



Three-Year Strategic Plan: FY 2023-2025

FY 2024 Implementation Report

Purpose

The *Strategic Plan: FY 2023-2025* serves as a guide to drive BHSB's day-to-day work and set a strategic direction that is responsive to system partners and the needs of the community. It supports ongoing, adaptive learning and agility, with a focus on broad, overarching goals to build out the system of care and develop BHSB's organizational capacity to effectively lead this work.

This document reports on the second year implementation of this three-year plan.

Strategic planning process

Participants

BHSB conducted an eight-month process during 2022 to develop this three-year strategic plan. It began with the convening of a workgroup that included representatives from BHSB's board and staff from all departments and levels of the organization. This workgroup provided input and ongoing feedback throughout the entire planning process.

BHSB's Leadership Team, which includes directors, vice presidents, and the President & CEO, played a critical role in supporting a structured, cross-organizational process that engaged staff in collaborative, innovative, and critical thinking. Directors and vice presidents engaged their respective teams at various stages of the planning process to gather input and feedback, which was collated and shared broadly to inform ongoing decision making.

Decision making practices

The planning process was grounded in the practices of shared and transparent decision-making. Shared decision making helps to advance an inclusive and antiracist culture by ensuring that decisions are informed by a diversity of perspectives, and operational decisions are informed by those who are closest to the work. This practice supports staff across the organization in developing leadership skills.

As described above, the Leadership Team worked together to ensure all staff had multiple opportunities to inform and help shape the plan. To support transparency, an overview of the planning process was shared with board members and staff, including how information would be gathered, who would provide input and feedback, and who would participate in making decisions along the way. Periodic updates through the planning stages included reminders about this process.

Data

The first step in the planning process was to gather data to inform planning. BHSB prepared a mixed methods data presentation, incorporating both quantitative and qualitative data. To prioritize voices of community members, data were taken from BHSB's 2022-2023 policy priorities stakeholder input survey. Quotes were taken directly from responses to the survey to add context

to administrative and survey data that was gathered from public databases and sources internal to BHSB.

It is important to note that BHSB is committed to building an antiracist and data-driven culture. Because bias is structured into data collection and analysis processes, a tension can arise from this dual commitment. BHSB holds itself accountable for taking measures to mitigate bias and the harm that can result.

Results Based Accountability™ (RBA)

BHSB's strategic plan is based on the Results Based Accountability™ (RBA) framework, which is a method to create measurable change in the lives of the people, families, and communities we serve. It offers a disciplined way of thinking and acting to improve entrenched and complex social problems by using data-driven decision-making processes to get beyond talking about problems to taking action to solve problems. Importantly, it organizes the work to include **population accountability**, **performance accountability** and **turn the curve thinking**.

Population accountability aligns BHSB's work with that of other systems and organizations to promote community wellbeing. It asks: *what is the right thing to do?* The RBA process begins at this level with **results** and **indicators**.

- **Results** are broad, overarching visions for Baltimore City that together serve as a framework to guide BHSB's work.
- **Indicators** measure **results**. They require efforts from multiple stakeholders (not just BHSB) to move in the right direction.

Performance accountability organizes BHSB's work to ensure that it has the greatest impact on those we serve. It asks three questions:

- *How much did we do?*
- *How well did we do it?*
- *Is anyone better off?*

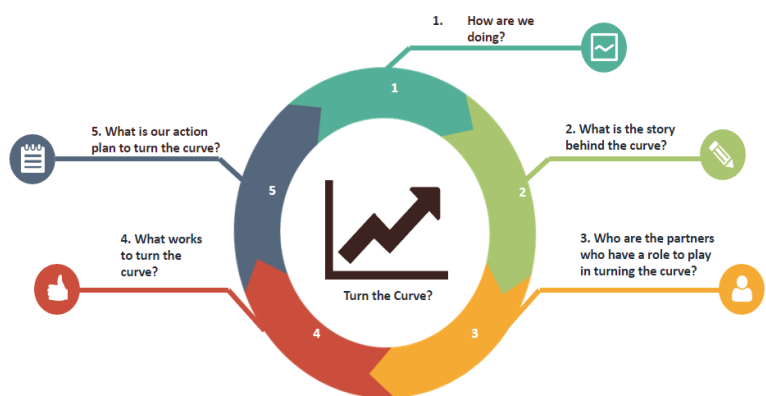
The RBA framework supports iterative and ongoing processes to generate change. One of the key tools is the **Turn the Curve** exercise, which is a step-by-step process in which the data is reviewed and analyzed, and action steps are identified. This exercise is repeated over time. As the data changes, action steps are adapted.

Because BHSB is building its capacity to use RBA, it applied a hybrid approach to the organization's strategic plan that includes 1) strategies that will be monitored using RBA tools and 2) strategies that will be monitored using tools other than RBA.

FY 2024 implementation status

FY 2024 was the second year of implementing BHSB's three-year strategic plan. The following sections report on the implementation status of the non-RBA strategies and RBA strategies.

TURN THE CURVE THINKING



Non-RBA strategies implementation status

The implementation status of action steps for non-RBA strategies is below. Each action step is marked as COMPLETED (green), PARTIALLY COMPLETED (yellow), or NOT STARTED (red).

Result #1: All people in Baltimore City are free of oppressive systems

Strategy	Action steps	Measures	Status	Comments
(Result #1) Strategy 1 <i>Increase knowledge and implementation of safe sleep practices by families and programs across Baltimore City that have contact with the public behavioral health system</i>	Sponsor at least two safe sleep trainings per year and record trainings and make available through BHSB website	Number of safe sleep trainings held and recorded training posted on BHSB website	COMPLETED	Completed
	Create specific guidance for behavioral health providers on safe sleep practices that outline recommendations for integration into assessment and ongoing treatment planning	Guidance is drafted, approved and distributed to provider network	COMPLETED	Completed
	Recommend that distribution of safe sleep materials be integrated into practices of all child-serving and prevention programs	Targeted outreach to child-serving and prevention providers on distribution of safe sleep materials	COMPLETED	Completed
	All BHSB programmatic staff will complete a safe sleep training	% of programmatic staff who have completed safe sleep training	COMPLETED	Completed
(Result #1) Strategy 2 <i>Implement processes and practices that advance an antiracist organizational culture</i>	Develop an organizational culture document that outlines the type of beliefs, behaviors, and practices voluntarily demonstrated by the individuals within the organization to uplift our values and operationalize BHSB's antiracist organizational framework	Document is created	COMPLETED	Completed
	Add specific questions to the annual antiracist organizational assessment to capture employee feedback regarding the organization's progress in operationalizing its desired culture	Specific questions added and 80% of all BHSB staff complete the annual organizational assessment	PARTIALLY COMPLETED	Specific questions were added to the assessment that was conducted at the end of 2022. BHSB did not record the number of employees on the day it was sent out, so the

				response rate is not available. BHSB is developing alternate strategies to track progress in operationalizing its desired culture.
(Result #1) Strategy 3 <i>Develop processes to ensure maximum expenditures of awarded funds</i>	Analyze historical finance data to determine what internal and external factors contribute to underspending and the reports needed to track various contributors	Analysis is completed, contributing factors are identified, and reports to track contributing factors are created	PARTIALLY COMPLETED	Reports were created but need to be re-developed because BHSB shifted to a different reporting platform. This work was on hold for much of FY 24 due to staffing vacancies that were recently filled. The work will continue during FY 25.
	Develop organization-wide procedures to systematically track and recognize underspending and what methods to use to minimize underspending in current and future periods	Procedures to track and methods to minimize underspending are developed	NOT STARTED	This action step will begin after the first one is completed.

Result #2: All residents in Baltimore City have access to a full range of high-quality behavioral health care options

Strategy	Action steps	Measures	Status	Comments
(Result #2) Strategy 1 <i>Create, maintain, and hold accountable a coordinated behavioral health crisis system for the lifespan in central Maryland (Baltimore City and Baltimore, Carroll and Howard Counties)</i>	BHSB will work with partners to define crisis system performance measures	By January 2023: performance measures defined	COMPLETED	Completed
	Begin to convene a regular collaborative accountability process where stakeholders meet monthly to review and analyze qualitative and quantitative information on crisis services to look for inequities and opportunities for system improvements	By January 2023: first of monthly collaborative accountability meetings convenes	PARTIALLY COMPLETED	Delayed due to a staffing vacancy that was recently filled. First meeting scheduled for September 2024.
	Work with system partners to develop a triage and dispatch protocol for the Call 988	By July 2023: triage and dispatch protocol is developed	COMPLETED	Completed

	Helpline and the four 911 centers in Central Maryland			
<p>(Result #2) Strategy 2 <i>Increase number of certified Peer Recovery Specialists in programs that are funded by BHSB to provide peer recovery services</i></p>	<p>Create a system to collect data from programs to track the number and percentage of peers who are certified Peer Recovery Specialists</p>	By January 2023: system is created	COMPLETED	Completed
		By July 2023: system is implemented	COMPLETED	Completed
		By November 2023: 75% of all programs funded by BHSB to provide peer recovery services will have all Peer Recovery Specialists certified within 18 months of employment	COMPLETED	Note: this action step was completed by November 2023. However, the % has decreased since then as described below.
		By November 2024: 85% of all programs funded by BHSB to provide peer recovery services will have all Peer Recovery Specialists certified within 18 months of employment	PARTIALLY COMPLETED	<p>Of programs funded to provide peer recovery services, 67% have certified Peer Recovery Specialists. Factors impacting this measure include:</p> <ul style="list-style-type: none"> • Staff turnover after certification has been a challenge. During FY 25, BHSB will offer additional trainings to support peer certification. • Due to peer services becoming reimbursable in several services lines, BHSB decreased grant-funded contracts for these services. • During FY 25, BHSB will fund peer services in additional programs.

Result #3: Baltimore City community members participate in designing the physical and emotional support they and their communities need to thrive

Strategy	Action steps	Measures	Status	Comments
(Result #3) Strategy 1 <i>Create a process to collect qualitative data from community members and use it to inform our work</i>	Convene a meeting with an identified expert to educate staff about available tools for collecting qualitative data	Meeting before November 2022	COMPLETED	Completed
	Orient staff to existing tools to determine which is best for our purposes	Select at least one tool before December 31, 2022	COMPLETED	Completed
	Pilot selected tool to collect data from community	Use tool to collect data from community before June 2023	COMPLETED	Completed
	Investigate barriers to collecting qualitative data from the community	Form a focus group of community leaders about barriers to collecting data from the community before June 2023	NOT STARTED	
(Result #3) Strategy 2 <i>Increase staff knowledge and understanding of co-design principles</i>	Conduct a series of learning sessions across the organization (1-3) about the codesign framework	Complete first meeting by February 2023	PARTIALLY COMPLETED	Due to staff turnover, BHSB is rebuilding its capacity to educate and support implementation of co-design principles. During FY 25, BHSB will create opportunities for staff and external partners to learn about codesign as a philosophy and practice.
	Distribute written material about the codesign framework across the organization	Disseminate information to supervisors across the organization	PARTIALLY COMPLETED	

RBA strategies implementation status

During the first year of implementing this three-year strategic plan, BHSB began using the RBA methodology and tools to create performance measures and action steps. As described above, the RBA framework supports performance accountability by asking three questions when developing the measures for each strategy:

- *How much did we do?*
- *How well did we do it?*
- *Is anyone better off?*

Result #1: All people in Baltimore City are free of oppressive systems

RBA Strategy 1 implementation progress

Strategy	Measures	Data
Result 1, Strategy 1: <i>Supervisors will integrate an antiracist lens into day-to-day work activities and 1:1 discussions</i>	How much? # supervisor trainings	FY 23: 5 trainings FY 24: 10 trainings
	How well? % attendees who thought training contributed to their understanding of the supervisor’s part in co-creating BHSB’s culture	FY 23: 77% FY 24: 91%
	Is anyone better off? TBD	TBD

To advance this strategy, supervisors must be adequately prepared to engage in conversations about racism and other forms of oppression. If they do not have the required skills, they may cause unintentional harm, particularly to people who are Black or Brown and/or have another non-dominant cultural identity. The inherent power differential between a supervisor and supervisee amplifies the risk that harm could result from such conversations if supervisors have not participated in opportunities that support education, self-reflection and skill-building.

For these reasons, the first stage of implementing this strategy has been organized around training and coaching for supervisors. The *how much* and *how well* measures for this strategy are specific to this first stage of implementation. A measure for *is anyone better off?* has not yet been created.

Action steps

BHSB contracted with a consultant group to facilitate intensive monthly education workshops for supervisors. The workshops covered key concepts of antiracism, effective communication strategies, and techniques for fostering open and honest dialogue about race, other marginalized identities, and power. The sessions began in March 2023 and continued through June 2024.

BHSB also provided general human resources trainings for supervisors during FY 24. The goals of the trainings were to:

- educate supervisors about their role and responsibilities implementing policies and procedures and
- uplift BHSB’s core value of equity by increasing consistency across the organization in how policies and procedures are implemented.

Anticipated work to advance this strategy during FY 25

BHSB will continue general human resources trainings for supervisors to support consistency across the organization in how policies and procedures are implemented. In addition, BHSB will contract with the same consultant group, with the following key areas of focus:

- accounting for multiple cultural identities and the wide impact of supremacy in interpersonal interactions and within systems and
- developing an organizational accountability framework to track and measure BHSB’s progress in this work.

Result #2: All residents in Baltimore City have access to a full range of high-quality behavioral health care options

RBA Strategy 1 implementation progress

Strategy	Measures	Data
Result 2, Strategy 1: <i>Ensure that supportive services that embrace harm reduction principles are available to people along the full spectrum of drug use, including people who do not need or want treatment and those that are actively engaged in treatment</i>	How much? total dollars BHSB subcontracts to organizations that provide housing or behavioral health services in a residential setting	\$9,575,738 in total FY 24 funding to providers that offer housing, shelter, and residential services <ul style="list-style-type: none"> • 65% of these identified providers completed a survey • \$5,465,122 of the total FY 24 funding (57%) was allocated to providers that completed the survey
	How well? % of dollars allocated to organizations that provide housing or behavioral health services in a residential setting and do not require abstinence for continued care	For funding allocated to providers that completed the survey: <ul style="list-style-type: none"> • 83.7% of funding is to providers that do not require abstinence before receiving services • 2.4% of funding is to providers that do not require abstinence while receiving services
	Is anyone better off? #/% of BHSB employees who see supporting people who use drugs as part of BHSB's mission	<ul style="list-style-type: none"> • Before a harm reduction-focused staff training, 20% of BHSB staff were unsure or disagreed that supporting people who use drugs was a part of BHSB's mission. • After a harm reduction-focused staff training, 10% of BHSB staff were unsure or disagreed that supporting people who use drugs was a part of BHSB's mission.

One of the key strengths of RBA is its focus on whether people served are better off as a result of the services. This is also one of the key challenges in learning to use the framework. There was not an existing data source to measure if supportive services that embrace harm reduction principles are available to people along the full spectrum of drug use, including people who do not need or want treatment and those who are actively engaged in treatment. BHSB therefore needed to spend the first year of implementation (FY 23) creating data sources to measure performance in advancing this strategy. The second year of implementation (FY 24) was devoted to collecting baseline data and conducting a Turn the Curve activity to analyze the data and identify action steps.

Data collection

During FY 23, BHSB created the *how much?* measure, which is: *total dollars BHSB subcontracts to organizations that provide housing or behavioral health services in a residential setting*. To do so, BHSB staff collaborated across teams to identify all providers funded by BHSB that offer housing, residential, or shelter services. The award amounts for all contracts to providers on this list were then totaled.

Also during FY 23, BHSB created a process to collect data for the *how well?* measure, which is: *% of dollars allocated to organizations that provide housing or behavioral health services in a residential*

setting and do not require abstinence for continued care. BHSB created a survey to collect data from funded providers that offer housing, residential, or shelter services to learn if they embrace harm reduction principles in their policies related to substance use and discharge policies for consumers. The survey was administered during FY 23 but received a poor response rate. During FY 24, the survey was revised and administered via phone calls to providers, which yielded a 65% response rate.

During FY 23, BHSB created the *Is anyone better off?* measure, which is: *#/% of BHSB employees who see supporting people who use drugs as part of BHSB's mission.* During FY 24, BHSB conducted a staff training that introduced the philosophy and practices of harm reduction and provided an overview of BHSB's harm reduction work. Staff in attendance were asked to respond to the following anonymous poll question at the beginning and end of the meeting "To what extent do you agree or disagree with the following statement: *Supporting people who use drugs is a part of BHSB's mission?*"

Action steps

After data were collected, BHSB conducted a **Turn the Curve** exercise during FY 24 to analyze the data and identify action steps. Action steps included:

- 1) Implement a standard deliverable in BHSB's contracts with providers that offer housing, shelter, and residential services requiring that the provider implement and document approaches to increase harm reduction knowledge and integrate the philosophy into practices.

FY 24 status update: The deliverable was created and included to relevant FY 25 contracts, and BHSB built capacity to provide training for providers that request it.

- 2) Integrate harm reduction education and approaches into BHSB's work with the city's behavioral health providers and community members

FY 24 status update: BHSB teams that manage various services in the city's behavioral health network began meeting regularly to identify opportunities and collaboratively plan to integrate harm reduction education and support integrating it into practice.

- 3) Develop an ongoing intentional collaboration between BHSB and external partners, including faculty and staff at Baltimore City Public Schools, to support greater awareness of harm reduction education and practices for youth and families.

FY 24 status update: BHSB began planning internally for this collaboration. Monthly planning meetings are ongoing to support this work.

- 4) Annual (or more frequent) harm reduction training for BHSB staff to continue to educate and build skills to operationalize harm reduction practices.

FY 24 status update: Harm reduction training was provided for staff. In addition, planning for a FY 25 staff training began, with the goal of continuing to advance organizational learning.

- 5) Develop and maintain a solution to enhance reporting efficiency for BHSB's harm reduction work

FY 24 status update: BHSB began creating an integrated data collection and reporting platform using Microsoft Power Pages, with an anticipated agile release in the fall of 2024.

Anticipated work to advance this strategy during FY 25

- BHSB will monitor progress toward achieving the action steps on a monthly basis.

- BHSB will conduct a second round of data collection for each of the three RBA measures associated with this strategy.
- BHSB will conduct a follow-up Turn the Curve exercise in the spring of 2025 to analyze the second round of data collection and determine if action steps should be adjusted.

RBA Strategy 2 implementation progress (Result #2)

Strategy	Measures	Data
Result 2, Strategy 2: <i>Increase Expanded School Behavioral Health services to include mental health and substance use disorder service delivery in all schools in the Baltimore City Public School System</i>	How much? # of schools that have ESBH for <ul style="list-style-type: none"> ○ mental health ○ substance use 	<u>Mental health</u> <ul style="list-style-type: none"> • FY 21: 131 • FY 22: 131 • FY 23: 128 • FY 24: 129 <u>Substance use</u> <ul style="list-style-type: none"> • FY 21: 18 • FY 22: 18 • FY 23: 15 • FY 24: 15
	How well? clinician to student ratio	<ul style="list-style-type: none"> • (FY 21) 1:590 • (FY 22) 1:580 • (FY 23) 1:595 • (FY 24) 1:589
	Is anyone better off? #/% of students who showed improvement in evidence-based assessments	<u>Reduction in total PSC-17 score</u> <ul style="list-style-type: none"> • FY 21: 0.93 • FY 22: 0.66 • FY 23: 1.5 • FY 24: 0.63

The Expanded School Behavioral Health (ESBH) program is a long-standing partnership between BHSB and Baltimore City Public Schools (City Schools). Various funding sources are braided to provide a consistent array of prevention, early intervention, crisis response, and treatment services in schools. ESBH clinicians receive funding to provide preventive, non-billable services, in addition to providing traditional therapy services that are billable through the fee-for-service system.

Action steps

During FY 24, BHSB conducted a **Turn the Curve** exercise to analyze the data collected for the *How well?* measure. Action steps included:

1. Reengage key contacts at City Schools to continue to educate school administrators about the ESBH program and resources in the public behavioral health system.

FY 24 status update: BHSB connected ESBH staff with school-wide opportunities to promote the program, introduced ESBH clinicians to other school-based behavioral health staff, and offered other technical assistance. BHSB also promoted the program during site visits to 18 ESBH schools.

In addition, ESBH clinicians began participating in Student Wellness Support Team meetings with other school-based health staff. These team meetings are opportunities for behavioral health staff in schools to promote the social-emotional health needs of all students. The collaboration helped increase school leadership interest in and support for the ESBH program.

2. Monitor the status of the application BHSB submitted to serve as a hub for Baltimore City through the Maryland Community Health Resource Commission (MCHRC) Consortium on Coordinated Community Supports Partnership (CSP).

FY 24 status update: BSHB was selected to participate in the CSP Hub Pilot Program and began working to implement the requirements of the program. BHSB anticipates that the CSP will increase access to behavioral health services in City Schools. In addition, students and families will have opportunities to help shape the services that are available for their school community through focus groups and periodic surveys, as well as participating in the governance structure.

3. Discuss burnout as a shared challenge during monthly meetings with ESBH providers and identify resources to support clinicians.

FY 24 status update: BHSB included staff burnout as an agenda item for monthly meetings with providers. Providers had the opportunity to share their concerns, challenges, and approaches that worked/did not work with one another. Resources to support clinicians were also shared.

During FY 24, the ESBH program expanded its reach by adding one school with mental health services, bringing the total to 129 schools.

Anticipated work to advance this strategy during FY 25

- One of the CSP Hub Pilot Program requirements that BHSB will work to operationalize during FY 25 is establishing a memorandum of understanding (MOU) with City Schools. BHSB anticipates that the MOU will enhance school administrators’ knowledge of available behavioral health services and collaboration to increase opportunities to support improved educational outcomes.
- Another CSP Hub Pilot Program requirement is to establish MOUs with current CSP providers that were selected and are funded by the MCHRC.
- BHSB will conduct a competitive procurement during FY 25 to select ESBH providers that will provide service delivery beginning in FY 26. One key focus will be to include more providers and diversify the availability of clinicians.

Result #3: Baltimore City community members participate in designing the physical and emotional support they and their communities need to thrive

RBA Strategy 1 implementation progress

Strategy	Measures	Data
Result 3, Strategy 1: <i>Identify and implement a process to be led by youth and their allies to support the development of co-designed mental health and wellness services for youth and</i>	How much? # staff trained in youth co-design	<ul style="list-style-type: none"> • 31
	How well? % staff scoring 80% or better on co-design training post-test	<ul style="list-style-type: none"> • 74%

<i>families that promotes health and wellbeing across neighborhoods</i>	Is anyone better off? #/% staff indicating knowledge of youth co-design is beneficial to their work	<ul style="list-style-type: none"> • 24 • 77%
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Co-design is a philosophy and approach to human services that challenges the systemic imbalance of power held by institutions, government agencies, and other organizations that fund programs intended to serve communities. This philosophy requires that those who have more power share it by creating meaningful ways for those with less power to participate in planning, designing and deciding what gets implemented. This is a radically different approach from how services are traditionally planned, and BHSB recognizes that advancing this strategy requires education.

The first stage of implementing this strategy is therefore focused on training. Due to staff turnover, BHSB identified a need during FY 24 to rebuild its capacity to educate and support implementation of co-design principles. This work began during FY 24.

During FY 25, BHSB anticipates creating opportunities for staff and external partners to learn about co-design as a philosophy and practice.