



BEHAVIORAL HEALTH ADMINISTRATION

draft 8.17.2020

FY 2020–2021
BEHAVIORAL HEALTH PLAN

A RECOVERY AND RESILIENCE-ORIENTED SYSTEM

LARRY HOGAN, GOVERNOR

BOYD K. RUTHERFORD, LIEUTENANT GOVERNOR

ROBERT R. NEALL, SECRETARY
MARYLAND DEPARTMENT OF HEALTH

ALIYA JONES, M.D., MBA
DEPUTY SECRETARY FOR BEHAVIORAL HEALTH
MARYLAND DEPARTMENT OF HEALTH
EXECUTIVE DIRECTOR
BEHAVIORAL HEALTH ADMINISTRATION

“The services and facilities of the Maryland Department of Health (MDH) are operated on a non-discriminatory basis. This policy prohibits discrimination on the basis of race, color, sex, or national origin and applies to the provisions of employment and granting of advantages, privileges, and accommodations.”

“The Department, in compliance with the Americans with Disabilities Act, ensures that qualified individuals with disabilities are given an opportunity to participate in and benefit from MDH services, programs, benefits, and employment opportunities.”

MARYLAND BEHAVIORAL HEALTH ADMINISTRATION

Spring Grove Hospital Center □ 55 Wade Avenue □ Dix Building
Catonsville, Maryland 21228
410.402.8300 □ FAX 410.402.8309 □ MD Relay 1.800.735.2258
<https://health.maryland>.

ACKNOWLEDGEMENTS

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

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

DRAFT

EXECUTIVE SUMMARY

PLACE HOLDER

DRAFT

FY 2020-2021 STATE BEHAVIORAL HEALTH PLAN

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

Vision Statement

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

Mission Statement

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

The values underpinning this system are:

(1) SUPPORTIVE OF HUMAN RIGHTS

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

(2) CULTURAL COMPETENCE AND ELIMINATION OF DISPARITIES

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

(3) RESPONSIVE SYSTEM

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

(4) EMPOWERMENT

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

(5) COMMUNITY EDUCATION

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

(6) FAMILY AND COMMUNITY SUPPORT

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

(7) LEAST RESTRICTIVE SETTING

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

(8) WORKING COLLABORATIVELY

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

(9) EFFECTIVE MANAGEMENT AND ACCOUNTABILITY

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

(10) LOCAL GOVERNANCE

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

(11) STAFF RESOURCES

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

LIST OF ACRONYMS

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

LDA	Local Designated Authorities (term refers to CSAs, LAAs and LBHAs)
LTSS	Long-Term Services and Supports
MA	Medical Assistance or Medicaid
MAT	Medication-Assisted Treatment
MCCJTP	Maryland Community Criminal Justice Treatment Program
MCO	Managed Care Organizations
MDH	Maryland Department of Health
ODD	Opioid Use Disorder
PASRR	Pre-admission Screening and Resident Review
PCCP	Person-Centered Care Planning
PBHS	Public Behavioral Health System
PRP	Psychiatric Rehabilitation Program
RACE	Recognize, Ask, Care, Encourage
ROSC	Recovery Oriented System of Care
SATS	Substance Abuse and Treatment Services Program
SE	Supported Employment
SRD	Substance Related Disorder
SUD	Substance Use disorder

SOR	State Opioid Response
START	Sobriety Treatment and Recovery Teams
TAMAR	Trauma, Addiction, Mental Health and Recovery
TMACT	Tool for Measurement of Assertive Community Treatment

DRAFT

Table of Contents

GOAL 1: INCREASE ACCESS TO CARE	11
OBJECTIVE 1.1 - Expand capacity of 24/7 Crisis Services	11
OBJECTIVE 1.2 - Expand the capacity of the Behavioral Health Workforce	12
OBJECTIVE 1.3 - Increase the use of Telehealth and other Information Technology applications	14
GOAL 2: IMPROVE QUALITY OF CARE IN THE PUBLIC BEHAVIORAL HEALTH SYSTEM (PBHS)	15
OBJECTIVE 2.1 - Improve Data Collection and Analysis Capabilities	15
OBJECTIVE 2.2 - Move to Measurement-Based Care	16
OBJECTIVE 2.3 - Increase support of Evidence-Based and Promising Practices	18
GOAL 3: IMPROVE COORDINATION OF CARE	20
OBJECTIVE 3.1 - Develop and Utilize an Integrated Systems Management Approach	20
OBJECTIVE 3.2 - Expand Recovery Services and Supports	21
GOAL 4: STRENGTHEN AND EXPAND SUICIDE PREVENTION PROGRAMS	23
OBJECTIVE 4.1 - Continue to develop, implement, and monitor effective programs that promote wellness and prevent suicide and related behaviors.	23
OBJECTIVE 4.2 - Promote efforts to reduce access to lethal means of suicide among individuals with identified suicide risk.	23
OBJECTIVE 4.3 - Provide care and support to individuals affected by suicide deaths and attempts to promote healing and implement community strategies to help prevent further suicides.	24

GOAL 1: INCREASE ACCESS TO CARE

OBJECTIVE 1.1 - Expand capacity of 24/7 Crisis Services

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

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

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

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

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

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

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

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

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

OBJECTIVE 1.2 - Expand the capacity of the Behavioral Health Workforce

Strategy 1.2A: Improve core competencies of current workforce through training.

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

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

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

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

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

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

Performance Measure: Develop grants to HBCUs to provide financial assistance to students pursuing behavioral health degrees. Grants to include scholarships, stipends, curriculum infusion activities.

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

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

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

Responsible Person: Chief, Division of Planning

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

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

Responsible Person: Chief, Division of Planning

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

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

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

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

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

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

Strategy 1.2H: Increase the peer workforce by 10%

Performance Measure: Percentage of increase across the peer workforce.

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

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

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

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

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

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

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

OBJECTIVE 1.3 - Increase the use of Telehealth and other Information

Technology applications

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

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

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

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

Performance Measure: Track efficiencies of service delivery and treatment outcomes of tele-health practices.

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

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

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

Person Responsible: Director, Office of Workforce Development and Training

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

Performance Measure: 50 clinicians trained and 200 referral encounters.

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

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

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

Performance Measure: Track and monitor number of impressions.

Person Responsible: Director, Office of Public Awareness

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

Performance Measure: Track and monitor number of impressions.

Person Responsible: Director, Office of Public Awareness

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

OBJECTIVE 2.1 - Improve Data Collection and Analysis Capabilities

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

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

Responsible Person: Director, Office of IT and Data

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

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

Responsible Person: Director, Office of IT and Data

Strategy 2.1C: Enhance capacity for Local Designated Authorities to utilize behavioral health data to measure service effectiveness to inform policy and planning.

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

Responsible Person: Director, Office of IT and Data

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

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

Responsible Person: Director, Office of Applied Research and Evaluation

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

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

Responsible Person: Director, Suicide Prevention and MD Crisis Hotline

OBJECTIVE 2.2 - Move to Measurement-Based Care

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

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

Responsible Person: Director, Finance and Fiscal Management Division

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

Performance Measure: Monitoring tool identified to efficiently manage and track financial resources.

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

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

Performance Measure: Quarterly site visits to jurisdictions to ensure that recipients are enrolled in high quality and accessible community-based services; Implementation of corrective action plans, as needed, to address cited deficiencies.

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

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

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

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

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

Performance Measure: Increase in number of PASRR determinations annually; increase in utilization of specialized behavioral health services for individuals with mental illness admitted to nursing facilities.

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

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

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

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

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

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

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

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

Performance Measure: Number of participating programs with current license.

Responsible Person: Acting Director, Office of Accreditation

Strategy 2.2I: Increase fiscally responsible outcomes from child Psychiatric Rehabilitation Program (PRP) while implementing quality metrics.

Performance Measures: 1) Reduced overall expenditures in child PRP by 10%.

2) Implement recidivism metric - Reduce churn from PRP's - data mining for number of children in PRP's that begin a new authorization with another PRP provider in less than 6 months. 3) Implement quality metrics - data on number of youth in PRP that go into ER, number of youth in PRP that are hospitalized, average number of encounters per month per provider, average number of outpatient sessions.

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

Strategy 2.2J: Implement fiscally responsible use of high intensity services.

Performance Measures: 1) Identify and monitor the number of overstay days in inpatient hospitals with a target of 5% reduction. 2) Reduce the number of unique youth in hospital overstays by 25%.

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

Strategy 2.2K: Implement fiscally responsible and appropriate use of emergency room resources.

Performance Measures: 1) Reduction in number of unique child/adolescent ER visits by 10%. 2) Quantitative increase in number of crisis assessment services.

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

Strategy 2.2L: Support implementation of MNC for Psychiatric Rehabilitation Programs for Adults

Performance Measures: ASO implementation of MNC; Decrease in unnecessary PRP service utilization

Responsible Person: Assistant Director, Clinical Services Division

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

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

Responsible Person: Director, Office of Treatment Services

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

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

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

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

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

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

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

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

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

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

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

Performance Measures: 1) Number of linkages between jurisdictions, treatment providers and prescribers using Hub and Spoke models.

2) Number of primary care practices that Maryland Addiction Consultation Service provides technical assistance to assist with treatment of patients with opioid use disorder.

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

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

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

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

Strategy 2.3F: Partner with the Department of Public Safety and Correctional Services to identify funding to increase the number of detention center Medication-Assisted Treatment (MAT) programs per House Bill (HB) 116 (2019).

Performance Measure: Measure the number of detention facilities with a MAT program and the number of individuals being treated. Work with partners to apply for appropriate grants.

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

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

Performance Measure: Joint Chairmen’s Report (JCR) submitted; Draft regulations developed; Plan milestones met.

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

GOAL 3: IMPROVE COORDINATION OF CARE

OBJECTIVE 3.1 - Develop and Utilize an Integrated Systems Management

Approach

Strategy 3.1A: Support the behavioral health systems management integration process across all Maryland local jurisdictions and at the BHA/MDH level through the development of standards and frameworks for system managements, technical support for Local Designated Authorities for systems management integration and engagement of all stakeholders to achieve integration

Responsible Person: BHA Health Policy Analyst

Performance measures 1) Standards developed to guide and support system management integration 2) Quarterly progress Reports 3) Annual report of assessment structural and process integration achieved at the local health authority level 4) Analysis report on the system management integration.

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

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

Responsible Person: Deputy Director, Systems Management and Planning

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

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

Responsible Person: Deputy Director, Systems Management and Planning

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

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

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

OBJECTIVE 3.2 - Expand Recovery Services and Supports

Strategy 3.2A: Distribute to Certified Recovery Residences and Care Coordinators business cards with contact information to file a complaint.

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

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

Strategy 3.2B: Provide ongoing technical assistance and consultation to Local Designated Authorities (LDA) with regards to implementation of MDRN client support services.

Performance measure: Number of technical assistance and consultation contacts provided to LDAs; Number of clients served.

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

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

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

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

Strategy 3.2D: Utilize State Opioid Response (SOR) funding to increase access to prevention, treatment and recovery services for individuals who have an Opioid Use Disorder (OUD).

Performance Measure: Monthly Collection of GPRA data for Treatment and Recovery Services rendered.

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

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

Performance Measure: Number of referrals and recovery services provided.

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

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

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

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

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

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

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

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

Performance Measure: Implementation of 6 regional programs.

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

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

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

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

GOAL 4: STRENGTHEN AND EXPAND SUICIDE PREVENTION PROGRAMS

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

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

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

Responsible Person: Director, Suicide Prevention and MD Crisis Hotline

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

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

Responsible Person: Director, Suicide Prevention and MD Crisis Hotline

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

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

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

Responsible Person: Director, Suicide Prevention and MD Crisis Hotline

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

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

Responsible Person: Director, Suicide Prevention and MD Crisis Hotline

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

Responsible Person: Director, Suicide Prevention and MD Crisis Hotline

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

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

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

Performance Measures: 1) Crisis hotline/chat/text utilization data. 2) Development and maintenance of postvention resources. 3) Number of training given to providers. 4) Impressions/reach of public awareness campaign targeting primary care providers to implement suicide risk screening.

Responsible Person: Director, Suicide Prevention and MD Crisis Hotline