

IMPACT REPORT 2016

LEAD
SUPPORT
STRENGTHEN
ADVOCATE



Behavioral Health System
Baltimore

OUR VISION

Behavioral Health System Baltimore (BHSB) envisions a city where people live and thrive in communities that promote and support behavioral health and wellness.

OUR MISSION

BHSB's mission is to develop, implement, and align resources, programs, and policies that support the behavioral health and wellness of individuals, families, and communities.



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BHSB PRESIDENT AND CEO CRISTA M. TAYLOR



“Almost everyone in our city is impacted in some way by mental illness or substance use. However, we know that Baltimore is resilient.”

Baltimore is a wonderful city, and I am proud to lead a strong organization that supports its residents and communities.

Our team of more than 85 employees and our committed partners are strengthening our city through innovative and effective strategies. Behavioral Health System Baltimore works hard every day to make Baltimore healthier.

We also understand the enormous challenges facing Baltimore. While many people are thriving, we have troubling rates of poverty and crime, violence continues to rise, and inequities burden our city. People across Baltimore are living with the stress and trauma these conditions create.

The number of people dying from an overdose continues to increase. A public health emergency was declared to address the overdose epidemic, and the Baltimore City Health Department is expertly leading this important work. BHSB works collaboratively with the Health Department to ensure the public behavioral health system is meeting

the needs of the people it is intended to serve.

Rates of behavioral health disorders are high in Baltimore City. One in five people live with mental illness and 9 percent have a substance use disorder. The statistics for children and youth are even more alarming. Fifty percent of youth have drunk alcohol, with 20 percent having their first drink before age 13, and 8 percent of our young people have used heroin. Almost everyone in our city is impacted in some way by mental illness or substance use.

However, we know that Baltimore is resilient. Behavioral Health System Baltimore is working with many other agencies and organizations to address the needs in the city and expand access to the high-quality care people deserve. We are proud of our work — some of which is highlighted in this report — and we know we are having an impact.

But more is needed. Please partner with us to advocate for positive change and please share messages of recovery that challenge the stigma that still persists. Together we have a stronger impact. I offer my deepest appreciation to the staff of BHSB and the many partners who contribute to the emotional health of our city. We are making a difference in Baltimore.

BHSB BOARD CHAIR DR. LEANA WEN



Behavioral health underlies many of the public health challenges facing Baltimore City. Since my appointment as Health Commissioner, the Baltimore City Health Department (BCHD) has collaborated closely with Behavioral Health

System Baltimore (BHSB) to prioritize behavioral health in our programs. As Chair of the BHSB Board, I have worked hard with our exceptional staff in both agencies to coordinate our efforts. I am thrilled to partner with President/CEO Crista Taylor, who was appointed by the BHSB Board in March 2017. Crista has a long history of service to Baltimore and dedication to advancing care in behavioral and public health.

In implementing a citywide behavioral health strategy, BCHD and BHSB have collaborated on a variety of new initiatives. To improve public safety and health outcomes, we partnered with the Baltimore Police Department (BPD) to launch the Crisis Response Team. To stop the criminalization of people with substance use disorders, we partnered with BPD and the State's Attorney's Office to launch the Law Enforcement

Assisted Diversion (LEAD) program.

In addition to our programmatic achievements, BCHD and BHSB have also advocated for legislation critical to fighting the state's opioid epidemic. The HOPE Act, which passed in the General Assembly, authorized increased funding for community behavioral health providers, strengthened the crisis response system, and increased access across the state to naloxone, the overdose-reversal drug.

Poverty, racism, crime, and violence have resulted in high levels of traumatic stress for our residents. Together, BCHD and BHSB launched a trauma-informed care training initiative across city government, while also engaging interested community partners. To better support safe and supportive learning environments for children, our Resiliency in Communities After Stress and Trauma (ReCAST) program aims to reduce the impact of trauma and rebuild resilience in Central West Baltimore through community-based services. The Baltimore City Public School system, in partnership with BCHD and BHSB, is expanding access to trauma-informed services, including school-based mental health services.

Much progress has been made over the past year. I look forward to our continued collaboration with our partners at the city, state, and federal levels in addressing the critical behavioral health needs in Baltimore City.



INTRODUCTION: BEHAVIORAL HEALTH SYSTEM BALTIMORE

Our goal is to help make Baltimore a healthier city by improving the system of care for individuals, families, and communities impacted by mental illness and substance use.

Behavioral Health System Baltimore (BHSB) serves as the local behavioral health authority for Baltimore City. Our goal is to help make Baltimore a healthier city by improving the system of care for individuals, families, and communities impacted by mental illness and substance use. We partner closely with the Maryland Department of Health, the Baltimore City Health Department (BCHD) and other Baltimore City agencies, and a range of nonprofit organizations and providers, as well as the community.

BHSB understands that supporting behavioral health and wellness requires us to focus on the underlying factors that drive behavioral health needs in Baltimore — the social determinants of health. These conditions, which help shape each person's overall health, include a person's socioeconomic status,

educational attainment, employment, physical environment, and the extent of his or her social support networks. Another critical factor is each person's ability to access the full range of health care we all need, including behavioral health care.

As we consider these social determinants, it's clear that residents of many Baltimore communities face deep challenges. In some neighborhoods, more than four in 10 adults are not in the workforce, and more than 30 percent of adults did not graduate from high school, while 14 Baltimore neighborhoods had more than 10 murders in 2016.

These and other social factors combine to make it difficult for many Baltimore residents to earn a living and lead safe and healthy lives. BHSB is committed to addressing those disparities, with a special focus on improving access to high-quality behavioral health care.

HOW WE WORK TO IMPROVE ACCESS

This annual report highlights the four broad ways in which BHSB works to fulfill that goal:

LEAD collaboration to advance innovation.

SUPPORT a quality behavioral health system.

STRENGTHEN communities to support behavioral health and wellness.

ADVOCATE for behavioral health in all policies.

THE PUBLIC BEHAVIORAL HEALTH SYSTEM IN BALTIMORE CITY

More than 30 percent of Marylanders served through the public behavioral health system are in Baltimore City. Behavioral Health System Baltimore manages that system at the local level.

In fiscal year 2016, the public behavioral health system provided:

- Mental health services to more than **56,000 people** — an annual expenditure of more than \$265 million.
- Substance use services to **24,619 people** — an annual expenditure of more than \$99 million.

In addition, BHSB played a key role in strengthening the public behavioral health system in Baltimore City. In fiscal year 2016, this included awarding **\$66 million in grants — 405 contracts to 138 provider agencies and consultants** to address needs not met by the services reimbursable by insurance.

LEAD COLLABORATION

BHSB recognizes that working in partnership with many other nonprofits and public agencies generates more powerful and farther-reaching progress to support behavioral health in our city. To achieve those partnerships, BHSB often serves as a convener to pull organizations together to collaborate. Two examples of those collaborations are described here.

A TEAM RESPONSE TO CRISIS

Police are often the first responders on the scene of behavioral health crises but often lack the resources to address the needs of people with serious behavioral health conditions. Each year, two million jail bookings nationally involve a person with mental illness.

To improve public safety and health outcomes, BHSB and the Baltimore Police Department (BPD) launched the Crisis Response Team (CRT) pilot program — a new unit of clinicians and trained officers to respond jointly to emergency calls related to behavioral health crises. Working in Baltimore’s Central District, officers are equipped to interact appropriately and safely with those in crisis and to connect individuals to behavioral health services and treatment after the intervention.

The CRT is an expansion of Baltimore’s Crisis Intervention Team (CIT), a nationally recognized model of community policing that has proven to keep those experiencing

behavioral health crises out of jails and emergency departments while improving public safety. CIT trains officers to effectively de-escalate behavioral health crises, minimize arrests, and reduce the risk of injury to both individuals in crisis and officers. New BPD officers receive 16 hours of Behavioral Health Awareness training, and experienced officers can receive up to 40 hours of training.

“The program wouldn’t work without collaboration. It’s that simple,” says Elizabeth Wexler, CIT Program Coordinator. “Collaboration with every organization was integral to this program’s success. We’re stronger working together than each in a silo.”

Along with the police department, BHSB partnered with National Alliance for Mental Illness-Metropolitan Baltimore, Baltimore Crisis Response, Inc., and Catholic Charities’ Baltimore Child and Adolescence Response System program. BHSB hopes to expand the CRT pilot program to all Baltimore police districts.

“Once we show the community the softer side of policing, the community can work toward being whole again,” says Gregg.

SPOTLIGHT

COMMUNITY-BASED CARE

As primary clinician on the Crisis Response Team (CRT), Morgan Gregg witnesses the effects of mental illness and substance use disorders firsthand. Gregg is on call daily in the BPD Central District, responding to behavioral health crises alongside a Baltimore police officer.

“When we get a call over the radio, it’s usually a complaint that a man experiencing homelessness is talking to himself on the street. People call in and ask to have that person taken to a hospital or jail,” says Gregg.

With CRT, people are diverted from unnecessary confinement and inpatient hospitalization to community-based care where they are more likely to have better outcomes on their road to recovery.

“People forget that talking to yourself on a public street is not a crime. Yes, it’s uncomfortable. However, it’s more an indicator that that person is very sick and deserve our help. That’s where I come in,” says Gregg.

When approaching a behavioral health crisis, Gregg doesn’t take a typical law and order approach. “In these situations, that’s not appropriate,” says Gregg. “It’s become commonplace in the news: someone with a mental illness is mishandled by the police, and either the individual or the officer gets hurt. Having a clinician present during de-escalation can prevent tragedies from happening.”

CRT helps also repair the sometimes-frayed relationship between the Baltimore community and police.

“This is a really important project, and it’ll have a major positive impact on the community. Once we show the community the softer side of policing, the community can work toward being whole again,” says Gregg.

LEAD

TREATMENT INSTEAD OF ARREST

One out of every three Maryland residents incarcerated in state prison comes from Baltimore City, many for low-level drug crimes. To address the criminalization of people with substance use disorders, BHSB and the BPD launched a three-year pilot program in BPD's Central District — Law Enforcement Assisted Diversion (LEAD).

LEAD is a pre-booking diversion program that allows law enforcement officers to redirect low-level offenders engaging in drug crimes to community-based services such as drug treatment, mental health services, and housing aid, instead of jail. By redirecting eligible individuals to these services, LEAD is committed to improving public safety and public order and reducing recidivism. At least 60 individuals are anticipated to be served by the program at any one time.

By its nature, LEAD is collaborative, bringing together law enforcement agencies, public officials, and community-based organizations.

Key partners include Open Society Institute-Baltimore, Baltimore Crisis Response, Inc., Baltimore State's Attorney's Office, Office of the Public Defender, the Lexington Market Merchants Association, University of Maryland Police, and Baltimore City government agencies.

"LEAD is the result of a commitment from law enforcement agencies, public officials, and community organizations to work together to implement a shift toward more treatment-focused policing," says LEAD Program Manager Daniel Atzmon. "With this shift, the city can start to repair the relationship between the community and police. We can move back to police being seen as guardians as opposed to warriors."

Baltimore is the sixth U.S. city to implement the LEAD program and anticipates expanding programming throughout Baltimore City in the coming years.

"With this shift, the city can start to repair the relationship between the community and police. We can move back to police being seen as guardians as opposed to warriors."

LEAD



SPOTLIGHT

HELPING THE MOST VULNERABLE POPULATION

Baltimore Police Department Lt. Steve Olson didn't become a police officer to "lock up the bad guys." He wanted to help his community, even if it means "focusing less on strict law and order and concentrating on helping the most vulnerable population."

As he patrols Lexington Market, an area police describe as a "well-known open-air drug market," Olson encounters some of Baltimore's most vulnerable residents — those with an active addiction.

Repeat incarcerations don't address the underlying problem for people with substance use disorders — drug addiction is a disease, not a crime.

"You can't fix addiction with handcuffs. It's easy to look away when there's a problem, especially when the problem isn't easy to fix. With LEAD, Baltimore has to take a hard look at addiction and find a solution," says Olson.

LEAD aims to create long-term systemic changes in how law enforcement addresses substance use. Bridging the gap between public safety officials and behavioral health providers, LEAD is a smarter approach to help people address their substance use disorders.

Olson reports there's been a "noticeable difference in the Central District in the six months since LEAD launched. With positive results coming in every day, we're hopeful that our community will be changed for the better with LEAD at the forefront of policing."

SUPPORT A QUALITY BEHAVIORAL HEALTH SYSTEM

BHSB works in a range of ways to sustain and strengthen Baltimore City's behavioral health system. BHSB provides critical financial support to supplement and fill gaps in the public system and explores innovative strategies to better meet city residents' needs.

PEER RECOVERY ADVOCATES

Recovery from mental illness or substance use can be a long road, and almost no one can do it alone. Support from others is key — especially from those who have faced a similar journey and understand what it takes.

Peer Recovery Advocates play a vital role in helping people with a behavioral health disorder make the journey to recovery. Unlike treatment professionals in a clinical setting, peer support advocates — those who are themselves in recovery from a behavioral health disorder — offer nonclinical and authentic guidance to those in the recovery process or seeking to start recovery.

"Recovery from mental illness and substance use doesn't happen in a silo.

It takes a holistic, community-based approach to lead people through recovery," says Tiffany Heard, recovery services coordinator at BHSB. "By supporting quality behavioral health organizations and encouraging the use of peer support services, we are building healthier individuals, stronger families, and safer communities."

BHSB supports Wellness and Recovery Centers across Baltimore and is working to expand its peer workforce through training and coordination. Out of the 74 recovery support programs BHSB funds, 29 have Peer Recovery Advocates currently on staff, and they served more than 900 people in fiscal year 2016.

SUPPORT



SPOTLIGHT

"I loved having a deep understanding of the people I work with. I used my own experience to help them move through tough times."

WORKING CLOSELY WITH OTHERS

Mary Chirico never thought she'd enjoy working with people. For most of her life, she felt isolated by alcohol dependence and bi-polar disorder. The feeling of being "different than everybody else" was devastating, leading to years of loneliness and fear.

Now, as executive director of Hearts and Ears — a consumer-run support center for LGBTQ individuals with behavioral health disorders — Chirico vows to never let those who are struggling with a behavioral health disorder feel as she did years ago.

After finishing an in-depth training, Chirico became a Peer Recovery Advocate, working closely with others in the LGBTQ community. "It was shocking how quickly I fell right into my work. I loved having a deep understanding of the people I work with. I used my own experience to help them move through tough times," says Chirico.

People who are dually stigmatized can have a difficult time finding full acceptance from others. Hearts and Ears aims to create a community

where LGBTQ individuals feel safe, supported, and welcomed. Through workshops, lectures, special events, and collaboration with community-based resources, Hearts and Ears builds a sense of community while helping an under-served population.

To those coping with a behavioral health disorder, the benefits of working with a Peer Recovery Advocate are vast. "When you sit down with a doctor they understand your symptoms, but they haven't experienced those symptoms. But peer counselors are unique because we have lived experience. We embody a sense of hope and can show that recovery is possible," says Chirico.

Being a Peer Recovery Advocate was an important part of Chirico's own recovery. Through working as a peer recovery support specialist with Hearts and Ears, she has been able to work full-time and remain sober for six years.

"I have a family here," she says, "that understands my past and encourages me to have a healthy future."

SPOTLIGHT

Patrice Munford meets Baltimore families at their most challenging moments. As a therapist with Catholic Charities' Baltimore Child and Adolescent Response System (B-CARS) program, she works every day with children and families to help them deal with crisis situations. With Baltimore experiencing prolonged spikes in both violence and opioid-related overdose deaths, the many children in the city face enormous chaos and stress.

SUPPORT

HELPING YOUNG PEOPLE IN CRISIS

“We have a lot of children who don’t know how to cope with the violence in their lives,” says Munford. “They may not know how to verbalize their feelings. They’ve had multiple deaths in their family due to homicide or overdose, and they don’t know how to cope.”

With financial and other support from BHSB, B-CARS provides hands-on services to children and adolescents who are in crisis and their families. The goal is to stabilize the young person and create a plan to help the family over the long term.

At B-CARS, a licensed clinician assesses the young people for mental health and other health issues, and B-CARS’ staff provides ongoing counseling. That often means visiting the home to meet with family members — a better location to have a more honest conversation about the crisis — or going to the school to hear from teachers and counselors. B-CARS therapists make recommendations for ongoing services, including mental health treatment, substance use disorder treatment, and grief counseling. And B-CARS connects families with organizations that provide case management services to help the families stay on track with counseling and other supports.

In one recent case, a teenage girl who had once been very physically active and loved sports was referred to B-CARS by her guardian

after the girl grew increasingly depressed and stopped attending school. She was living with her guardian at the time as her parents were reportedly unable to care for her. Munford and a behavioral health specialist met with the teenager and found that the girl’s behavioral health symptoms stemmed from underlying dynamics related to her relationship with her mother.

The B-CARS team engaged the girl, as well as her mother, in intensive but supported therapeutic and behavioral interventions to address the identified underlying needs driving her behaviors. Through these interventions, and the supportive and safe environment nurtured by B-CARS, the young girl and her mother were able to demonstrate immense growth in their communication, positively impacting their relationship and reducing the young girl’s observed behavioral health symptoms.

“That’s why I love my job; it’s so rewarding,” Munford says. “Helping that family get back on track, there’s that satisfaction in helping them learn that crisis is normal. Every family will have a crisis,” Munford says. “It’s learning how to live within your chaos and manage the things you have going on.”

“BHSB supports us tremendously. They take the approach of partnership with B-CARS — trying to make sure they’re advocating for resources on our behalf and always being available for consultation.”

— Ginna Wagner
Director of Baltimore Child and Adolescent Response System

STRENGTHEN COMMUNITIES

BHSB works closely with public agencies, nonprofits, and behavioral health providers. We also recognize the need to work in the community as well to engage with residents and build stronger neighborhoods. Two BHSB-supported community efforts are working to help young people build healthier lives.

COMMUNITY-FOCUSED PREVENTION

A BHSB community initiative in East Baltimore is working to reduce underage and binge drinking as part of the Maryland Strategic Prevention Framework. For more than seven years, this initiative has helped build a community coalition that addresses these alcohol-related issues, with a goal of stemming youth drinking and, in turn, reducing illegal drug use.

“If we can catch them at the beginning stages, that can help stop them from more intensive drug use,” says Latosha Brooks, a prevention services coordinator at BHSB who coordinates the initiative.

A main target is high-volume alcohol outlets — a staggering 34 of them in the four neighborhoods in which the initiative

works. The community coalition has held neighborhood meetings, met with elected officials, educated itself about liquor laws and regulations, and visited liquor outlets to check if they are catering to underage drinkers with such things as prominent candy sales.

As part of the prevention effort, BHSB collaborated with the Maryland Institute College of Art School of Social Design to work with young people from the community to create counter-ads to discourage binge and underage drinking.

“My goal is to help galvanize the community,” Brooks says. “The community is really concerned about alcohol and drug use, and we’re helping them get involved to address those issues.”

STRENGTHEN

GIVING BACK, HELPING YOUNG PEOPLE

Akai Alston didn't have an easy start in life. Growing up in Sandtown-Winchester — an area hit hard by violence — Alston experienced crime, addiction, and trauma.

As a child, Alston lived in poverty, recalling “playing in the alley without shoes on, trying not to step on used syringes and crack vials.” Alston didn’t have a positive relationship with a trusted adult or access to resources, which led to repeat incarcerations, drug use, and violence.

At age 24, Alston was released from prison. He came home and “for the first time, really saw the condition of my community and my people,” says Alston. “It was devastating to see my home crumbling.” He decided he needed to be a better man for his family and, just as importantly, his community.

As a community outreach worker and peer navigator with U-TURNS, Alston gives back to the community — connecting with children and young adults who have experienced adversity. Through long-term, trusting relationships, he helps young people feel safer and better understood, which leads to healing and resilience.

“I didn’t have someone to hold my hand and show me the way. But I can do that for these kids,” says Alston. “I have a big responsibility on my shoulders now. These kids look up to me, and helping them has helped me stay on the right track.”

AKAI ALSTON



SPOTLIGHT

BUILDING RESILIENCY IN COMMUNITIES

Too many children in the Sandtown-Winchester neighborhood have experienced Adverse Childhood Experiences (ACEs), which are traumatic stressors such as abuse, neglect, poverty, racism, and community violence. Exposure to ACEs is associated with poor physical and mental health outcomes over a person’s lifetime. Early and continued exposure to traumatic stress alters brain chemistry. This reduces a child’s ability to self-regulate responses to emotions and events, which, in turn, negatively impacts his/her capacity to succeed in school, find and keep a job, and develop healthy relationships.

In an effort to strengthen the Sandtown-Winchester neighborhood and address childhood trauma, BHSB — in partnership with BCHD, Penn North Kids Safe Zone, Catholic Charities, and the University of Maryland — started U-TURNS. U-TURNS seeks to

reduce the negative impacts of trauma by promoting positive relationships with peers and trusted adults in a youth-accessible “safe space” using the Safety, Emotions, Loss, and Future — or SELF — approach. SELF uses structured conversations that help youth build skills in emotional regulation, problem-solving, and relationships to promote recovery from trauma. Community outreach workers engage youth through street outreach and link them to SELF conversations, acupuncture, yoga, individual and group therapy, and other community resources. Services are located at the Kids Safe Zone.

“Our youth were crying out for help. They needed trusted adults in their lives,” says Shante Johnson, program coordinator at U-TURNS. “I’m invested in Sandtown-Winchester, and I won’t turn my back on this community.”

ADVOCATE FOR STRONGER POLICIES

As an authority on Baltimore City’s public behavioral health system, BHSB brings deep expertise to policy discussions at the state and local levels.

ACHIEVING STRONG RESULTS FOR BEHAVIORAL HEALTH

We educate policymakers and elected officials and partner with others in the behavioral health field to advance advocacy efforts. We identify and advocate for policy changes that strengthen the behavioral health system, fill gaps in treatment, and lead to better services for members of the community. As part of our advocacy efforts, BHSB hosted a Behavioral Health Policy Forum to highlight key behavioral health issues and discuss our policy priorities for the Maryland legislative session. In the last General Assembly session,

BHSB was a leader in the effort to pass legislation that will help establish the state’s outpatient civil commitment pilot program in Baltimore City. The legislation authorizes the state to launch a pilot program to allow for the release of people who had been involuntarily committed to inpatient care for mental illness. Through this pilot, those individuals will instead receive intensive services while being able to live in the community. BHSB is leading implementation of this pilot program in Baltimore City.

A NATIONAL AND LOCAL CHALLENGE

MENTAL ILLNESS



1 IN 5 ADULTS
affected in the U.S.¹
98,000 ADULTS
affected in
Baltimore City²

SUBSTANCE USE DISORDER



1 IN 12 ADULTS
affected in the U.S.
41,000 ADULTS
affected in
Baltimore City

BEHAVIORAL HEALTH PROBLEM



40% OF YOUTH in the
U.S. have experienced
a problem by 7th grade
52,000 YOUTH
in Baltimore City have
experienced a problem

ADVOCATE



SPOTLIGHT

MARYLAND BEHAVIORAL HEALTH COALITION

The Maryland Behavioral Health Coalition coalition was instrumental in passing major legislation to provide new resources for treatment of substance use disorders.

HIGH-PROFILE ADVOCACY

BHSB continues to fight the state's opioid epidemic as an active member of the Maryland Behavioral Health Coalition. The Coalition is a broad group of organizations and providers from the behavioral health field.

The coalition was instrumental in passing major legislation to provide new resources for treatment of substance use disorders. Its high-profile advocacy, including a rally attended by more than 500 people and a social media campaign focused on individual stories, elevated attention on the issue. The HOPE Act, which passed the General Assembly, authorizes increased funding for community behavioral

health providers, a key goal of BHSB and other organizations. The bill will also strengthen the crisis response system and increase access around the state to the overdose-reversal drug naloxone.

"The HOPE Act will allow community treatment providers in Baltimore to better provide critical treatment services to city residents; it's a major step forward in strengthening the behavioral health system," said Stacey Jefferson, policy manager at BHSB. "BHSB will continue to work with our partners to build on the progress generated by the HOPE Act."



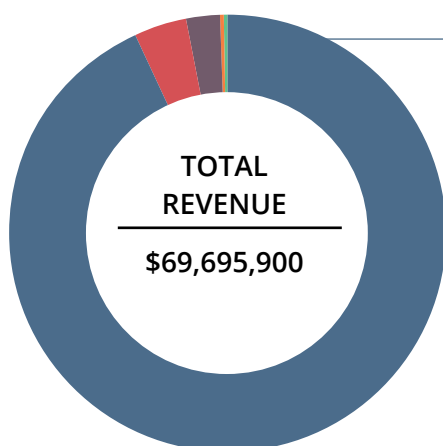
A COMMITMENT TO FINANCIAL STEWARDSHIP

BHSB receives a mix of funding from federal, state, and local government agencies, foundations, and others. We are committed to using all resources as efficiently and effectively as possible to strengthen and improve access to the public behavioral health system in Baltimore City.

FINANCIAL SUMMARY

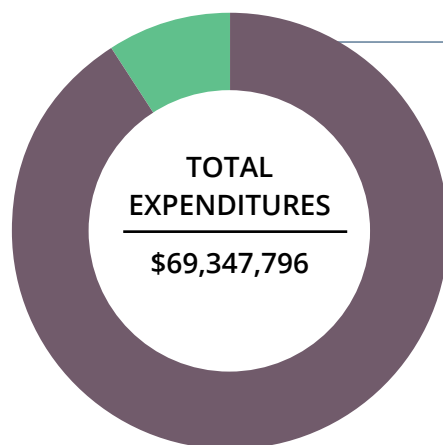
CONSOLIDATED STATEMENT OF ACTIVITIES

For Year Ended June 30, 2016



REVENUES, FISCAL YEAR 2016

Grants: Government Agencies	\$64,797,201	92.9%
Grants: Administrative	\$2,830,268	4.1%
Rental Income	\$1,780,239	2.5%
Management, Social Service Fees	\$114,983	0.1%
Interest and Other Income	\$173,209	0.2%
Total Revenues, Grants, Other Support	\$69,695,900	100%



EXPENDITURES, FISCAL YEAR 2016

Program Services	\$63,144,762	91.1%
Administration	\$6,203,034	8.9%
Total Expenditures	\$69,347,796	100%

BHSB BOARD, EXECUTIVE TEAM, AND PARTNERS

BHSB BOARD OF DIRECTORS

Chair: Leana Wen, M.D., Baltimore City
Health Commissioner

Vice-Chair: Rev. S. Todd Yeary, Ph.D.

Treasurer: Ryan M. McQueeney, M.B.A.

Secretary: Nancy Rosen-Cohen, Ph.D.
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Steve Sharfstein, M.D.

Howard C. Sigler, Esq.

Alan C. Woods III, Esq.

Tony A. Wright

EXECUTIVE TEAM

Crista M. Taylor, L.C.S.W.-C.
President and CEO

Steve Johnson, L.C.P.C.
Vice President, Programs

Mimi Gardner, L.C.S.W.
Vice President, Accountability
and Provider Relations

Adrienne Breidenstine, M.S.W.
Vice President, Policy and Communications

Lynn Mumma, M.S.W.
Vice President, Strategy

Arnold Ross, M.B.A.
Vice President, Finance and Operations

BHSB PARTNERS

BHSB works closely with a range of Baltimore City and Maryland state agencies, especially the Baltimore City Health Department and the Maryland Department of Health Behavioral Health Administration.

BHSB also is proud to partner with other state and city agencies and nonprofit organizations, including:

Maryland Department of Human Services

Maryland Department of Juvenile Services

Maryland Department of Public Safety and
Correctional Services

Baltimore City District and Circuit Courts

Baltimore Fire Department

Baltimore Police Department

Baltimore City Public Schools

Baltimore City Department of Social Services

Baltimore City Substance Abuse Directorate

Mayor's Office of Criminal Justice

Mayor's Office of Human Services

Black Mental Health Alliance

Maryland Association for the Treatment of
Opioid Dependence

Maryland Hospital Association

Mental Health Association of Maryland

National Alliance of Mental Illness—Maryland

National Alliance on Mental Illness—Metro Baltimore

Endnotes

¹ U.S. Data from National Survey on Drug Use and Health – Substance Abuse and Mental Health Services Administration.

² Baltimore City has a population of approximately 622,000.

Acknowledgments

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LEAD SUPPORT STRENGTHEN ADVOCATE

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