CAROLINE COUNTY
HEALTH DEPARTMENT
Caring for Caroline

DORCHESTER COUNTY
HEALTH DEPARTMENT

MID SHORE
BEHAVIORAL HEALTH

MID SHORE PLANNING
COLLABORATIVE

FY 2024-26
Community Behavioral Health Plan
Mid Shore Planning Collaborative (MSPC)

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ACKNOWLEDGEMENTS

The FY24-26 mid-shore Community Behavioral Health Plan is the product of the work of many individuals and their commitment to the Mid Shore Planning Collaborative (MSPC). MSPC engaged with partners, persons in recovery, family members, natural supports, providers, and community leaders to develop the plan for FY24-26. During the past year, MSPC has focused its work on the behavioral health integration process at a local level, responding to our community and providers with the ongoing COVID-19 pandemic, ASO complexities, and a large provider closure. MSPC continues to strive to strengthen partnerships with stakeholders, and support and nurture wellness of the community. MSPC prides itself on the inclusion, leadership, and commitment of our partners in supporting the work that is done on behalf of our mid-shore community.

Persons Served by the Public Behavioral Health System
Persons in Recovery, Family Members, and Natural Supports
Mid-shore Health Officers
MSBH Board of Directors
Regional Behavioral Health Advisory Committee
Drug Free Caroline/Caroline County LDAAC
Dorchester County Criminal Justice Treatment Network/LDAAC
Kent County LDAAC
Queen Anne's LDAAC/OIT
Talbot County LDAAC
The People's Roundtable
Mid-Shore Roundtable on Homelessness
Eastern Shore Behavioral Health Coalition
Behavioral Health Services Network (BHSN) Workgroups
CIT Advisory Subcommittee
Behavioral and Rural Health Advocacy Groups
Treatment and Recovery Support Provider Agencies
Local Health Systems
Local Health Departments
Local Management Boards (LMB)
Local Departments of Social Services (DSS)
Local Coordinating Teams (LCT)
Eastern Shore Crisis Response System
Maryland's Department of Health and Behavioral Health Administration
Other interested stakeholders and citizens of the Eastern Shore of Maryland

MSPC is grateful to all who contributed to the development of the mid-shore FY24-26 Community Behavioral Health Plan and is enthusiastic about the continued collaboration as we proceed with our goals and future endeavors in its implementation.

ACRONYMS

ACA	–	Affordable Care Act
ACT	–	Assertive Community Treatment
AHAR	–	Annual Homeless Assessment Report
ASAM	–	American Society of Addiction Medicine
ASO	–	Administrative Services Organization
BHA	–	Behavioral Health Administration
BHSN	–	Behavioral Health Services Network
BHIPP	–	Behavioral Health Integration in Pediatric Primary care
CAF	–	Community Alternatives Framework
CCO	–	Care Coordination Organization
CBHP	–	Community Behavioral Health Plan
CIT	–	Crisis Intervention Team
CME	–	Care Management Entity
CoC	–	Continuum of Care (Mid-Shore Roundtable on Homelessness)
COMAR	–	Code of Maryland Regulations
CQT	–	Consumer Quality Team
CSA	–	Core Service Agency
CSR	–	Client Service Representative
CVI	–	Chesapeake Voyagers, Inc.
EBP	–	Evidence Based Practice
ESOC	–	Eastern Shore Operations Center
FFS	–	Fee for Service
FY	–	Fiscal Year
HSAM	–	Human Services Agreement Manual
HMIS	–	Homeless Management Information System
HUD	–	Housing and Urban Development
IAC	–	Inter-Agency Committee
IFPS	–	Interagency Family Preservation Services
IOP	–	Intensive Outpatient Program
LAA	–	Local Addiction Authority
LBHA	–	Local Behavioral Health Authority
LCT	–	Local Care Team
LDAAC	–	Local Drug and Alcohol Abuse Council
LMB	–	Local Management Board
MA	–	Medical Assistance or Medicaid Funded Programs
MABHA	–	Maryland Association of Behavioral Health Authorities
MAT	–	Medication-Assisted Treatment
MCCJTP	–	Maryland Community Criminal Justice Treatment Program
MCO	–	Managed Care Organization
MSPC	–	Mid Shore Planning Collaborative
MCSS	–	Mobile Crisis Stabilization Services
MCT	–	Mobile Crisis Teams

MDH	–	Maryland Department of Health
MHFA	–	Mental Health First Aid
MORR	–	Maryland Opioid Rapid Response
MSBH	–	Mid Shore Behavioral Health, Inc.
MTT/MTS	–	Mobile Treatment Team / Mobile Treatment Services
Multi-D	–	Multi-Disciplinary Team
NAMI	–	National Alliance on Mental Illness
OHCQ	–	Office of Health Care Quality
OIT	–	Opioid Intervention Team
OMHC	–	Outpatient Mental Health Clinic/Centers
OMPP	–	Opioid Misuse Prevention Program
OMS	–	Outcome Measurement System
OOCC	–	Opioid Operational Command Center
PASRR	–	Pre-Admission Screening and Resident Review
PATH	–	Projects for Assistance in Transition from **Homelessness**
PBHS	–	Public Behavioral Health System
PHP	–	Partial Hospitalization Program
PIP	–	Performance Improvement Plan
PRP	–	Psychiatric Rehabilitation Program
RBHAC	–	Regional Behavioral Health Advisory Committee
RRP	–	Residential Rehabilitation Program
RTC	–	Residential Treatment Center
SAMHSA	–	Substance Abuse and Mental Health Services Administration
SEP	–	Supported Employment Program
SOAR	–	SSI/SSDI, Outreach, Access and Recovery
SOR	–	State Opioid Response Grant
SRD	–	Substance-Related Disorder
SSDI	–	Social Security Disability Insurance
SSI	–	Supplemental Security Income
TAY	–	Transitional Age Youth
TIC	–	Trauma-Informed Care
UCC	–	Urgent Care Clinic
WRC	–	Wellness and Recovery Center

CLINICAL SERVICES GUIDE

Level 0.5 – Early Intervention

A program that treats patients who may be at risk for developing substance-related problems and not yet diagnosed with a substance use disorder.

Level 1 – Outpatient Treatment

A program that provides outpatient services consisting of less than 9 hours weekly for adults and less than 6 hours weekly for adolescents to promote recovery and engage in motivational enhancement therapies and strategies.

Level 2.1 and 2.5 – Intensive Outpatient Treatment and Partial Hospitalization

A program used to treat multidimensional instability to meet the complex needs of patients with substance use disorders and co-occurring conditions. Level 2.1 Intensive Outpatient consists of 9 or more hours of programming weekly for adults and 6 or more hours of programming weekly for adolescents. Level 2.5 Partial Hospitalization provides 20 or more hours of programming weekly for multidimensional instability that does not require 24-hour care.

Level 3.1 – Clinically Managed Low-Intensity Residential Services

(Halfway/Transitional Housing) – A structured environment with 24 hour living support with at least 5 hours of programming provided each week and directed towards preventing relapse, applying recovery skills, promoting personal responsibility, and reintegration.

Level 3.3 – Clinically Managed Population-Specific High-Intensity Residential Services

(Long Term Residential Care) – A structured environment with 24-hour care in combination with residential services and group treatment to support and promote recovery.

Level 3.5 – Clinically Managed High-Intensity Residential Services (Adults)

(Therapeutic Community) – A structured environment with 24-hour care in combination with a full active milieu to support and promote recovery and prepare for outpatient treatment.

Level 3.7 – Medically Monitored Intensive Inpatient Services (Adults)

(Intensive Inpatient/Residential) – A medically monitored intensive inpatient treatment program with 24-hour nursing care, 16-hour counseling and physician availability. Patients entering Level 3.7-WM require medication and have a recent history of withdrawal.

A. INTRODUCTION

The FY24-26 Community Behavioral Health Plan (CBHP) is representative of the collaborative and integrated work of the six local authorities responsible for managing Maryland's Public Behavioral Health System (PBHS) for the mid-shore counties of Maryland: Caroline, Dorchester, Kent, Queen Anne's, and Talbot Counties. The FY24-26 Community Behavioral Health Plan is a product of the following local authorities' partnership and dedication regional behavioral health systems management in the mid-shore:

Caroline County Local Addictions Authority (LAA)
Dorchester County Local Addictions Authority (LAA)
Kent County Local Addictions Authority (LAA)
Mid Shore Behavioral Health, Inc., Core Service Agency for the mid-shore counties (CSA)
Queen Anne's County Local Addictions Authority (LAA)
Talbot County Local Addictions Authority (LAA)

The collaboration on the development of the regional CBHP across local authorities originated from the guidance to plan for integration of local authorities in the state of Maryland. The expectation for local integration stems from the Behavioral Health Plan released in FY2017 stating the expectation of "improved health, wellness, and quality of life for individuals across the life span through a seamless and integrated behavioral health system of care." In the mid-shore, the six entities that represent, and are responsible for the local behavioral health systems management, initiated a collaborative process to assess the needs and priority areas for planning local integration in the region in July 2018. Since then, the relationship across local authority structures has grown in depth and partnership in serving the mid-shore region. The six entities represented in this plan, represent the "Mid Shore Planning Collaborative" or MSPC. In FY22, MSPC developed a Mission and Vision statement for the collective partnership and has continued to reference these in our growth as a collaborative, and as a reminder of the commitment to our work and communities we serve:

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.

As a part of the FY24-26 planning process, the MSPC team worked to develop and endorse a logo representing the collaborative. The following logo represents each of the six entities in the mid-shore region, along with the collaborative. The MPSC team supports the open layout of the

honeycomb design to represent the next phase of our work as a collaborative being open to our integrated work and outward facing roles to support the communities of the mid-shore.

Through the work of developing our FY24-26 plan, MSPC has committed to addressing determinates of overall health and wellness through resources that offer interventions and supports to our region in hopes of improved quality of life and wellness of our community. MSPC has made an intentional commitment to addressing systematic racism and inclusion seeking to support the community and grow internally. An area of ongoing work is to address stigma and how it impacts access to resources, availability of services, and how it contributes to inhibited wellbeing and trauma, the need to enhance systems and quality, community engagement, and provider networks in the mid-shore.

It is important to note that while representing membership with MSPC, each entity does support independent local authority responsibilities. In the document, when MSPC is referenced, please note that this indicates a mid-shore region collaboration, not a single local authority. When a single local authority is referenced in the plan, it states the entity represented. Included in the Appendix Section of the CBHP, is Appendix D: Organizational Charts as a reference for each of the six entities that comprise MSPC.

MSPC has been impacted over the recent month and year with challenges impacting workforce and recruitment in the behavioral health field and local authority structures. MSPC has welcomed new leadership in the last year: In Caroline County, a new Director of Behavioral Health and LAA, and a new Health Officer; Queen Anne's County has welcomed a new LAA Director over the course of FY22.

The FY24-26 CBHP represents a continued commitment and process that has afforded the mid-shore region with the opportunity to address the needs of the region, evaluate the resources currently serving the jurisdiction, identify gaps and assess the future planning required for a strategic plan and successful implementation of an integrated structure. MSPC works to build an efficient and responsive system that comprehensively addresses the needs of individuals, families and communities impacted by mental illness and substance use by expanding the reach and quality of the public behavioral health system, promoting the development of new and innovative services, and addressing specific population and system-level needs. MSPC is committed to enhanced relationships across local authorities and with our stakeholders to address our region's current capacity, disparities, and opportunities for growth for behavioral health resources, workforce, and wellness in the region.

B. FY24-26 GOALS AND OBJECTIVES

Goal 1. Develop and implement an integrated behavioral health systems management structure.

Objective 1. Mid-shore counties' local behavioral health systems managers will work collaboratively towards achieving regional behavioral health systems integration.

Strategy 1A. Mid-Shore Counties Local Behavioral Health Systems Integration Workgroup will implement the regional behavioral health systems integration plan.

Performance Measure: The Mid-Shore Counties Local Behavioral Health Systems Integration Workgroup, representative of Local Addictions Authorities (LAA) leadership and invested stakeholders, will meet in support of expanding our provider community, promote access to services, and collaborate on local systems development. The focus of systems integration is on a local level, with state partner support, and change management. The primary goal is regional planning and needs assessment, strengthening the local authority role in the mid-shore, and addressing integration strategic planning. Dissemination of national, state, regional, and local behavioral health initiatives in the mid-shore region. Implement an integration plan to move to a regional Local Behavioral Health Authority structure.

Performance Target: MSPC leadership will administer the Local System Integration Workgroup. MSPC will delineate and advocate for resources necessary for a successful regional integrated structure and present them to BHA, MDH, and local governing bodies. In FY24-FY26, the workgroup will work from the MSPC Integration Timeline to formalize stages of integration implementation and LBHA structure plan.

Strategy 1B. MSPC will prepare for an integrated behavioral health regional needs assessment.

Performance Measure: Collaborate with systems management partners to plan for a regional behavioral health needs assessment. Strategically plan for an assessment that will support a rural model of systems management, behavioral health service delivery with a focus on addressing and combating disparities, the impact of COVID-19, and increased demand for behavioral health services.

Performance Target: Implementation of a regional need assessment and gap analysis by the end FY24. The regional Data and Quality Monitoring Coordinator will support the planning, research and data collection of regional needs assessments that have been completed by partner agencies to support MSPC needs assessment processes. Develop and issue a Request for Proposal (RFP) for a needs assessment contractor to collaborate with MSPC for the implementation. Develop a schedule of needs assessments to strategically plan for future needs.

Objective 2. MSPC will work with system partners to develop an integrated leadership and governance model in the mid-shore.

Strategy 2A. Maintain a Regional Behavioral Health Advisory Committee (RBHAC) and engage the committee in strategic planning to formalize an integrated structure.

Performance Measure: MSPC will engage the committee by way of providing pertinent information regarding local systems management, state, and local integration initiatives, and soliciting committee feedback and guidance for integration.

Performance Target: MSBH will invite RBHAC members to participate in the Integration Workgroup and encourage engagement on all advisory groups (ex. county LDAACs), during FY2024. MSBH will track attendance of RBHAC members at the Integration Workgroup.

Strategy 2B. MSPC will serve and lead the mid-shore region's Local Drug and Alcohol Abuse Councils, Substance Use Committees, and related community initiatives.

Performance Measure: MSPC will be represented on each mid-shore Local Drug and Alcohol Abuse Councils (LDAAC), mid-shore counties Opioid Intervention Teams (OIT), Overdose Fatality Review Boards and Regional Opioid Task Force with Shore Regional Hospital. MSBH will maintain responsibility for administrative and leadership duties for Drug Free Caroline (the Caroline County LDAAC).

Performance Target: MSPC will be represented at 100% of the LDAAC meetings in each mid-shore county over the course of FY24. MSBH will be responsible for the Drug Free Caroline meetings in terms of organization, planning, strategic planning, and leadership. MSPC leadership with collectively strategize initiatives that will be included in each of the mid-shore LDAACs planning as a regional initiative.

Strategy 2C. MSPC will engage leadership of local governing and advisory councils/committees to work on the development of a collaborative mid-shore advisory and governing model.

Performance Measure: MSPC will support local advising and governing bodies with increased coordination of mid-shore behavioral health and community stakeholders and establish an integrated governance model comprising of existing mid-shore advisory and governing committees and councils to work towards a formal integrated advising body for MSPC.

Performance Target: MSPC will implement a regional advisory collaborative structure. Implementation will include governing and guiding documents/bylaws, meeting schedules, and membership/leadership structure. Stakeholders will represent the leadership of mid-shore advisory and governing groups. With stakeholders, develop a three-to-five-year implementation timeline for the roll-out of the regional integrated collaborative governing model by the conclusion of FY24.

Objective 3. MSPC will assess, develop, and plan for an integrated fiscal and operational structure.

Strategy 3A. Develop a foundation model of partial integrated funding to support mid-shore counties behavioral health systems management.

Performance Measure: MSPC will evaluate the current funding pattern and structure of each mid-shore local authority, identify priority funding that requires increased funding from state partners to successfully integrate funding. MSPC will work collaboratively with our local systems

management leaders to support the fiscal plan to endorse local integration and advocate for preservation of funding structures where appropriate.

Performance Target: MSPC will evaluate financial structures, procurement, and capacity to integrate in preparation for a partial blended funding structure. MSPC will work with system management partners to draft a budget management model that will support enhanced fiscal management of integrated funding streams in the mid-shore. MSPC will advocate with BHA to support the mid-shore authorities maintaining autonomy of current budgets and support integrated new initiative budgets development and oversight.

Strategy 3B. MSPC leadership will collaborate on regional grants and new programming initiatives.

Performance Measure: MSPC will work to intentionally collaborate with new grant and program initiatives as a collective for regional implementation. MSPC leadership will partner to identify new opportunities and needs and in the region for programing and funding support. MSPC will work to strategically address new requirements for services but administration or legislative mandates, and work to implement and support county specific and mid-shore programming and funding.

Performance Target: In FY24, MSPC will commit to communication and transparency as a collaborative when a new grant opportunity is considered for application. MSPC will distribute grant application materials and concept ideas with the group before applications are completed. MSPC will meet and determine the approach with applications by MSPC as a whole or an individual entity/agency. MSPC will seek out grant opportunities collectively when a need or service gap is established.

Objective 4. MSPC will implement a coordinated quality management of our regional behavioral health system.

Strategy 4A. MSPC will plan for the integration of program planning, contract management, and reporting.

Performance Measure: MSPC will evaluate current contract oversight procedures and determine the priority of agency needs for expanded systems and contract management. MSPC will work to standardize contract management and reporting to support agency structure and preparation for an integrated model of systems management.

Performance Target: MSPC will solicit the support and technical assistance of our local and state leadership with the development of a standardized procedure for the operational oversight of integrated funds, programming for annual contracting. MSPC will develop uniform contract monitoring tools for sub vendor contracts for services. MSPC will adopt the BHA monitoring tool elements as a guide to local contract management.

Strategy 4B. MSPC will manage and utilize behavioral health data which is representative of the mid-shore region.

Performance Measure: Monitor and evaluate the performance of local PBHS and MSBH Programs data. Utilize data-driven decision making to improve quality, efficiency, and outcomes of behavioral health services within the PBHS and address gaps in services and resources.

Performance Target: In FY24, MSPC will evaluate integrated data collection processes that represent the mid-shore region. MSBH Data and Quality Monitoring Coordinator will work with local system management partners to develop a data reporting and monitoring structure for information sharing.

Strategy 4C. MSPC will support quality assurance practices with accreditation, licensure, and compliance expectations on a state and local level, and will support integrated systems collaboration. MSPC will support compliance and coordination with the ASO in quality oversight and support of the provider community.

Performance Measure: MSPC will monitor quality practices, support compliance with licensure, regulation, and ASO. MSPC will participate in site visits with regulatory entities. Monitor program improvement plans (PIPs) and provider compliance with audit outcomes. Support the provider network with ASO payments and claims issues, advocate for timely reporting of performance, clarification of regulatory changes, and education of any changes to ASO structure impacting service delivery and access.

Performance Target: MSPC will support mid-shore behavioral health providers with quality practices, correspondence with state and accrediting bodies, and collaboration across local authority structures with all providers. MSPC will comply with reporting and monitoring practices. MSPC will track ASO issues encountered by providers. MSPC will track site visit reports, participation in external site visits, and submissions of PIPs.

Strategy 4D. MSPC will manage complaints and critical incident reporting.

Performance Measure**:** MSPC will collaborate with all behavioral health complaints and critical incidents in the mid-shore. MSPC will encourage consumers, family members, support entities, and vested community members to report issues or concerns about a provider to support quality services and practice.

Performance Target: MSPC will develop a process to support the interagency/authority sharing of information related to complaints and critical incident management by the conclusion of FY24. MSPC will practice transparency with complaints and critical incidents in the mid-shore region to support an integrated model of response. MSPC will respond within the timeline expectations of the complaint and manage reports and outcomes. MSPC will solicit the support of BHA, regulatory agencies, and accreditation bodies as needed for support with investigation outcome management. MSPC will work with state integration learning community partners to contribute to the State Procedure Manual. MSPC will finalize mid-shore reporting and tracking forms for complaints and critical incident management.

Strategy 4E. MSPC will develop an integrated Mid-Shore Counties Behavioral Health Emergency Response Plan.

Performance Measure: MSPC Integration Workgroup will develop a mid-shore region Behavioral Health Emergency Response Plan.

Performance Target: MSPC will develop a regional behavioral health emergency plan for FY24 representative of cross-county/regional infrastructure response. MSPC will collaborate with all mid-shore Emergency Operations Managers to validate the behavioral health response plans.

Goal 2. Strategically address the impact that social determinants of health have on the wellness of the mid-shore community.

Objective 1. In partnership with consumers, their natural support systems, and the community at large, promote awareness and understanding of behavioral health using a culturally competent lens, to address stigma in the mid-shore.

Strategy 1A. MSPC will support an integrated media presence and increase public knowledge throughout the mid-shore.

Performance Measure: Media presence will include a regional resource guide, user-friendly website, strategic social media, printed collateral, and a bi-weekly e-newsletter. Track social media posts, likes, retweets, and shares.

Performance Target: Distribute 600 Resource Guides annually; Distribute a minimum of 26 bi-weekly e-newsletters annually; Increase social media engagement by 10%; Increase Facebook fans and followers by 10%.

Strategy 1B. MSPC will engage the regional business and faith-based community in the promotion of health and wellness.

Performance Measure: Intentional marketing and outreach to provide information on behavioral health topics and resources to regional businesses and faith-based communities.

Performance Target: Contact and present information to 40 businesses and/or faith-based organizations within the region, throughout FY24-26.

Strategy 1C. MSPC will support provider and community education to reduce behavioral health stigma.

Performance Measure: Host, sponsor, and/or volunteer at public events to promote behavioral health, wellness, and awareness.

Performance Target: MSPC will participate in, organize, or sponsor twenty-four (eight per year) public events in FY24-26.

Strategy 1D. MSPC will promote suicide prevention and awareness.

Performance Measure: Collaborate with local stakeholders to address and implement suicide prevention across the life span by developing and distributing educational materials, assessing access to services, and promoting the best practices of the American Foundation for Suicide Prevention.

Performance Target: At least one member of the MSPC will join the planning committee for the American Foundation for Suicide Prevention Out of the Darkness Walk on the mid-shore. Ten percent of MSPC members will participate in the Out of the Darkness Walk. Suicide prevention

articles and information will be highlighted at least 60 times in a bi-weekly newsletter and social media for FY24-26. The Mid-Shore Suicide Coalition will be established to address suicide prevention, and the community impact/action within the region.

Strategy 1E. Dorchester County will sponsor an art and education project in collaboration with Dri Dock Recovery Wellness Center, Dorchester County Detention Center, and Dorchester County Behavioral Health. The purpose of this project is to facilitate a meaningful discussion on stigma related to SUD and Mental Health with community members and Behavioral Health Professionals.

Performance Measure: Recruit individuals impacted by SUD/MH to create art that expresses real life stigma experienced in the community and with behavioral health providers. Dorchester County will sponsor four public forums to discuss and view stigma using the art projects. Two forums will be for the general public and two will be geared to provider groups. Pre and post tests will be distributed during each forum.

Performance Target: No less than 25 individuals will participate in each forum. Ninety percent of participants will report having an improved perception of individuals suffering from SUD/MH disorders.

Objective 2. Actively involve members of the mid-shore community in behavioral health systems management.

Strategy 2A. Collaborate with faith-based institutions to develop and implement community recovery support programs.

Performance Measure: Involve faith-based organizations across the five counties to incorporate recovery-based initiatives such as Open Table, attending Going Purple Together (GPT), hosting 12-step meetings and Recovery Sunday (during recovery month). Faith-based organizations will be represented on five local LDAACs and RBHAC committees.

Performance Target: Engage with and support a minimum of five faith-based organizations to hold a minimum of one annual recovery support initiative each. Recruit and encourage a minimum of one faith-based organization representative to participate on each of the five county LDAACs.

Objective 3. Acknowledge that systemic social injustice and racial inequity affects the well-being of the mid-shore community and increase stakeholder participation by 20% by June 30, 2026.

Strategy 3A. Improve cultural and linguistic competency of MSPC staff, on the continuum to cultural humility and promote awareness to other community agencies of the need for culturally and linguistically appropriate services throughout the region.

Performance Measure: Provide annual training that aims to improve cultural awareness to at least 50 members of the MSPC advisory committees and MSBH Board.

Performance Target: Facilitate and/or host at least one cultural humility training per year, until June 2026.

Strategy 3B. Support the work of the Moving Dorchester Forward collaborative, which is a partnership of agency partners, community members and business owners. MSPC will identify gaps in services and create ways to bring culturally sensitive behavioral health services to Dorchester County.

Performance Measure: Through collaboration with Moving Dorchester Forward, MSPC will work toward bringing one new, or expanded, behavioral health service or support to Dorchester County by June 30, 2026.

Performance Target: MSPC will bring one new, or expanded, behavioral health service or support to Dorchester County by June 30, 2026.

Objective 4. Address homelessness and housing insecurity in the mid-shore community.

Strategy 4A. Serve as the lead agency for the Mid Shore Roundtable on Homelessness Continuum of Care Homeless Management Information Systems (HMIS).

Performance Measure: Facilitate an annual training for new and existing HMIS users to improve system data quality.

Performance Target: Reduce system performance measure errors across the continuum by an overall average of 10% by FY26.

Strategy 4B. Work with community providers to provide access to case management and housing services with an emphasis on racial equity for those who are at-risk of experiencing homelessness.

Performance Measure: The Mid Shore Roundtable on Homelessness and the local Continuum of Care will mobilize community partners to develop strategies to intentionally link diverse and underserved populations to housing and homeless services.

Performance Target: The Mid Shore Roundtable on Homelessness will host a minimum of one annual diversity and inclusion training for members and community partners.

Strategy 4C. Implement the Supplemental Security Income/Social Security Disability Insurance (SSI/SSDI) Outreach, Access, and Recovery (SOAR) program in the mid-shore region.

Performance Measure: Develop a regional SOAR workgroup and continue facilitating regional SOAR training. Provide assistance to SOAR Case Specialists to maintain disability claims.

Performance Target: The SOAR Case Specialist will submit a minimum of 20 disability claims per year using the SOAR Process and assist the SOAR Lead in providing one annual regional training.

Strategy 4D. Develop strategies to market SOAR and CoC programs.

Performance Measure: Develop and distribute marketing materials in Spanish, Haitian Creole languages, large print, and web versions; distribute at community events and across social media platforms.

Performance Target: Provide materials at ten community events per year; share relevant information and materials on social media platforms ten times per year.

Strategy 4E. Raise awareness of the relationship between behavioral health needs and homelessness.

Performance Measure: MSPC will explore opportunities to present to Mid-Shore County Councils on integrated behavioral health and homelessness services to collaborate on building long-term solutions and sustainability that address affordable, permanent housing.

Performance Target: MSPC will make a minimum of one presentation to each of the five mid-shore county councils.

Objective 5. Address the needs of individuals who are impacted by the criminal justice system.

Strategy 5A. MSBH Forensic program will support the Problem-Solving Court Staffing Teams in identifying participant diagnosis, and treatment recommendations which include case management and resources.

Performance Measure: Forensic Mental Health team will support participants in becoming actively engaged in treatment, case management, and linked to community resources.

Performance Target: FMH team attends bi-weekly meetings for Caroline and Talbot Counties, will conduct fifty assessments and support forty case-management clients. Track number of completed assessments and case management services quarterly for the mid-shore.

Strategy 5B. Promote partnerships to provide linkage to services for youth at risk for involvement in juvenile justice.

Performance Measure: Increase participation of DJJ professionals in forensic and CAYAS workgroups to collectively identify gaps to meet the need of the community, based on the HB HB0459/SB691 changes that went into effect June 1, 2022.

Performance Target: Quarterly, evaluate services and present them to stakeholders. Forensic and CAYAS workgroups will each have an annual Juvenile Services focused meeting to identify gaps in services and present community supports.

Objective 6. Support the development of a Trauma Informed local Public Behavioral Health System.

Strategy 6A. Increase Trauma Informed Care integration throughout the local Public Behavioral Health System.

Performance Measure: MSPC will increase awareness of learning opportunities to the provider network to encourage trauma-informed practices across their organizations to provide care to individuals served.

Performance Target: MSPC will host an annual presentation on trauma-informed practices through one of the BHSN workgroups and disseminate information on learning opportunities through CIT presentations, workgroups, newsletter, and social media platforms.

Objective 7. MSPC will work collaboratively with providers and local partners to evaluate the transportation needs and barriers in the mid-shore.

Strategy 7A. Advocate and support the development and implementation of programs that address transportation needs through local partnerships.

Performance Measure: Explore grant opportunities to expand transportation services, complete transportation review. MSPC will update and disseminate the availability and restrictions on

existing modes of transportation among mid-shore providers, public transportation, medical assistance, Pearl Transit program.

Performance Target: Year 1 - Gather information on transportation opportunities and challenges. Year 1 through 3 - Create and distribute transportation guide through stakeholder distribution methods and the Adult Services Workgroup. Participate in external roundtable/workgroup meetings as organized.

Objective 8. MSPC will enhance our relationship with private and public-school systems to increase resource dissemination to improve the therapeutic program within the school systems.

Strategy 8A. Collaborate with mid-shore education systems to identify needs for school-based mental health services and supports.

Performance Measure: Develop and implement outreach plan for mid-shore public and private schools through CAYAS workgroup meetings, Eastern Shore 'School Based Mental Health Coalition, or partner meetings.

Performance Target: In year one, compose list of Eastern Shore Schools and behavioral health services offered within the school setting. In years two and three, engage two new school partners per year to enhance school-based services provided.

Goal 3. Enhance and grow a regional Behavioral Health System of Care with a focus on equity, and a skilled, diverse workforce.

Objective 1. During FY24-26 MSPC will promote a "No wrong door" culture across multiple community access points to reduce and remove barriers for utilization of behavioral health services for mid-shore residents.

Strategy 1A. MSPC will increase community awareness by providing education related to stigma and behavioral health services.

Performance Measure: MSPC will host a minimum of six annual events and attend or participate in ten community events to improve information on behavioral health services.

Performance Target: At the end of each event MSPC will review attendance and evaluate material distribution. Based on the analysis outcomes, MSPC will take steps to increase community attendance by 10% by FY26.

Strategy 1B. Dorchester County is currently collaborating with the Dorchester County Detention Center (DCDC) to provide MAT to include buprenorphine, vivitrol/naltrexone, and methadone into the treatment protocol at the DART Program (SUD Program). DCBH will provide a best practice curriculum for level I treatment, focused on the needs of individuals that are incarcerated. The appropriate medications will be purchased, working with DCBH physician and DCDC. DCBHS will provide necessary resources such as clinical, medical and peer staff, and supplies as needed.

Performance Measure: DART and DCDC will provide MAT for individuals in DART that MAT is found to be medically necessary. Individuals in DART receive transition plans. Individuals successfully completing DART will not be reincarcerated in a 12-month period.

Performance Target: DART and DCDC will provide MAT for 90% of individuals in DART that MAT is found to be medically necessary. Ninety percent of individuals in DART receive transition plans. Less than 10% of individuals successfully completing DART will not be reincarcerated in a 12-month period. MAT data collected quarterly. Implementation of services by January 2023.

Strategy 1C. Dorchester County will collaborate with the Dorchester County HIV Department, and DCBH, to provide HIV and HCV testing information and referral to individuals upon release from the Dorchester County Detention Center.

Performance Measure: DCBHS will provide/facilitate HIV and HCV testing information for detainees in the DART program and referrals when medically indicated.

Performance Target: DCBHS will provide/facilitate HIV and HCV testing information for 80% of detainees in the DART program and referrals when medically indicated.

Strategy 1D. Caroline County will work collaboratively with the Caroline County Detention Center and University of Maryland in the planning and development of their MOUD program.

Performance Measure: Support the implementation of the MOUD program in the detention center.

Performance Target: In FY2024-FY2026 detention center staff will screen and provide treatment services to 30 inmates.

Strategy 1E. MSBH leadership will be responsible for the facilitation and strategic planning of The Bay Bridge Partnership.

Performance Measure: The Bay Bridge Partnership cultivates relationships with responsible local and state agencies that serve the Bay Bridge and the surrounding counties for emergency management and crisis response. The Partnership will continue to build membership and strategic initiatives to address incidence of suicide, suicide prevention and education, crisis systems utilization, and suicide trends in the State of Maryland. The Partnership will work to support state systems enhancements and crisis systems development to address suicide prevention and crisis management in the region and state.

Performance Target: In FY24, the Bay Bridge Partnership will develop a one-to-three-year strategic plan as a group to assist with focusing group priorities and measuring progress and successes. The Partnership will continue to work on the hospital and crisis services warm hand off initiative developed in FY23. The Partnership will continue to serve as a resource in the state and nationally as a model for systems crisis management for crisis "hot spots" and crisis systems planning.

Strategy 1F. Caroline County Mobile Treatment Unit (MTU) will increase expansion of treatment services in the mid-shore.

Performance Measure: CCBH will work towards increasing the number of locations served in the mid-shore by examining the SU data and needs of each county.

Performance Target: CCBH will strive to add one new MTU location in the mid-shore.

Strategy 1G. MSBH will implement Suicide Prevention Initiatives in the mid-shore region.

Performance Measure: MSBH will work with local partners with the implementation of new suicide prevention initiatives in FY24. Suicide initiatives will focus on prevention, community organizing, community education, survivors support, and coalition outreach.

Performance Target: MSBH will implement two suicide prevention initiatives in FY24. One initiative will focus on gun safety and crisis management. The second initiative will be the development of a Mid Shore Suicide Prevention and Support Coalition. MSBH will work with local partners and contracted agencies to implement both initiatives. MSBH will work to demonstrate the success of both programs and seek out sustainability funding in FY 24 for FY 25 and beyond.

Objective 2. MSPC will promote and monitor the development, access, and sustainability for the provision of services for identified programs.

Strategy 2A. MSPC will expand program services for the CAYAS population with behavioral health needs.

Performance Measure: MSBH will increase the number of Mobile Response and Stabilization Teams to serve the CAYAS population on the Eastern Shore. During FY24-26 the focus will be on expanding teams in Worcester, Talbot, and Caroline Counties.

Performance Target: Expand to five teams consisting of a clinician and peer support certified in Crisis Assessment Tool (CAT) model.

Strategy 2B. MSPC, in collaboration with the Eastern Shore Behavioral Health Coalition, will address increased capacity needs, sustainability, and strategic planning for the preservation of the A.F. Whitsitt Center.

Performance Measure: Eastern Shore stakeholders will continue to meet as a subcommittee. Work in partnership with leadership from the Kent County Health Department and mid-shore counties leadership to implement a strategic plan for sustainability of services and infrastructure needs.

Performance Target: In FY24, continue to collaborate with Kent County, mid-shore counties leadership, and the Eastern Shore Delegation (Specifically Legislative District 36 and 37) to support facility planning. The stakeholders' group will support advocacy for facility infrastructure funds and seek out support with sustainability planning for the services and programs expansion opportunities. Work with BHA to plan for the expansion of services offered at the A.F. Whitsitt Center.

Strategy 2C. MSBH will collaborate with State Hospitals to transition consumers from State Hospitals into Assisted Living placements through the State of Maryland.

Performance Measure: Twenty consumers in the State Hospital Discharge Initiative will be successfully residing in Assisted Living placements throughout the state of Maryland at the start of FY24. Out of the twenty consumers placed, MSBH will identify those who need to be placed on the Community Options Waiver registry by the end of FY24.

Performance Target: MSBH will assist 100% of the consumers who are invited to apply for the Community Options Waiver in securing a long-term placement during FY24-FY26. When a

consumer is approved for the Community Options Waiver, this will create an opening in the State Hospital Discharge Initiative for another consumer to be placed. This will be an ongoing process during FY24-26. If more funding is secured between FY24-FY26, the number of openings for the project may increase.

Strategy 2D. Support and advocate for the utilization and access needs to expand telehealth, tele-psychiatry, and virtual behavioral health delivery of services infrastructure in the mid-shore region.

Performance Measure: Advocate for permanency of the current telehealth regulations and established infrastructure in the mid-shore region, with a focus on delivery of services by way of telehealth to underserved populations and addressing disparities, access, transportation barriers, and stigma in behavioral health.

Performance Target: During FY24, monitor and survey the utilization of telehealth as a service delivery model for our mid-shore provider network. Work with mid-shore provider networks to support the expansion of telehealth in practice and access. Work with providers to seek funding for the expansion of telehealth equipment. Educate the mid-shore consumers regarding the availability of telehealth services in the region.

Objective 3. MSPC will support workforce expansion in our rural region to increase behavioral health provider options.

Strategy 3A. To provide field study opportunities for secondary education students to promote behavioral health workforce.

Performance Measure: Create one new partnership per year to engage student internships to explore behavioral health career opportunities by working with local education institutions.

Performance Target: Offer at least one career/internship opportunity annually.

Strategy 3B. MSPC will work closely with our legislative partners to promote initiatives that support Behavioral Health workforce expansion.

Performance Measure: MSPC in partnership with the Eastern Shore Behavioral Health Coalition will identify one annual workforce initiative to present to the Eastern Shore Delegation and Mid-Shore County Councils. The initiatives may increase as the Crisis System and Peer Support System move to a fee-for-service structure. The Behavioral Health Coalition will support providers with this change in structure.

Performance Target: The Eastern Shore Behavioral Health Coalition will present identified initiatives annually to the legislative bodies to support Behavioral Health workforce expansion. MSBH/MSPC will present to five Mid-Shore County Councils at annual meetings.

Objective 4. Enhance, sustain, and support our current community workforce.

Strategy 4A. Support the current behavioral health workforce through continuing education and relevant training opportunities.

Performance Measure: Serve as an approved sponsor of the Maryland Board of Social Work Examiners for continuing education credits for licensed social workers. Identify training opportunities to address workforce professional development needs.

Performance Target: Provide a minimum of three sponsored community training opportunities to the mid-shore workforce annually. Provide CEUs or COA as applicable.

Strategy 4B. MSPC, in collaboration with the nine counties of the Eastern Shore, will administer and facilitate Behavioral Health Services on the Eastern Shore Provider and Stakeholder Meeting.

Performance Measure: MSPC will maintain the Provider and Stakeholder meetings on behalf of the mid-shore local authorities and the local authorities in Cecil, Somerset, Wicomico, and Worcester Counties. MSPC will maintain and organize representation requests and presentations from BHA, ASO, local governance, and special presentations regarding behavioral health systems developments. Providers from all service lines including entities that support behavioral health, crisis services, case management, and homeless services will be represented and report on any program developments and new resources.

Performance Target: In FY24-26 MSPC will utilize the monthly stakeholder/provider group meetings to host four presentations per year to expand provider support, address issues impacting workforce capacity, recruitment, retention, and wellness, and provider support needs. MSPC will intentionally focus on issues impacting provider performance and stressors impacting the network.

Strategy 4C. Promote one-time, non-repetitive eight-hour training program in accordance with the Medication Access and Training Expansion (MATE) Act for private physicians and Nurse Practitioners to prescribe Buprenorphine. Encourage practitioners to obtain a current DEA registration that includes Schedule III authority to prescribe. Establish mutual aid networks for prescriber and clinical/therapeutic providers networks.

Performance Measure: MSBH Harm Reduction Coordinator will promote this training beginning July 1, 2023, to advocate within the mid-shore community and provide updated information on new federal regulations as it is developed.

Performance Target: Increase the number of practitioners in the mid-shore region providing MAT services by 15% over three years. Provide quarterly updates to the five mid-shore LDAACs to promote training and need for additional prescribers. In FY24-26, develop an MOU to be utilized for providers, clinicians, and prescribers to formalize the mutually supportive relationship as treatment providers for related client/consumer needs.

Strategy 4D: Increase the Peer Recovery Support workforce in the mid-shore and the engagement in the Peer Recovery Support Workgroup.

Performance Measure: The peer support workgroup will meet monthly to increase awareness of Peer Recovery Support Specialist trainings by way of outreach, and workforce development. The workgroup will examine how MSPC is supporting the fee-for-service structure for peer support.

Performance Target: Increase workgroup attendance by 10%. The group will provide awareness and support to the statewide changes. Increase the number of peers in the region by 10%.

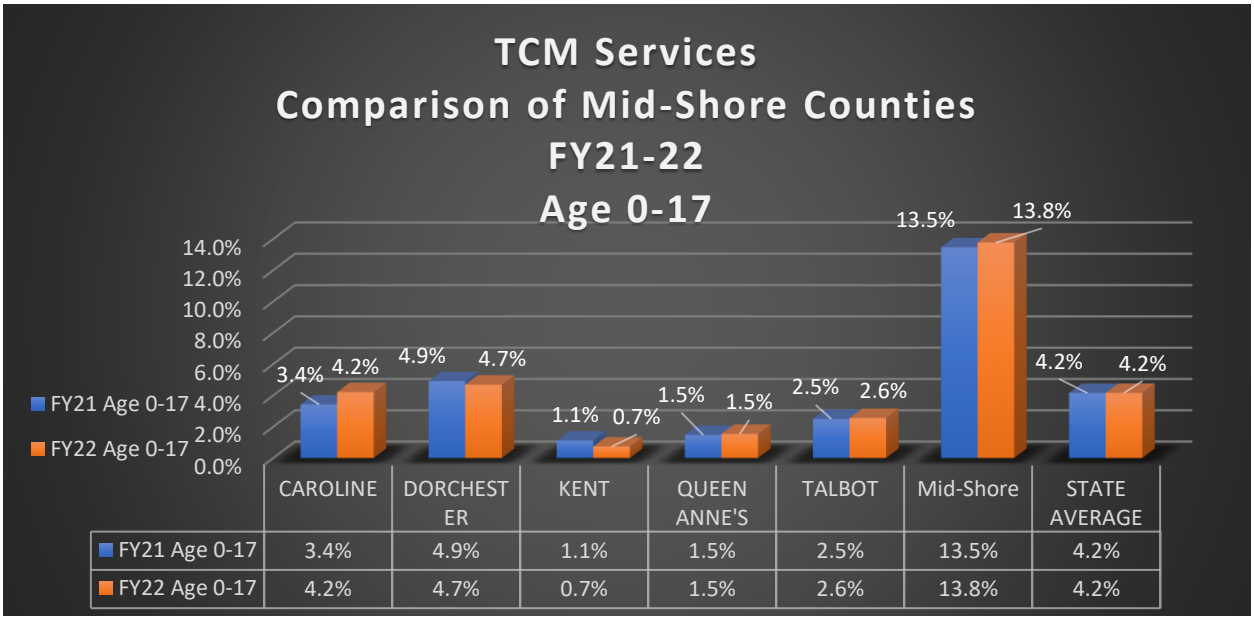
Strategy 4E: Create a training cohort of clinicians to address increased need of RAD and related diagnosis trained clinicians.

Performance Measure: CAYAS Workgroup/RAD subgroup will bring an annual trauma-focused training to the mid-shore community to increase clinician skillset and community-based strategies.

Performance Target: Increase number of RAD/Trauma trained clinicians by a minimum of 500% yearly who are also a part of a cohort to continue their skills growth and development.

C. TARGETED CASE MANAGEMENT CAPACITY ANALYSIS

Child and Adolescent Targeted Case Management Analysis:



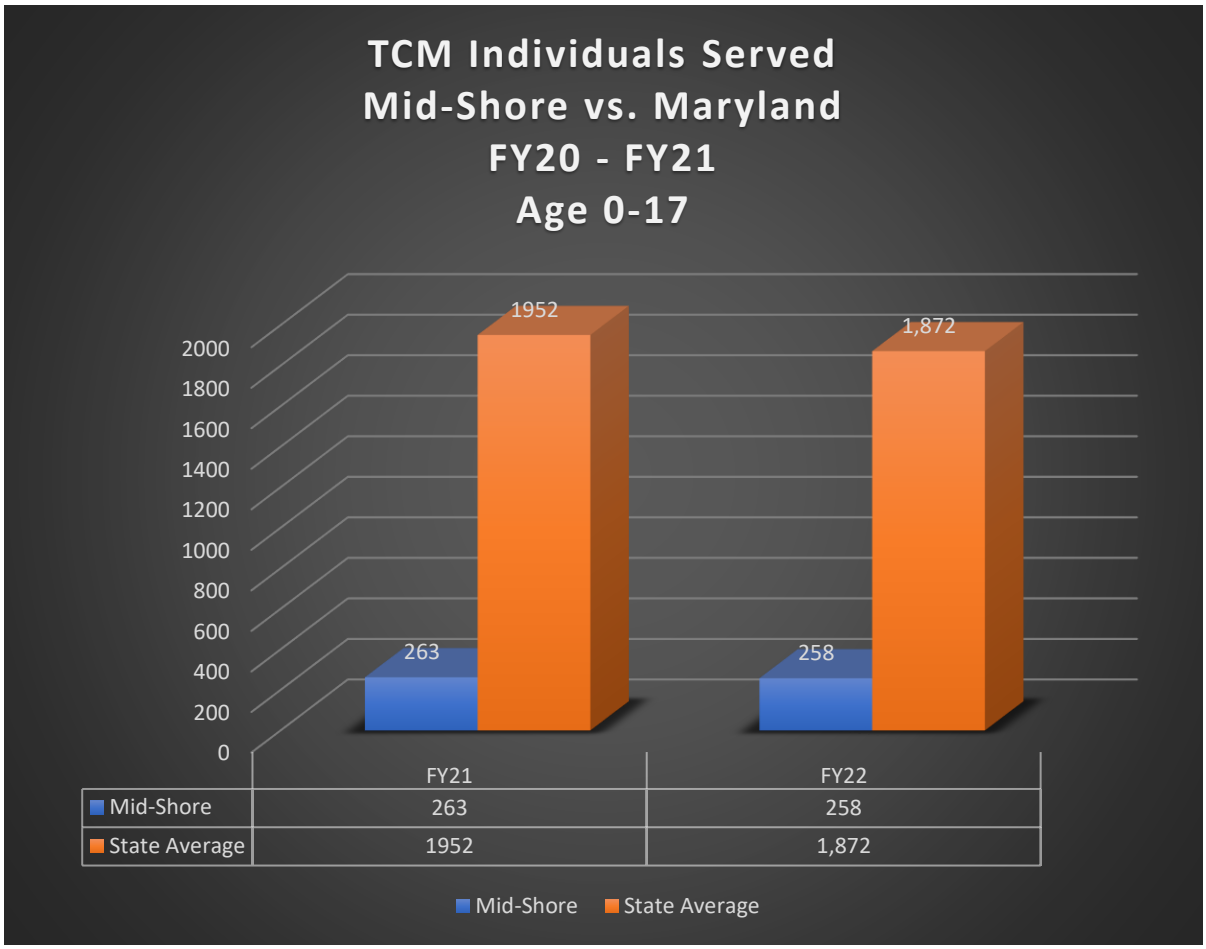
	CAROLINE	DORCHESTER	KENT	QUEEN ANNE'S	TALBOT	Mid-Shore	STATE AVERAGE
FY21 Age 0-17	3.4%	4.9%	1.1%	1.5%	2.5%	13.5%	4.2%
FY22 Age 0-17	4.2%	4.7%	0.7%	1.5%	2.6%	13.8%	4.2%

Data Source: Optum ASO claims data paid through 10/31/2022

The Child and Adolescent TCM program in the mid-shore region is managed by Wraparound MD. Wraparound MD has provided TCM in the mid-shore for the past five years. The number of children and youth served has remained about the same across the five counties in the past two years. Wraparound MD works well to engage and to keep families of children and adolescents engaged in TCM despite the challenges of social isolation and ongoing outbreaks. Other challenges that Wraparound MD faces in meeting the needs of their families and youth are housing, transportation, employment, lack of timely therapy options in person and through telehealth, inflation, increased cost of food, increased utility costs and premature discharges from other partnering organizations. Wraparound MD has a positive presence in the mid-shore

and collaborates with agencies, builds additional partnerships to meet families' needs including churches and other charitable organizations to provide services and supports to the child and adolescent population. Wraparound MD continues to recruit additional staff in order to meet the referral needs and address staff turnover. Targeted Case Management services in the mid-shore continue providing community-based services, supporting children and adolescents with behavioral health needs in their homes and their communities.

Mid Shore Behavioral Health, Inc. (MSBH) opened the contract for child and adolescent services in the summer of 2022 and the contract was awarded to Wraparound MD for the period of 10/1/22 through 9/30/27.



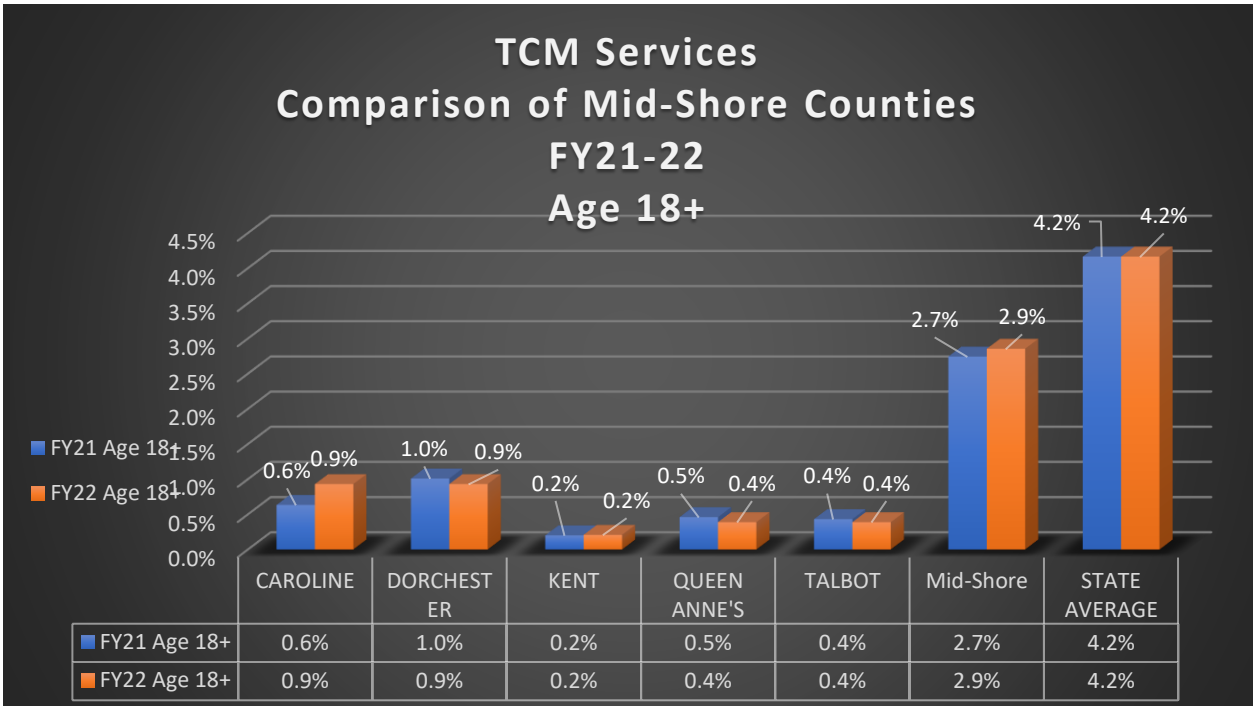
Data Source: Optum ASO claims data paid through 10/31/2022

Participation rates in the mid-shore remain stable in 2022, with the lowest participation in Kent and Queen Anne's counties. Those two counties have the lowest percentage of child population in the mid-shore.

The state of MD rates of individuals served in TCM for children and youth has remained stable in the last two years with the mid-shore also remaining stable.

Adult Target Case Management Analysis:

The Adult TCM program on the mid-shore is managed by Corsica River Mental Health Services (CRMHS). Corsica River has been the certified TCM provider for over six years (previously housed under Crossroads Community Inc.,) but by the same staff. The program is managed by a TCM Supervisor and three additional TCMs who all provide direct care. The TCM Provider generally has a caseload of 20 clients. Having a higher caseload is difficult, due to the size of the region and the travel time between clients. The regional program attempts to address this issue by assigning case managers to specific areas of the mid-shore. In FY2022 the number of individuals remained the same as FY21, 95 individuals served. The highest population of need for the program tends to be in Caroline and Dorchester County. In FY22, Caroline County had a slight increase in the number of individuals served, and Dorchester and Queen Anne's counties had a slight decrease. Talbot and Kent Counties numbers of individuals remained the same. In comparing FY19 data vs FY21/FY22 data, there is a significant decrease in individuals served. The decrease may be attributed to the impact of Covid-19. In contrast, the state overall data shows an increase in individuals served from FY19 to FY22 which indicates that the mid-shore shows a deficit in overall TCM services.



	CAROLINE	DORCHESTER	KENT	QUEEN ANNE'S	TALBOT	Mid-Shore	STATE AVERAGE
FY21 Age 18+	0.6%	1.0%	0.2%	0.5%	0.4%	2.7%	4.2%
FY22 Age 18+	0.9%	0.9%	0.2%	0.4%	0.4%	2.9%	4.2%

Data Source: Optum ASO claims data paid through 10/31/2022

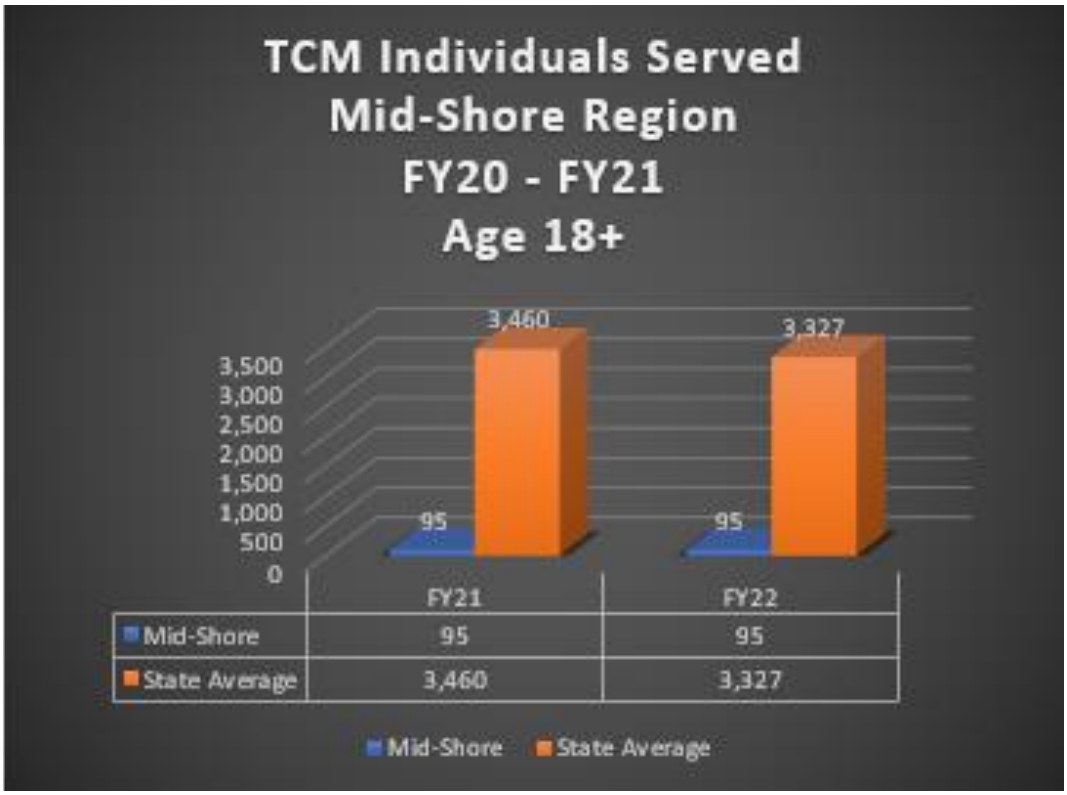
Individually the five mid-shore counties are substantially lower than the state average of 4.2% per jurisdiction. The mid-shore region collectively represented 2.7% and 2.9%, in FY21 and FY22 respectively.

Strengths- The TCM provider has developed lasting relationships with community members to navigate resources. TCM service provides linkage to resources and monitors achievement of goals for clients, enabling them to become more independent in the community. The TCM program is a valuable resource for the mid-shore region, as it serves to stabilize individuals who are discharged back into the community from more intense treatment. The current provider has extensive experience and knowledge that contributes to the success of the TCM program.

Challenges- There is a need for improved communication and collaboration between providers across the mid-shore region. One reason for the low number of referrals may be due to misconceptions about what services can be provided through TCM. Another ongoing challenge is the rural landscape of the mid-shore region. The geographics lead to extensive travel between client locations. There is also a lack of resources such as funding, transportation, shelters, housing, and behavioral health providers. It is noteworthy that some people who would be eligible for TCM services in the mid-shore region are accessing services through Psychiatric Rehabilitation Programs.

Strategies-In order for MSBH to have a better understanding of the decline in individuals served, we need to access the provider's referral sources and marketing strategies. A recommendation is to improve community communication and outreach with the behavioral health network. MSBH will request the provider to present TCM at the quarterly Behavioral Health Services Network meeting and the Adult Services workgroup. Another suggestion is to have the TCM create a marketing plan with the goal of increasing outreach and referrals. To increase the team's awareness of community resources, MSBH will be intentional with sharing community resources with the TCM provider. Resources will be shared through the MSBH bi-weekly newsletter, MSBH resource guide and monthly Eastern Shore Behavioral Health Provider and Stakeholder Network conference call.

In FY2019, MSBH released an RFP for provider selection compliance. In FY2020 the new cycle of the contract went into effect. This occurs every five years according to contract guidelines. TCM remains a fee for service contract. The current contract with Corsica River Mental Health runs through June 30, 2024. As the timeframe for contract renewal draws near, a request for proposals will be posted.



Data Source: Optum ASO claims data paid through 10/31/2022

D. DATA AND PLANNING: ***Please see Appendix B***

E. SYSTEMS MANAGEMENT INTEGRATION

MSPC continues to work on the strategic planning needed to progress to an integrated systems management and authority structure in the mid-shore region. MSPC strives to support the mid-shore community and is invested in working towards an enhanced and integrated systems management structure.

The mid-shore is a unique region with MSPC representing as the only regional local authority model in the State of Maryland; collective systems management is supported by MSBH as the Core Service Agency (CSA) for the five mid-shore counties, and five distinct Local Addiction Authorities (LAA) located in the Health Departments in the region. The relationship and partnership with MSBH and the LAAs is strong and paramount to the work that is collectively being done to meet the behavioral health needs of the community. Currently, there is no formalized agreement or structure for local integration in the mid-shore, however, the MSPC model has served well as a collaborative partnership to support systems management in the mid-shore to date. The collective goal of MSPC is as the entities work towards local integration, the

person-centered experience and “no wrong door” philosophy of care will be enriched, and wellness will be an outcome in the mid-shore.

MSPC has identified that behavioral health systems management integration is a top priority and has been a focus over the last several years within our regional systems management group. Since FY21, the Community Behavioral Health Plan has included goals and strategies to assist MSPC with moving towards an integrated systems management and planning structure. The FY24-26 Community Behavioral Health Plan has Goal 1: Develop and implement an integrated behavioral health systems management structure, as an ongoing goal with several strategies to work through over the course of the next three-to-five years to achieve a local integrated model.

MSPC has successfully collaborated on the annual Local Systems Management Self-Assessment Tool as an integrated response since 2019 (FY20). MSPC has measured progress towards local integration using the seven domains of integration:

Fiscal Year Response	Domain(s)	Leadership & Governance	Budgeting & Operations	Planning & Data Driven Decision Making	Quality	Public Outreach, Individual and Family Education	Stakeholder Collaboration	Workforce
FY20	MSPC Integrated Self-Assessment Response	2	1	2	2	2	2	2
FY21	MSPC Integrated Self-Assessment Response	2	1	2	2	2	3	2
FY22	MSPC Integrated Self-Assessment Response	2	1	2	2	2	3	2

Integration Range Level 1: Coordinated Communication/Approaching
Integration Range Level 2: Formal Collaboration/Capable
Integration Range Level 3: Integrated/Enhanced

Referencing the above chart, MSPC has demonstrated progress across the integration domains over the course of the three years represented. For the FY24-26 Plan, MSPC Directors convened on December 9, 2022, to complete the updated version of the Local Systems Management Integration Self-Assessment Tool. The completed tool offered in the FY24-26 plan can be referenced in Appendix E. Below is a presentation of the overall scores for local integration progress measured in six topics:

TOPIC	Score
1: One Integrated Behavioral Health Plan for the Local Jurisdiction / Region	4
2: Integrated Local Behavioral Health Advisory Council	4
3: Budget that Supports Integrated Operations	1
4: Integration of Behavioral Health Approach Among Providers	4
5: Integrated Behavioral Health Messaging and Outreach	3
6: Integrated Approach to Behavioral Health for Staff	4
TOTAL INTEGRATION STATUS SCORE (0-24)	**20/24**

Since FY20, MSPC continues to identify budgeting and operations as an area for focus for progress towards integration. MSPC has included strategies in the FY24-26 plan to address fiscal integration and funding as a priority of the work to move to a local integrated structure. Messaging and outreach are topics for continued work in the mid-shore with a focus on integrated marketing, website, promotional and prevention materials, and messaging as an integrated MSPC structure.

MSPC has evolved the mid-shore local systems management workgroup since its inception in July 2018. The MSPC group meets at a minimum monthly, and since the beginning of FY23, has met nineteen times as a full group (all LAA and MSBH team members). Planning sessions have been scheduled weekly since October of 2022 for the FY24-26 CBHP plan development. MSPC has identified the need to reconvene routine meetings with the MSPC Directors and the mid-shore Health Officers as a recurring meeting to work on and report on progress towards integration. In the remainder of FY23, the MSPC Directors will work to develop a formal local integration timeline in conjunction with the mid-shore Health Officers

MSPC has experienced a more organic integrated presence of local systems management since the onset of the COVID-19 pandemic in 2020. Efforts across entities to support the mental health and substance use needs of the community and provider networks represent an integrated approach. MPSC has prioritized partnership as a region and with the Eastern Shore local behavioral health systems managers as a best practice model for serving the community.
MSPC has demonstrated local systems management leadership as an integrated structure in response to several activities over the last year.

<u>Highlighted Areas of Integrated Work in FY22-23:</u>
ESPS Closure Eastern Shore Psychological Services, LLC program closure in September of 2022 impacted the mid and Eastern Shore region to work together as systems managers across the nine counties of the Shore. MSPC supported the provider network to assist with transitioning all clients and clinicians to new provider locations and ensure that all regulatory compliance in accordance with 10.21.16.13 Program Request for Discontinuation of Operations. MSPC organized weekly meetings starting in July that included ESPS leadership, BHA Managed Care and Quality Improvement leadership, Health Officers, local authority Directors to support program transition.
Going Purple Together Since 2020, MSPC has coordinated a regional Going Purple Together event. In 2020, the event was virtual. Both 2021 (Talbot County) and 2022 (Dorchester County) events were in person and have rotated by counties in the mid-shore each year. Planning for the events has been a MSPC coordinated activity and has supported integrated outreach and prevention activities.

A.F. Whitsitt Center/ MDH Facilities Master Plan MDH has identified the A.F. Whitsitt Center (AFW), located in Chestertown, MD, as a facility that will be impacted by the first phase of divestiture activities (FY22-FY26). The identification of the A.F. Whitsitt Center is a critical exposure to a resource that serves the communities and consumers in need in the mid-shore and Eastern shore counties of Maryland, as well as several jurisdictions statewide. MSPC has worked with the Kent County Health Department leadership, the Eastern Shore Delegation, BHA, and MDH to advocate for the removal of the facility from the Facilities Master Plan. Advocacy continues for the support of infrastructure and capital needs for facility maintenance and sustainability. MSPC will continue to work to support the preservation of the services and staff of this vital resource.

Community Resource Day Caroline County Two events held in Caroline County in FY22 supporting the farming and the community at large with mental health and substance use resources.

Eastern Shore Provider Network Meetings All nine counties on the Shore have met since March 2020 in response to COVID-19 and continue to meet monthly. MSPC leadership plans and facilitates the meetings and resource sharing with the provider network.

COVID-19 Ongoing collaborative efforts to support the impact of COVID-19 on the community and consumers in the mid-shore. MSBH developed a COVID-19 Wellness Ambassador position working directly with providers and the recovery community to promote wellness activities related to COVID-19 and work to address stigma in seeking help.

MSPC Directors meeting with MABHA Executive Director September 26, 2022, MSPC Directors hosted an integrated orientation visit for MABHA's newly appointed Executive Director in the fall of 2022.

Integration Timeline Development MSPC Directors will be working during the remainder of FY23 to complete a timeline for mid-shore integration activities over the next three-five years and present the plan to the mid-shore Health Officers for endorsement.

F. CULTURAL AND LINGUISTIC STRATEGIC PLAN: ***Please see Appendix A***

G. SUB-GRANTEE MONITORING

**The following section is presented by MSBH and LAA(s) monitoring processes and combined MSPC monitoring activities.*

MSBH Sub Grantee Monitoring Processes

MSBH operates from a streamlined internal process for efficiency and consistency in contract management. This approach allows for our sub vendors to have consistent experiences across multiple contracts regardless of the behavioral health coordinator responsible for the monitoring. Most Conditions of Award (COA/SOW) for MSBH encompass all five mid-shore counties, some covering all nine counties of the Eastern Shore. MSBH Behavioral Health Coordinators are assigned a mid-shore county assignment in addition to contracts monitored to serve as a point of contact and support for resources, guidance, emergency preparedness,

complaint investigations, and provider mediation if needed. MSBH maintains an annualized monitoring process with all sub vendors and grantees.

Each quarter reflects priority deliverables as a CSA for oversight of quality programming and fiscal management. Contracting begins with the annual Pre-Contracting meeting in early May. MSBH invites all sub-vendors to present any changes and expectations for the upcoming fiscal year. Contracts are issued in May, and once contracts are ratified, MSBH Behavioral Health Coordinators and Finance Department monitor contracts through regular submissions from the sub-vendors. Close monitoring of deliverables for programmatic and fiscal compliance is ongoing over the course of the year. Weekly Finance Meetings are held to track current providers' progress, work on new awards, and fiscal oversight organizationally. Quarterly, the MSBH Finance team reviews spending-to-date patterns across all grants to monitoring and planning purposes. Each May, MSBH conducts internal audit reviews of all cost-reimbursement vendors for financial risk assessment purposes and planning for new FY contracting and monitoring.

MSBH monitors all programs and performs on-site and virtual site visits annually, and at an increased rate for new programming or closure of programs. MSBH has templates for site visit monitoring reporting to support consistency in monitoring and reporting. Site visits are scheduled with providers on a mutually agreed upon date and time. MSBH sends a site visit confirmation that includes requests for file access, documentation, and other pertinent information. An agenda for the visit is also included. During the visit, contract monitors/coordinators review internal controls, contract deliverables, scopes of work, provider policies, and the COA/SOWs as agreed upon in correlation with BHA COA/SOW. Site visit reports prepared and forwarded to the sub-vendor within thirty days of the visit. MSBH team members work closely with the sub-vendor in the event of any findings, deliverable performance issues, and execute a plan of correction as needed.

MSBH requires sub-vendors to attend a quarterly Behavioral Health Services Network (BHSN) meeting as part of their contract. These meetings are an opportunity to network and provide updates regarding existing and new programs and discuss gaps or needs in PBHS. Additionally, sub vendors are required to participate in at least two regularly scheduled BHSN workgroups: Forensic Workgroup, Child, Adolescent, and Young Adult Workgroup, Adult Services Workgroup, Roundtable on Homelessness, and the Diversity, Equity, and Inclusion Workgroup.

MSBH is responsible for the monitoring of Residential Rehab Programs (RRPs), Group Homes for Adults with mental health needs, and Residential Crisis services. This objective is to provide a safe, comfortable, healthy, and recovery-oriented environment to RRP residents. Upon completion of inspection, the provider is issued a Certificate of Approval for each year of compliance with the regulations depicted in COMAR 10.63.04.07. The Residential Specialist is required to attend BHA's Annual Mandatory Fire and Environmental Safety Training for Residential Specialists. The Residential Specialist also supports the monitoring of the Residential Crisis beds for mental health needs to ensure compliance with licensure and accreditation.

The Continuum of Care (CoC) department monitors a subset of homeless service provider sub grantees each year, per grant, and sub grantees are chosen for monitoring by way of a risk assessment produced by the Maryland Department of Housing and Community Development (DHCD). This site visit consists of reviewing the agency's programmatic and fiscal procedures, as well as randomly selected client files. A Minimum Habitability Standards Inspection is conducted in each emergency shelter that receives Homelessness Solutions Program (HSP) funding. MSBH is also responsible for completing Housing Quality Standards (HQS) inspections for all rental units occupied by CoC participants. This inspection occurs when the participant initially moves into the unit and recurs on an annual basis. The landlord and/or the tenant have 30 days to provide proof that all repairs have been completed in accordance with HQS policies.

Local Addictions Authorities Sub Grantee Monitoring Process:

Contracting volume varies by Local Addictions Authority (LAA) in the mid-shore region. Sub-grantee monitoring standards are outlined as follows: The LAA contracts and develops scopes of work with sub grantee with language that is respective of the Conditions of Award (COAs) offered by BHA. COAs and compliance with the scope of work are reviewed at the time of the site visit with the sub-grantee. The Behavioral Health Administration Grant Monitoring tool is used along with the Behavioral Health Administration Provider Record Review Form. Any areas of non-compliance are followed by a corrective action plan and quarterly site visits are put in place to monitor progress.

Graduated monitoring Processes:

Step I: First year of public funding, program receives quarterly monitoring.

Step II: Monitor twice in a fiscal year if no corrective action plan is required for one full year and no change in clinical supervisor within the past year.

Step III: Monitor one time during the fiscal year if no corrective action plan was required for two consecutive fiscal years.

Providers are encouraged to refer to the Provider Manual, substance use data dictionary, resources offered by the ASO for data entry and to maintain reporting requirements as needed. Providers receive alerts regularly from the ASO and are encouraged to contact the ASO directly for specific questions. Providers can consult with the Local Addiction Authority to put forward discussion and feedback to BHA and ASO for response. Provider Council meetings offered by the ASO are supportive platforms for process, claims, and oversight updates. Data entry and reporting requirements are also routinely discussed at quarterly provider meetings.

MSPC Sub Grantee and the ASO

MSPC participates with ASO on all audits identified for mid-shore providers. While MSPC may not contract directly with all providers, audit participation allows opportunities to build relationships, reinforce quality of care standards, and remain apprised of situations in the mid-shore community. When Program Improvement Plans (PIP) are issued, MSPC reviews the plan and schedules follow-up with the provider to determine whether corrective actions are in place and to report progress to the ASO. An area for focus is communication improvement with the ASO when a PIP is issued, and the follow up timeline for compliance. This has been expressed from MSBH to Optum Maryland as needed improvement to support local quality monitoring.

Agreements to Cooperate and New Programs

MSPC is responsible for the local management of the Agreement to Cooperate (ATC) process. MSPC confirms the compliance with proper accreditation, licensure application, and at the time

of a new site designation, MSPC will support an in-person site-visit in support of BHA/Office of Licensure and Accreditation, to endorse the site location before completing the ATC. MSPC mutually supports the cross-county provider networks and if needed, will consult with partners across local authority location prior to signing off on the ATC. MSBH and the corresponding LAA for the county(s) of provider locations will conduct the site visit together. Once the ATC is established, MSPC requires correspondence and cooperation with the provider. MSPC works collaboratively if there is a provider issue with opening or concerns on program or location infrastructure needs. MSPC additionally supports following responsibilities collectively: complaint investigations, provision of service endorsement or limitations, and correspondence with termination of agreements and planning for consumers impacted with the closure of a program.

Complaint Investigations

MPSC has worked to communicate when a complaint has been filed to include MSBH and the corresponding LAA(s) by county of provider sites to ensure transparency when complaints arise. MSPC has identified working to have cross county and MSPC regional complaint investigation reporting and processes developed to support a more uniformed process in the mid-shore region. MSPC has been actively participating in the Procedure Manual Workgroup with BHA and Stollenwerk Consulting and is eager to have a more formal process to reference for complaints management in the future.

Cultural and Linguistic Competencies Site Visit Planning

MSPC has outlined the planning for cultural and linguistic site visits process. MSPC intends to work to address practices of equity and inclusion in the provider and subgrantee workspaces, policies, and practices and site settings as a part of the routine site visit monitoring. This process will be reflective of principles of the CLAS standards and will complement similar site visit practices in other local LBHAs that are monitoring sub vendors around DEI.

In FY22, MSBH initiated the inclusion of the following deliverable in all contracts to sub vendors as a foundation of MSBH's expectation for equity and inclusion in subgrantee networks:

"The provider will strive to transform their agency to be fully equitable for all people. regardless of race, ethnicity, national origin, age, sexual identity, faith, gender and persons who are differently abled".

MSPC and Behavioral Health Administration's Annual Audit

MSPC has been working collaboratively in with the implementation of the Annual Audit from BHA's Clinical Services Division, Office of Treatment Services, and Conditions of Award/Statement of Work site visit to the local authorities. MSPC has reviewed the monitoring tool offered by BHA for local authority draft review and has developed a site visit tool that is representative of the content for monitoring. Elements of the BHA tool has been incorporated to enhance the tool utilized for local, routine site visits. This tool has been shared within the MSPC leadership group as a best practice tool for consistent monitoring as mid-shore behavioral health systems managers. A copy of the tool is included in the Appendix section of this plan.