons.
- The Prevention Program funded **alcohol compliance checks** in the Towson and Cockeysville areas.
- The Prevention team also **provided cases of drug disposal bags** to the public libraries and the Department of Aging for distribution to the community.
- The **Opioid Misuse Prevention Program** promoted safe drug storage and disposal, targeted trade workers for awareness about the risks of opioid use and offered education to opioid prescribers and dispensers.
- **Trained 1,147 individuals through the community naloxone training** in FY 2020. Trainings have been conducted at churches, senior center, wellness and recovery treatment centers, colleges and universities, and other government buildings. Due to the coronavirus pandemic, the trainings were temporarily suspended from March 2020 to June 2020. During which time, we worked diligently to transition the training to a virtual platform. This transition has expanded our ability to provide naloxone training to more people in the community. BBH will continue to work collaboratively with local libraries and colleges/university to advertise upcoming trainings.
- Naloxone trainings are held at Baltimore County Detention Center (BCDC). In FY 2020, **94 inmates were trained** prior to their release. Our **Peer Recovery Specialists have trained 297** and **Harm Reduction staff have trained 924 participants.**
- BBH worked collaboratively with Baltimore County Emergency Management Services (EMS) to implement the **Narcan Leave-Behind Program**. This program became operational October 2019. In FY 2020, the Narcan Leave-Behind Program

distributed **169 naloxone kits at overdose scene**. EMS is in the process of revising their current standard operation procedures to expand this program further during FY 2021.

- BBH has pursued Institutional Review Board (IRB) approval to evaluate the current Naloxone training program. Our **Naloxone program received IRB approval in November 2020**.
- **Cessation services were provided, through BBH or provider partnerships, to 142 behavioral health program consumers.** These included programs at Sheppard Pratt (partner), Mosaic Rosedale, Mosaic-Timonium, Mosaic-Catonsville, KEYS Development Randallstown, National Pike Health Center-Dundalk, National Pike Health Center Catonsville, and Active Day Parkville. 110 individuals received services in the first half of FY 2020. However, due to the COVID-19 pandemic and in-person activity closures in March, 32 individuals received services in the second half of FY 2020.
- BBH tobacco prevention and cessation services include the provision of informational brochures and materials, smoking/vaping cessation classes and the provision of nicotine replacement therapies and/or Chantix free of charge for cessation participants.
- In addition to providing assistance to behavioral health providers, the Bureau provides education on harmful effects of tobacco use/vaping and cessation based brief intervention to individuals who receive Substance Use services at the Eastern Family Resource Center in Rosedale.
- Ongoing **work continues in the Detention Center to ensure inmates are screened and/or seen for medical insurance.** Last year, 153 inmates were assisted – 65 inmates applications completed; 76 inmates apprised of their status (insurance already active); and 6 inmates had other active insurance.
- Baltimore County Department of Health's **Harm Reduction Program (HRP)** provides a continuum of services to people who use drugs which includes HIV and Hepatitis C testing, access to syringes and other safe injection equipment, overdose prevention and Naloxone distribution, wound care, immunizations, and supportive services referrals to reduce the risk of overdose and infectious disease transmission in Baltimore County. With the goal to provide access to treatment and preventative services to all Baltimore County residents, BCDH offers harm reduction services in health centers and the Health Department's administrative office at the Drumcastle Government Center. **Since the implementation of HRP in June 2018, the Program has provided syringe services to over 190 individuals, provided overdose education and naloxone distribution to 949 individuals, and administered 195 vaccinations to people who use drugs.**

- Claims data for FY 2020 is not available at this time, however in FY 2019, the total number of individuals served in through the Public Behavioral Health System (PBHS) in Baltimore County was **51,335** (34,251 individuals served through the Mental Health PBHS and 17,084 individuals served through the Substance Related Disorders PBHS). The need for services continues to grow as **Baltimore County is serving the second highest number of individuals in the State for both Mental Health and Substance Related Disorder treatment services**. For multiple years, Baltimore County is second only to Baltimore City in the number of individuals served in PBHS.

Harm Reduction Program (HRP)

- HRP **collected 25,726 total syringes** by offering disposal during SSP services, doing community clean ups, and partnering with drug take backs to do syringe take backs.
- In FY 2020, HRP **distributed a total of 106,890 syringes**.
- HRP's summit to educate the community on harm reduction and provide updates on program successes, challenges, and next steps was canceled due to COVID-19 pandemic.
- HRP has placed **8** sharp containers at multiple Baltimore County Health Center locations: Dundalk Health Center, Eastern Family Resource Center, Hannah Moore Academy Center, Lansdowne Health Center, Liberty Family Resource Center, Woodlawn Health Center, Essex Health Center, Towson Health Center, and Drumcastle Government Center.

Mental Health Services - *Adult Services (Ages 23 and over)*

- 9,242 calls received through the hotline and 16,623 outgoing calls made to provide linkage, referral and follow-up through the Crisis Response Service
- 1,808 adults served through the Mobile Crisis Team (MCT)
- 978 adults received services through the Urgent Care Clinic (UCC)
- 290 adults were served through the In-home Intervention Team (IHIT)
- 354 adults received Residential Rehabilitation Programs through the 3 RRP Services (RRP) provider programs

Mental Health Services - *Transition Age Youth Services (Ages 18-22)*

- 17 young adults served in the transition age youth residential program
- 247 young adults served through the Crisis Response System Mobile Crisis Team (average 20/month)

Mental Health Services - *Child and Adolescent Services (Ages 0-17)*

- 1,202 incoming calls from children and adolescents served through the Crisis Response hotline and 3,269 outgoing calls to provide linkage, referral and follow-up
- 203 children and youth were served through the Urgent Care Clinic
- 134 children and adolescents provided with Coordination of Care
- 50 Children & Adolescents received C & A Diversion Funds

- 372 children and youth served through the Crisis Response System Mobile Crisis Team (average 31/month)

Recovery Support Services

- 557 individuals served by Peer Recovery Specialist Outreach Team
- 521 individuals enrolled in State Care Coordination
- 95 individuals enrolled in the Maryland Community Criminal Justice Treatment Program (MCCJTP) program
- 76 women enrolled in the Trauma, Addiction, Mental Health and Recovery (TAMAR) program

Tobacco Enforcement Program

- 1,363 compliance checks conducted
- 6.75% failure rate for sales to a minor
- 4.92% failure rate for checking identification
- 1009 tobacco retailer staff were educated about sales to minor laws

Cigarette Restitution Program

- 3,191 individuals reached through community outreach activities
- 6 community organizations funded for tobacco education programs
- 9 schools funded for tobacco prevention activities
- 264 youth educated on electronic smoking device prevention/awareness
- 628 individuals received smoking cessation services
- 162 Behavioral Health individuals received cessation services

Substance Use Disorder Services

- Number of individuals trained to respond to overdose & provided with Naloxone – 2,443
- Number of opioid education events – 48
- Screening, referral, & education services
 - Eastern Family Resource Center Screenings/Individuals Served
Adult - 494 Adolescent – 135
 - Liberty Family Resource Center Screenings/Individuals Served -
Adult - 20
 - Adolescent Education Program
Number of adolescents who completed the education program in a group setting-111
Number of adolescents who completed the education program in a 1 to 1 setting-39
 - Total number of individuals served – 1,563
- **TCA Program Outcomes**
 - 2,225 individuals referred by DSS to an Addiction Specialist

- 2,039 individuals screened by Addiction Specialists (24 individuals referred to treatment and 116 individuals already enrolled in treatment at the time of screening).
- **Buprenorphine Outreach Project** – Number of providers (MDs, PAs, NPs) attending educational events focused on MAT sponsored by Baltimore County – 50 **Buprenorphine maintenance program @ BCDC**
 - Number of program participants treated during incarceration and then released to the community: 214

Many procedures related to this initiative have been changed due to COVID19 restrictions. Prior to March 2019, BBH staff (Peer Recovery Specialists and Alcohol and Drug Counselors) were embedded at BCDC and met face-to-face with program participants to complete assessments, provide discharge planning, and engage participants in peer support services. After March 2019, BBH staff was no longer able to be on-site at BCDC due to concerns regarding COVID19 transmission to this vulnerable population. Our staff adjusted their practices and now complete assessments, discharge planning interviews, and connection with peer recovery support specialists remotely using web-based platforms. We anticipate staff returning on a limited basis to BCDC as the COVID19 vaccination roll-out continues, but we are not certain exactly when this will occur.

- **Service Locations:**
 - Baltimore County Detention Center
 - Eastern Family Resource Center
 - Liberty Family Resource Center – services at this location were suspended in March 2019; Baltimore County residents can access screening and referral to treatment services via telephone or in-person by appointment at Eastern Family Resource Center.
 - Department of Social Services District Offices (Dundalk, Essex, Reisterstown, Towson, and Catonsville) ○ Baltimore County Courts (Towson, Essex, Catonsville)

Substance Use Prevention, Trainings and Resources

- 2 national events promoted
- 4 campaign messages shared regarding alcohol and marijuana
- 903 survey responses received
- 19 youth participated in the All Stars program
- 46 parents registered for Active Parenting
- After Prom events were cancelled due to Covid
- 208 Police compliance checks at alcohol retailers
- 2 Compliance to alcohol laws details conducted
- 30 alcohol licensees participated in TIPS training
- 55 high priority visits to dispensers

- 325 Prescription Drug Storage and Disposal letters Sent
- 4 Pain Management Alternatives messages distributed
- 4 “Ask Your Doctor” Pain management messages

Provider Relations and Compliance

- 23 Quality Assurance complaints were conducted
- 127 RRP inspections were conducted

Mental Health ReEntry Program at the Detention Center

The Baltimore County Detention Center Mental Health Reentry Program strives to assist inmates identified as having mental health or co-occurring disorders with a smooth transition for returning to the community by providing a holistic therapeutic approach to the participants of the mental health unit wellness program and/or peer support services for those in the facility that meet the criteria. Highlights for Fiscal Year 2020 include:

- 106 newly assigned participants in the mental health wellness program;
- Prepared 81 individualized treatment plans for program participants;
- Conducted 652 individual therapy sessions with program participants;
- Provided peer support to 96 mental health inmates at the Detention Center;
- Utilized (3) interns through:
 - (2) County’s Academic Internship Program; and
 - (1) University of Maryland School of Social Work
- Continued partnership with Loyola University with the Act Raising Safe Kids parenting program (October 18, 2019 thru December 20, 2019);
- 64 inmates signed up for medical insurance;
- Bi-weekly yoga sessions from a LCSW employed by the University of Maryland;
- LCSW from the Baltimore County Public Defender’s Office conducted (6) sessions with the wellness program participants on the effects of trauma;
- Representatives from the Autistic Self Advocacy Network presentation provided to the participants about Autism; and
- Representatives from Sheppard Pratt hospital presentation provided about the differences between Schizophrenia and Schizoaffective disorders.

HELP Call Summary

A major responsibility of the Baltimore County BBH/LBHA is to respond to daily calls from individuals, family members, professionals, agencies and the public for assistance with navigation of the Public Behavioral Health System, mental health resources, linkage and referral. During FY 2020, there were **368 HELP Calls received**.

Consumer Support Services - C & A Diversion and Adult Flex Funds

Baltimore County has funds available to assist children and adults to fund a variety of services or programs not covered under the Public Behavioral Health System (PBHS). The Behavioral

Health Administration (BHA) has developed criteria for the use of funds, which support individuals and families in the PBHS to maintain stability in the community and access needed services or financial assistance. The program will support eviction prevention, utility cut-offs or security deposits. Under the Child and Adolescent fund, services funded include respite care, specialized camps, pro-social activities, art therapy and in-home therapy.

<i>FY 2020 Total Number of Individuals Assisted (Flex Funds)</i>			
Adult Fund	Adult Medication (State)	Adult Labs (State)	Total (State + local)
148 = 80 local funds, 50 state funds	2	0	130 adults
Child & Adolescent Fund	In-home/Respite/Daycare (State)	Misc. Services (State)	Total (State + local)
19 youth served with local funds	20	11	50 youth

<i>Total Number of Uninsured Requests</i>	
Received	Approved
12	10 – (2 requests were denied; for the first, the provider was referred to resources in the community ie, Adult Evaluation and Review. The other one request was denied by the State).

<i>Total Number of OMHC Referrals from Incarceration</i>	
Referring Agency:	Number of OMHC Appointments:
Dept. Of Corrections (various) MCI-H, MCTC, MCIW, Eastern Correctional	4

SOAR - SSI/SSDI (Supplemental Security Income/Supplemental Security Disability Income) Outreach, Access and Recovery

The primary goal of the Baltimore County SOAR initiative is to increase the number of applicants approved for SSI/SSDI for eligible adults as administered through the Social Security Administration (SSA). To be eligible for SOAR, adults must be homeless or at risk for homelessness and have a mental health disorder and/or co-occurring substance use disorder.

The State of Maryland, through the Behavioral Health Administration, provides grant monies to support a full time SOAR case manager to work with PATH and other eligible individuals experiencing homelessness to obtain benefits, IDs and birth certificates. This case manager serves as the primary resource at Prologue and as the identified SOAR lead for preparing and submitting SOAR applications for SSI and SSDI claims and tracking those outcomes in Baltimore County.

BBH/LBHA coordinates with the SOAR lead case manager who attends a monthly Baltimore County SOAR meeting and a quarterly statewide SOAR meeting. Prologue Inc., the vendor where this position is located, has experienced staffing turn-over. This has impacted the provision of this service. BBH/LBHA continues to work with BHA and the provider to increase utilization. The staff member responsible for leading meetings resigned and the position remains vacant at the time of the report. Meetings are temporarily suspended until the position is filled.

Residential Rehabilitation Programs (RRP)

BBH/LBHA is responsible for the system oversight of the County's Residential Rehabilitation Programs (RRP) of which there are currently four providers, however at the end of FY 2019 Community Support Services for the Deaf (CSSD) has informed that they will no longer provide RRP services in Baltimore County. This was significant as a Request for Proposal (RFP) needed to be completed to solicit a vendor to serve this special population. The RFP was posted by the County's Purchasing Department on two occasions; however, the County received no responses. BBH/LBHA is working with BHA on next steps.

In FY 2020, the Baltimore County BBH/LBHA received and logged 276 new applications and updated information for 30 applicants currently waiting who wanted to remain on the active waiting list. There were 111 referrals sent to providers for screening and placement consideration. The residential specialist continues to adhere to BHA and providers' requests that multiple referrals are sent per vacancy for provider review as available. Of the referrals sent, **44** individuals were accepted and placed in RRP beds, **25** individuals were denied, **34** individuals declined services once contacted and **8** were not screened because the referral was withdrawn or the provider was unable to make contact. The most prevalent reasons for individuals to be denied placement after a provider screening is due to a history of serious sexual offenses, arson, or recent aggressive behaviors.

As of 6/30/2020, there was **234 clients/consumers on the wait list for a community Residential Rehabilitation Program (RRP) bed.** This list is updated annually by the BBH/LBHA through contacting each person or referral source on the list to determine if the name should remain.

There were also a total of 15 pre-screens completed as requested by the State Hospital Discharge Coordinators to assist in the adjudication of the forensic population and some of the harder to place individuals.

The LBHA is also responsible for completing a Certificate of Determination (COD) and approving placement in the RRP. During consideration for placement in Baltimore County there is often the need for coordination with the state psychiatric hospitals, local hospitals, family members, other referral sources, RRP providers and Administrative Service Organization (ASO) Care Managers.

The BBH/LBHA continues to work closely with Spring Grove Hospital Center (SGHC) on the FY 2020 Discharge Initiative Housing Project. Mosaic, Prologue, and People Encouraging People continue to provide services to the individuals identified by the State Hospitals as needing RRP intensive services to obtain a community placement. Some of the barriers that hinder placement within the Discharge Initiative are immigrant status, benefit/entitlement issues, sexual offender status, recent aggression and a history of arson. All three providers tend to operate at capacity and when an individual has had to return to the state hospital, another individual who has been receiving in-reach services can usually be admitted to the vacancy quickly. A total of 52 consumers are served by this project.

Residential Treatment Center (RTC): Access Coordination and Technical Assistance

For youth with Maryland Medical Assistance who have a documented need of Residential Treatment Center (RTC) level of care, the LBHA/CSA may assist the family with accessing the necessary level of care. The LBHA/CSA assesses to ensure the youth has received the maximum benefit from any available community-based services. There are four potential lead agencies, the Local School System (LSS), the Local Department of Social Services (LDSS), the Department of Juvenile Services (DJS) and the LBHA/CSA.

The general role of the LBHA/CSA is to provide technical assistance regarding eligibility criteria for RTC level of care and the application process. The Child, Adolescent and Young Adult (CAYA) team has the responsibility to review and determine approval for Residential Treatment Center (RTC) admission, based on information in a youth's Certificate of Need (CON) and Maryland's established Medical Necessity Criteria (MNC). The CAYA team reviews the CON for every youth accessing RTC level of care, regardless of the lead agency. This, at times, includes youth with private insurance in addition to youth involved in other youth serving systems of care such as the Department of Social Services (DSS) and Department of Juvenile Services (DJS). The review process includes completion of the Early Childhood Service Intensity Instrument (ECSII) or Child and Adolescent Service Intensity Instrument (CASII), though not required, to inform a determination of eligibility for RTC level of care.

The number of youth admitted to RTC level of care from all lead agencies has historically varied year to year (Appendix A). The greatest number of reviews observed was in Fiscal Year 2016 at eighty-four with the smallest number observed in Fiscal Year 2017 with 38. During Fiscal Year 2020, sixty-one CONs were reviewed for potential admission into the RTC level of care.

Over the last several Fiscal Years, the number of cases for whom the LBHA has been the lead agency has also varied (Appendix B). The tracking of this data shifted in 2019 from previous years as observed in Appendix B. Historically, the total number of cases reported included new cases for the Fiscal Year as well as any "open" cases carried over from previous Fiscal Years. In Fiscal Year 2020, tracking only included new cases. Seventeen new cases in which the LBHA was identified as the lead agency, along with the

caregiver/guardian, were observed in Fiscal Year 2020. This represented approximately 11.5 % of the total cases submitted for review. Alternatively, Baltimore County's Local Department of Social Services (LDSS) was identified as the lead agency in forty-two of the cases in Fiscal Year 2020 (approximately 69%) (Appendix C).

The LBHA has a long-term, ongoing positive relationship with all of the Local Care Team (LCT) member agencies. The purpose of the LCT is to create a forum for families of youth with intensive needs to receive assistance with the identification of individual needs and potential resources to meet identified needs; and interagency discussions and problem solving for individual youth and family needs and systemic needs. The goal is to assist with the identification of appropriate resources in the community to meet the needs of the individual and family. There are several legally mandated LCT members including representatives from Department of Juvenile Services (DJS), Developmental Disability Administration (DDA), Local Behavioral Health Authority (LBHA)/Core Service Agency (CSA)/Local Addictions Authority (LAA), local school system, local Health Department, Local Management Board (LMB), a parent/parent advocate, and a non-voting representative from the local office of the Division of Rehabilitation Services (DORS). Collaborative efforts during Fiscal Year 2020 consisted of attending formal meetings, engaging in numerous interagency meetings (e.g. Family Team Decision Meetings, FTDMs), and continuous communication to ensure partnership and informed navigation of the Public Behavioral Health System.

Accessing RTC level of care for youth with private insurance continues to present an ongoing challenge in Baltimore County. Due to insurance restrictions, minimal services are available through private insurance organizations to provide home and community-based support, which might prevent a need for RTC access or inpatient psychiatric hospitalization. In these circumstances, caregivers/guardians have often needed to utilize the Voluntary Placement Agreement (VPA) process through Baltimore County's LDSS to access RTC level of care. Youth over thirteen requiring RTC level of care who do not have a Level V Non-Public/Private Separate Day School Individual Education Plan (IEP) also face a similar challenge. The VPA process, while necessary to access care for some youth, may result in families becoming involved with the LDSS who would otherwise have no LDSS involvement (and desire no LDSS involvement). This often times results in challenges regarding caregiver/guardian willingness to follow through with accessing the treatment team's recommended level of care.

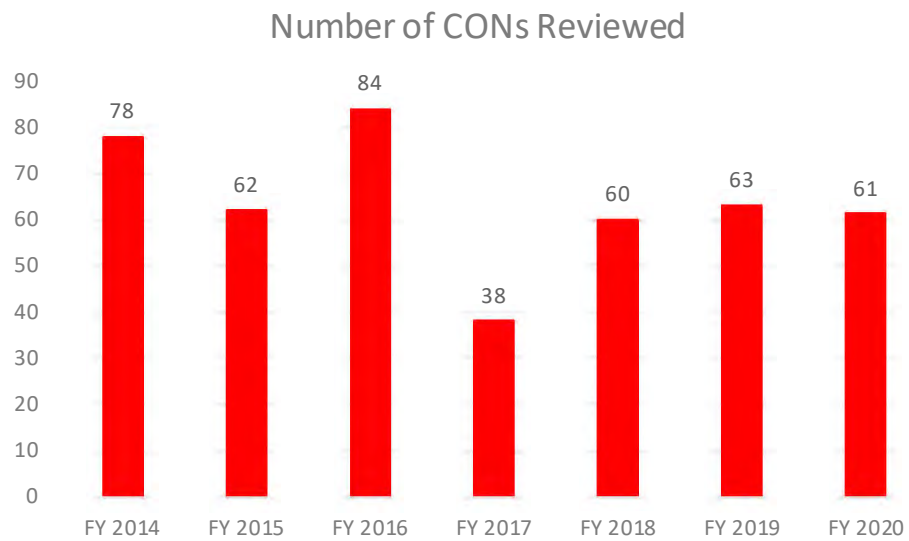
The decreasing number of RTC level of care providers in Maryland, in conjunction with an ongoing Social Services Administration (SSA) reinterpretation of the VPA policy to exclude therapeutic group home access, has also continued an ongoing challenge. In 2016, The Good Sheppard School closed followed by The Jefferson School (Sheppard Pratt) in 2020. As of January 2021, the RTC Coalition noted Maryland had 366 "licensed beds" at the RTC level of care with only 279 identified as "operational beds" (76%). The Post-Acute Discharge Planning Workgroup report released during Fiscal Year 2020 recommended the following to address this need:

- Develop a well-designed 24/7 crisis response system of care for children and youth that supports families
- Address the shortage of providers offering evidence informed Residential Treatment, Specialized Group Care and Treatment Foster Care to meet the needs of specialty populations such as Runaway and Human Trafficked Youth, Pregnant and Parenting teens, Physically Aggressive Youth often on the Autism Spectrum, Sexual Offenders and Fire Setters
- Align federal Families First Prevention Services Act affecting the Department of Human Services with Medicaid services to maximize revenue opportunities for clinical services to children both outside of foster care and in state custody
- Build in home and out of home respite options for parents and caregivers of children with serious emotional illnesses

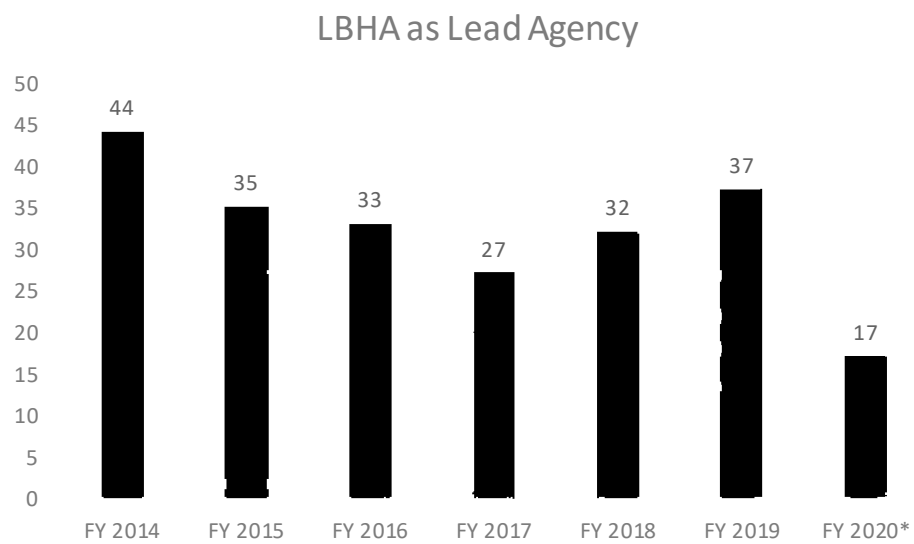
The LBHA has actively worked to collaborate with our youth serving system of care partners at the state and local level to implement the above recommendations. This has included ongoing participation in various committees and workgroups such as the Maryland Association of Behavioral Health Authorities Child, Adolescent and Young Adult (MABHA CAYA) Sub-Committee.

A final challenge encountered related to accessing RTC level of care is the level of knowledge demonstrated by Public Behavioral Health System (PBHS) providers regarding navigation of the RTC level of care referral process. A significant portion of the CAYA team's time is spent educating outpatient providers, caregivers/guardians and inpatient psychiatric hospital staff regarding how to access RTC level of care. The LBHA is currently working with LCT members to identify areas of needed technical assistance to create a training for providers to increase skill and knowledge in this area. The LBHA is also facilitating an ad hoc meeting of the MABHA CAYA Sub-Committee to ensure the training established is congruent with statewide expectations and processes; making the training available for cross-jurisdictional provision.

Appendix A



Appendix B



Appendix C



Provider Relations and Compliance

Effective October 1, 2016, OHCQ stopped accepting new applications for approval under the previous regulations, COMAR 10.21. COMAR 10.63, which became effective July 1, 2016 requires programs to become accredited from one of four national accrediting organizations approved by Maryland Department of Health (MDH) in order to be licensed. MDH has approved Commission on Accreditation of Rehabilitation Facilities (CARF), The Joint Commission (TJC), Council on Accreditation (COA), and Accreditation Commission for Health Care (ACHC).

Programs are required to have a license under COMAR 10.63 regulations from April 1, 2018 forward. All accreditation-based programs must now also have an Agreement to Cooperate with the Local Behavioral Health Authority/Local Addictions Authority and/or Local Core Service Agency in each jurisdiction in which they provide services. During FY 2020, BBH signed 95 Agreements to Cooperate.

During FY 2020, there were 16 new OMHC's (Outpatient Mental Health Centers), which includes 7 existing providers who added this service; 26 new PRP's (Psychiatric Rehabilitation Programs), which includes 3 existing providers who added this service; 2 new Mobile Treatment Services (MTS) including 2 existing providers who added this service; 1 new Psychiatric Day Treatment Program (PDTP) which includes 1 existing provider who added this service; 2 new Supported Employment Program (SEP) which included 1 existing provider who added this service; 20 new SUD (Substance Use Disorder) which includes 4 existing providers who added this service; and 9 new programs with both mental health and substance use disorder services. BBH/LBHA staff from the Provider Relations and Compliance team regularly visit new programs that have opened a program in the County. It is the goal to establish a relationship with the new program and provide technical assistance if needed. In addition, making visits to new providers assists

the BBH/LBHA in understanding our provider network and to better link individuals to appropriate programs.

The Provider Relations and Compliance Team, Program Managers and the Bureau Chief are responsible for the investigation of grievances and complaints. The Provider Relations and Compliance Team documents all grievances and complaints received. **Twenty-three grievances and complaints were investigated in FY 2020.**

Consumer Quality Teams (CQT)

In FY 2020, the Consumer Quality Team (CQT), a program managed by the Mental Health Association of Maryland, assisted in the monitoring of programs through the use of program participants aiding in consumer reviews and conducting site visits to 18 Baltimore County Programs (psychiatric rehabilitation programs, and wellness and recovery centers) including, Advantage Psychiatric Services, Key Point, Mosaic, On Our Own, and Prologue. The reviews have been generally favorable and BBH/LBHA staff have worked with CQT and PRP personnel to implement recommendations offered by individuals. The BBH/LBHA's Provider Relations and Compliance staff have maintained a consistently strong working relationship with the CQT program.

Prevention

Baltimore County employed the strategic planning process to target block grant prevention funds based on the MYSA, YRBS and MPOS data as well as other sources of state and local data.

- 2 national events promoted
- 4 campaign messages shared regarding alcohol and marijuana
- 903 survey responses received
- 19 youth participated in the All Stars program
- 46 parents registered for Active Parenting
- After Prom events were cancelled due to Covid
- 208 Police compliance checks at alcohol retailers
- 2 Compliance to alcohol laws details conducted
- 30 alcohol licensees participated in TIPS training
- 55 high priority visits to dispensers
- 325 Prescription Drug Storage and Disposal letters Sent
- 4 Pain Management Alternatives messages distributed
- 4 "Ask Your Doctor" Pain management messages

(a) Management and Coordination Activities

The management team has continued to work to manage, coordinate and integrate programs and services.

The Drug Overdose Lethality Review Team (DOLRT) and the Opioid Intervention Team (OIT) continue to be vital to fostering coordination and cooperation among multiple

stakeholders in Baltimore County. Partnerships with the Baltimore County Police Department (BCoPD) and Baltimore County Emergency Medical Services (EMS) continue to be strengthened through these groups, particularly related to overdose prevention activities. BCPD continues to provide a list of individuals who have survived multiple overdoses to our PRS supervisor, who ensures that a Baltimore County Department of Health Peer Recovery Specialist reaches out to the survivors and offers treatment and recovery support services. Partnerships between the BCoPD and BCDH have also grown from the DOLRT/OIT meetings. BCDH and BCoPD have discussed strategies to provide information to communities when overdose spikes occur in one geographic area, in order to reduce risk to individuals who use drugs. Strategies have also been developed to provide this information to BCDH Peer Recovery Specialists, who will target outreach efforts in areas at risk to provide information about harm reduction, treatment and recovery services.

Another notable collaboration includes the partnership between the BBH/LBHA, BCoPD School Resource Officers and Baltimore County Crisis Response System on the development and implementation of De-escalation & Conflict Resolution through Crisis Intervention Training (CIT). BBH/LBHA continue to participate in the Baltimore County Police Academy training programs. BBH/LBHA would like to increase the number of trainings offered if additional funds were available to support this effort.

Baltimore County staff attends and participates in a variety of local and state committees. Participation may be required through the Behavioral Health Administration (BHA) Memorandum of Understanding (MOU). At times, a committee may request participation to assure interdisciplinary representation and to obtain technical assistance from the BBH/LBHA.

The following is a list of Baltimore County's collaborative activities for the last fiscal year:

- 1915(i) local partner meeting
- ABCD Community Liaison Meeting
- Baltimore County Adult Drug Court Steering Committee - District Court
- Baltimore County Adult Drug Court Steering Committee - Circuit Court
- Baltimore County Cancer Coalition
- Baltimore County Child Fatality Review (CFR) Team
- Baltimore County Combatting Underage Drinking (CUD) Coalition
- Baltimore County Community Engagement – **new** - COVID
- Baltimore County Criminal Justice Coordinating Council
- Baltimore County Crisis Response Steering Committee
- Baltimore County Detention Center Re-Entry Advisory Council
- Baltimore County Department of Health Executive Leadership Team Meeting
- Baltimore County Department of Health Incident Command Meeting – **new** COVID

- Baltimore County Department of Social Services Family Team Decision Meetings
- Baltimore County Department of Social Services Job Network Steering Committee
- Baltimore County District Drug Court Steering Committee
- Baltimore County Domestic Violence Fatality Review Team
- Baltimore County Drug Overdose Fatality Review Team (DOLRT)
- Baltimore County Employee Recruitment & Retention Committee
- Baltimore County Fetal Infant Mortality Review
- Baltimore County Fetal Infant Mortality Review Community Action Team (FIMR CAT)
- Baltimore County Forensic/Mental Health workgroup
- Baltimore County Homeless Roundtable & Homeless Resources Committee
- Baltimore County Juvenile Drug Court Steering Committee
- Baltimore County Local Behavioral Health Advisory Council (LBHAC)
- Baltimore County Opioid Intervention Team
- Baltimore County Opioid Response Working Group
- Baltimore County Police/LBHA/Crisis Provider
- Baltimore County Recovery Oriented System of Care (ROSC) Meeting
- Baltimore County Residential Rehabilitation Services Provider Meeting
- Baltimore County School Health Council
- Baltimore County School Mental Health Advisory Council
- Baltimore County School Teen Screen Initiative Workgroup
- Baltimore County State Health Improvement Plan (SHIP) 2020 Coalition
- Baltimore County Vulnerable Adult Assistance Network (VAAN)
- Baltimore County SOAR Workgroup Meeting
- Baltimore County Supported Employment Provider Meeting
- Behavioral Health Administration (BHA) Assertive Community Treatment Stakeholder Meeting
- Behavioral Health Administration (BHA) Compliance Committee
- Behavioral Health Administration (BHA) Continuum of Care (formally Shelter Plus Care)/PATH Meeting
- Behavioral Health Administration (BHA) Assertive Community Treatment (ACT) Stakeholder Meeting
- Behavioral Health Administration (BHA) Data Committee
- Behavioral Health Administration (BHA) Learning Collaborative
- Behavioral Health Administration (BHA) PATH Meeting
- Behavioral Health Administration (BHA) LBHA/CSA Adult Services Meeting: Residential Rehabilitation Services/Supportive Employment/Targeted Case Management/Geriatric Services
- Behavioral Health Administration (BHA) Provider/LBHA/CSA Meeting
- Behavioral Health Administration (BHA) Supported Employment Liaison Committee
- Bureau of Behavioral Health (BBH/LBHA) Provider meetings

- Bureau of Behavioral Health Clinical Staff Meetings
- Baltimore County Adult Town Hall & Behavioral Health Fair Committee
- Baltimore County Child & Adolescent Behavioral Health Fair Committee
- Children, Young Adults and Families Committee
- Consumer Quality Team
- Governor's Commission on Suicide Prevention (observe only)
- Local Addictions Authority (LAA) meetings
- Local Care Team/Multi-disciplinary Team
- Local Care Team Local Suicide Prevention Coalition Meeting (BHA)
- Local Management Board meetings
- Maryland Association for the Treatment of Opioid Dependency (MATOD)
- Maryland Association of Behavioral Health Authorities (MABHA)
 - MABHA sub-committee - Adult Coordinators' Meeting
 - MABHA sub-committee – Child, Adolescent and Young Adult Coordinators' Meeting
 - MABHA sub-committee - Finance Meeting
- Maryland Behavioral Health Coalition
- Maryland State School Health Council (MSDE)- See below
- MRSS Collaborative (The Institute)- See below
- Maryland Community Criminal Justice Treatment Program (MCCJTP) meetings
- Maryland Strategic Prevention Framework (MSPF) Coordinators meetings
- MD Collaborative to Reduce College Drinking and Related Problems meetings
- *One Voice* Dundalk Advisory Coalition
- OMHC-CCSC Implementation Meeting (BHA)
- Opioid Misuse Prevention Program (OMPP) Coordinators meetings
- Peer Medical Assistance Workgroup
- Provider Advisory Board
- Regional Health Perinatal Advisory Group
- Respite Grant Committee (Tri-county)
- Returning Veteran's Workgroup – Home Front
- RFP Review Committees for Contractor selection
- RTC Coalition (MARFY)
- Service Array Workgroup (DHS/SSA)
- Southeast Area Network meetings
- Statewide Prevention Coordinators meeting
- SUD/SEN Workgroup (DHS/SSA)
- Tobacco Free Baltimore County Coalition
- Westside Area Network

(b) Services needed by individuals in the population we serve and, as applicable, total number who were served

The Bureau of Behavioral Health (BBH) continues to work to provide naloxone to all individuals who, through personal or professional contacts, may experience or encounter an individual who is experiencing an opiate overdose. Naloxone training in the Baltimore County Detention Center (BCDC) continues to be provided to inmates who are identified as at-risk during routine screenings. Trainings are provided either on a one-to-one basis by BBH staff embedded at BCDC or in a group setting to individuals who are enrolled in the Residential Substance Abuse Treatment (RSAT) program or who are attending other substance use education groups. Upon release from BCDC, inmates who have been trained are provided with a kit containing two doses of naloxone. Plans are also in progress to develop additional educational groups at BCDC to target inmates who may have only brief incarcerations in order to provide naloxone training and information about harm reduction and treatment services to these individuals. BBH will expand naloxone trainings to groups for participants enrolled in the buprenorphine treatment program, with the goal of training and providing naloxone to all individuals enrolled in the program upon their release to the community.

In addition to trainings at BCDC, naloxone trainings in the community continue. In FY 2019, BCDH applied for and was granted funds to provide overdose response training and naloxone medication to 914 individuals. At the conclusion of FY 2020, 2,442 individuals had been provided with overdose response training and naloxone medication, and the demand for naloxone training in the community continues to grow. Although the focus of the community based trainings is on identifying and reversing opioid overdose using naloxone, trainings also include information on substance use disorder, recovery, resources, and stigma reduction. In addition to community-based trainings, BCDH Peer Recovery Specialists (PRS) are working to reach individuals who are actively using drugs in order to provide overdose response training and medication to these high-risk individuals. Trainings and outreach activities have been conducted in locations that include high-overdose neighborhoods, Narcotics Anonymous meetings, and at the facilities of treatment providers who have indicated that their clients would benefit from this information and training. Two hundred and ninety seven (297) naloxone trainings were conducted by BCDH Peer Recovery Specialists during FY 2020. Due to coronavirus pandemic, the “walk-in” screenings at Eastern Family Resource Center and Liberty Family Resource Center were temporarily suspended; however, BBH continues to offer this service to county residents via telehealth. This service assists Baltimore County residents to locate and connect with appropriate treatment and helps individuals to navigate the sometimes complex process of obtaining and accessing insurance or public funds to pay for treatment.

E. Planning Process

(1) Describe collaborative efforts with providers to ensure “no wrong door” experience so that when a person contacts any organization involved in the local behavioral health system, they are seamlessly connected.

Behavioral health service needs include prevention, intervention, treatment and recovery support services across the life span. With the shift in the recent past from grant funded treatment services to services managed by the ASO, more individuals should be able to access treatment services near where they live or work. BBH has compiled a complete list of substance use disorder providers in Baltimore County, whether they accept Medical Assistance (Medicaid), and the levels of care that they provide. BBH continues to provide referral information to individuals calling to seek ambulatory treatment. To ensure that under or uninsured individuals have access to ambulatory substance use disorder treatment services (assessment; Level 1 treatment; Level 2.1 treatment; Level 1 and Level 2.1 withdrawal management services; medication assisted treatment; and toxicology specimens), a process continues to be utilized through which the Maryland Department of Health (MDH) will subsidize the treatment of individuals who meet specific eligibility guidelines. Providers can initiate a request for uninsured eligibility by contacting BBH staff.

As a challenge, Baltimore County remains aware that undocumented individuals may be reluctant to provide identifying information that would allow them to be entered into the uninsured eligibility workflow. BBH continues to receive exception requests for individuals who cannot afford their insurance deductibles and co-pays. BBH addresses these requests on a case-by-case basis and continues to collect information and share findings with MDH to ensure that gaps in the system are recognized and addressed.

Baltimore County continues to work to identify gaps in the service continuum that may have occurred following the shift from grants to the ASO for Level 3.1 residential treatment services on January 1, 2019. BBH maintains communication with consumers, residential providers, and other jurisdictions to identify and address any challenges that arise. BBH has limited ability to address these issues directly, as there are no Level 3.1 residential treatment facilities located within Baltimore County.

Baltimore County continues to operate a Peer Recovery Specialist-staffed warm line, the 88REACH line, to assist consumers and providers to access the services and support they need. The line is staffed from 8:30 a.m. to 12:00 a.m. Monday – Saturday. PRS are available to discuss treatment and support options with consumers and referral or other questions with providers. The REACH line has proved invaluable to assisting local providers, consumers, and hospital emergency rooms. PRS works to connect individuals who need help with insurance companies and primary care providers, often facilitating conference calls between parties to ensure that individuals receive the services they need. PRS staff have been engaged in outreach activities throughout the community to inform local providers and consumers about the assistance available through the 88-REACH line.

(2) Investigating Complaints and Enhancing Existing Contract Monitoring Functions

Complaints received by BBH/LBHA from Administrative Service Organization or BHA are reviewed by BBH/LBHA's Provider Relations & Compliance Team. The process involves contacting the provider, speaking with appropriate staff or client, and potentially review of the consumer charts and/or policies pertaining to the complaint. The Provider Relations and Compliance Team provides a summary of the findings with supporting documentation, as needed, to Administrative Service Organization or BHA. If Administrative Service Organization and/or BHA has any additional follow up questions, they typically contact the BBH/LBHA staff who conducted the investigation.

If BBH/LBHA is contacted directly by a consumer, our Provider Relations & Compliance staff investigates the complaint to seek a resolution. We have developed a form that will be used to more formally document complaints about any provider in the Public Behavioral Health System (PBHS).

BBH/LBHA Adult Services Team is charged with facilitating Appeal Hearings for participants in the Continuum of Care (COC) Program who are recommended for termination for violation of program requirements or conditions of occupancy. The termination process is designed to allow due process to the participant who can appeal the termination decision. The LBHA must convene an appeals panel within ten (10) business days of receipt of the participant's appeal request. If the participant's appeal to the LBHA results in the termination being upheld, the participant has the right to appeal to BHA whose decision is binding.

(3) Describe the planning process used to identify unmet needs and gaps and to design the system of services.

Assessing and planning for our system of services takes place on many levels. The BBH/LBHA management team is the leadership group that guides the process of integrated service system development. The members on this team include the Bureau Chief, Harm Reduction Division Chief, CSA Division Chief, LAA Division Chief, Fiscal/Grants Manager, Substance Use Services Program Managers, and Recovery Services Program Manager. The management team meets weekly to address issues involving integration, service delivery, and program/resource utilization. Each team member attends state-wide meetings related to their service area and reports back to the team in weekly meetings. State priority issues and other information is brought back to the team for consideration in planning services.

Each team member encourages input from providers in their service area (if applicable) in several ways. Formal communication takes place during site reviews and when issues or questions arise. Issues identified by providers are brought to the management team for discussion and problem solving. In addition, input is received from the following partners that helps Baltimore County to evaluate its system of services: Behavioral Health Advisory Council; the Opioid Misuse Prevention Coalition; the Combating Underage Drinking

Coalition; and Recovery Oriented Systems of Care (ROSC) Advisory Council (*One Voice Dundalk*).

Pertinent information from stakeholder meetings is used to assist in formulating strategies that address and identify issues and gaps in service to better assist BBH/LBHA to design an effective system of services.

(4) Describe plans to engage stakeholders (such as members of the recovery community and their families including peer recovery specialists; formerly homeless persons; and representatives from the criminal justice system, the deaf and hard of hearing community and other minority groups) in planning and evaluating program services in your jurisdiction.

Developing and implementing integrated behavioral health treatment services and recovery support takes place on many levels. The BBH management team is the leadership group that guides the process of integrated service system development and implementation. The members on this team include the Bureau Chief, Harm Reduction Program, CSA and LAA Division Chiefs, Prevention Program Manager, Fiscal/Grants Manager, and Recovery Services Program Manager. The leadership team meets weekly to address issues involving integration, service delivery and program/resource utilization. Each manager attends statewide meetings related to their service area, and reports to the team in weekly meetings. State priority issues and other pertinent information are brought back to the team for consideration in planning services.

Each program manager also solicits input from providers in their service area (if applicable) in several ways. Formal communication takes place during site reviews, provider meetings, and when issues or questions arise. Issues identified by providers are brought to management team for discussion and problem solving.

BBH/LBHA convenes a number of coalitions and advisory groups that include key stakeholders and provides a forum for planning and evaluating services. Participants of these groups include Baltimore County individuals seeking services and advocacy, family members of individuals and client allies (representatives from County agencies and community support services such as housing, criminal justice system, homeless services, etc.). These meetings provide a forum for planning and evaluating services.

In addition, input is received from the following partners that help Baltimore County to evaluate its system of services: Behavioral Health Advisory Council; the Opioid Misuse Prevention Coalition; the Combating Underage Drinking Coalition; the Baltimore County Opioid Intervention Team; and Recovery Oriented Systems of Care (ROSC) Advisory Council (*One Voice Dundalk*). Baltimore County continues to work with local hospitals who have initiated programs to integrate SBIRT (Screening, Brief Intervention, and Referral to Treatment) into the workflow in their Emergency Departments (ED) to facilitate integration of this program into the larger behavioral health treatment system in Baltimore County. This goal will be accomplished by developing partnerships between

PRS embedded in the hospital emergency departments and BCDH community PRS to facilitate smooth transitions between acute care in the hospital ED and ongoing treatment in the community.

The expansion of medication-assisted treatment availability in Baltimore County has been identified as a priority by BCDH. To achieve this goal, BCDH has developed partnerships with provider groups that include Nurse Practitioners, Physicians' Assistants, and Physicians. BCDH is working to provide education and support to these providers to increase their capacity to provide office-based buprenorphine treatment. We have also developed a strong cooperative relationship with the Maryland Addiction Consultation Service and provided two CME events focused on medication-assisted treatment for providers in partnership with MACS during FY 2020. In addition, Baltimore County has initiated a buprenorphine maintenance program for opioid-dependent individuals incarcerated at the Baltimore County Detention Center. The first patients were enrolled in this program in April of 2019. Services provided include buprenorphine medication and associated medical care, individual and group counseling services, and peer recovery specialist and case management services to individuals during their incarceration and continuing after their release to the community.

(5) Describe the relationship and interaction with the local and state behavioral health advisory councils.

Baltimore County Council passed legislation to formally combine the mental health and substance abuse advisory councils, which was effective December, 2018. The Baltimore County Behavioral Health Advisory Council (BHAC), as it is now known, meets each month. Our first goal was to strengthen the advisory council through ensuring representation of all positions listed in the bill and increasing membership of the council. In FY 2020, a chair and co-chair were elected and preside over meetings. Meetings occur each month. Several guest speakers have attended meetings this past year, including: Baltimore County Chief of Police, Baltimore County States Attorney and the County Executive.

Baltimore County Community Health Needs Assessment – FY 2021

The Baltimore County Department of Health is embarking on its three year Community Health Needs Assessment (CHNA) as part of the Baltimore County Health Coalition. The BBH/LBHA used the CHNA template to guide behavioral health needs discussion of stakeholders who are members and participants of the Baltimore County Behavioral Health Council (BHAC).

The CHNA discussion was led by the BHAC Chairperson, Dan Morhaim, MD at the October 2020 meeting followed by further discussion at the November 2020 meeting. Members were also offered the opportunity to email any input, suggestions or recommendations.

Results of the Needs Assessment were shared with the Department of Health's Quality Improvement Team to assure behavioral health needs are included in the three-year plan. The

full CHNA assessment is provided and the following strategies were identified as making a difference in the community:

- Sufficient housing with appropriate levels of support to meet the needs of individuals living in the community.
- 24-7 Walk-in Crisis stabilization services
- Advertising existing services
- Targeted anti-stigma campaign
- Recovery Housing in the County

Over the next year, the BHAC will continue to have discussions regarding these and other trends impacting the Public Behavioral Health System and determine local action steps to effect change and improvement in the service system.

Triennial CHNA Focus Group Template - 2020

Meeting Date	Location	Facilitator	Group Description	
10/9/2020	Zoom	Dan Morhaim, M.D.	Behavioral Health Advisory Council (BHAC)	
Total Attendance	Service Providers	Family Members	Consumers/Clients	
30	14	3	2	
	White	Hispanic	Black/African American	Other
Age 65+	3	0	0	
Age 18-65	21	0	6	
Youth	0	0	0	

Advertising:

Peers	Flyers	Letters	Others
			Email notification to members; County website

Our organization is interested in conducting periodic needs assessments to guide in planning processes. We will use this information to gather community input. We will ask you to spend a few minutes identifying your concerns for your community. After that we will ask for resources that exist and any barriers to using those resources.

1. Problems/Concerns Identification- 20 minutes

What are the most significant problems related to health in your community? What ages and specific populations are affected?

Parity – people with private insurance, limited coverage, either in or out patient, little in between, getting service is a challenge, incomplete/outdated lists of resources, people get discouraged and give up on services.

Seniors who live alone – isolation, don't have access to device/wi-fi, etc.

Medicare doesn't provide comprehensive coverage as Medical Assistance

Outpatient Substance Abuse programs closing – availability of services

Limited youth programs in Maryland. Residential treatment centers closing. No replacement of beds lost.

Food insecurity

Employment

Stable/affordable housing.

Lack of residential rehabilitation beds – same number as 20 years ago.

Mental health issues and suicide increase especially during COVID virtual school and isolation.

Potential increase in overdose deaths especially during COVID

Complicated care needs for some individuals and no place for them to receive care/manage care in the community.

Limited resources for crisis beds for adults. Need more (20 in Balto Co).

No crisis bed programs for children. Closest respite in Frederick.

Effect of COVID on provider community – ASO payments and financial stability due to restrictions.

Children running away from facilities and lack of follow-up due to COVID restraints.

What are the most significant problems affecting families in your community? What ages are affected?

Children not in school so no eyes on them to identify domestic violence, mental health needs, etc.

Increase in referrals for children who lack supervision and structure and are watching younger siblings.

Job loss, illness, loss of housing, isolation as a result of COVID.

Problems	Resources	Barriers
Mental health/suicide	PBHS Providers; information; crisis response; Help Call staff; telehealth	Access due to COVID restrictions; no crisis stabilization center in Baltimore County; limited crisis beds; telehealth access
Children/youth issues	PBHS Providers; information; Help call staff;	Not physically in school
Opioid deaths	PBHS providers ;Naloxone, MAT; Information; REACH line; Peers	Lack of access to all during COVID restrictions

2. Community Resources and Barriers- 10 minutes - What resources are available to address these problems?

BBH has great resource list of County services

Crisis system – BCCRS.

Language line

Baltimore County Detention Center Mental Health unit

Office of Aging has support programs for seniors

Robust behavioral health system, services and providers in Baltimore County for the PBHS.

Behavioral Health Administration funding and resource/information support.

What barriers, if any, exist that prevent people from accessing these resources?

Minority communities – stigma.

Access to child care/transportation while seeking treatment for yourself or another child.

Mistrust, language barriers, lengthy process

Knowledge of services

COVID restrictions

3. Solutions- 10 minutes

What actions, programs, strategies would make the biggest difference in your community?

Sufficient housing with appropriate levels of support to meet the needs of individuals living in the community.

24-7 Walk-in Crisis stabilization services

Advertising existing services

Target anti-stigma campaign

Recovery Housing in the County

Solution	Area Affected		
	Health	Families	Other
24-7 Walk in Crisis Stabilization services	x		
Advertise existing services	X	X	
Establish Recovery Houses in the County	X		
Advocate for adequate housing to support BH clients	X		
Anti-Stigma campaign	X		

4. **Conclusion-** Thanks for your time. We expect to have this data compiled and a draft reports ready early in 2021. You can check back to get a copy of the draft report on our website.

(6) Describe the coordination of activities (programs or system as applicable) in response to emergencies to ensure service availability.

In the event of an emergency, Baltimore County Behavioral Health Providers are instructed to contact the BBH/LBHA with information on their status. The Provider Relations and Compliance staff keep an e-mail list of staff of our provider programs and regularly distribute information to keep programs informed of developments in the County and State. The BBH/LBHA Director, in turn, reports to BHA administration, as appropriate. In addition, accredited providers are required to have a current emergency operations plan in place as required for their accreditation.

The BBH/LBHA Chief is also in contact with the Baltimore County Department of Health Public Health Emergency Preparedness team who coordinates emergency preparedness training, drills, and response to events. During a public health emergency, the Health Officer may establish all BBH/LBHA staff emergency essential. The BBH/LBHA plays a unique role in events that require behavioral health response or support. Specific details are outlined in the *All Hazards Behavioral Health Response Plan* (copy attached). This document is an addendum to the Department of Health's Public Health Emergency Preparedness Plan, which is available upon request.

(7) All Hazards Plan - Attached

F. Service Delivery and Recovery Supports

1. Treatment Services

(a) Describe the behavioral health treatment and recovery support services provided to individuals and families across the lifespan. Include descriptions of services provided to special population groups.

Developing and implementing integrated behavioral health treatment services and recovery supports takes place on many levels. The BBH/LBHA leadership team is the group that guides the process of integrated service system development and implementation. The management team meets weekly to address issues involving integration, service delivery, and program/resource utilization. Each manager attends state wide meetings related to their service area, and reports back to the team in weekly meetings. State priority issues and other information is brought back to the team for consideration in planning services.

Managers obtain input from providers in their service area (if applicable) in several ways. Formal communication takes place during site reviews, provider meetings, and when issues or questions arise. Issues identified by providers are brought to the management team for discussion and problem solving. In addition, input is received from the following partners that help Baltimore County to evaluate its system of services: Behavioral Health Advisory Council; the Opioid Misuse Prevention Coalition; the Combating Underage Drinking Coalition; the Baltimore County Opioid Intervention Team; and Recovery Oriented Systems of Care (ROSC) Advisory Council (*One Voice Dundalk*).

Prevention, behavioral health treatment, and recovery services are available for pregnant women and women with children. Pregnant women and women with children are assessed by BBH/LBHA for the state funded Women and Children's residential beds, and referrals are made if appropriate. A PRS assists women who are referred to this program, providing mentoring and support. As mentioned earlier, a PRS dedicated to the two Substance Exposed Newborn Units of DSS will work closely with pregnant and post-partum women to ensure that needed treatment and recovery supports are in place. Most of the providers in the public behavioral health system have gender specific groups and counseling available for women.

Since the passage of the amended Maryland Family Law Article section §5-704.2 on June 1, 2018, BCDH has been working cooperatively with Department of Social Services staff and community providers to ensure that staff and consumers have accurate information regarding implications of the changes to this law. Amendments to this law require that a Plan of Safe Care be developed for each newborn exposed to a legal or illegal controlled substance, regardless of whether the substance was legally prescribed to the mother. Cooperative efforts are underway to ensure that Local Department of Social Services staff are educated about substance use disorder and medication-assisted treatment, and to ensure that patients are provided with education and support throughout their pregnancy and delivery through education and linkage to peer recovery support services.

(b). Development and implementation of integrated behavioral health treatment services and recovery supports in collaboration with other health authorities, public and private service providers, human service agencies and somatic care providers.

Baltimore County Department of Health is developing and implementing integrated behavioral health services in collaboration with other jurisdictions and entities in multiple ways. BCDH continues to collaborate with Baltimore County hospitals, treatment providers, and other stakeholders who employ Peer Recovery Specialists to coordinate Peer Recovery Support Services across the County. This collaboration ensures that individuals have access to Peer Recovery Support services across the continuum of care, particularly during periods of transition from one level of care to another. To strengthen this collaboration, a County-wide Peer Conference is in the planning stages and will be held in the spring of 2020. This event will provide education and networking opportunities for Peer Recovery Specialists and County stakeholders. A second strategy to develop integrated behavioral health treatment services is increasing access to buprenorphine treatment for opioid disorder in primary care settings. Initiatives are in place to provide support and education to primary care providers to begin treating their patients with buprenorphine that include academic detailing visits to providers and linkage to Peer Recovery Specialists to assist with accessing additional resources for patients in treatment.

Baltimore County continues to work with local hospitals who have initiated programs to integrate SBIRT (Screening, Brief Intervention, and Referral to Treatment) into the workflow in their Emergency Departments (ED) to facilitate integration of this program into the larger behavioral health treatment system in Baltimore County. This goal will be accomplished by developing partnerships between PRS embedded in the hospital emergency departments and BCDH community PRS to facilitate smooth transitions between acute care in the hospital ED and ongoing treatment in the community.

In FY 2020, Baltimore County added 20 new provider programs who are licensed in both substance use Disorders and mental health treatment.

(c). Describe the behavioral health service needs for the system in your jurisdiction, as well as any challenges and issues affecting your ability to provide, or otherwise ensure access to a full continuum of care and support (i.e. housing needs and gaps). How will you address gaps in the service delivery continuum?

Baltimore County's system of behavioral health services address a wide range of needs. BCDH provides oversight and management of the system of behavioral health providers and services in Baltimore County, to include intensive outpatient and Level 1 outpatient treatment; crisis support and diversion services; medication assisted treatment at Opioid Treatment Providers and office based providers; peer recovery support services; family support and engagement services; and screening services (to include SBIRT screenings in various settings).

One ongoing unmet behavioral health service need that exists in Baltimore County is for access to inpatient treatment services (ASAM Level 3.3, 3.5, and 3.7) within the County. Currently, Baltimore County residents must obtain inpatient treatment in other jurisdictions, which can be a barrier for some individuals. Progress is being made related to this need, as a Level 3.3 and 3.5 treatment facility has opened in Baltimore County and is now accepting clients. The provider plans to expand services to provide Level 3.7 treatment after approximately a year of operation.

Another significant behavioral health service need that exists in Baltimore County is for recovery housing facilities within the County. BCDH currently contracts with recovery housing providers in other jurisdictions to provide services to Baltimore County residents to address this need.

(d) Describe what program or system management processes will be implemented to address the following areas:

i. Coordinating the care of high risk and high cost individuals

Baltimore County continues to work to identify program and system management processes to address these challenging issues. To address the need for coordination of care of high risk and high cost patients (including patients referred to Level 3.7 treatment), BBH/LBHA has reached out to local hospitals and treatment providers to develop partnerships to better address the complex needs of this population. Hospital groups and providers are included in the Drug Overdose Lethality Review Team and the Opioid Intervention Team and participate in an ongoing discussion about strategies to address this issue.

BBH/LBHA has reached out to residential treatment providers and provided technical assistance and education to assist providers to navigate the process for authorizing patient admission into residential treatment. BBH/LBHA continues to work cooperatively with other jurisdictions to address this issue, as no residential treatment providers are currently located in Baltimore County.

BBH/LBHA has focused on efforts to increase availability of Targeted Case Management for adults. Baltimore County has two Targeted Case Management programs. An additional provider program was added last year in order to increase access and consumer choice. The County has two Assertive Community Treatment (ACT) teams. This program is available to engage consumers who have multiple needs and seek to improve the treatment outcomes.

BBH/LBHA has HELP Call staff available from 8:30 to 4:30 Monday through Friday to assist callers with system navigation and linkage to programs.

Baltimore County is able to assist families and their children through the Local Care Team (LCT). The LCT is available for families of children with intensive needs to receive assistance

with the identification of individual needs and potential resources to meet identified needs. The purpose of the LCT is engage in interagency discussions and problem solving for individual child and family needs and systemic needs and refer children and families to resources and services to meet their specific needs.

When presented with complex concerns, BBH/LBHA staff coordinate with providers, schools, Department of Social Services, Department of Juvenile Services, hospitals, and the Behavioral Health Administration to link individuals across the lifespan to appropriate care.

ii. Assessment of training needs around accurate clinical application of the ASAM Patient Placement Criteria and documentation of medical necessity to reduce authorization denials and over-utilization of high cost services.

BCDH will work in cooperation with provider organizations, advisory boards (to include the Behavioral Health Advisory Council), and the Administrative Services Organization to assess provider needs related to this issue. Training needs will also be assessed by direct communication with individual providers and by providing a venue for discussion of this issue in BBH's quarterly Provider Forums. Optum data related to authorization denials and utilization rates will be reviewed on an ongoing basis to evaluate the impact of provider training in this area and assess the need for additional intervention.

iii. Needs and gaps in housing, and whether you have considered applying for Community Bond Funds to address housing needs.

Housing is an ongoing challenge for consumers of Baltimore County. We do not apply for community bond funds, however when they are available, we encourage providers to apply. The BBH/LBHA is in regular contact with programs and provider who can apply and share this information. We provide letters of support as required and review all applications.

(e) Describe the availability of office-based Buprenorphine therapy within your jurisdiction. How will you expand access to services and increase health care provider capacity where gaps exist?

There are providers (physicians, nurse practitioners, and physicians' assistants) in Baltimore County who offer office-based buprenorphine treatment; however, data indicates that the need for medication-assisted treatment slots is significantly greater than the capacity that exists. In order to address this disparity, Baltimore County has continued the initiative to expand access to office-based buprenorphine services within the County. Using feedback from providers to guide our efforts, Baltimore County continued several interventions in started in FY 2019 through FY 2020. We have partnered with the Maryland Addiction Consultation Service to provide a virtual DATA 2000 waiver training

for providers. This training will be held in the spring of 2021. In addition, peer recovery specialists continue to provide outreach to providers and their patients to educate them about resources that are available to them for support, including PRS services, outpatient mental health and substance use disorder counseling, and self-help groups. Our Academic Detailing project Physician Coordinator has developed partnerships with provider organizations and served as a source of information and assistance for these groups to access resources to assist their members in providing office-based buprenorphine treatment. A new initiative, funded by the Overdose Data to Action grant, will establish a County-wide Learning Collaborative to engage treatment systems and individual providers in educational events and clinical consultation services that will assist them to expand the number of patients in their practices who receive medications to treat opioid use disorder.

Baltimore County Department of Health has also developed a database of office-based buprenorphine providers to assist the Peer Recovery Specialists who answer the 88-REACH line. The database includes provider contact information, types of insurance accepted, appointment availability, and information about access to public transportation. Using this resource, PRS can help individuals who need treatment to access providers who fit their needs. The database is updated on an ongoing basis to ensure that information is accurate and current. Initiatives implemented during the first half of FY 2020 include academic detailing visits to buprenorphine providers and trainings for all Baltimore County Health and Human Services employees on medication-assisted treatment.

(f) Describe efforts to address co-occurring disorders, including providing and promoting Dual Diagnosis Capability Training.

The Bureau of Behavioral Health continues to work collaboratively with contracted providers and behavioral health providers within the public behavioral health system regarding the expectation of the need to be co-occurring capable in the provision of mental health and substance use disorder services. BBH disseminates information through provider meetings/forums, site reviews/visits, and by sharing information on available trainings on topics including co-occurring and dual diagnosis. BBH staff also provides technical assistance to the provider community when issues or questions arise.

BBH has worked with our RRP providers on understanding the needs of residents with co-occurring disorders and developing individualized treatment plans that address all issues.

BBH has formulated a list of outpatient substance use disorder providers to be shared as a resource, and ensures that all Certified Peer Recovery Specialists are trained and understand the needs of peers who are dually diagnosed.

(g) Describe efforts to address crisis response services and diversion activities.

Baltimore County has operated a comprehensive Mental Health Crisis Response program since April 2001 with the Affiliated Santé' Group, Inc. as the vendor. Services include a 24 hour hotline, in-home intervention teams, urgent care clinic services, crisis intervention debriefing team and mobile crisis teams. The Baltimore County Crisis Response System is a collaborative effort between the Baltimore County's Health and Police Departments, as well as the vendor The Affiliated Santé Group, Inc. to provide emergency mental health services to Baltimore County residents.

Mobile Crisis Team (MCT)

BCCRS received funding last fiscal year to expand the Mobile Crisis Team (MCT) to 24 hours per day. The full expansion allowed MCT to increase to six teams per day from the previous staffing pattern of 4 teams per day. The teams now run East and West 7 a.m. to 3 p.m. and 3 p.m. to 11 p.m., a swing shift that covers 5 p.m. to 1 a.m. and an overnight team which runs 11 p.m. to 7 a.m. The expansion began in January 2019 with the initial rollout of 5 teams and on March 2019 BCCRS was able to begin providing county wide MCT 24 hour coverage.

Many new clinicians and police officers were added to MCT as a result of this expansion. BCCRS hired a new MCT supervisor this year after an extensive search to fill this critical position. A new Corporal was added to the police team as well as five (5) new officers. MCT is currently staffed by 1 FT Clinical Supervisor, 4.5 FT licensed clinicians and 12 part-time licensed clinicians. Recruiting for clinical staff is continuous. The team is also staffed through the Baltimore County Police Department with 13 officers, a Corporal, Sergeant and Lieutenant.

Mental Health and Stabilization Services (MHSS)

New funds were awarded in FY 2019 for the Mental Health and Stabilization Services (MHSS) program. During FY 2020, the program worked actively to fill the clinician position, however they were unable to hire to fill the position. In early FY 2021, they were able to fill the position and we are now in the implementation phase of the program.

The program is a partnership between the LBHA, Department of Social Services (DSS) and the Baltimore County Crisis Response System (BCCRS) to address concerns for children experiencing difficulties with their behaviors that threaten their stability in their home or foster care placement. The children/youth can receive quick supports and counseling geared toward stabilizing their behavior and living situation so that disruptions do not occur. The MHSS program provides intensive in-home services to youth experiencing crisis who are involved with the child welfare system. This service may be utilized for youth experiencing a traumatic event such as child maltreatment or placement in foster care. The service may be utilized with children in foster homes, treatment foster homes or group homes, although the priority will be to serve children in their own homes or who are living with kin (biological or fictive), guardians, pre-adoptive parents, or foster parents and their siblings. These services will be provided by a team trained in crisis

stabilization for children, adolescents, and their families. Referrals will originally emanate from DSS, however the program will have the capacity to provide services to additional child and adolescent populations.

Peer Recovery Specialists

Baltimore County participates in informal diversion efforts in partnership with the Baltimore County Police Department when individuals who have experienced multiple overdoses are referred by police to BCDH Peer Recovery Specialists for support and referral to harm reduction and treatment services.

(h) Describe services to individuals with pathological gambling addiction and their families.

Individuals who request assistance to address problem gambling are screened at Eastern Family Resource Center and Liberty Family Resource Center. During FY 2020, there were no requests for screenings. If an individual screens positive for gambling disorder, they are referred to a community provider who offers this service. Options to obtain treatment for gambling disorder have increased since January 1, 2018, when the Maryland Department of Health (MDH) began reimbursing providers for these services through the ASO. Providers who are eligible to bill the ASO for treatment of problem gambling include: ambulatory SRD programs, to include Level 1 programs (including Opioid Treatment Programs) and Level 2.1 programs; residential SRD programs for Level 3.3 and Level 3.5 treatment; outpatient mental health clinics; federally qualified health centers; and private practitioners (in solo or group practice). Providers who bill for these services must ensure that their staff are trained and competent to provide these services. BCDH can provide technical assistance to community providers to assist them to obtain the ongoing training needed by staff to ensure that appropriate services are provided.

(i) Describe tobacco cessation services and activities for patients and staff in provider offices and within your local authority.

BBH tobacco prevention and cessation services are made available to provider staff and clients. These services include the provision of informational brochures and materials, smoking/vaping cessation classes for staff and clients and the provision of nicotine replacement therapies and/or Chantix free of charge for class participants. At provider meetings, information has been provided on how to access prevention and cessation services. Free training is offered through MDQuit for providers if they wish to provide cessation classes at their facility.

In addition to providing assistance to behavioral health providers, the Bureau provides cessation based brief intervention to individuals who receive services at the Eastern Family Resource Center in Rosedale as well as the Liberty Family Resource Center in Randallstown.

(j) Describe the Peer Recovery Specialists (PRS) and/or Certified Peer Recovery Specialists in the provision of Services.

An ongoing highlight is the REACH Team, whose members are all Certified Peer Recovery Specialists (CPRS) or eligible for certification with the Maryland Addictions and Behavioral Health Professional Certification Board (MABPCB). Baltimore County has PRS staff located in Department of Social Services, the courts, the detention center, at county operated substance use screening sites as well as community peers who handle the 88-REACH line. Through collaboration efforts, the Peer Recovery Specialists work closely with the County's EMS who contact them when they respond to an overdose. The "Leave a Dose Behind" program is being implemented through a partnership between EMS and the PRS REACH Team. The program is designed to provide Naloxone kits to individuals

and/or households where EMS have responded to an overdose. The EMS team leave the Naloxone kits and the REACH Team follow up with the individuals and/or families to provide additional training, information and services. The REACH Team receive data from EMS and the Police Department every morning with information on overdoses and their locations so outreach efforts can be mobilized to target areas. Baltimore County funds a mental health Peer Recovery Team in the Detention Center who work with inmates during their incarceration and after release to connect with needed treatment and resources to decrease recidivism.

The MCCJTP and TAMAR program model have been effective in utilizing a Certified Peer Recovery Specialist (CPRS) in conjunction with a case manager to the extent the detention center has duplicated the model. The CPRS team is embedded in the detention center and is focused on inmates with a mental health diagnosis.

Peer Recovery Support Services are a valuable addition to the services offered by BCDH, and these services continue to expand. The Center for Disease Control Overdose Data to Action grant, awarded in September 2019, will utilize two CPRS/Patient Navigator teams. One will be embedded in the Substance Exposed Newborn Unit at the Department of Social Services and the second will be located in the Bureau of Behavioral Health. The teams will provide assistance and support to individuals as they navigate the system of care for substance use and mental health disorders. Additional CPRS will be employed to provide support to the participants in the medication assisted treatment program for inmates at the Baltimore County Detention Center. These staff members will provide support, mentorship, and linkage to resources for individuals during their incarceration and after their release to the community.

2. Outreach and Public Awareness

(a) Describe how you will develop and disseminate public awareness education and information

Public awareness education and information is disseminated in Baltimore County using several different strategies. Multiple media campaigns have been launched in FY 202019 and additional campaigns are planned for the remainder of FY 20200, to provide education and information to the public about how to access assistance for substance misuse by calling the REACH line (88REACH); the dangers of opioid use; how to recognize the signs and symptoms of overdose and information about naloxone training; and information about the dangers of fentanyl. Bureau of Behavioral Health staff provide training and education in the community and to behavioral health providers related to stigma reduction and medication assisted treatment. All BBH/LBHA staff attend regular cultural competency trainings; in addition, communication with individuals who access assistance through BBH/LBHA programs is provided in a culturally appropriate format and reviewed regularly to ensure that communication is culturally competent.

Each year, the BBH/LBHA holds Behavioral Health Fairs for the adult and child and adolescent populations. Due to the COVID pandemic, the events were not held in FY 2020.

BBH/LBHA continues to provide updates for the County's website to include public and consumer education on program resources including substance use and mental health providers. The website has information on overdose response trainings and upcoming training dates and locations, along with a registration option.

Our 88-REACH line (410-88-REACH) has been widely publicized to county residents, who are encouraged to call for information and referrals for substance use needs. We also have a helpline for mental health needs. A social worker is assigned daily to answer calls from constituents about mental health resources, how to access services and benefits, and locations and availability of mental health providers.

Individuals may "walk-in" to the BBH/LBHA screening unit located at the Eastern Family Resource Center for individual consultation, screening and referral, overdose response training, or for general information about substance use disorders and treatment.

BBH/LBHA Overdose Response Trainings in the community offer a unique opportunity to meet with community members and share information on program and system resources, how to access services, availability of Medication Assisted Treatment, and stigma reduction.

The Harm Reduction Program which includes syringe exchange as well as medical care, is now under the BBH/LBHA. Staff under the Harm Reduction program collaborate with LAA staff on outreach, planning and referrals to care or treatment.

In FY 2020, Baltimore County the peer recovery support specialist staff consisted of four Registered Peer Supervisors and seven Certified Peer Recovery Specialists, working 34 hours per week, and one Outreach Workers working 34 hours per week. Additionally, we employed three Certified Peer Recovery Specialists and one Outreach Worker to assist the REACH Team, working 9 hours per week. Outreach Workers employed by the LBHA must have successfully completed one of the core trainings listed on the Maryland Addiction and Behavioral Health Professionals Certification Board (MABPCB) and work with their supervisor to complete the training and obtain certification within one year of hire.

The additional staff enabled the County to increase the hours of the warm line 410-88REACH (410-887-3224), staffed by peer support specialists from 8:30 a.m. – 12:00 midnight, Monday -Friday. In addition to the increased staff, the programs were allocated County vehicles and smart phones to enable the program to work on a dispatch model, allowing for immediate response to emergency calls and individuals needing immediate support and linkage to treatment. The peer support team has increased our street outreach, providing Naloxone trainings in non-traditional settings. We use police and EMS data to

do targeted outreach based on the addresses where Naloxone was administered the prior evening.

We have increased our staff in the Baltimore County Detention Center, working in the TAMAR and MCCJTP Programs, the Medication Assisted Treatment Program and with the general population that are in need of support. We have dedicated peers to work with mothers and pregnant women and we have increased our staff to include one peer that works with the adolescent population.

(b) How will you reach out to/engage cultural and linguistically diverse individuals?

Cultural competency is critical to reducing health disparities and improving access to high quality health care that is respectful and responsive to the needs of the population served. As the Local Behavioral Health Authority in Baltimore County, it is important in overseeing a system with a diverse population that we maintain a standard for service providers that addresses cultural competence. Over the last year, the Health and Human Services as well as the Department of Health have worked to identify opportunities to improve our cultural competence. Detailed below are the workforce development plan and results from the CLAS survey completed in FY 2020. An action plan is included.

From the Baltimore County Department of Health (BCDH) Workforce Development Plan, Version 2 adopted 3/25/2019, 1/17/2020

Health Equity training needs: BCDH provides an opportunity for employees to assess their cultural awareness of the populations serviced during training activities. Specific training on the ethnic groups identified in the population served by the agency is included, as well as access to language resources. In addition, Deaf and Hard of Hearing sensitivity training is offered biannually. The social determinants of health in our vulnerable populations' access and functional needs necessitate special training in de-escalation techniques, trauma informed care, goal setting, secondary trauma, and assistance with complex system navigation. The Human Relations Commission works with staff to ensure that customers needing accommodations do not experience barriers in access to services. Resources are also available to employees of the agency through Human Resources. As health equity is written into the policy of BCDH, best practices are encouraged that address it in program areas.

Baltimore County Health and Human Services (HHS) completed the CLAS Self-Assessment Survey in 2020.

The results of the survey are listed below:

- Total Responses = 72 (32% Social Services, 58% Health, 10% Administration)
- Non-Direct client Services = 33% Direct Client Services = 67%

The survey assisted in identifying specific areas for improvement in CLAS Standards. Responses are listed below:

1) Are Deaf/Hard of Hearing clients and clients with a disability provided a copy of your program's Disability Access notice?

- Our program does not provide a Disability Access notice to clients = 52%
- Our program always provides a Disability Access notice to clients = 22%
- Our program most of the time provides a Disability Access notice to clients = 10%
- Our program sometimes provides a Disability Access notice to clients = 16%

2) Does your program have a plan to identify and address culturally and linguistically appropriate services needs for underserved population?

- Our program does not currently have a written plan = 45%
- A plan is fully developed and is being implemented = 35%
- A plan is currently in draft form or only partially implemented = 20%

3) Does your Bureau/Division collect satisfaction data to inform culturally and linguistically appropriate service delivery?

- Our Bureau/Division does not currently collect satisfaction data to inform culturally and linguistically appropriate service delivery = 45%
- Our Bureau/Division always collects satisfaction data to inform culturally and linguistically appropriate service delivery = 22%
- Our Bureau/Division sometimes collects satisfaction data to inform culturally and linguistically appropriate service delivery = 33%

Based on the survey results, HHS has determined focus on three areas and developed action steps implementation, objectives, challenges, resources and timeframe. The HHS plan is listed below:

ADDRESSING THE CLAS STANDARD IN ASSISTING THE HEARING IMPAIRED	TIME FRAME	OBJECTIVES	CHALLENGES	RESOURCE	DATE COMPLETED
Identify the group using full implementation	December 2020	Learn from the 42% of implementation practice as model practice	Will the survey identify which are these groups or do we determine any other way	PD PQI team and program leaders	
Integrate with training on use of technology to assist the hearing impaired	January 2021 June 2021	Develop and Provide training to increase implementation of provision of hearing-impaired support services	Availability of participants and prioritizing groups	ONLINE TRAINING PROVIDED BY OQI Participant for scheduling Materials needed to develop online training	
Measure the effect of implementation the next three months, quarterly, annually	Feb-April 2021 July 2021 October 2021	Determine the sustainability of effective use of new technology	Identify barriers of implementation and resolution to move forward	Professional Development PQI supervisors/managers/frontline field implementers	

ADDRESSING THE CLAS STANDARD FOR THE UNDERSERVED POPULATION	TIME FRAME	OBJECTIVES	CHALLENGES	RESOURCE	DATE COMPLETED
Identify the group using full implementation and have and review existing plan used and any updates made	February 2021	LEARN FROM THE 55% of sustained implementation of model PRACTICE	Will the survey identify which are these groups or do we determine any other way	OQI team and program leaders	
Share the template of a plan set target for every program for replication of a plan and full implementation	March 2021	Determine how many groups are in need to be provided the template or training; set an implementation schedule	Availability of participants and prioritizing groups; will there surface variety of underserved that will need to be addressed separately	MEETINGS/ TRAINING FACILITATED BY OQI - PQI Professional Development Team Participants for scheduling	

				Materials needed to develop online training	
Measure the effect of having a plan and full implementation the next three months, quarterly and annually	April-June 2021 September 2021 December 2021	Determine the effective use of implementation across programs	Identify barriers of implementation and Resolution to move forward	OQI-Professional Development PQI front line implementers	

CLAS TO BE INCLUDED IN THE CUSTOMER SATISFACTION SURVEY	TIME FRAME	OBJECTIVES	CHALLENGES	RESOURCE	DATE COMPLETED
LEARN FROM THOSE WHO HAVE INCLUDED CLAS IN THEIR SATISFACTION SURVEY-	January 2021	To learn from a model satisfaction survey that can be replicated by the other programs who are not	Identifying those who are already using the satisfaction survey with CLAS questions integrated	OQI and program leaders	
SHARE TEMPLATE FOR THE REST OF THE PROGRAMS TO ADAPT ACCORDING TO THEIR CLIENT POPULATION	February 2021	To replicate satisfaction surveys that include CLAS	Establishing frequency of satisfaction survey and how to gather outcomes involving CLAS	All program implementers	
MEASURE THE EFFECT OF INTEGRATING CLAS INTO THE CUSTOMER SATISFACTION SURVEY	May-July 2021 October 2021 January 2022	Measure the increase in full implementation	Identify continued challenges that block use of inclusive of CLAS satisfaction surveys	OQI-Professional Development PQI and program implementers with their program leaders	

(c) Collaborative Efforts with Providers that Support the Implementation or Promotion of Evidence Based Practices for Individuals with Mental Illness and Substance Use Disorders

BCDH continues to work to support implementation and promotion of evidence-based practices to treat individuals with mental illness and substance use disorders. Medication assisted treatment is an effective evidence-based strategy to treat opioid use disorder that is identified as an important strategy to combat the opioid epidemic. BCDH continues to partner with office based buprenorphine providers to increase the availability of this treatment by providing education to prescribers and reducing barriers to service provision. BCDH has also developed a partnership with the Baltimore County Detention Center (BCDC) and their medical provider, PrimeCare, Inc., to begin providing buprenorphine treatment to individuals incarcerated at BCDC. This important partnership is expected to have a significant positive impact for the individuals involved in the program and for the

County as a whole. Peer recovery services are an additional evidence-based practice that is supported and employed by Baltimore County Department of Health. BCDH has partnered with local hospitals to provide support and assistance as they developed and implemented programs to integrate peer recovery support specialists in their Emergency Departments.

BBH/LBHA continues to provide technical assistance to People Encouraging People's Assertive Community Treatment (ACT) Team to support the evidenced-based practice in serving individuals in Baltimore County. Services are targeted to a specific group of individuals with severe mental illness whose needs typically have not been effectively addressed by traditional, less intensive services. Rather than brokering services, treatment, support and rehabilitation services are provided by the ACT team. Team members share responsibility for the individuals served by the team. The range of treatment and services is comprehensive, flexible and available 365/24/7. Services address medical, psychiatric, employment, housing and substance abuse. Almost all of the services provided take place in the community, including engagement, support, treatment and skills training. The referrals for ACT services come from State hospitals, acute hospitals for individuals with multiple admissions or multiple ER visits, jail/prison, parole and probation, community mental health providers, and agencies that serve persons with co-occurring substance use disorders.

The BBH LBHA continues to work collaboratively with the Supported Employment (SE) providers in Baltimore County. There are currently six non-Evidenced Based Practice (EBP) SE providers who have submitted authorization requests: Advantage Psychiatric Services, LLC., Conversion Health System, LLC., STEP/Goodwill Industries of the Chesapeake, Inc; Jewish Community Services, Johns Hopkins Bayview, Prologue Inc., and, as well as three EBP providers: Mosaic, Humanin (Columbia location), and Waystation. BBH/LBHA continue to meet with SE providers to provide support and discuss any SE issues, as well as encourage them to pursue EBP status.

In partnership with the Local Management Board, the LBHA continues the implementation of the Multisystemic Therapy (MST) – Emerging Adult (EA) program for the transition age youth group. MST-EA is an adaptation of standard MST, an evidence-based treatment with decades of research supporting its effectiveness with juvenile justice populations. MST-EA addresses factors that are the most likely causes of behavioral, mental health, and substance abuse problems in young adults. Program outcomes include: significant reductions in criminal charges and mental health symptoms, significant reductions in deviant peer involvement, reduced substance use, reduced placement in out-of-home settings and improved rates of employment. The program serves young adults who are ages 17 to 24. Referrals are received from Department of Social Services, Department of Juvenile Services and the Detention Center.

(d) Provide a brief description of your MH and SRD prevention promotion and awareness activities in FY 20.

A Baltimore County community needs assessment revealed that youth regard marijuana as much easier for them to obtain than alcohol and do not recognize any risk or harm related to marijuana use. The Prevention team has released a Request for Proposals for a marijuana prevention campaign for youth, young adults and their parents. The Prevention team continued efforts to train alcohol retailers and the public on safe disposal of medications.

Substance Use Prevention, Trainings and Resources

- 2 national events promoted
- 4 campaign messages shared regarding alcohol and marijuana
- 903 survey responses received
- 19 youth participated in the All Stars program
- 46 parents registered for Active Parenting
- After Prom events were cancelled due to Covid
- 208 Police compliance checks at alcohol retailers
- 2 Compliance to alcohol laws details conducted
- 30 alcohol licensees participated in TIPS training
- 55 high priority visits to dispensers
- 325 Prescription Drug Storage and Disposal letters Sent
- 4 Pain Management Alternatives messages distributed
- 4 “Ask Your Doctor” Pain management messages

3. Sub Grantee Monitoring

(a) Describe how you will monitor sub-grantees and/or other service providers’ compliance with Conditions of Award.

BBH/LBHA uses the Department of Health *Standards for Audit of Human Services Sub-Vendors* as a guide for the completion of audits.

The Bureau has specific teams dedicated to the monitoring of sub grantee contracts and service provider compliance. The contract monitor and Provider Relations and Compliance staff is responsible for ensuring sub grantee contract compliance for program outcomes. The Fiscal team is responsible for ensuring the sub grantee fiscal compliance.

BBH/LBHA provides technical assistance to sub-contractors as needed. An independent consultant does an internal audit of the Conditions of Award (COA) for every contract, at least annually. Results of the audit are reported to fiscal staff. Any compliance issues are noted and immediately addressed, which, due to the extensive oversight, are often small, or the BBH/LBHA is already working with the provider to correct the situation.

Each year, sub grantees are sent a copy of the Master Agreement for grant funding, which details the level of funding for the services provided. Sub grantees are instructed to review the documents.

Each contracted provider with a cost reimbursement contract is required to complete a Contract Performance Report form every quarter. The report includes sections for the provider to document their quarterly progress on performance measures and provide a narrative description of their quarterly progress. The Program Manager monitoring the program reviews the report and it is forwarded to the Program Manager of Contracts/Provider Relations and Compliance and the Fiscal Manager.

In order to assure program compliance with the Conditions of Award, visits for sub grantees are completed by the Provider Relations & Compliance staff and the staff member assigned to program management. Provider programs are required by the State to be accredited by a national accreditation organization and be licensed in order to operate. BBH/LBHA verifies that programs are in good standing with the State and accreditation organization. The monitoring visits for the cost-reimbursement contracts are completed every other year. These site visits include a review of the following: compliance with Conditions of Award, selected COMAR regulations, process and outcome measures and utilization rates. The Bureau maintains a copy of the results of the site visit in our contract file. Monitoring of fee-for-service or fixed price contracts are completed through a different process, which is dependent on the type of contract, funding level of the contract, and conditions of award. BBH/LBHA completes verification of program performance through different monitoring activities including: ongoing review of invoices, completion of application for funds, and receipt of progress summaries. In addition, BBH/LBHA is in regular contact with programs to ensure program compliance and to verify that funds are being used as intended.

G. Data and Planning

FY 2020 Suicide Prevention Efforts

According to the Health Services Cost Review Commission and CRISP, in Fiscal Year 2020 38,749 individuals accessed inpatient and/or emergency department care due to concerns related to suicide and intentional self-harm. 5,513 (14%) of those individuals were Baltimore County residents. 4,048 (73%) of those Baltimore County residents received Medicaid/Medicare. The largest age group observed was individuals ages 18-24 representing 12.7% of visits (Appendix A). Identified sex at birth was nearly even with 51% male and 49% female, while 57% identified as white and 37% as African American (Appendix B). The Maryland Department of Health, Vital Statistics Administration also provided data which showed an upward trend in intentional self-Harm (Suicide) by individuals ages 10-19 from 2005 to 2018 (Appendix C/D).

During Fiscal Year 2020 Baltimore County's Child Fatality Review (CFR) members came together to discuss an identified increase in youth suicide deaths at the local level over recent years. A CFR work group was developed to review data and existing supports at the local level and discuss ways to address this increase in suicide case reviews across all racial groups. A review of data found in 2017, Baltimore County CFR case reviews for youth suicide surpassed both homicide (6) and accidental (4) manner of deaths. From 2015-2019, the black youth suicide trend line indicated an increase above the white youth suicide trend line, which was also a new occurrence (Appendix E).

Finally, an analysis of the 2013-2016 Youth Risk Behavior Survey (YRBS) was completed focusing on "Considered Attempt" (Appendix F/G). A review of the 2018 YRBS data for Baltimore County youth was later facilitated indicating the following:

- Middle school students, grades 6-8, reported:
 - 25.4% have felt sad or hopeless almost every day for more than two weeks
 - 23.5% have seriously thought about killing themselves
 - 14.1% made a plan about how they would attempt suicide
 - 9.2% have tried to kill themselves
 - 14.1% do not have an adult outside of school they can talk to about things that are important to them
- High school students, grades 9-12, reported:
 - 33.7% have felt sad or hopeless almost every day for more than two weeks
 - 17.1% seriously considered attempting suicide
 - 16.4% made a plan about how they would attempt suicide
 - 24.9% noted besides their parents they have no other adults they would feel comfortable seeking help from with an important question affecting their life

As a result of the discussions and data analysis, the *Baltimore County Youth Suicide Prevention: A Call to Action Report and Recommendations* was published. The Report and Recommendations included an assessment of current prevention efforts with concrete recommendations and next steps. With the support of the Local Management Board (LMB) a competitive procurement was facilitated (NO. P-267) during Fiscal Year 2021 to seek

contractual support for a qualified meeting facilitator and writer to assist in the development of a needs assessment and strategic plan to guide the creation of a Youth Suicide Prevention Initiative for Baltimore County over an 8-10 month period as recommended by the Report. A sub-vendor has been selected and the finalization of a contract is underway. In addition, a BBH vacancy was shifted from Social Worker II to Social Worker II- Suicide Prevention Coordinator to support the ongoing efforts related to the Report and Recommendations. Heather Dewey, LCSW-C was brought on to fill this vacancy effective August 2020.

Since August 2020, many activities have been underway to lay the groundwork for the future arrival of the LMB sub-vendor and begin implementation of Level I prevention efforts related to suicide. These activities have included participation in 2020 Suicide Prevention Month, 2020 Suicide Loss Survivors Day, promotion of Question, Persuade, Refer (QPR) trainings via social media and updating marketing materials to support outreach efforts related to Baltimore County's Crisis Response System (BCCRS) 24/7/365 Hotline. The current primary priority for activities in Baltimore County is developing a strategic plan. The BCDH is being cautious of initiating new initiatives before the finalization of a plan as the process will ensure community feedback. This is a key element to ensure equitable planning and community buy in to the final plan. Without community voice, to include adults, youth, black community members and organizations, faith centers and organizations, caregivers, etc. we cannot ensure the planning process and final plan will effectively support and serve community members disproportionately impacted by social determinants of health and suicide loss.

A secondary priority has been the further receipt and analysis of Baltimore County specific data related to deaths by suicide. While detailed data is available for youth due to the Child Fatality Review's operation, limited data with the same level of detail is available for adult residents. Partnership development with the Baltimore County Police Department and other data sources are underway and will also be a focus of the strategic planning process. The gathering of other data, such as the 2020 District Court of Maryland- Extreme Risk Protection Order (ERPO) Activity Report (Appendix H), has also begun to set a baseline for comparison over future Fiscal Years.

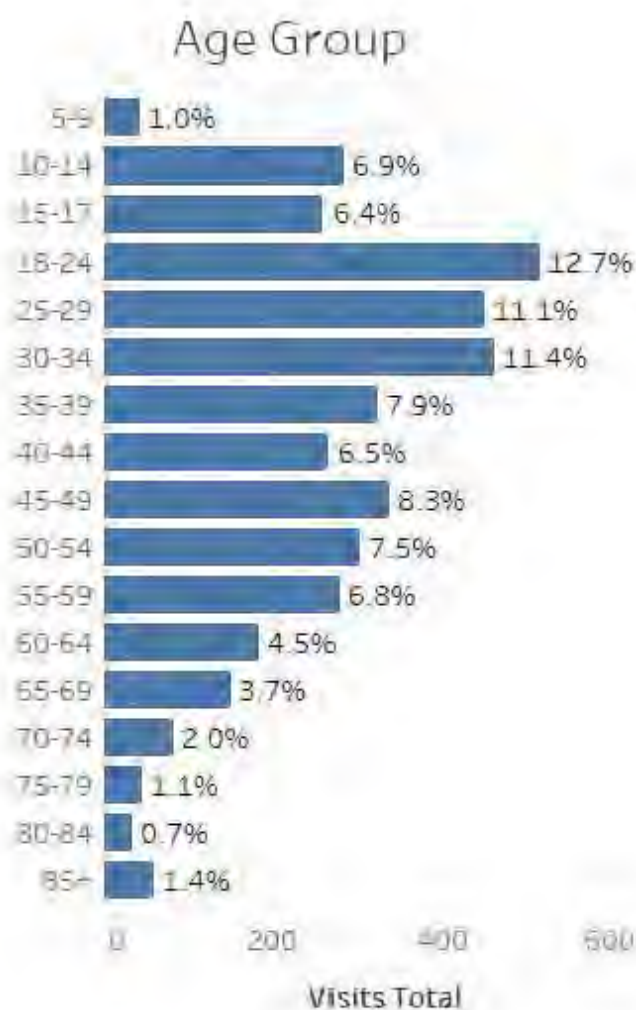
Questions have also been raised about the potential impact of COVID-19 on the behavioral health and well-being of Baltimore County residents. Dr. Christine Moutier, the Chief Medical Officer of the American Foundation for Suicide Prevention released this statement addressing some of these questions: "As the nation's largest suicide prevention organization, we know that suicide is complex and has many factors. What we also must remember is that while increased stress can contribute to feelings of depression and anxiety, that mental health distress is linked but also distinct from suicide. Suicide is complex and not solely attributable to these factors, but rather, a convergence of biological, environmental and other risk factors in one's history. We do not yet have national suicide data during most of the COVID-19 pandemic...Emerging data from several countries show no evidence of increased suicide rates during the first few months of the pandemic."

While we are still waiting to determine the impact of COVID-19 on behavioral health and wellbeing, a review of ESSENCE (Electronic Surveillance System for the Early Notification of

Community-based Epidemics) data does lead us to question the impact of COVID-19 on individuals' willingness to seek medical attention during instances of suicidal ideation (Appendix I-M). The data indicated for Fiscal Year 2020 has noted a decrease in reported suicidal ideation for Baltimore County residents (-40.98%). BBH will continue to monitor this data, in the context of other indicators, to determine if the reduction in ideation is a true reflection of resident experiences or reflection of restraint in seeking care.

Appendix A¹

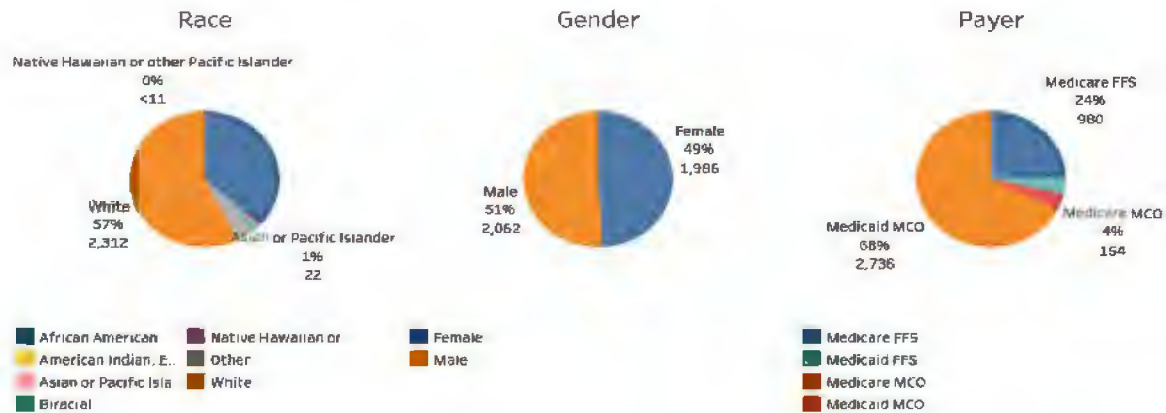
Baltimore County Resident Inpatient/Emergency Department Visits Related to Suicide and intentional Self Harm by Age



¹ THIS REPORT WAS PRODUCED USING PROPRIETARY COMPUTER SOFTWARE CREATED, OWNED AND LICENSED BY THE 3M COMPANY. FURTHER DISTRIBUTION OF REPORTS THAT CONTAIN PATIENT AND/OR CODE LEVEL DATA IS NOT PERMITTED WITHOUT ADVANCED WRITTEN APPROVAL BY 3M. ALL COPYRIGHTS IN AND TO THE 3M™ SOFTWARE (INCLUDING THE SELECTION, COORDINATION AND ARRANGEMENT OF ALL CODES) ARE OWNED BY 3M. ALL RIGHTS RESERVED.

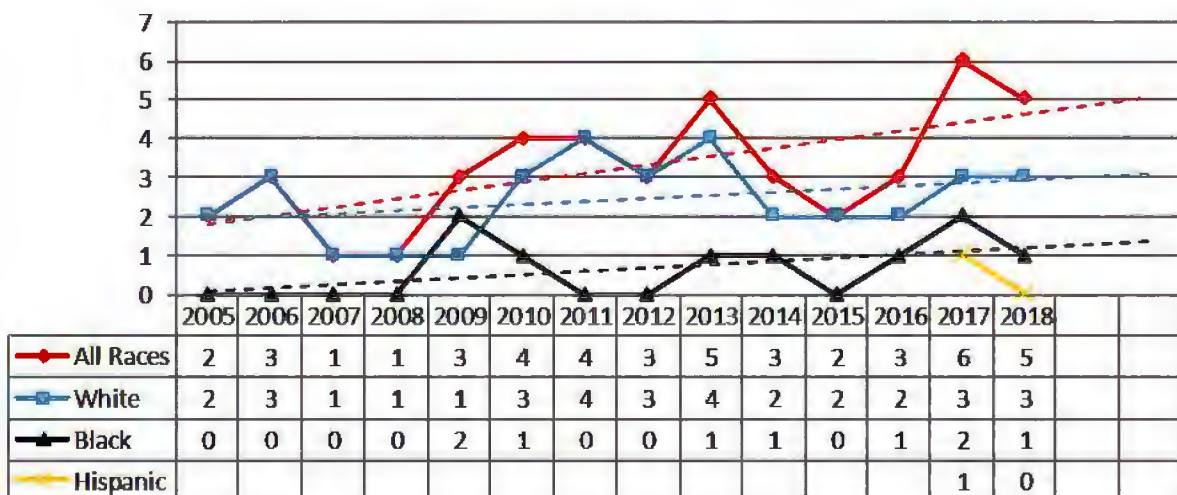
Appendix B²

Baltimore County Resident Inpatient/Emergency Department Visits Related to Suicide and intentional Self Harm by Race, Gender and Payer



Appendix C³

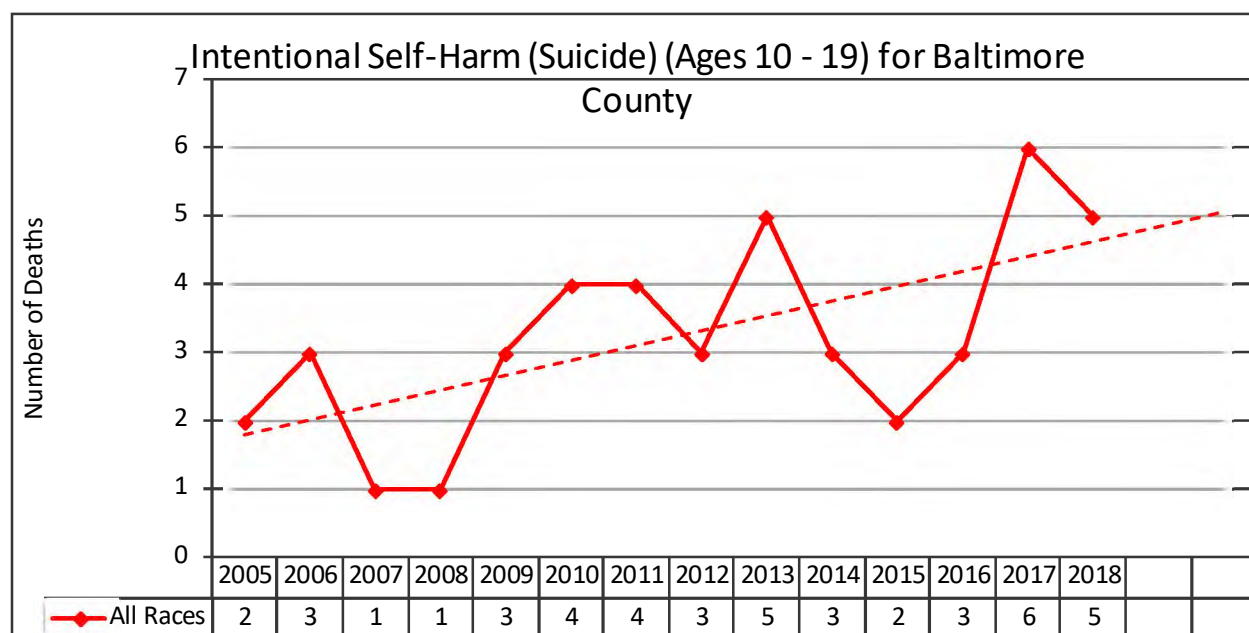
Intentional Self-Harm (Suicide) by Race (Ages 10 - 19) for Baltimore County



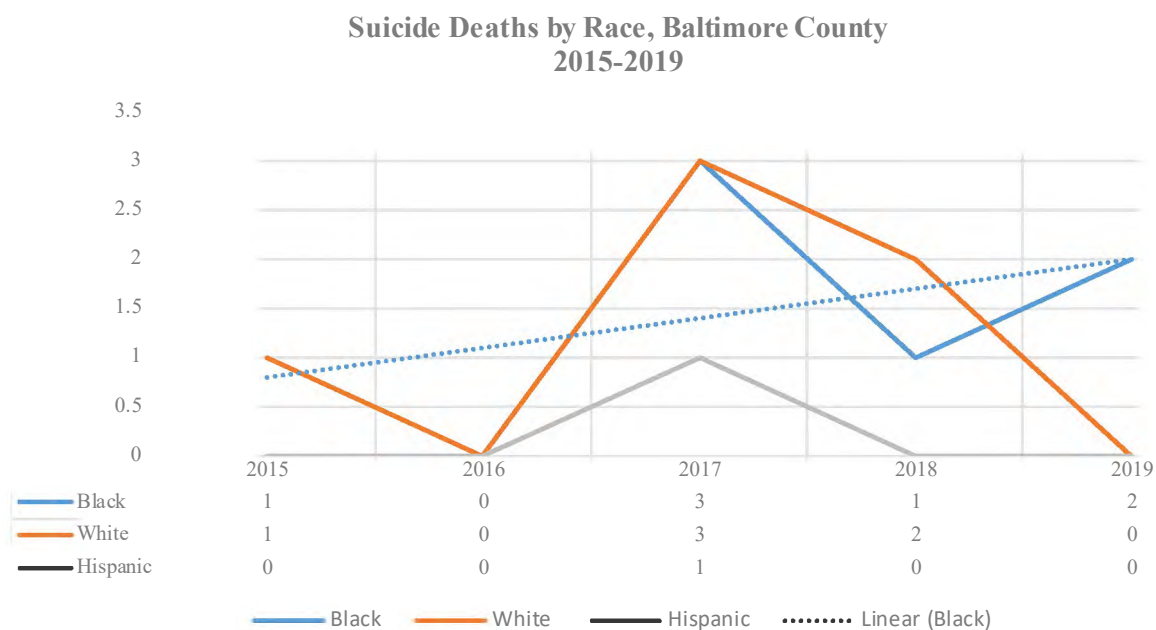
² THIS REPORT WAS PRODUCED USING PROPRIETARY COMPUTER SOFTWARE CREATED, OWNED AND LICENSED BY THE 3M COMPANY. FURTHER DISTRIBUTION OF REPORTS THAT CONTAIN PATIENT AND/OR CODE LEVEL DATA IS NOT PERMITTED WITHOUT ADVANCED WRITTEN APPROVAL BY 3M. ALL COPYRIGHTS IN AND TO THE 3M™ SOFTWARE (INCLUDING THE SELECTION, COORDINATION AND ARRANGEMENT OF ALL CODES) ARE OWNED BY 3M. ALL RIGHTS RESERVED.

³ Maryland Department of Health, Vital Statistics Administration

Appendix D⁴



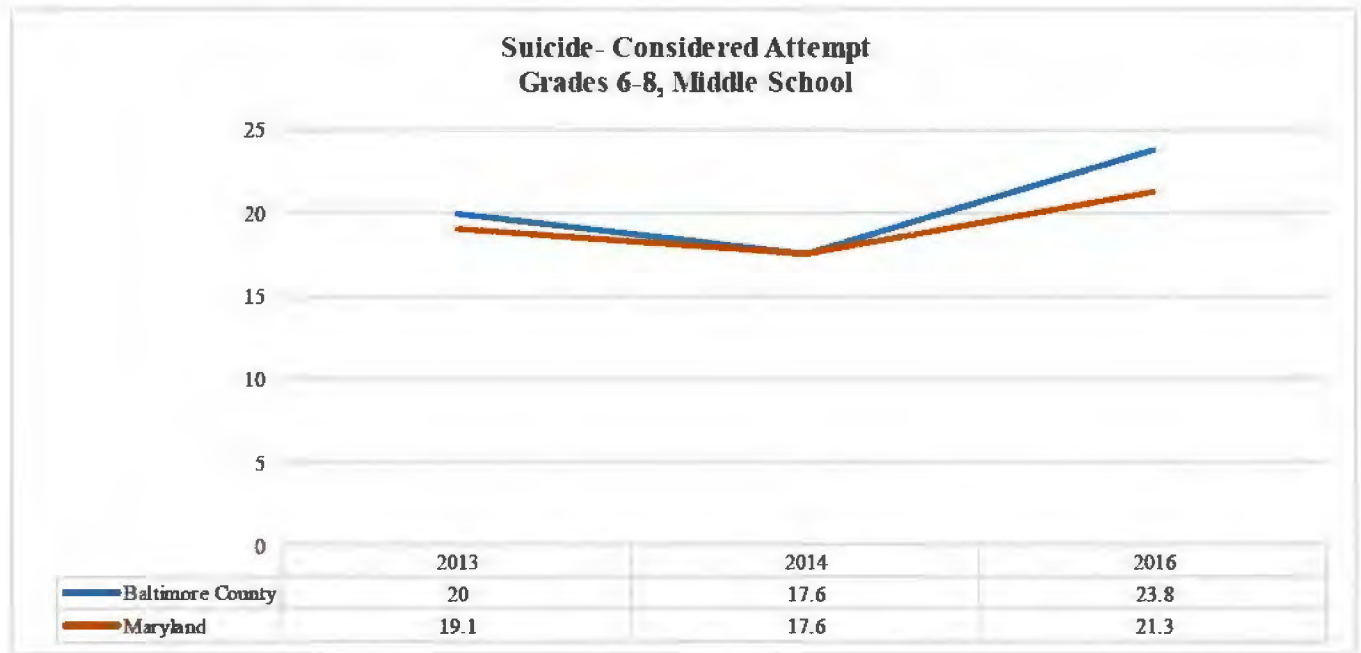
Appendix E⁵



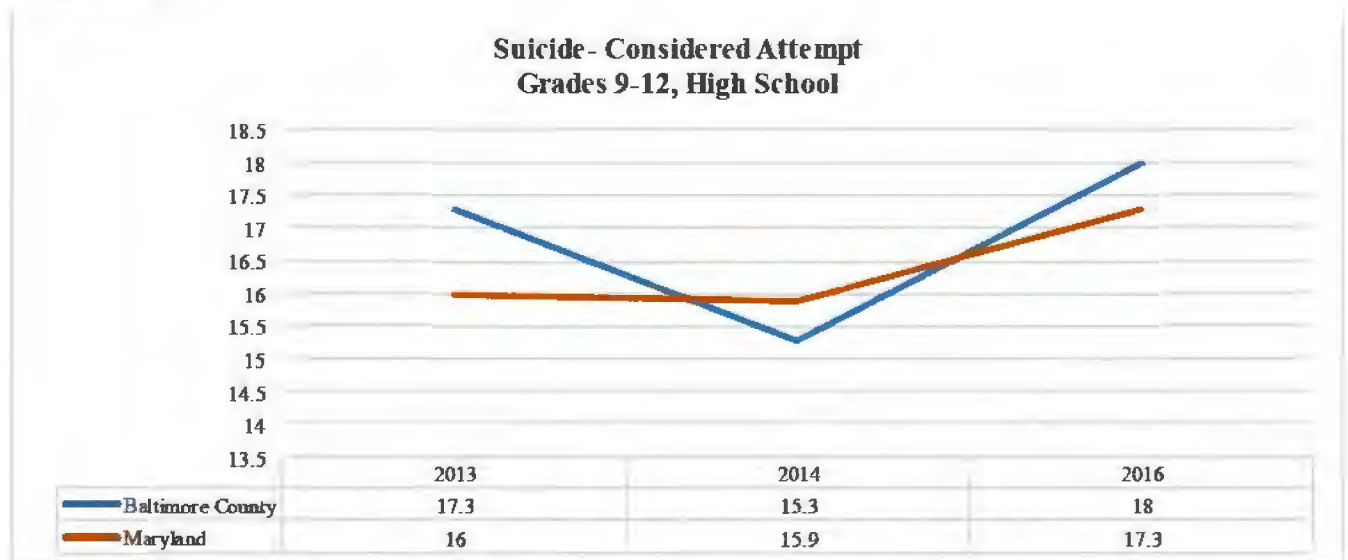
⁴ Maryland Department of Health, Vital Statistics Administration

⁵ Baltimore County Child Fatality Review

Appendix F⁶



Appendix G⁷



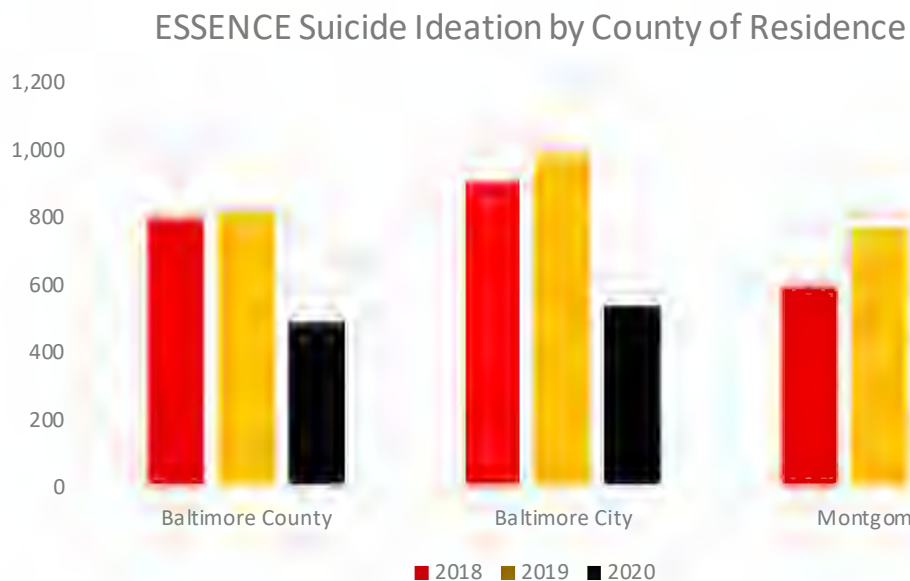
⁶ Maryland Department of Health, Maryland Youth Risk Behavior Survey; Definition: % of students who ever seriously thought about killing themselves.

⁷ Maryland Department of Health, Maryland Youth Risk Behavior Survey; Definition: % of students who ever seriously thought about killing themselves.

Appendix H⁸



Appendix I⁹

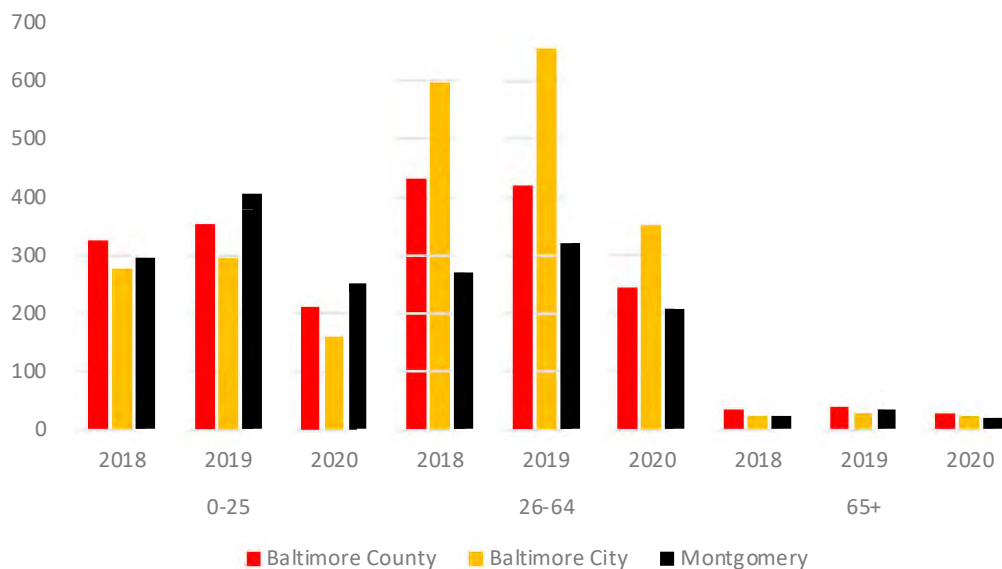


⁸ 2020 District Court of Maryland- Extreme Risk Protection Order (ERPO) Activity Report

⁹ Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE). Baltimore, MD: Maryland Department of Health; October 31, 2020.

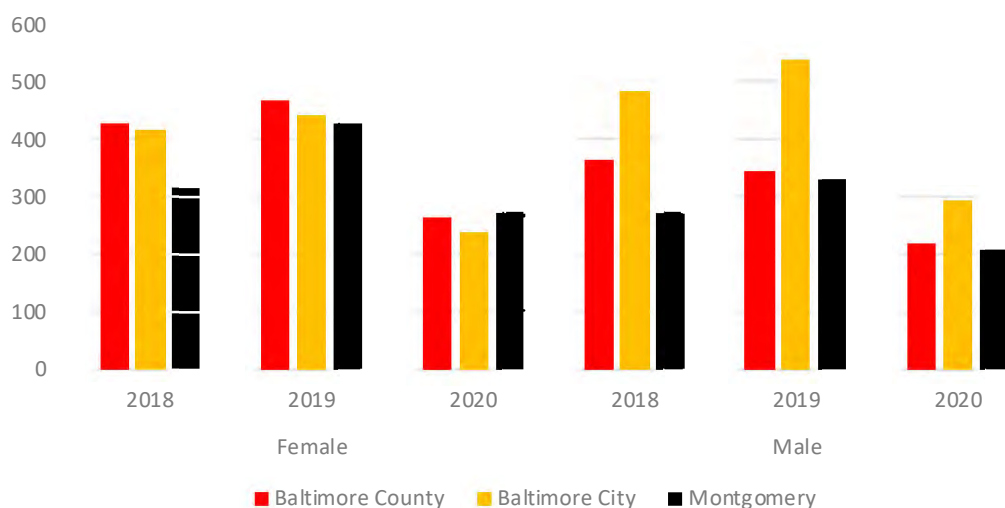
Appendix J¹⁰

ESSENCE Suicide Ideation Presentations by County of Residence/Age Group



Appendix K¹¹

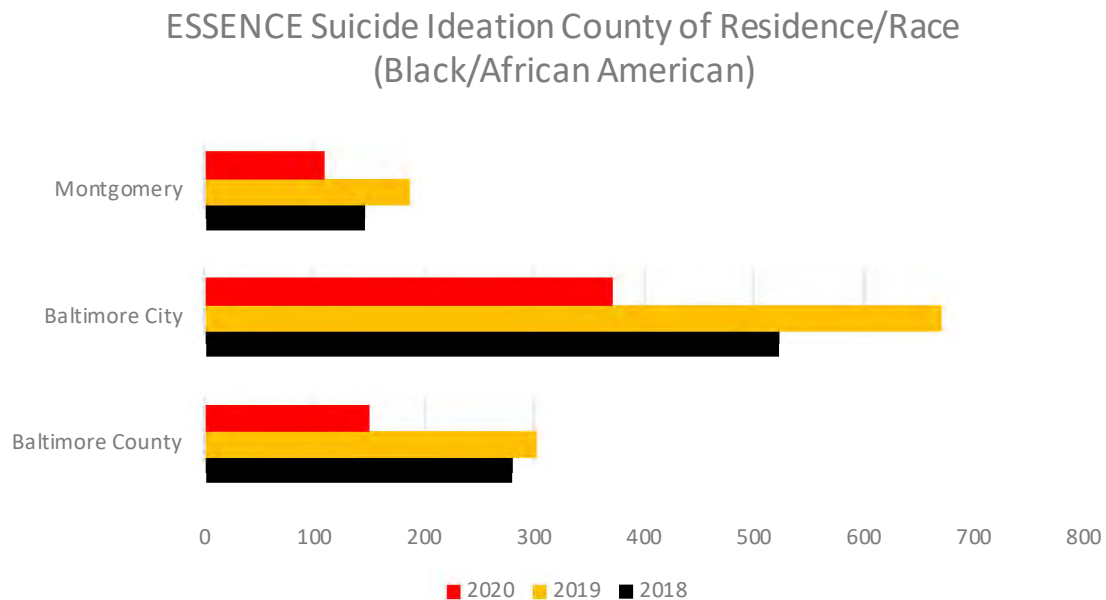
ESSENCE Suicide Ideation by County of Residence/Sex at Birth



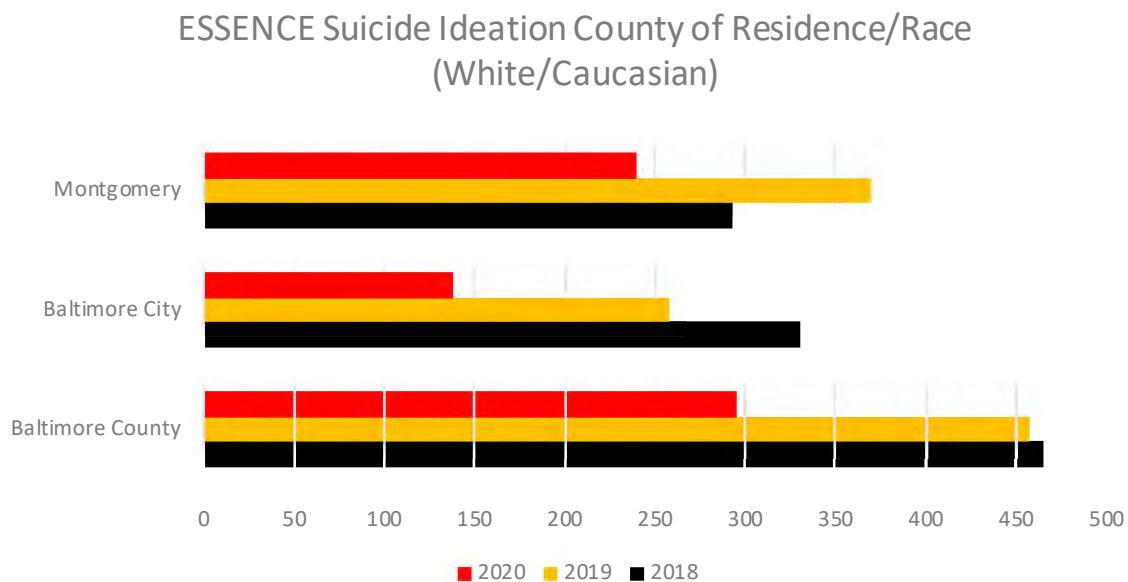
¹⁰ Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE). Baltimore, MD: Maryland Department of Health; October 31, 2020.

¹¹ Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE). Baltimore, MD: Maryland Department of Health; October 31, 2020.

Appendix L¹²



Appendix M¹³



¹² Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE). Baltimore, MD: Maryland Department of Health; October 31, 2020.

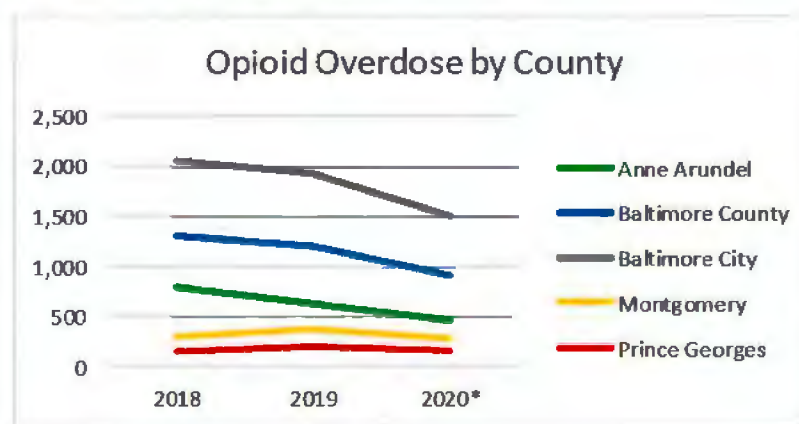
¹³ Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE). Baltimore, MD: Maryland Department of Health; October 31, 2020.

Baltimore County Overdose Data – Annual Plan 2020

Opioid Overdose by County

Data Source: ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics) are data from MD's Emergency Departments (EDs) and selected Urgent Care facilities that log individuals presenting in the EDs with defined syndromes, or chief complaints. This data was pulled utilizing a standardized query set to return results on all overdoses involving opioids. Query results exclude those overdoses that were a result of intentional self-harm. Results are derived based on presenting chief complaints and not solely diagnostic codes.

Data for CY2020 is based through 10/31/2020.



Initially, this data appears to suggest that the number of overdoses involving opioids were declining in the counties included in this chart during the period from 2018 – 2020. However, ESSENCE data also indicates that total ED visits in Maryland for all conditions began declining in mid-to-late March 2020. This decline was likely due to individuals avoiding EDs for fear of contracting the COVID-19 virus or concern about overburdening the health care system. We see this overall decrease reflected in the decrease in non-fatal opioid-related ED visits during the first half of 2020 according to ESSENCE data.

Figure 7. Non-fatal Opioid-Related ED Visits
*First and Second Calendar Quarters, 2018 through 2020**



(Maryland Opioid Operational Command Center, 2020 Second Quarter Report; April 1, 2020 – June 30, 2020, Released: September 22, 2020)

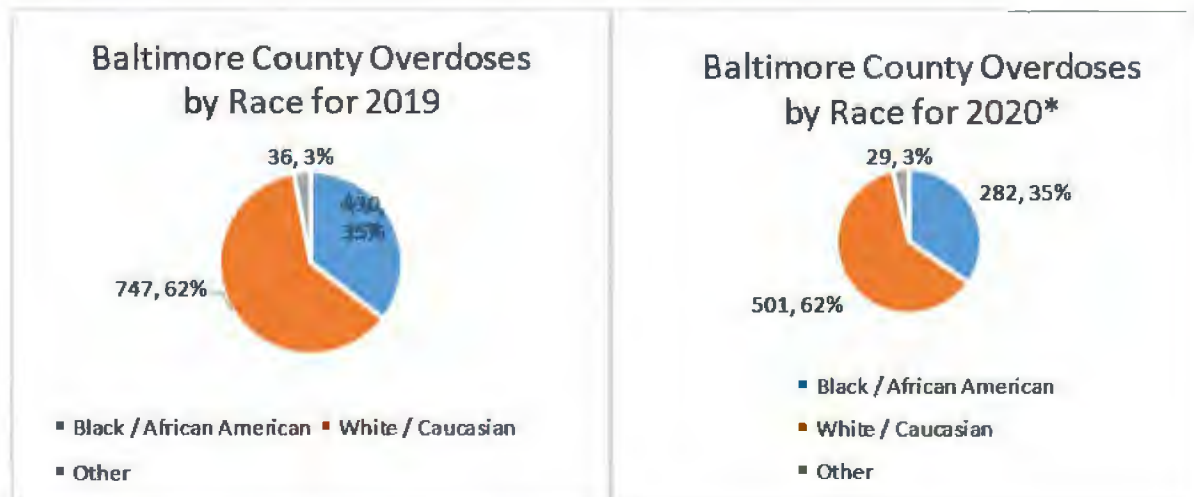
This data, when considered in relationship to other data for opioid-related intoxication deaths provided by the Vital Statistics Administration (VSA) of the Maryland Department of Health (MDH) and released in the Maryland Opioid Operational Command Center (OCCC) 2020 Second Quarter Report, suggests that the number of opioid overdoses occurring in Baltimore County have increased slightly during the time period of this annual plan, but that the COVID-19 epidemic has impacted how individuals seek care when they experience an overdose.

**Table 1. Opioid-Related Intoxication Deaths by County
Through Second Calendar Quarter, 2020***

County	2019	2020	Difference	Percent Difference	County	2019	2020	Difference	Percent Difference
Allegany	13	20	7	53.8%	Harford	38	33	(5)	(13.2%)
Anne Arundel	93	101	8	8.6%	Howard	14	26	12	85.7%
Baltimore City	462	427	(35)	(7.6%)	Kent	6	2	(4)	(66.7%)
Baltimore Co.	171	176	5	2.9%	Montgomery	38	51	13	34.2%
Calvert	13	11	(2)	(15.4%)	Prince George's	37	87	50	135.1%
Caroline	7	8	1	14.3%	Queen Anne's	8	6	(2)	(25.0%)
Carroll	24	20	(4)	(16.7%)	Somerset	1	7	6	600.0%
Cecil	24	43	19	79.2%	St. Mary's	12	12	0	0.0%
Charles	12	17	5	41.7%	Talbot	9	7	(2)	(22.2%)
Dorchester	5	10	5	100.0%	Washington	39	57	18	46.2%
Frederick	33	34	1	3.0%	Wicomico	15	15	0	0.0%
Garrett	2	3	1	50.0%	Worcester	9	14	5	55.6%
Statewide Total						1,085	1,187	102	9.4%

(Maryland Opioid Operational Command Center, 2020 Second Quarter Report; April 1, 2020 – June 30, 2020, Released: September 22, 2020)

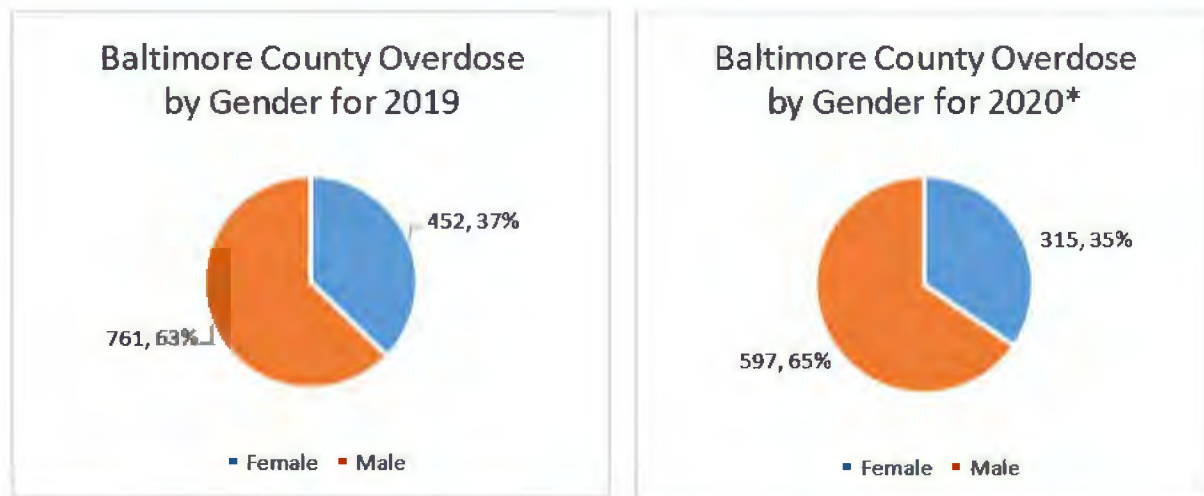
ESSENCE Baltimore County Opioid Overdose Presentations for Calendar Years 2019 and 2020 by Race



**2020 data is through October 31, 2020

ESSENCE data indicates that distribution of overdoses by race has remained consistent between 2019 and the period of time examined in 2020. MDH Vital Statistics Administration information in 2017 indicated that Baltimore County's general population is 58% white and 29% African American. These statistics indicate that the County's white population has historically been more heavily impacted by the opioid epidemic (58% of the population represents 62% of opioid related overdoses).

ESSENCE Baltimore County Opioid Overdose Presentations for Calendar Years 2019 and 2020 by Gender



**2020 data is through October 31, 2020

ESSENCE data indicates that the distribution of overdoses by Gender has also remained consistent between 2019 and the period of time examined in 2020. MDH Vital Statistics Administration information in 2017 indicated that Baltimore County's general population is 47% male and 53% female, but males have represented 63% of opioid related overdoses in 2019 and 65% of opioid related overdoses during 2020).

FY 2022 Goals

Baltimore County is in the process of updating the Bureau of Behavioral Health goals. As a result of the re-organization within the Department of Health and the Bureau, we are making changes to reflect the programs that are now integrated into the Bureau. As a part of the process, we are working with a consultant to assist in the development of the goals and outcomes.

Baltimore County Behavioral Health Advisory Council

PLAN APPROVAL REQUIREMENT

In December of 2018, The Baltimore County Behavioral Health Advisory Council (BHAC) combined the Mental Health Advisory Council (MHAC) and the local Drug and Alcohol Abuse Advisory Council (DAAC). The BHAC membership includes representation from, community partners and providers, county agencies, consumer advocates, individuals, family members and staff of the Bureau of Behavioral Health (BBH).

BHAC members actively introduce and discuss behavioral health issues of concern and participate in developing responses and recommendations related to these issues. Behavioral Health staff present relevant data to the members as do the Ex-Officio members from various partner agencies. Members' participation in discussion and planning, guides the development of BBH/LBHA's jurisdictional strategies and monitoring of the behavioral health system.

Please refer to the attached letter affirming the review and approval of the BBH/LBHA FY 2022 Program Plan and FY 2020 Report by the Baltimore County Behavioral Health Advisory Council.



Chun

and finally:

February 12, 2021

Allya C. Jones, M.D., Deputy Secretary of Behavioral Health
Maryland Department of Health
Behavioral Health Administration
Dix, Mitchell and Vocational Rehabilitation Buildings
55 Wade Avenue
Catonsville, Maryland 21228

Dear Dr. Jones:

Please accept this letter of support for the Baltimore County Bureau of Behavioral Health/Local Behavioral Health Authority's FY 2022 Annual Plan and FY 2020 Report from the Baltimore County Behavioral Health Advisory Council.

The Behavioral Health Advisory Council (BHAC) is comprised of consumers, family members of consumers, community behavioral health providers, physicians, and other behavioral health stakeholders in Baltimore County. There are seven voting members based in statute. BHAC meetings are open to the public, and over 30 people typically attend. The Council meets monthly, and a presenter is invited to provide new information and perspective. Among our guests were Steve Schuh, John Okzewski, Melissa Hyatt, David Fakunle, and Tricia Christensen. Meetings provide the opportunity to review challenges and successes and to share resources. Legislation affecting the behavioral health community is discussed, and recommendations are sent to the County Executive.

The Baltimore County Behavioral Health Advisory Council participated in the Department of Health's Local Health Improvement Coalition's three year Community Health Needs Assessment and have identified the following priority needs for Baltimore County including:

- 24/7 Crisis Stabilization facility
- Housing supporting people with behavioral health needs
- Recovery Housing for people with substance use disorders

Thank you for the Behavioral Health Administration's continued support of Baltimore County residents through collaboration and funding.

Sincerely,

Oliver Morison

Dan Mufheim, M.D.
Oregon

[illegible]



Subject	Behavioral Health Advisory Council Meeting (BHAC)	Date	2/12/2021
Facilitator	Dan Morhaim, Chair	Time	8:30 a.m.
Location	Zoom Meeting	Scribe	Brandi Miller

Attendees on call: Elise Andrews, Vicki Bodison, Carol Boyer, Linda Bryan, Denise Camp, Charlotte Crenson, Shakima Davey, Heather Dewey, **Celena Falline**, **Sheldon Glass**, Tiffany Hall, Stephanie House, Martine Jean-Baptiste, Gloria Kelly, Stan Lacienski, Mary Leslie, Pat Miedusiewski, Brandi Miller, Michelle Mills, **Dan Morhaim**, Lee Ohnmacht, **Allison Paladino**, Amy Park, Joan Parr, William Patten, Asia Ray, **Tim Santoni**, Bryan Shanks, Clarissa Taylor-Jackson, Nicole Torbit, John Worden

No.	Topic	Highlights	Action Plan
1.	Review of minutes from January	Approved.	
2.	Discussion with Asia Ray from Gaudenzia	Overview of services offered at Gaudenzia. Primary substance abuse, but also co-occurring and crisis management. Adults only. Currently 46 day average stay. Accept Medicaid and commercial insurances. No COVID outbreaks.	Asia Ray, Program Director aray@gaudenzia.org 443-680-0937 Keith Haynie, Community Liaison khaynie@gaudenzia.org 410-938-7661
3.	BBH Annual Plan Review	Overview and highlights of BBH Annual plan by Stephanie House, Lee Ohnmacht and budget review by Joyce Beverly.	Dan made a motion to accept the plan. No objections.

4.	Suicide Prevention Workgroup	Meeting next Friday from 12 – 1 with consultants Eileen and Greg. Vendor has been selected. Going through IRB process. Pat asked about 988 crisis number. Maryland has 211, press 1.	Email Heather Dewey if interested in joining. hdewey@baltimorecountymd.gov
5.	Updates	Denise: Stigma In Our Work, In Our Lives Workshop. Distorted Perceptions website for anti-stigma materials. Clarissa: 2/18 Advocacy Day. Heather: Suicide Prevention Training: Recognize, Ask, Care, Encourage 30 minute free training. Elise: OD2A working on anti-stigma campaign. Vicki: BCPS re-entry plan. Martine: Continuing virtual naloxone trainings and MAT training. Hub and Spoke pilot in early implementation phase.	Brandi to email list of links from chat.
		Meeting adjourned at 9:57 a.m. Next meeting Friday, March 12, 2021 (virtual) GBRICS and school update by Vicki.	

Baltimore County Behavioral Health Advisory Council - February 2021



First Name	Last Name	Agency	Phone Number	E-mail	Initial
Cydnei	Alexander	Local Management Board		calexander@baltimorecountymd.gov	
Elise	Andrews	Bureau of Behavioral Health	(410) 887-3828	eadrews@baltimorecountymd.gov	
Diana	Anthony	One Voice/On Our Own	(410) 402-4018	ladydi1953429@gmail.com	
Kristin	Athey	Bureau of Behavioral Health	(410) 887-3828	kathey@baltimorecountymd.gov	
Kristy	Blalock	Gaudenzia, Inc.	(443) 681-0776	kblalock@gaudenzia.org	
Bob	Blankfeld			rblank@comcast.net	
Vicki	Bodison	BCPS Psychologist		vbodison@bcps.org	
Gregory Wm.	Branch, M.D., MBA, CPE, FACP	Department of Health & Human Services	(410) 887-2773	gbranch@baltimorecountymd.gov	
Eric	Bromwell	Coordinator	(410) 887-2450	ebromwell@baltimorecountymd.gov	
Renard	Brooks	Department of Corrections		rebrooks@baltimorecountymd.gov	
Linda	Bryan	Bureau of Behavioral Health	(410) 887-0572	lbryan@baltimorecountymd.gov	
Denise	Camp	On Our Own of MD	(410) 540-9020	denisec@onourownmd.org	
Charlotte	Crenson	Bureau of Behavioral Health	(410) 887-3828	ccrenson@baltimorecountymd.gov	
Heather	Dewey	Bureau of Behavioral Health	(410) 887-3828	hdewey@baltimorecountymd.gov	
Celena	Falline	Department of Juvenile Service	(410) 512-4051	fallinec@djs.state.md.us	
Arvella	Floyd	Gaudenzia, Inc.		afloyd@gaudenzia.org	
Nova	Getz	NAMI Baltimore		ngetz@namibaltimore.org	
Sheldon	Glass, M.D.	Med Mark Services, Inc.	(410) 484-2700	sglass1@jhu.edu	
Patricia	Goins-Johnson	Department of Corrections		pgoins-johnson@baltimorecountymd.gov	
Tiffany	Hall	On Our Own, Inc.	(410) 258-8451	epiphany.tiffany34@gmail.com	
Phyllis	Hall	Bureau of Behavioral Health	(410) 887-3828	phall@baltimorecountymd.gov	
Stephanie	House	Bureau of Behavioral Health	(410) 887-3828	shouse@baltimorecountymd.gov	
Dawn	Hurley	Lifebridge Health		dkhurley@lifebridgehealth.org	
Martine	Jean-Baptiste	Bureau of Behavioral Health	(410) 887-3828	mjean-baptiste@baltimorecountymd.gov	
Vicki	Keller	Bureau of Behavioral Health	(410) 887-3828	vkeller@baltimorecountymd.gov	
Gloria	Kelly	Retired RN	(410) 882-2875	g7kelly@yahoo.com	
Marci	Kogan	Catholic Charities	(667) 600-3074	mkogan1@cc-md.org	
Brian	Korzec	Martylog Wellness & Recovery Center	(410) 917-2702	briankorzec@prologueinc.org	
Della	Leister	Deputy Director of Health	(410) 887-2773	dleister@baltimorecountymd.gov	
Mary	Leslie	Local Management Board	(410) 887-2170	mleslie@baltimorecountymd.gov	
Dan	Martin	MHAMD		dmartin@mhmd.org	
Sharon	McClerman	Lifebridge Health	(410) 871-6776	smcclerman@carrollhospitalcenter.org	
Pat	Miedusiewski	Maryland Heroin Awareness Advocate	(410) 440-8102	pmiedusiewski@aol.com	
Brandi	Miller	Bureau of Behavioral Health	(410) 887-3578	bmiller@baltimorecountymd.gov	
Michelle	Mills, LCSW	Baltimore County Department of Aging	(410) 887-4202	mmills@baltimorecountymd.gov	
Dan	Morhaim	County Executive Appointment	(443) 801-6125	danmorhaim@gmail.com	
Morgan	Myers	Delphi Behavioral Health	(443) 966-5591	rmyers@delphihealthgroup.com	
Morgan	Myers	Delphi Behavioral Health	(443) 966-5591	morganmyers1993@gmail.com	
Donna	O'Brien	Bureau of Behavioral Health	(410) 887-3828	dobrien@baltimorecountymd.gov	
Lee	Ohnmacht	Bureau of Behavioral Health	(410) 887-3828	lohnmacht@baltimorecountymd.gov	
Allison	Paladino, LCSW-C	Baltimore County Crisis Response System	(410) 931-2116	apaladino@santegroup.org	
Amy	Park	Bureau of Behavioral Health	(410) 887-3828	apark@baltimorecountymd.gov	
Joan	Parr	BCPS Psychologist		jparr@bcps.org	
Yolanda	Rawlerson	Baltimore County Detention Center	(410) 512-3310	yrawlerson@baltimorecountymd.gov	
Shakima	Richardson	Bureau of Behavioral Health	(410) 887-3828	srichardson@baltimorecountymd.gov	
Marjorie	Rosensweig		(301) 460-1306	marjorierosensweig@gmail.com	
Tim	Santoni		(410) 666-7950	tsantoni11@gmail.com	
Donald	Schlimm	Local Management Board	(410) 887-8727	dschlimm@baltimorecountymd.gov	
Adrienne	Sesay			adesesay2018@gmail.com	
J. Bryan	Shanks	Baltimore County Police Department	(410) 409-0221	jshanks@baltimorecountymd.gov	
Tanya	Smith	Baltimore County Detention Center	(410) 512-3273	tdsmith@baltimorecountymd.gov	
Zach	Snitzer	Maryland Addiction Recovery Center	(410) 733-0500	zsnitzer@marylandaddictionrecovery.com	
Clarissa	Taylor-Jackson	NAMI Metro Baltimore	(410) 435-2600	ctaylorjackson@namibaltimore.org	
Nicole	Torbit	BCPS Nurse		ntorbit@bcps.org	
Erin	VanLuven	Kaiser Permanente	(410) 933-7765	erini.e.vanluven@kp.org	
Morgan	Welch			welchmm@outlook.com	
John	Worden	Baltimore County Police Department	(410) 887-8590	jworden@baltimorecountymd.gov	
Tony	Wright	On Our Own, Inc.	(443) 977-8127	tonyw21214@aol.com	

Voting Members: Sheldon Glass, M.D.; Allison Paladino, LCSW-C; Celena Falline; Tony Wright; Marci Kogan; Tim Santoni; and Dan Morhaim, M.D.

Acronym List

Every effort has been made to spell out each acronym used in this report at least once. A glossary has been included for the benefit of the reader.

ACE	Adverse Childhood Event
ACT	Assertive Community Treatment
ASO	Administrative Services Organization
ASP	After-school program
ATOD	Alcohol, Tobacco or Other Drugs
BBH	Bureau of Behavioral Health
BCCRS	Baltimore County Crisis Response System
BCDC	Baltimore County Detention Center
BCDH	Baltimore County Department of Health
BHA	Behavioral Health Administration
BHAC	Behavioral Health Advisory Council
C & A	Child and Adolescent
CAYA	Child, Adolescent and Young Adult
CARF	Commission on Accreditation of Rehabilitation Facilities
CISM	Critical Incident Stress Management
CON	Certificate of Need
CPRS	Certified Peer Recovery Specialist
CQT	Consumer Quality Team
CSA	Core Service Agency
CSI	Community Services Initiative or Community Solutions, Inc.
DOH	Department of Health
DJS	Department of Juvenile Services
DORS	Division of Rehabilitation Services
DSS	Department of Social Services
EBP	Evidence-Based Practice
EBP	Evidence-Based Program
ECMH	Early Childhood Mental Health
ED	Emergency Department
FFT	Functional Family Therapy
FTE	Full Time Equivalent
GOC	Governor's Office of Children
GOCCP	Governor's Office on Crime Control and Prevention
GST	Geriatric Service Team
HIPAA	Health Insurance Portability and Accountability Act
HRP	Harm Reduction Program
IAP	Intensive Aftercare Program
ICM	Intensive Case Management

IEP	Individual Education Plan
IHIP	In-home Intervention Program
IHIT	In-home Intervention Team
IOP	Intensive Outpatient Treatment
ISP	Immediate Services Program
LAA	Local Addictions Authority
LBHA	Local Behavioral Health Authority
LCT	Local Care Team
LEA	Local Education Agency
LMB	Local Management Board
MA	Medical Assistance/Medicaid
MABHA	Maryland Association of Behavioral Health Authorities
MAPPA	Maryland Association of Prevention Professionals and Advocates
MAT	Medication Assisted Treatment
MCCJTP	Maryland Community Criminal Justice Treatment Program
MCO	Managed Care Organization
MCT	Mobile Crisis Teams
MOU	Memorandum of Understanding
MST	Multisystemic Therapy
NAMI	National Alliance on Mental Illness
OHCQ	Office of Health Care Quality
OMHC	Outpatient Mental Health Center
OPS	Operations Center for the Baltimore County Crisis Response System
OTP	Opioid Treatment Program
PATH	Projects Assisting Transition from Homelessness
PBHS	Public Behavioral Health System
PRP	Psychiatric Rehabilitation Program
PRS	Peer Recovery Specialist
QA	Quality Assurance
QMB	Qualified Medicare Beneficiary
RCC	Recovery Community Center
RFP	Request for Proposals
ROSC	Recovery Oriented System of Care
RRP	Residential Rehabilitation Program
RTC	Residential Treatment Center
SAMHSA	Substance Abuse Mental Health Services Administration
SE	Supported Employment
SED	Serious Emotional Disorder
SEP	Supported Employment Program

SLMB	Special Low-Income Medicare Beneficiary
SMI	Serious Mental Illness
SOAR	Supplemental Social Security, Outreach, Access and Recovery
SRD	Substance Related Disorder
SSA	Social Security Administration
SSDI	Social Security Disability Insurance
SSI	Supplemental Security Income
SUD	Substance Use Disorder
TAMAR	Trauma, Addictions, Mental Health and Recovery
TAY	Transitional Age Youth
TBI	Traumatic Brain Injury
TBS	Therapeutic Behavior Support
TJC	The Joint Commission
UCC	Urgent Care Clinic
VPA	Voluntary Placement Agreement
WRAP	Wellness Recovery Action Plan