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Names of Organizations, Addresses, E-mail, and Telephone # of Lead Designee:

Caroline County Health Department
403 South 7th Street, Denton, MD 21629
Jessica Tuel, MSW, LCSW-C, Jessica.Tuel@maryland.gov, 410-479-8172

Dorchester County Behavioral Health
524 Race Street, Cambridge, MD 21613
Donald Hall, MHS, LCADC, Donald.Hall@maryland.gov, 410-228-7714

Queen Anne County Health Department
205 N. Liberty Street, Centerville, MD 21617
Edwin Gibbs, MPA, CPRS, Edwin.Gibbs@maryland.gov, 443-262-4527

Mid Shore Behavioral Health Inc.
28578 Mary's Court, Suite 1, Easton, MD 21601
Katie Dilley, LCSW-C, kdilley@midshorebehavioralhealth.org, 410-770-4801

Kent County Behavioral Health
300 Scheeler Road, Chestertown, MD 21620
Brenna A. Fox, RPS, CPRS, Brenna.Fox@maryland.gov, 410-778-5046

Talbot County Health Department
100 South Hanson Street, Easton, MD 21601
Sarah H. Cloxton, LCADC, Sarah.Cloxton@maryland.gov, 410-819-5696

(a) Address: see above

(b) Region: Caroline, Dorchester, Kent, Queen Anne's, and Talbot counties

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(c) Name of contact person (Agency/Organization Lead or Designee): see above

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(d) Brief overview of services provided by agency/organization (no more than 95 words**):**
We provide behavioral health systems management for the mid-shore region.

(e) and (f) Agency/organization mission and vision statement:

Mission
The Mid Shore Planning Collaborative is a partnership of six local behavioral health leadership organizations, representing all community members of Caroline, Dorchester, Kent, Queen Anne's, and Talbot counties. Our overall goal is to enhance and strengthen behavioral health programs and provide services to diverse populations throughout the region.

Vision
A mid-shore community where individuals and families are resilient, empowered, and free from health disparities, with equitable access to quality behavioral health care and resources.

PART 1: CLAS SELF-ASSESSMENT:

See FY2023 Community Behavioral Health Plan Appendices.

PART 2: OVERARCHING GOALS AND SELECTED STANDARDS FOR PRIORITY FOCUS

GOAL 1: ESTABLISH AND MAINTAIN CULTURALLY AND LINGUISTICALLY COMPETENT BEHAVIORAL HEALTH SERVICES
Standard 14 - We have created conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
Strategies to build competency: Review current agency grievance resolution processes with MSPC partners.
Performance Measures: Create a uniform conflict and grievance resolution process.
Intended impact: The conflict and grievance resolution process will include culturally and linguistically competent practices.

GOAL 2: ELIMINATE CULTURAL AND LINGUISTIC BARRIERS TO ACCESS BEHAVIORAL HEALTH SERVICE
Standard 6 - We inform all individuals of the availability of verbal, signing and written professional language assistance services in their preferred language or form of communication.
Strategies to build competency: Increase awareness on culturally and linguistically appropriate verbal and non-verbal communication styles.
Performance Measures: Intentionally identify and promote the use of tools to improve culturally and linguistically appropriate communication skills in the provision of services.
Intended impact: Individuals will have access to professional language assistance services in their preferred language or form of communication.

GOAL 3: CREATE A SYSTEM OF DATA DRIVEN DECISION MAKING PROCESSES THAT RESULT IN THE FORMATION OF CULTURALLY AND LINGUISTICALLY COMPETENT POLICIES AND PRACTICES

Standard 11 - We collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.

Strategies to build competency: MSPC partners will develop a process to analyze and share the data obtained from Local Addictions Authorities, MSBH quarterly programs and sub-vendor reports.

Performance Measures: To utilize the developed process, to analyze and share the data.

Intended impact: Identify trends in demographic data to address service gaps and programming needs.

GOAL 4: SUPPORT THE USAGE OF EVIDENCE-BASED PRACTICES TO ADDRESS THE UNIQUE NEEDS OF INDIVIDUALS IN MARYLAND'S PUBLIC BEHAVIORAL HEALTH SYSTEM

Standard 10 - We conduct ongoing assessments of our organization's CLAS-related activities and integrate CLAS-related quality improvement and accountability measures into program activities.

Strategies to build competency: Identify programs that can benefit from improved culturally and linguistically competent evidence-based practices.

Performance Measures: Programs are identified and action plans are developed to implement evidence-based practices.

Intended impact: MSPC partners will encourage identified programs to improve quality and accountability measures.

GOAL 5: ADVOCATE FOR AND INSTITUTE ONGOING WORKFORCE DEVELOPMENT PROGRAMS IN CULTURAL AND LINGUISTIC COMPETENCE REFLECTIVE OF MARYLAND'S DIVERSE POPULATION

Standard 3 - We recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the community we serve.

Strategies to build competency: Improve recruiting, onboarding and retention practices to build cultural and linguistic competence.

Performance Measures: MSPC will attend training specific to cultural and linguistic competency, to support a diverse and inclusive workforce.

Intended impact: To recruit and maintain a culturally-competent, diverse and inclusive workforce.