LOCAL BEHAVIORAL HEALTH AUTHORITY

FY 2024 - FY 2026 STRATEGIC PLAN

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HEALTH DEPARTMENT Prince George's County

Prince Georges Proud

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INTRODUCTION/EXECUTIVE SUMMARY

Executive Summary

This strategic plan presents the priority goals and objectives reflecting important changes and outcomes that Prince George's County aims to achieve over the next three years. The plan covers our goals and objectives in addition to action steps and key performance and outcome measures that we will use to evaluate our progress annually. Quantitative data from a variety of demographic and epidemiological data sources and qualitative data from a series of key informant interviews conducted with behavioral health providers, consumers and other stakeholders informed the plan's development. In addition to a capacity analysis of Targeted Case Management utilization in the County, the plan includes analyses of the utilization of public behavioral health services (PBHS), specifically, mental health (overall use, suicide death and ideation) and substance-related disorder (overall use, overdose deaths and overdose events); and the County's jurisdiction specific response to COVID-19 as it relates to PBHS delivery and utilization. Lastly, the plan covers the systems management integration, the cultural and linguistic competency and monitoring of services offered in the County.

Organizational Mission: The LBHA seeks to:

- Protect the public's behavioral health
- Assure availability of and access to quality behavioral health care services; and
- Promote individual and community responsibility for the prevention of disease, injury, and disability.

Organizational Vision: The LBHA envisions a healthy and thriving Prince George's County that:

- Provides access to quality health care services for all
- Provides policies and services that are culturally appropriate and acceptable
- Partners with individuals, organizations, and communities to accept responsibility for disease, injury and disability prevention and health advancement; and
- Ensures individuals and communities can achieve the best health possible.

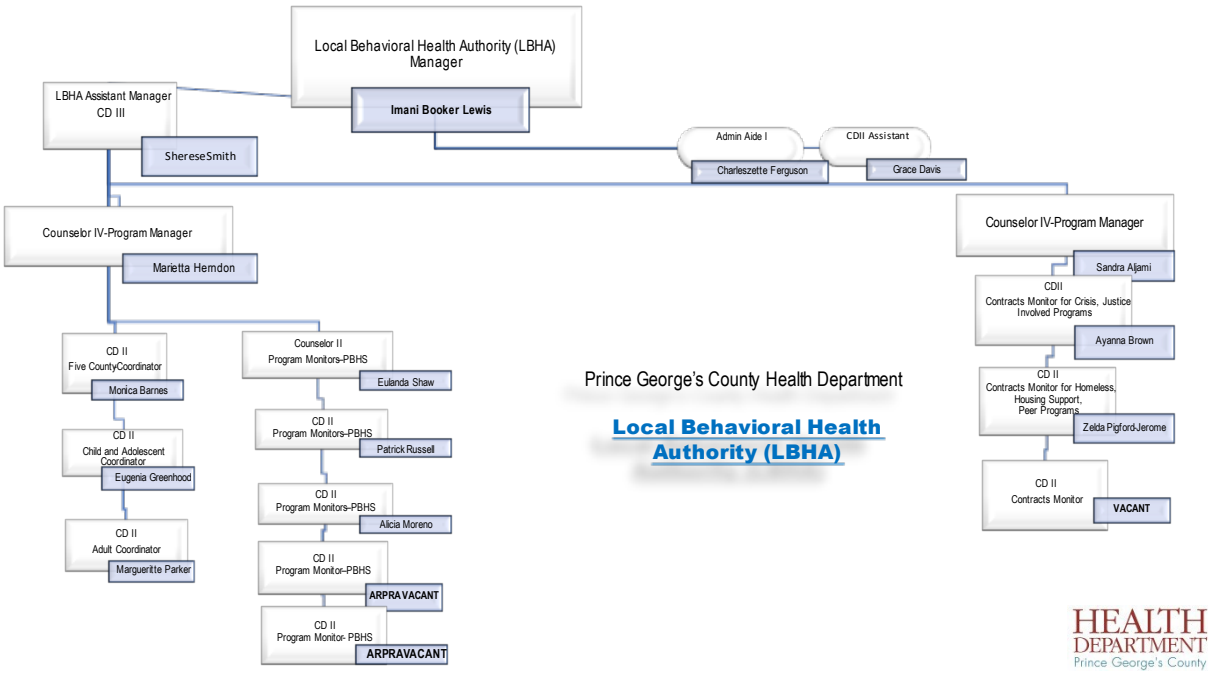
Agency/Jurisdiction Overview

The Prince George's County Local Behavioral Health Authority (LBHA) is a government body located within the County Health Department (PGCHD). The LBHA is comprised of the Core Service Agency (CSA) and Local Addiction Authority (LAA) and is the result of the integration of these two entities. Under the guidance of the Maryland Department of Health's (MDH)

Behavioral Health Administration (BHA), the LBHA serves as the local authority for mental health and substance use/addictions in Prince George's County.

LBHA Organization Structure: As shown in the organizational chart below, the Prince George's County LBHA consists of a Manager, an Assistant Manager, two Counselor/Program Managers, a five-County (Crownsville) Coordinator, a Child and Adolescent Coordinator, an Adult Coordinator, five Program Monitors, three Contracts Monitors, a Community Developer Assistant, and an Administrative Aide. There are also four administrative and fiscal support staff and a Contract Specialist. The LBHA Manager reports directly to the County's Deputy Health Officer.

Figure 1: Prince George's County LBHA Organizational Chart



Systems Management: The LBHA continues to focus on three systems management areas that will assist with progressing toward greater behavioral health integration. These domains guided the selection of the goals, objectives, and strategies for the present plan.

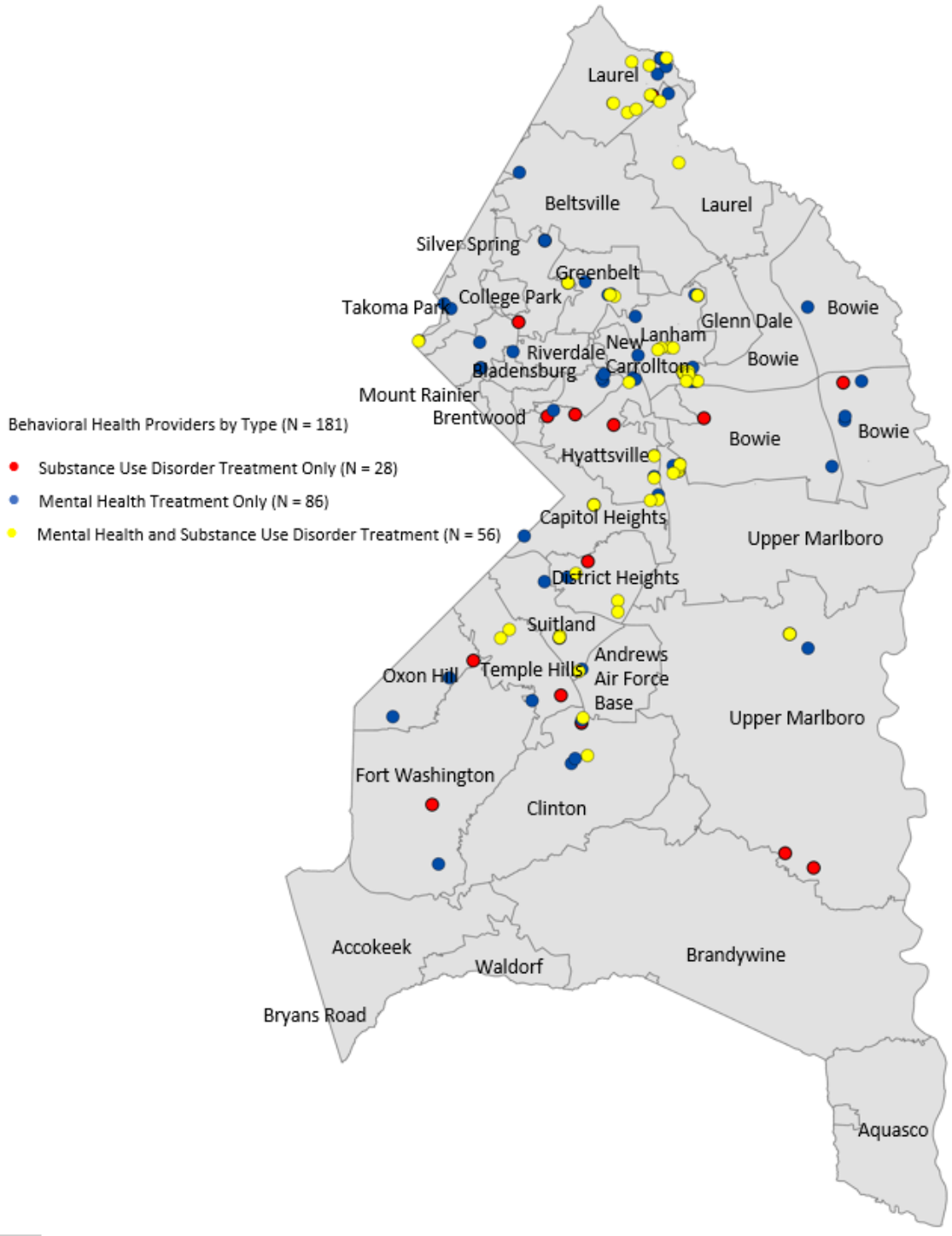
- Leadership and Governance
- Budgeting and Operations; and
- Planning and Data-Driven Decision Making.

Services Provided: A primary role of the LBHA is planning, managing, and monitoring the Public Behavioral Health System (PBHS), the publicly funded behavioral health system. The PBHS delivers services that are reimbursable via the Medicaid fee-for-service system. Currently, there are over 180 providers delivering the following PBHS services to residents in the County:

- Assertive Community Treatment (ACT)
- Inpatient services
- Intensive Outpatient Services
- Medication Assisted Treatment
- Methadone Maintenance
- Mobile Treatment
- Outpatient Mental Health Clinic Services
- Outpatient SUD Treatment Services
- Partial Hospitalization Programs
- Psychiatric Rehabilitation Services
- Residential Rehabilitation Services
- Residential Treatment
- Respite Care
- Supportive Employment
- Targeted Case Management

The following map provides a geographical representation of all PBHS providers in Prince George's County.

Figure 2: Map of PBHS Providers in Prince George's County



In addition to publicly funded behavioral health programs that are Medicaid reimbursable, the LBHA oversees and monitors grant-funded programs that are not Medicaid reimbursable and offers services to individuals with mental health, substance-related and co-occurring disorders.

Through grant funding and participation in state and local planning activities, the LBHA makes certain that a full range of prevention, early intervention, recovery, and peer support services are available to address the County's behavioral health needs. During FY2023, the LBHA monitored the implementation of 49 grant-funded behavioral health programs, services and projects. Grant-funded services overseen by the LBHA include:

- 988 Crisis Lifeline
- Adolescent Clubhouse
- American Sign Language Interpreters and signing therapists
- Behavioral health in assisted living for older adults
- Care coordination
- Crisis Services with mobile response teams
- Homeless housing and assistance
- In-Home Intervention for Children (IHIP-C)
- Jail-based mental health and substance use
- Medications for Opioid Use Disorder (MOUD)
- Mental Health Court case management
- Spanish-speaking outpatient substance use
- SUD assessment and case management for adults
- Outreach and training
- Peer support and peer recovery support
- Psycho-geriatric nursing
- Therapeutic nursery
- Wellness and Recovery Center

Other LBHA responsibilities include identifying programmatic needs, securing funding and monitoring community mental health and substance use disorder (SUD) providers to ensure that providers are meeting the needs of the community. The LBHA provides the technical support, oversight and monitoring of a range of services through resources provided with Federal, State and local funding that improves communication and establishes a system of care for individuals with mental illness and SUD across the lifespan.

The LBHA does not provide direct behavioral health care but assists County residents with information and referral to mental health and substance use-related resources including:

• Services for persons with Medical Assistance or no insurance

• Specialty services for children, adults and the elderly

• Locating outpatient treatment services

• Locating case management services

• Locating residential treatment services

• Locating Medication-Assisted Treatment (MAT) for substance use disorders

• Accessing crisis services

• Purchasing psychotropic medications in special situations

• Identifying support groups

• Peer and family recovery support groups

• Information for advocates of children's and youths' behavioral health needs

• Training opportunities for health providers and behavioral health stakeholders

• Housing options and rehabilitative services, including residential rehabilitation programs, for individuals with mental illness

Description of Prince George's County: With a population of 955,306[1] and bordering the District of Columbia, Prince George's is a county of contrasts with highly urban as well as semi-rural communities residing in a 482.7 square mile area. The County is home to one of the nation's wealthiest Black populations and to many impoverished Blacks and other minorities, including immigrants. According to 2022 US Census Bureau estimates, racial/ethnic minorities constitute the majority of the population of– Non-Hispanic Blacks 64.1%; Non-Hispanic Whites 11.9%; Asians 4.4% and Multiracial/Other races 4.1%. A fifth (21.17%) are Hispanics and 25.4%[2] of residents are immigrants from 149 countries and speak 165 languages.[3] In fact, 28% of residents speak a language other than English at home.[4] In December 2022, the County's unemployment rate was 3.7% in contrast to the State's rate of 3.2%.[5]

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[1] United States Census Bureau QuickFacts Prince George's County Maryland, 2022. Accessed on January 14, 2023 at https://www.census.gov/quickfacts/princegeorgescountymaryland

[2] Ibid

[3] https://data.census.gov/cedsci/profile?q=Prince%20George%27s%20County,%20Maryland&g=0500000US24033

[4] American Community Survey 2021 Accessed on January 12, 2023 at https://data.census.gov/table?q=language&g=0500000US24033&tid=ACSST1Y2021.S1603

[5] Department of Labor. Local Area Unemployment Statistics (LAUS) - Workforce Information & Performance Accessed on January 14, 2023 at https://www.dllr.state.md.us/lmi/laus/

Social Determinants of Health: The County provides oversight to 49 behavioral health grant programs and 532 licensed PBHS programs. Grant-funded and PBHS programs are delivered free of charge to the community. However, non-PBHS services require insurance and 11.2% of County residents lack health insurance in contrast to 7.1% in the State overall. Slightly over one in five (22.5%) of residents are covered by some form of public insurance - Medicare, Medicaid, and VA Health Care (provided through the Department of Veterans Affairs); or the Children's Health Insurance Program (CHIP), which is a marginally smaller proportion than the Maryland rate of 20.9%[6]

There are sociodemographic disparities in health insurance coverage in the County. A closer examination of health insurance coverage data reveals that while 15.1% of all County adult residents lack insurance that proportion rises to 40.9% for Hispanics and to approximately 20% for residents aged 35. Whereas 92.6% of children and youth 18 years of age and under in the County have insurance, only 85.3% of the County's Hispanic children are insured.[7]

The high rate of uninsured residents may explain why one in five residents (20%) lacks a regular source of primary care. Overall 12.3% of County residents report that they are unable to seek routine primary care because of the cost. This proportion rises to 22.6% for Hispanics. The uninsured rate doubtless also contributes to the County's high rate (14.9%) of emergency department visits that were not covered by any type of health insurance, in contrast to the Maryland rate of 8.6%.[8]

Finding affordable housing is a challenge and a social determinant of health for many in the County. Almost a third (31.1%) of homeowners spend 30% or more of their household income on mortgage payments.[9] Half (50.7%) of the County renters spend 30% or more of their household income on rent. Figure 3 shows that for transitional aged youth (TAY), aged 15 to 24, that figure increases to 67%.

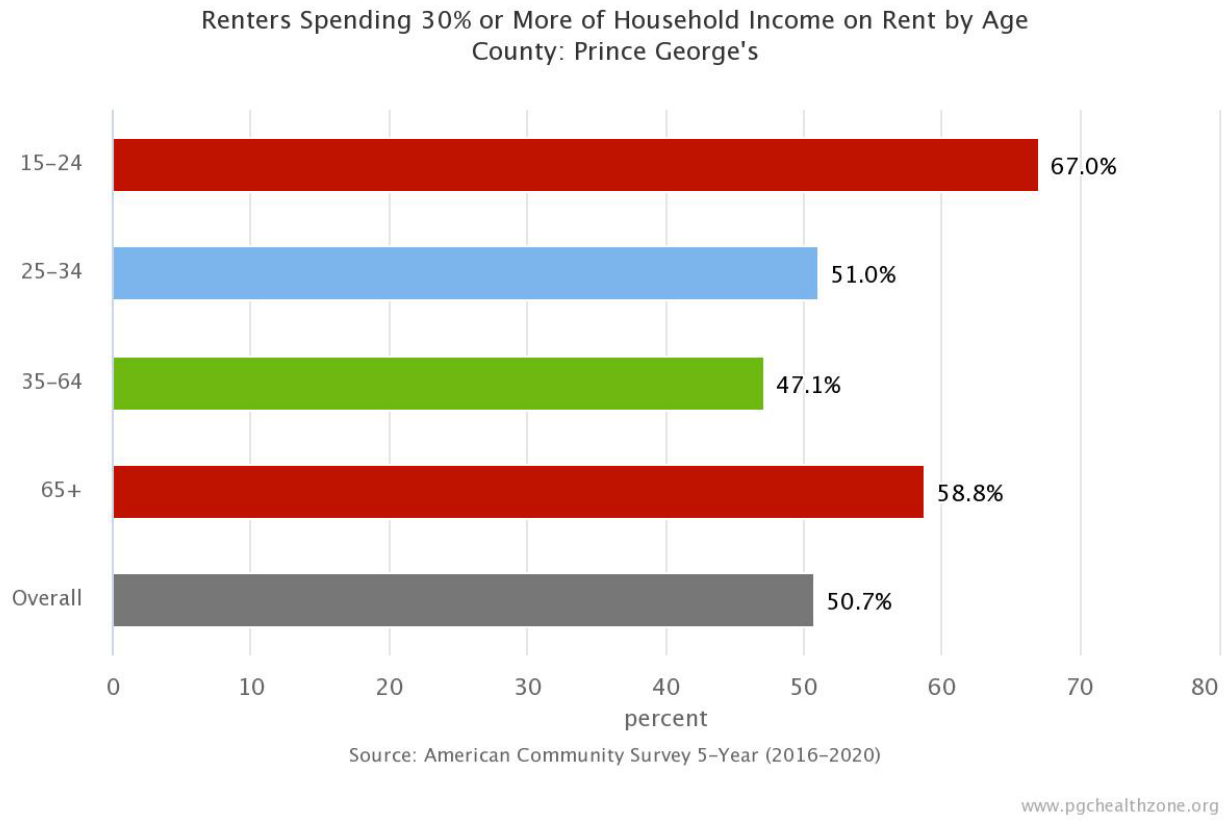
[6] PGC Health Zone 2022 Demographic Data for Prince George's County Accessed on January 14, 2023 at https://www.pgchealthzone.org/indicators/index/view?indicatorId=364&localeId=1260&localeChartIdxs=1

[7] Ibid

[8] Ibid

[9] PGC Healthzone Mortgage Owners Spending 30% or More of Household Income on Housing. Accessed on January 24, 2023 at https://www.pgchealthzone.org/indicators/index/view?indicatorId=2551&localeId=1260

Figure 3: Rent as Percentage of Household Income in Prince George's County



As depicted in Figures 4 and 5, even prior to the pandemic the number of County residents in overcrowded housing, defined as housing in which there are more people than rooms of all types, besides bathrooms, was increasing steadily. In 2020, 4.3% of Prince Georgians lived in overcrowded conditions in contrast to 2.3% statewide. Additionally, almost one in five of all County residents (19.2%) have severe housing problems, defined as a residence with at least one of the following four housing problems: overcrowding, high housing costs, lack of kitchen, or lack of plumbing facilities, in contrast to 16% of Marylanders.[10] This trend was exacerbated by the pandemic.

[10] PGC Healthzone Severe Housing Problems Accessed on January 25, 2023 at https://www.pgchealthzone.org/indicators/index/view?indicatorId=2365&localeId=1260

Figure 4: Overcrowding in Prince George's County[11]

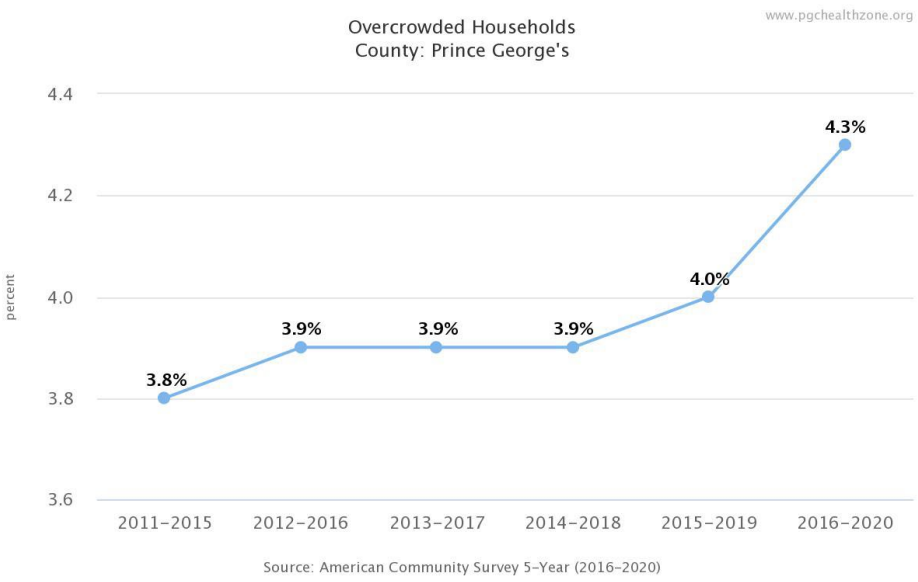
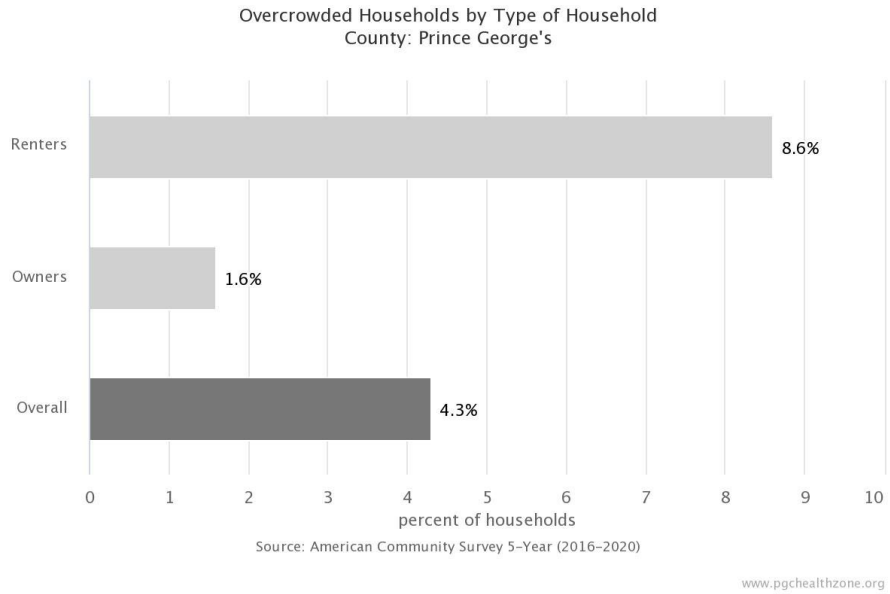


Figure 5: Overcrowding by Household Type in Prince George's County[12]



Key informants, interviewed during the preparation of this plan, observed that the challenges that the County's transitional age youth experience in finding affordable, quality housing place them at elevated risk for behavioral health challenges. The County's Coordinated Community

[11] PGC Healthzone Overcrowded Housing in Prince George's County. Accessed on January 25, 2023 at https://www.pgchealthzone.org/indicators/index/view?indicatorId=10755&localeId=1260
[12] Ibid

Plan[13] compiled by the Youth Action Board under the auspices of the Department of Social Services presented the following findings:

- 30% of the youth who are incarcerated experience homelessness
- 22% of all youth living in the County's inner beltway communities are not in school or working, which is double the rate for the Washington, D.C. Metro Area.
- only 86.3% of youth ages 18-24 are insured and that proportion decreases to 64% for unaccompanied youth experiencing homelessness.
- The majority of TAY do not access the available services due to lack of insurance; stigma; lack of care coordination to facilitate transitions among and between pediatric and adult Systems of Care; lack of integration between primary and behavioral health services; low cultural and linguistic competency of health providers; lack of transportation and lack of social support.
- In-county behavioral health services for TAY have a patient-to-provider ratio of 1,483:1 (compared to a state average of 666:1)
- Prince George's County receives the highest number of unaccompanied immigrant children of any jurisdiction in Maryland; the majority (84%) of these children are Latino youth ages 13-17 originating primarily from three countries (Guatemala, 54%; Honduras, 26%; and El Salvador, 12%). These children spend an average length of stay in the federal child welfare system, an experience that is doubtless traumatizing and increases the risk of behavioral health problems.

In light of this information, the LBHA is committed to ensuring that the County's youth have access to quality behavioral health prevention and treatment services and resources, as evidenced by Goal 3 of the present plan.

Mental Health- Statements from key informants and the epidemiological data support the conclusion that stresses related to the social isolation and economic challenges arising from the COVID-19 epidemic have negatively impacted mental health in the County. Providers and mental health advocates report that loss of employment, mandated virtual schooling, and social isolation have affected all age groups. In addition, the County is home to one of the highest proportions of veterans in the State. Veterans comprise a higher proportion of the County's population than is the case for neighboring jurisdictions such as Montgomery, Howard, and Baltimore County. According to the Censu,s[14] 7.5% of Prince George's adult residents are veterans and this population is considered to be at increased risk for mental health conditions such as post- traumatic stress disorder (PTSD).[15]

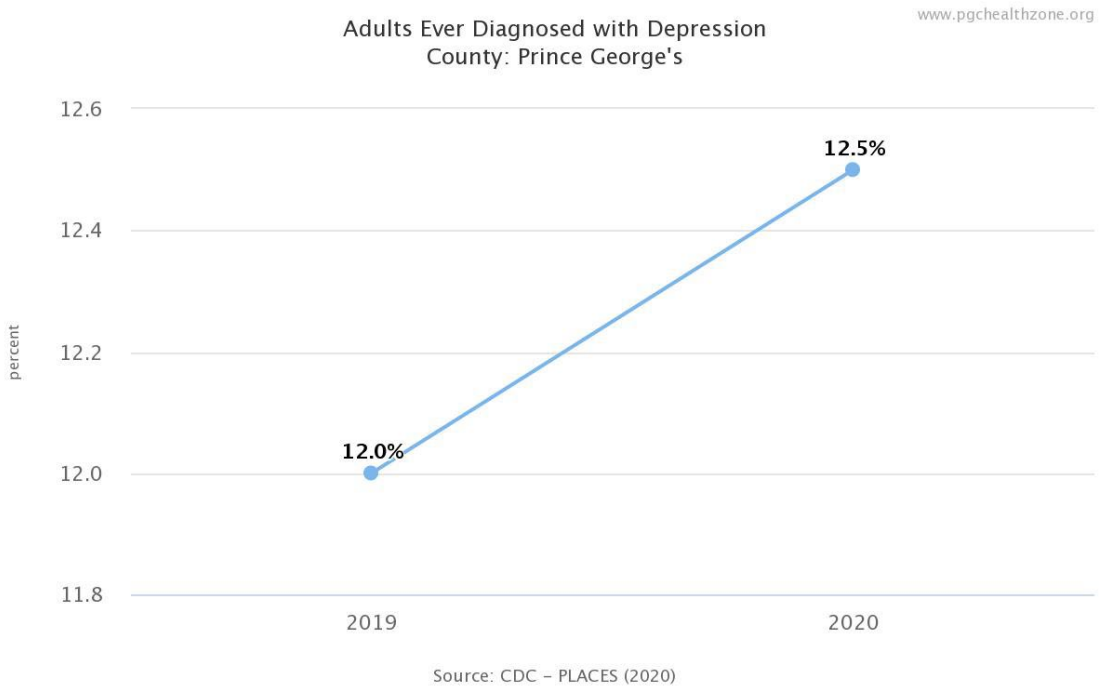
[13] Prince George's County Coordinated Community Plan (2020). Accessed on February 18, 2023 at https://www.princegeorgescountymd.gov/DocumentCenter/View/37681/PGC-CCP_Final_Online-Version-II

[14] US Bureau of the Census Veterans Status in Prince George's County. Accessed on January 11, 2023 at https://data.census.gov/table?q=veterans&g=0500000US24033

[15] Inoue, Catarina, et al. "Veteran and Military Mental Health Issues." StatPearls, StatPearls Publishing, 23 May 2022.

Figure 6 presents graphically the latest data available on the prevalence of depression among adult Prince Georgians.

Figure 6: Incidence of Depression among Adult Prince Georgians[16]



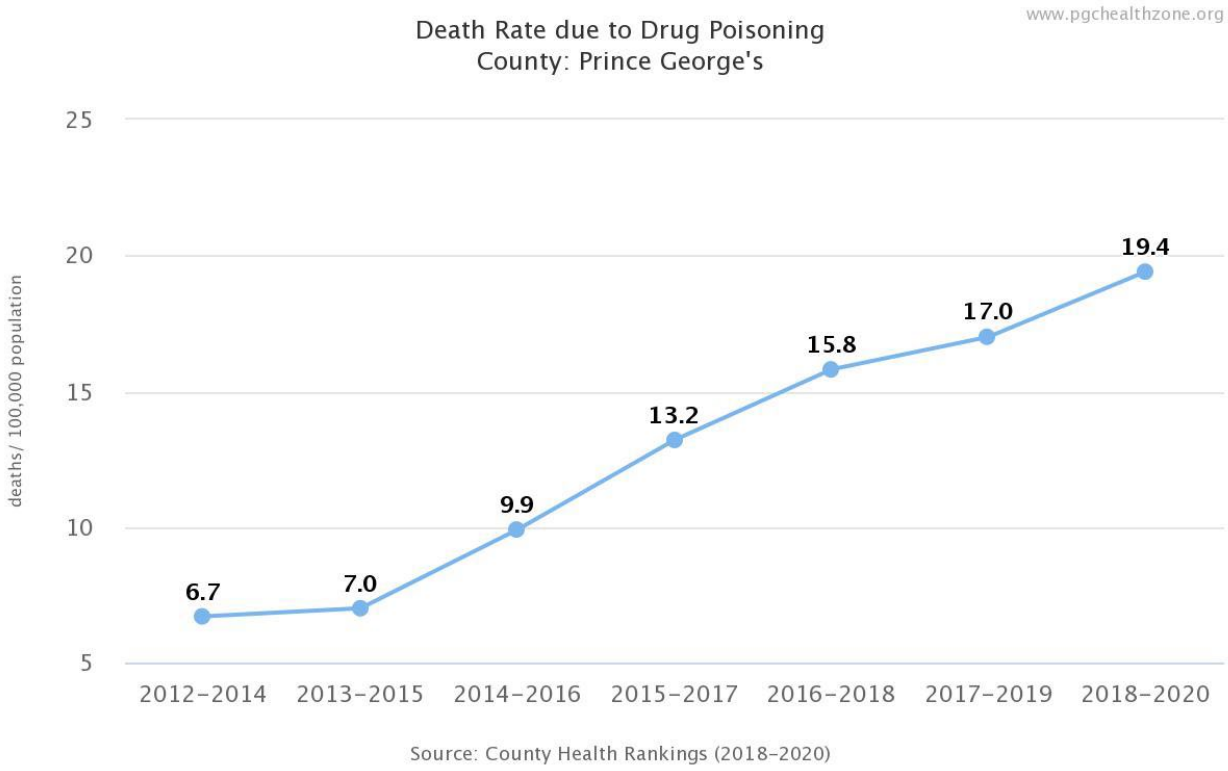
With respect to the prevalence of behaviors that may be associated with behavioral health conditions and/or substance use disorder, the data show that 17.2% of residents aged 18 to 44, 15.4% of male residents, and 22.8% of White residents report binge drinking at least once during the 30 days prior to the survey.[17] The hospitalization rate due to alcohol use is highest for residents aged 35-55 (6.8), males (8.4); and Hispanics (8.0) in contrast to the overall County rate of 4.8.

As elsewhere in the nation and the state, Prince George's is also beset by a rising wave of opioid addiction. The age-adjusted hospitalization rate due to opioid use is highest among County residents aged 25-34 (1.3), males (1.2), and Whites (1.8). As shown in Figure 7 below, deaths due to drug overdoses have increased over the past decade. Additional data on this indicator are presented in the Data Section of this Plan.

[16] PGC HealthZone Adults Ever Diagnosed with Depression. Accessed on January 27, 2023 at https://www.pgchealthzone.org/indicators/index/view?indicatorId=2867&localeId=1260

[17] Male binge drinking is defined as five or more drinks on one occasion, and female binge drinking is four or more drinks on one occasion.

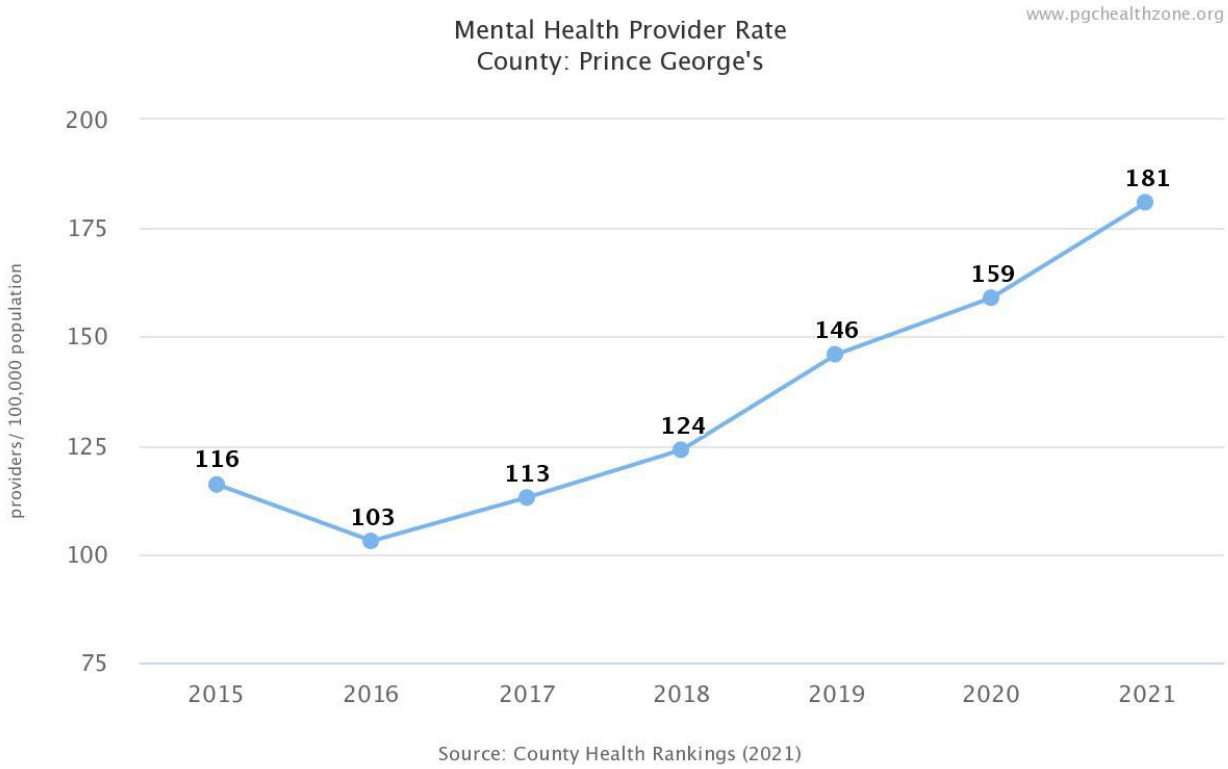
Figure 7: Drug Poisoning Fatalities in Prince George's County[18]



Access to Mental Health Services: The majority of Prince George's County residents live in neighborhoods surrounded by the Southeast Capital Beltway. The Health Resources and Services Administration designated the Southeast Capital Beltway Community as a Behavioral Health Professional Shortage Area in August 2021. The professional shortage designation indicates that there is an insufficient number of behavioral health providers in the Southeast Beltway region to address residents' needs. The most recent data available show that the County has 181 providers per 100,000 residents. This falls far short of the Maryland state value of 299 per 100,000. Nevertheless, as shown in Figure 8 below, the number of behavioral health providers has steadily increased over the past decade.

[18] PGC HealthZone Drug Poisoning Fatalities in Prince George's County. Accessed on January 30, 2023 at https://www.pgchealthzone.org/indicators/index/view?indicatorId=2370&localeId=1260

Figure 8: Mental Health Provider Rate in Prince George's County[19]



The management of COVID-19 patients led to significant changes in hospital service delivery with, in many cases, negative consequences for behavioral health. There was already a shortage of behavioral health inpatient beds pre-pandemic. For example, the newly opened University of Maryland Capital Region Hospital has only 28 behavioral health inpatient beds and six (6) beds for medical detoxification. However, during the pandemic, many of the available beds were reallocated to somatic care. This change coupled with low reimbursement rates for behavioral health means that local hospitals have little incentive to admit or permit patients to stay until they are deemed stable enough for discharge. A related problem is the absence of in-County programs to accommodate patients who are stable enough to be discharged from the hospital but not back into the community. The LBHA is currently strategizing on ways to utilize the crisis services "diversion" clinician, inpatient bed registry and crisis bed dashboard, reinstatement of the County's high utilizer meetings, and promotion of 211 Care Coordination program for hospital staff can aid in supporting hospital discharge planning and bridging the gap in the continuity of care for individuals after behavioral health-related hospital stays.

The lack of child and adolescent mental health beds in the County is of particular concern. Currently, persons in need of such service must travel out of County which presents a burden

[19] PGC Healthzone Mental Health Provider Rate in Prince George's County. Accessed on January 30, 2023 at https://www.pgchealthzone.org/indicators/index/view?indicatorId=319&localeId=1260

for them and their families. Goal 3: Objective 3.3 in the present plan indicates the LBHA's intention to secure the resources needed to remedy this resource gap. There are few services available for children and youth with behavioral health issues, and that there is a great need for a continuum of services (i.e., early intervention, prevention, treatment, and aftercare/follow-up). One recently launched initiative to address this need is the launch of a telehealth pediatric behavioral health service in the public school system. With funding from the Department of Health and Human Services, the County has partnered with Hazel Health to provide access to quality healthcare services for all students, at no cost to families during the school year. Students in need of behavioral health assistance are identified by a school health professional who will initiate a video visit between the child and a Hazel health care provider in a HIPAA-compliant location at the school. The Hazel clinician will provide screening, assessment, and treatment health services and facilitate the child's linkage to a behavioral health provider in the County for follow-up care and treatment. It is hoped that this telehealth service will reduce the wait time for pediatric telehealth services and improve linkage to care for the County's children and youth. The LBHA has partnered with Hazel Health to ensure they are connected to the grant-funded and PBHS providers that are not carrying a heavy waitlist. Hazel Health will utilize the provider list to establish partnerships with the community behavioral health providers to initiate seamless referrals for the children and families that they serve.

For persons with severe mental illness, who need more intensive services than those provided in the traditional outpatient setting, stakeholders expressed concern about the limited availability of community-based treatment options. ACT is a team-based treatment model to support persons with severe mental illness, which offers multidisciplinary and flexible treatment and supports. There is one evidence-based Assertive Community Treatment (ACT) team operating in the County. Consequently, one of the performance targets under Goal 1 of the present plan's goals is to establish an additional ACT team in the County by June 30, 2025. The LBHA will continue following the ACT Start-up Guidance from the BHA Evidence-Based Practices and Quality Management unit to assist in these efforts.

Access to behavioral health services by incarcerated persons and reentering citizens is another area that needs strengthening. The County's Department of Corrections (DOC) processes approximately 950 inmates annually, 34% have some form of mental illness and 78% have substance use disorder.[20] The DOC does offer jail-based mental health services, indeed approximately 30 percent of inmates are prescribed some form of psychotropic medication.[21] However, social distancing and quarantine requirements in the close confines of the correctional setting have hindered free access to inmates by DOC vendors retained to provide the services, limiting the accessibility of treatment. Once released, unless they are connected to the State Opioid Response (SOR) MOUD community program or one of the County's reentry programs, many former inmates drop out of care and relapse. Awareness of the association between behavioral health conditions and antisocial behaviors, the County has launched the 911 Behavioral Health Crisis Diversion Initiative which is designed to assist individuals with

[20] Prince George's County Department of Corrections 2022 Inmate Data.
[21] Ibid

histories of behavioral health diagnoses to avoid (re)arrest by implementing protocols established for the triage of behavioral health calls coming into public safety agencies to 988 and as appropriate forwarding the calls to the mobile response team. The initiative is a collaboration between the Office of Homeland Security (OHS), Police Department (PGPD), Fire and Emergency Medical Services Department (Fire/EMS), Office of the Sheriff, and Police Chiefs' Association of Prince George's County and the crisis service providers in the County: 988 Suicide and Crisis Lifeline and the Mobile Response Teams. To maximize the impact of this new program, the LBHA has been active in promoting training for law enforcement professionals and members of the County's mobile response teams. Local courts are also very supportive of this effort.

Finally, there is an unequal geographic distribution of health services, including behavioral health services in the County. The majority of services are clustered within the Capital Beltway, which is nonetheless considered a Behavioral Provider Professional Shortage Area by the Health Resources and Services Administration (HRSA). As a result, residents of the County's northern and southern communities encounter access barriers which are exacerbated by the limited public transportation options. The decision to open the new Crisis Stabilization Center in a South County community is seen as one step to redress this inequality. Ideally, key informants recommend, that it would be helpful for the LBHA to ensure that there are numerous points of care scattered throughout the County, but realistically the cost of doing so would be prohibitive. The LBHA will strategically align resources to ensure there is equity in the distribution of services.

KEY PRIORITIES/ GOALS AND OBJECTIVES

The LBHA's priorities over the next three years center on:

- Strengthening the system's management structure to enhance quality assurance activities.
- Improving the availability and accessibility of services that respond to local behavioral health needs.
- Increasing provider and consumer awareness of available behavioral health services.

Goal 1: Ensure that there are available behavioral health services and resources to respond to local priorities.

Objective 1.1: Increase the number of LBHA staff to levels in which the scope of work can be comprehensively achieved by June 30, 2025.

Strategy: Seek local funding to support LBHA staff.

Performance Measure: Number of staff recruited and retained.

Performance Target: Hire a minimum of 3 LBHA staff by June 30, 2025.

Objective 1.2: Pursue funding and identify resources annually that support culturally and linguistically competent behavioral health services for persons with limited English capacity and refugees by June 30, 2025.

Strategy: Seek federal, state and local grant opportunities.

Performance Measure: Amount of funding obtained, or resources identified for programs serving persons with limited English capacity and refugees.

Performance Target: Secure a minimum of one (1) grant.

Objective 1.3: Increase by 25% over baseline annually the number of evidence-based programs operating in the County.

Strategy: Identify technical assistance and funding to support the dissemination of evidence-based programs to the provider network.

Performance Measures:

1) Number of evidence-based ACT teams operating in the County.

2) Number of crisis providers trained and certified to use the Crisis Assessment Tool (CAT).

Performance Targets:

Addition of at least one (1) ACT team.

100% of crisis providers trained and certified on CAT.

Objective 1.4: Increase by 25% over baseline annually the number of certified peer support and recovery specialists in the County by June 30, 2025.

Strategy: Collaborate with community partners to recruit all current and prospective peer support and recovery specialists to complete the County's certified peer support and recovery specialist training curriculum.

Performance Measure: Number of certified peer support and recovery specialists in the County.

Performance Target: Add a minimum of two (2) certified peer support and recovery specialists

Objective 1.5: Process in a timely manner 100% of PBHS licensed provider applications annually by June 30, 2024.

Strategy: Hire an LBHA staff to focus on reviewing new provider applications and onboarding prospective providers.

Performance Measure: Number of newly licensed providers practicing in the County.

Performance Target: All (100%) of PBHS licensed provider applications are processed in the year in which they are submitted.

Goal 2: Improve provider and consumer awareness of available services and how to access them, by June 30, 2025.

Objective 2.1: Conduct at least quarterly updates to the LBHA website to list only currently licensed providers along with their contact information, types of services offered, including evidence-based practices, types of insurance accepted, and proximity to public transportation.

Strategy: Collaborate with the Prince George's County Health (PGCHD)Department Communications Team to ensure updates are performed on schedule.

Performance Measure: Number of updates to the LBHA website.

Performance Target: Four (4) annual updates to the LBHA website.

Objective 2.2: Increase the frequency of LBHA All Provider meetings to six (6) bimonthly meetings, to raise awareness of the available continua of integrated behavioral health care, services and programs to be assessed annually.

Strategy: Create an annual meeting schedule and solicit provider input on meeting agendas.

Performance Measure: Number of meetings held; satisfaction ratings from meeting participants.

Performance Targets:

Six (6) LBHA All Provider meetings held annually.

80% of participants report satisfaction with meeting attendance as documented in post-meeting satisfaction survey

Objective 2.3: Design, with stakeholder input, an annual multilingual, culturally competent behavioral health resources awareness social media event to educate consumers on the available behavioral services and programs, particularly targeted case management, 988 service, mobile response, crisis stabilization, peer recovery support and school-based telehealth behavioral services, and to dispel the stigma around seeking behavioral health treatment to be assessed annually.

Strategy: Collaborate with the PGCHD Communications Team to design and deliver the event.

Performance Measure: Number of residents with limited English capacity informed about available services and resources and the importance of seeking them when needed.

Performance Target: 25,000[22]residents reached annually by the event

Objective 2.4: Develop materials and resources for older adults that promote mental health, prevent substance abuse, and reduce suicide and access to lethal means for suicide by developing a public awareness campaign and increasing the number of older adults and caregivers who have received educational materials by June 30, 2024.

Strategy: Partner with Urban One Radio to implement an awareness campaign.

Performance Measure: Number of persons reached by the campaign

Performance Target: TBD

Goal 3: Improve the quality and quantity of behavioral health services targeting children and youth, by June 30, 2025.

Objective 3.1: Conduct a needs assessment of existing behavioral health services targeting children and youth to identify service gaps by June 30, 2024.

Strategy: Coordinate with PGCHD to include the needs assessment as part of the County's overall annual community health assessment.

Performance Measure: Needs assessment completed by June 30, 2024.

Performance Target: One (1) needs assessment conducted.

Objective 3.2: Design, implement, and procure programs and services that support a continuum of care to include comprehensive evidence-based services for children, birth to 17, and transitional age youth aged 18 to 25 by June 30, 2025.

Strategy: Identify technical assistance and funding to support the dissemination of evidence-based programs for children, birth to 17 and transitional age youth aged 18 to 25 to the provider network.

Performance Measure: Number of new programs and evidenced-based services adopted.

Performance Targets: TBD

Objective 3.3: Collaborate with prospective providers to bring a minimum (1) inpatient mental health and (1) SUD Residential program into the County by June 30, 2026.

[22] This figure is approximately 10% of County residents who report speaking another language besides English at home.

Strategy: Deliver technical assistance on locating resources and service sites to prospective providers.

Performance Measure: Number of inpatient mental health and SUD residential programs for children and youth operating in the County.

Performance Target: (1) inpatient mental health and (1) SUD Residential program in development or operating in the County by June 30, 2026.

Objective 3.4: Increase by 50% over baseline the number of monitors assessing the quality of behavioral health services by June 30, 2025.

Strategy: Seeking federal, state and local funding to hire additional monitors.

Performance Measure: Number of LBHA monitors operating in the County.

Performance Target: Hire five (5) monitors.

Objective 3.5: Increase the number of suicide awareness and prevention activities to include programs, training, education and public awareness campaigns targeting children and adolescents by June 30, 2024.

Strategies: Engage the County's 988 provider to deliver training. Partner with Urban One radio to implement awareness campaigns.

Performance Measures:

1) Provide Applied Suicide Intervention Skills Training (ASIST) Workshops and training to 114 behavioral health professionals, caregivers, and peers to teach what to look for, respond to, and do for children at risk of suicide.

2) Provide SafeTALK Training to 60 individuals on how to recognize suicide and how to connect with resources.

3) Develop one targeted public awareness digital marketing campaign with social media messaging that can be repurposed in the future as appropriate.

Performance Targets:

114 behavioral health professionals, caregivers, and peers complete ASIST training

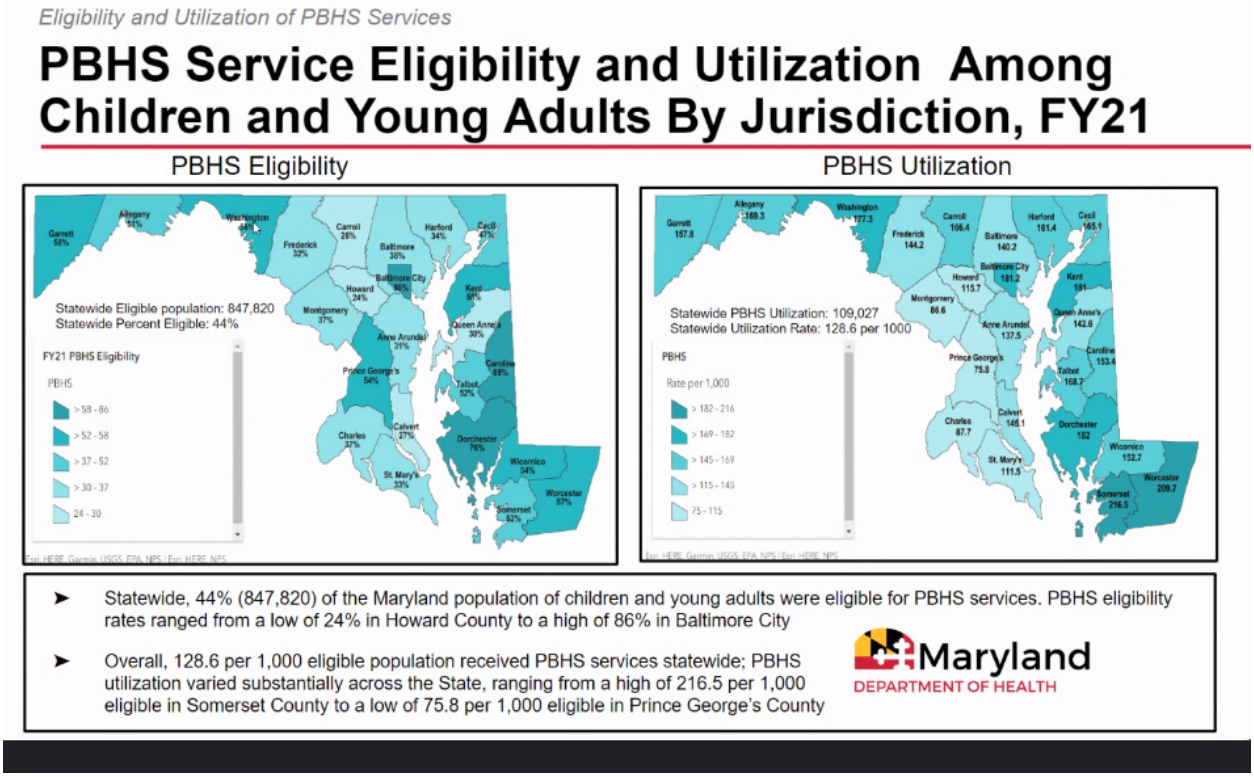
60 individuals complete SafeTALK training

A minimum of one (1) awareness campaign implemented

Target/Priority Populations

Our target/priority populations are children and youth, particularly transitional age youth 18 to 25. As the data below in Figure 9 indicate although 54% of Prince George's children and young adults are eligible for PBHS service, the County has the lowest utilization in the State, at 75.8 per 1000 eligible persons.

Figure 9: PBHS Service Utilization among Prince George's Children and Young Adults[23]



Planning, Management, and Accountability Mechanisms for the Delivery of Services

The following discussion focuses on several planning efforts orchestrated by the LBHA which are now yielding positive results for the behavioral health of County residents.

Early Intervention- Young children and transitional age youth (TAY) were disproportionately affected by the COVID-19 pandemic. In response, the LBHA participated in the planning and implementation of the County's First Episode Psychosis (FEP) program which serves youth and

[23] Maryland Department of Health PBHS Statistics provided to the LBHA.

young adults, aged 15–30. The program is designed to reduce the chronicity of the illness, to prevent the development of long-term disability, and to promote independent and integrated community living. Program participation is restricted to persons with a diagnosis of a schizophrenia spectrum disorder according to DSM-5 criteria, for whom the current episode of psychosis is within two years of the initial onset of psychotic symptoms.

Through a BHA award, the LBHA was able to provide grant funding to the Lourie Center to implement a Therapeutic Nursery Program (TNP) in Prince George's County in January 2023. The TNP is a multidisciplinary, integrated early childhood mental health and education program for families with high-risk children ages 3 to 5. It provides services to the preschool children and their families who are experiencing social, behavioral, emotional challenges. This includes those that are impacted due to trauma and adverse childhood experiences (ACES). Referrals for the TNP are generated from Prince George's County Public Schools (PGCPS), Head Start programs, Department of Social Services, primary care physicians and families.

Suicide Prevention - The LBHA plans to continue its collaboration with Urban/Radio One, an urban media provider serving a predominantly African American and Latino audience, for our marketing needs. Urban One, Inc has led the design and implementation of a culturally competent suicide prevention radio and social media campaign. The campaign began in 2021 and new phases are being unrolled progressively to target different audiences with tailored messaging. Campaign planning has been an iterative process in which the community's response to each round of messaging informs the content and approach for the succeeding round. Illustrative messages and audiences that will be reached during the next three (3) years include reduction of stigma around seeking behavioral health services, the availability of mobile and crisis response services and how to access them, and the availability of multilingual behavioral services.

To ensure the accountability of the suicide prevention campaign, the LBHA relies on media analytics that tracked the number of consumers Radio One reached on the air and via social media. Specific metrics include reach by media channel; the average click-thru rate defined by the number of actual eyes seeing social media; and website hits.

Committed to evidence-based practice, the LBHA continues to plan and coordinate suicide prevention training activities for all interested providers operating in the County and parents and caregivers. As noted above under Goal 3, Objective 3.5, over the next three years, the LBHA intends to increase the number of training opportunities made available to providers. The County's 988 vendor, will deliver the proposed training that will focus particularly on suicide prevention among children and youth.

Crisis Service Enhancement- In collaboration with the MDH-BHA and Totally Linking Care of Maryland (TLC-MD), a nonprofit coalition of six (6) hospitals that connects healthcare providers and programs with residents in Southern Maryland, the LBHA has planned enhancements to support and sustain the County's Crisis Now Continuum. This best practice model consists of six (6) Mobile Response Teams (MRTs), with a plan for the creation of two (2) more teams; a 16-

chair, 23-hour Crisis Stabilization Center in Clinton; Mindoula Readmission Reduction program's 32-day intensive outpatient service targeting high utilizers and serving as an intermediate treatment modality between hospitalization and full reentry into the community; and alignment of the mobile response and crisis center program with COMAR and the State's reimbursement model.

The MRTs are participating in training to follow the Mobile Response and Stabilization Services (MRSS) model created by the University of Maryland School of Social Work Institute for Innovation and Implementation (the Institute). The MRSS is a customized crisis intervention model specific to children, youth, and families. The LBHA encourages the MRSS model because it places a priority on the concerns of the family members of the person in crisis, links the individual and the family to various services in the Crisis continuum, including 988, and actively seeks to prevent future crises; reduces the involvement with law enforcement; delivers care and treatment care in the least restrictive environment appropriate to clinical needs; and maintain persons safely at home and in the community. Over the next three years, the Institute will provide training and technical assistance to the County's crisis providers and LBHA staff on implementing MRSS within the MRT structure.

The County's first Crisis Stabilization Center, which will open in July 2023, will have a no-wrong-door approach, will receive everyone brought to the facility, and will process them for on-site services or referrals as needed. System management and accountability features at the Center include an electronic crisis tracking system and an air traffic control system, both of which are integrated into statewide systems and will expand progressively over time. The Continuum's performance will be assessed by measures such as ER utilization and hospital readmission rates.

The LBHA continues to collaborate with the Department of Social Service on the planning and implementation of a System of Care (SOC) for transitional age youth (TAY). The TAY SOC offers crisis and stabilization services, peer support services, suicide prevention, and outreach and education to transitional age youth (TAY) experiencing behavioral health issues, particularly those experiencing homelessness. The planning effort indicated that given the efficacy of the County's existing mobile response services, SOC funding will be provided to support mobile crisis and stabilization services for TAY to include two (2) peer support specialists and a clinician, who support the youth through follow up after a crisis, stabilization, and referrals to services and other community-based supports available in the County. The LBHA attends weekly meetings with the leadership of the County's crisis response and MRT provider to increase their knowledge of peer services and supports and enhance their capacity to overcome adaptive and technical challenges. Additional family/caregiver and TAY peer supports were provided by the Maryland Coalition of Families (MCF) and the National Alliance on Mental Illness (NAMI). As a result of careful planning, professional management and tailored technical assistance spearheaded by the LBHA, agencies active in suicide prevention in the County have developed the capacity to utilize data and predictive analytics and provide evidence-based interactive modalities on a tech-enabled platform through virtual and in-person supports for the TAY and their caregiver/proxy. Additionally, plans are underway to create a peer-led

stabilization team based at the County's no-barrier Drop-In Center for TAY, which provides supportive services (food, shower, resources, telehealth, employment resources, etc.) and limited street outreach.

As mentioned previously in this plan, in collaboration with local law enforcement, the LBHA is piloting the 911 Behavioral Health Crisis Diversion program. This effort engages trained behavioral health professionals to de-escalate situations that might lead to the arrest of individuals experiencing a mental health crisis. The planning of a new 23-hour crisis stabilization center, the wide publicity of the launch of the County's 988 services, and the expansion of the number of MRTs ultimately supports the diversion program and the stabilization of persons in crisis. The LBHA has overseen the planning of workflows that will lead to the appropriate triage of consumer calls to 988 by determining when and if to dispatch a mobile response team and/or involve law enforcement.

TARGETED CASE MANAGEMENT (TCM) ANALYSIS

The Targeted Case Management (TCM) program provides comprehensive services through a recovery-based model to adults and children with serious and persistent mental health challenges. TCM enhances clients' mental wellness and capacity to integrate into the community by providing them with access to recovery resources that support their individual goals. To receive TCM, individuals must be Medicaid eligible/enrolled, have a severe mental health disorder, and be at risk of/need continued community treatment to prevent inpatient psychiatric treatment, homelessness, or incarceration.

There are currently two adult TCM providers and one child and adolescent provider in Prince George's County. In FY 2019, the county issued the TCM RFA for adults, and the LBHA collaborated with Anne Arundel County CSA to select the Care Coordination Organization (CCO) through a competitive bid process. The selected provider, Center for Children, offers TCM services to clients in Anne Arundel, Calvert, Charles, and St. Mary's counties, as well as Prince George's County.

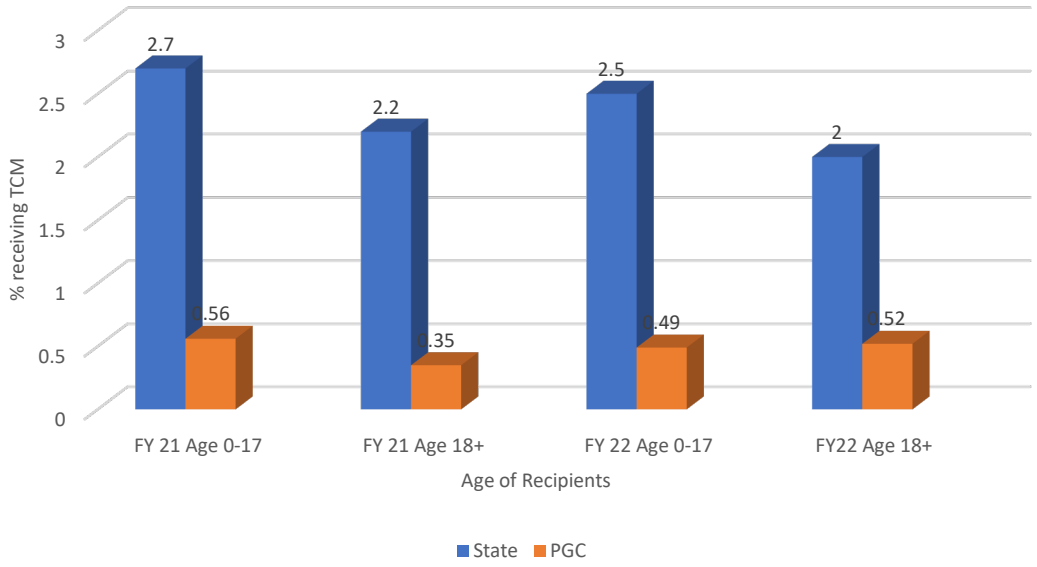
The National Institute of Mental Health estimates that 5.6% of US adults aged 18 and older have some form of serious mental illness (SMI).[24] Based on this estimate 53,497 Prince Georgians have an SMI and could potentially benefit from TCM services.

As shown in Figure 10 below, when compared to the rest of the State, Prince George's County's utilization of TCM is substantially lower[25]. This disparity may be due to the overall behavioral professional shortage in the County; the low Medicaid reimbursement rates for TCM, which are a disincentive to providers to deliver these services; and general unawareness of the availability and utility of TCM services. Additionally, COVID-19 had an effect on TCM referrals.

[24] NIMH Mental Illness https://www.nimh.nih.gov/health/statistics/mental-illness

[25] Maryland Department of Health: Optum ASO claims data paid through 10/31/2022.

Figure 10: TCM Utilization: Maryland compared to Prince George's County



Data Source: Maryland Department of Health: Optum ASO claims data paid through 10/31/2022.

Table 1: TCM Utilization Trends in Maryland and Prince George's County							
FY 2021				**FY 2022**			
	Age 0-17	Age 18+	Total		Age 0-17	Age 18+	Total
State	1,952	3,460	5,412	State	1,872	3,327	5,199
	71,436	158,925	230,361		74,916	167,789	242,705
	2.7%	**2.2%**	**2.3%**		**2.5%**	**2.0%**	**2.1%**
PGC	44	58	102	PGC	38	91	129
	7,779	16,462	24,241		7.806	17,630	25,436
	.56%	**.35%**	**.42%**		**.49%**	**.52%**	**.51%**

Strategies to Remedy Capacity Insufficiencies

There have been challenges experienced relating to the provision of TCM services in the County, which ultimately affected its utilization. As mentioned, the new TCM providers for adults were selected in FY 2019 and were scheduled to implement program services in July 2020. The COVID-19 pandemic created challenges when attempting to implement outreach efforts, educate potential referral sources, and solicit referrals. Additional challenges during the pandemic include retaining staff and transitioning from in-person to virtual visits. In order to improve TCM capacity for children and adults, and increase referral volume, certain actions have been identified to overcome service delivery barriers.

- Develop clear and concise material to be distributed to the community and partner agencies that describes TCM services, expectations, and service outcomes/successes.

- Hire outreach staff.
- Specifically, for child and adolescent referrals, build upon the relationship with the school system to include targeting specific programs/staff within schools.
- Continue to discuss TCM as an option for families presenting at the Local Care Team meetings.
- Convene a regular meeting with supervisors of TCM programs to discuss specific systemic barriers and solutions in relation to outreach and marketing for referrals.
- Conduct ongoing community presentations to professionals/agencies, families/caregivers and others about TCM services.
- Participate in and coordinate community outreach events.

The LBHA will continue its efforts to support the Targeted Case Management/Care Coordination (TCM/CCO) programs. The case management providers have continued to work on marketing and staffing strategies to generate more referrals. The persistent outreach efforts will also help to identify children that will benefit from care coordination services.

Status of TCM Provider Selection

The LBHA engages in ongoing, periodic monitoring activities of the Targeted Case Management for adult providers to evaluate service delivery and essential ingredients of the program. Activities include, but are not limited to the following:

1. An annual site visit to evaluate and document compliance with administrative and programmatic requirements, including but not limited to the evidence in the medical record of a diversity of referral sources and relationships with relevant organizations for referral and linkage to care.

2. Review administrative data reports and claims data to evaluate program effectiveness.

3. Review of policy and personnel records to ensure administrative compliance.

4. Participation in any provider meetings as required by the LBHA.

5. Collection and submission of programmatic data, as required by the LBHA.

Adult TCM providers are selected through a Request for Application (RFA) process and are required to participate in all monitoring and evaluation activities. The next TCM – adult RFA is scheduled for release on January 15, 2025, in accordance to below schedule:

Release Date	**1/15/2025**
Proposal Submission Deadline	**2/18/2025**
Review Committee Deadline	**3/30/2025**
Contract Award Announcement	**4/1/2025**
Anticipated Start Date	**5/1/2025**

DATA AND PLANNING

The data section of the strategic plan includes information that has guided the system planning process to include PBHS utilization, Medicaid enrollment and penetration, suicidality, overdose events, crisis response and the County's response to the COVID-19 Pandemic. As the LBHA plans intervention and prevention efforts to address behavioral health in our County, we will continue to consider the unprecedented impact of COVID-19.

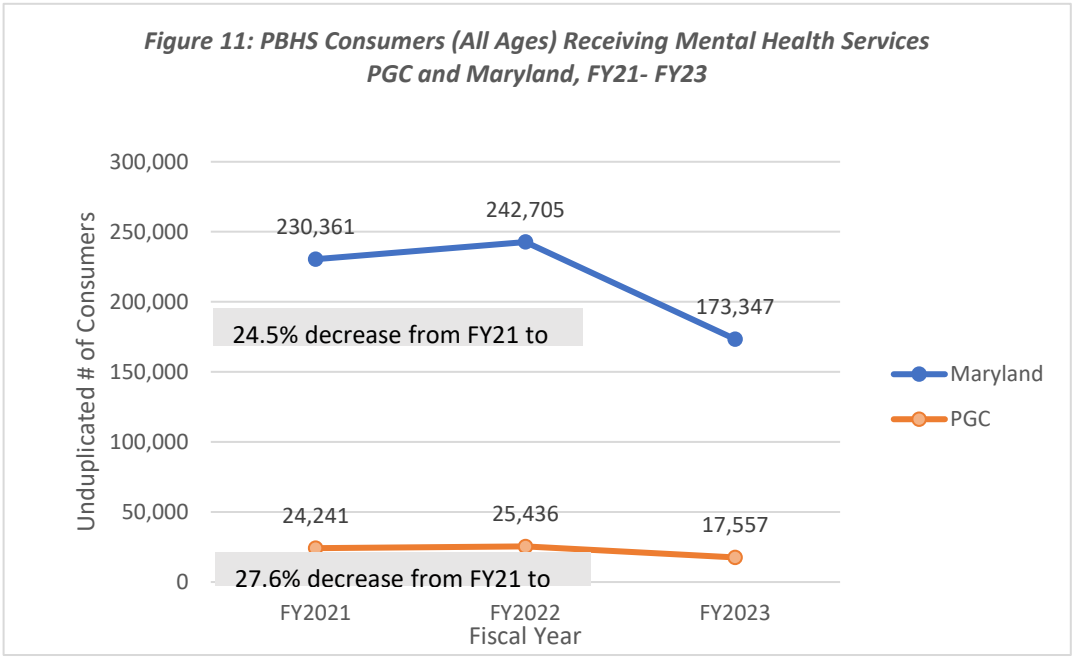
PBHS Service Utilization Trend Analysis

In FY 2022, 25,436 County residents accessed mental health services, and 5,740 accessed SUD services in the public behavioral health system (PBHS). Thus far in FY 2023, according to paid Medicaid claims, 17,557 County residents with mental health needs and 2,778 with SUD needs received services in the PBHS. A discussion of the service utilization for each category of services follows.

PBHS Mental Health Service Utilization

As is the case for the state, Prince George's experienced an increase in the number of consumers using PBHS services in the period from FY 2021 to FY 2022.

Figure 11: PBHS Consumers (All Ages) Receiving Mental Health Services PGC and Maryland, FY21- FY23

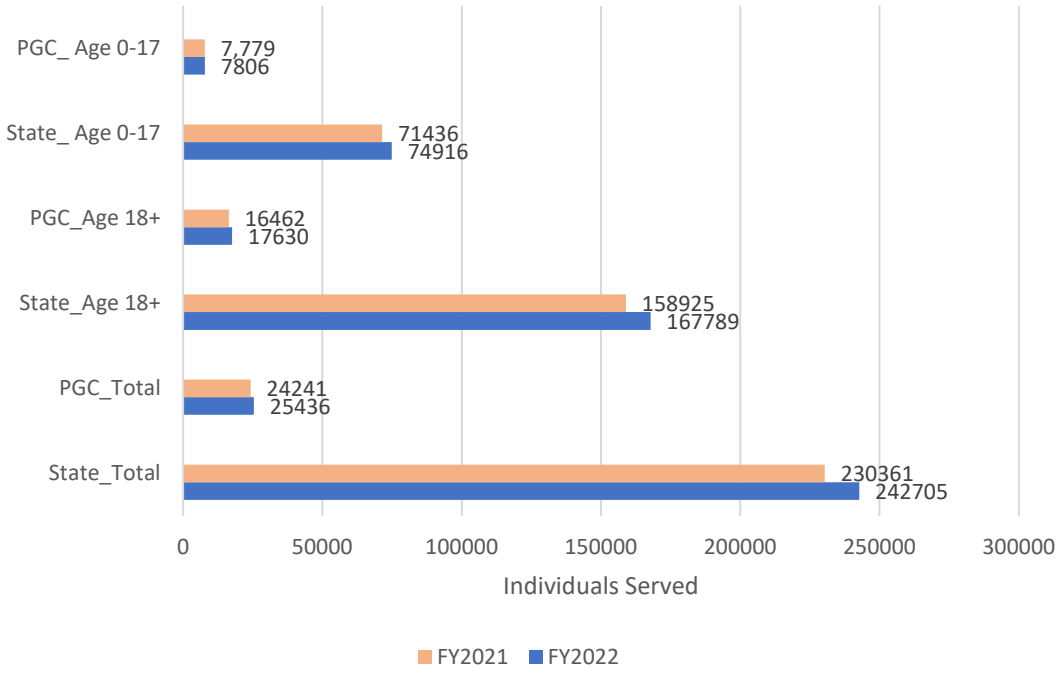


As shown in Figure 12 (Data Source: Maryland Department of Health: Optum ASO claims data paid through 10/31/2022), thus far in FY 2023, PBHS services in the County served approximately three-quarters of the consumers that were served in FY 2021.

The state reports a similar rate of decline. Key informants interviewed during the preparation of this proposal attribute the decrease to a lessening of stresses that could precipitate behavioral health problems once COVID-19 related restrictions were progressively relaxed.

As shown in Figure 12 below (Data Source: Maryland Department of Health: Optum ASO claims data paid through 10/31/2022), at the height of the pandemic (FY 2021 and 2022) PBHS service utilization increased across the entire population and within all age groups.

Figure 12: PBHS Mental Health Service Utilization by Age Group PGC & Maryland, FY 21, FY 22



○Medicaid Enrollment and Penetration

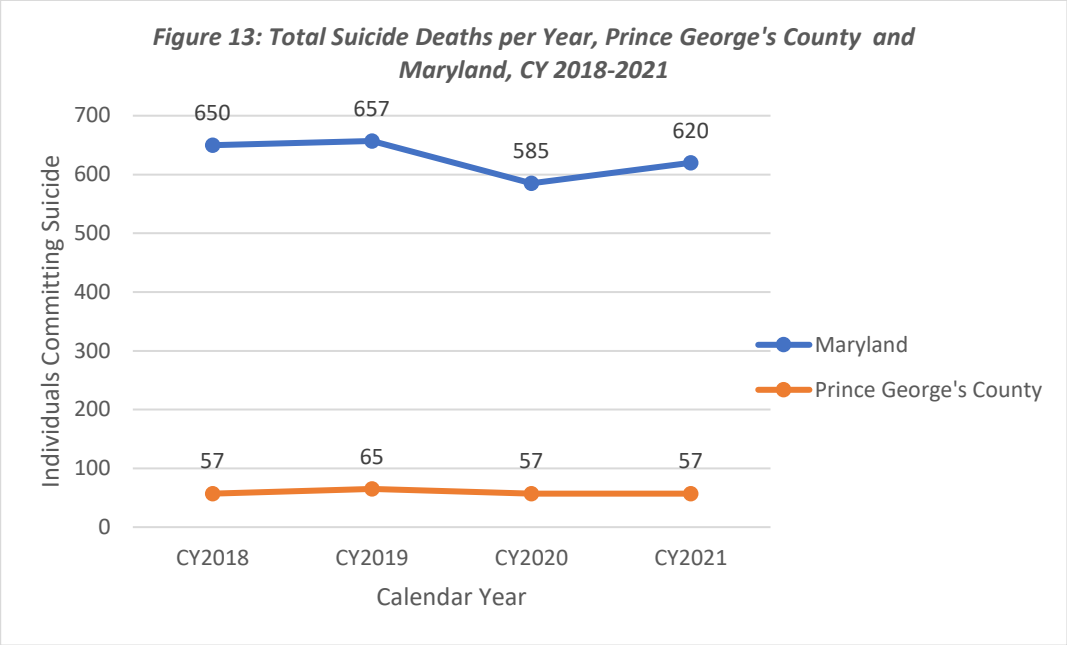
The Medicaid penetration rate in FY 2022 for consumers accessing mental health services was 8.10%, a decrease from the FY 2021 rate of 8.96%.

○Suicides by Jurisdiction

Although statewide there was an increase in suicides from 2020 to 2021, during the same time period the number in Prince George's remained steady (Figure 13)[26]. We believe that this finding may be due in part to the success of the Suicide Prevention Campaign that the LBHA

[26] CDC Wonder Underlying Cause of Death, 2018-2021. Accessed on January 24, 2023 at https://wonder.cdc.gov

launched in 2021 in partnership with Urban One, Inc. (aka Radio One) with funding from the Maryland Department of Health. The campaign focused on creating awareness and educating the public on suicide prevention, services available and eradicating stigma. It targeted adults 25-44 years old, with a focus on LGBTQ+ community and men. The campaign reached 300,170 surpassing its goal of 245,000. Thus, approximately a third of the County's residents were exposed to campaign messaging. The average click-thru rate, defined as actual eyes seeing social media, was .05-.07%. The campaign's banner on the station had a rate of .15%. There were 86,947 people that saw the campaign on the social media alone. With a click thru rate of 1.51% (national average is .05- .07%) for all the stations combined. The LBHA complemented this successful effort with suicide prevention training activities included five (5) Mental Health First Aide (MHFA) trainings, two (2) ASK Workshops and one (1) ASIST training.



CDC Wonder Underlying Cause of Death, 2018-2021. Accessed on January 24, 2023 at https://wonder.cdc.gov

Figure 14 presents data that emphasizes the need for us to focus on suicide prevention among males, White residents, and persons aged 15 to 44, as the rates for these groups are the highest in the County.

Figure 14: Suicide Mortality by Selected Demographics for PGC and Maryland[27]

	Prince George's County			Maryland		
	Count	Percent	Crude Rate	Count	Percent	Crude Rate
Total Deaths	236		6.4	2512		10.3

[27] Ibid

Gender						
Male	184		10.4	1993		16.9
Female	52		2.7	519		4.1
Race/Ethnicity						
Black NH	125		5.5	444		6.1
Hispanic	27		3.7	116		4.4
White NH	76		17	1835		15.2
Other	**			115		5.5
Age Group						
5-14 years	**			30		
15-24 years	33			320		
25-34 years	52			412		
35-44 years	41			383		
45-54 years	25			400		
55-64 years	37			433		
65-74 years	21			290		
75-84 years	17			163		
85+ years	**			81		

Data Source: CDC Wonder Underlying Cause of Death, 2018-2021. January 24, 2023. https://wonder.cdc.gov

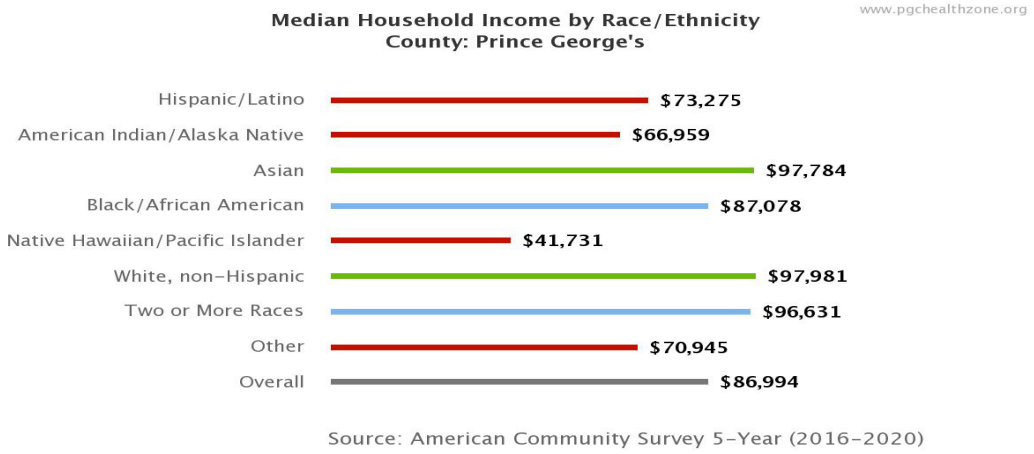
○Presentations to Local Emergency Departments (ED) for Suicide Ideation

The LBHA recently held its first Suicide Awareness and Prevention Workgroup Planning meeting in January 2023. The ultimate goal of this planning activity is to convene the County's first Suicide Prevention Coalition, with representation from a diverse range of stakeholders active in the field of suicide prevention. Organizations belonging to the Workgroup will include but are not limited to representation from Community Crisis Services, Inc. (CCSI), the designated 988 Lifeline Call Center for Prince George's; iMind Behavioral Health, the Behavioral Health crisis response and MRT provider; Mindoula Health, hospital readmission reduction program; the Department of Aging Services; the National Alliance of Mental Illness (NAMI); the Health Department's System of Care and Prevention units; PGCPS, law enforcement and behavioral health professionals from our local hospital systems. The Workgroup will review epidemiological data on suicide in the County and use the review findings to inform presentations and training that will be offered to local emergency departments. The LBHA has selected CCSI to provide training on evidence-based suicide prevention and related topics to Workgroup members, local emergency departments, and other behavioral health providers in the County.

○Poverty Rate and Ranking

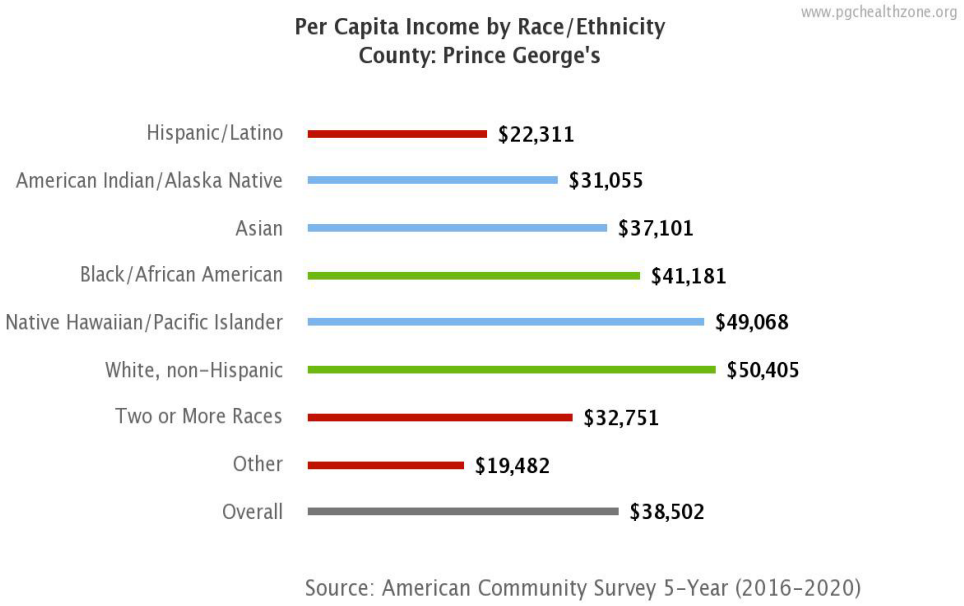
Overall Prince George's County compares favorably to other jurisdictions with respect to poverty. Whereas 5.94% of Maryland families live below the poverty level, the rates in Prince George's are slightly lower at 5.58% . However, these latter statistic masks significant racial/ethnic disparities in socioeconomic status as shown in Figures 16 and 17 below.

Figure 15: Median Household income by Race/Ethnicity in Prince George's County[28]



The County's Hispanic residents have disproportionately lower incomes than other County residents. This pattern coupled with the lack of health insurance, discussed earlier in this plan, places them at increased risk for poor health outcomes.

Figure 16: Per Capita Income by Race/Ethnicity[29]

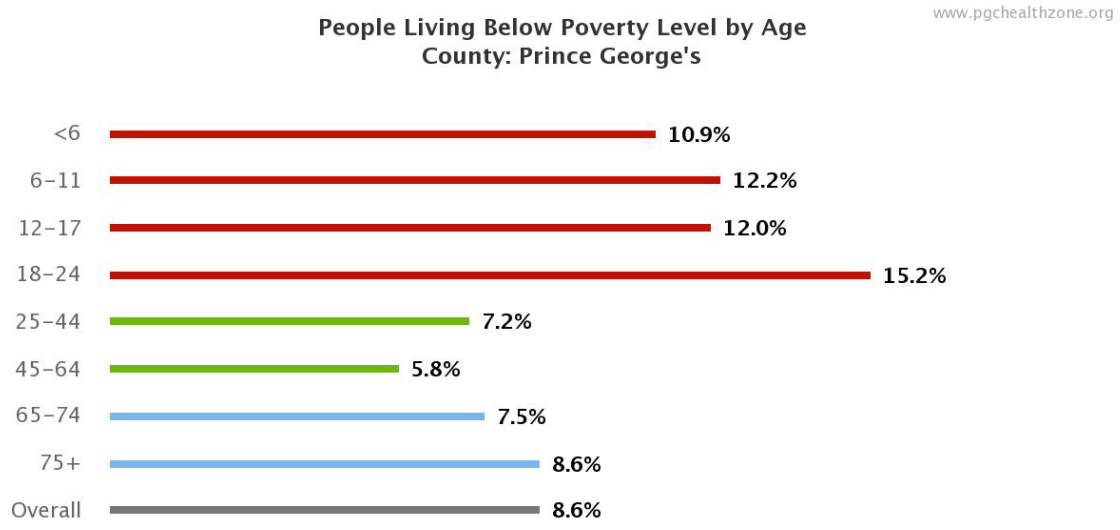


There are also age disparities in socioeconomic status as shown in Figure 17 below.

[28] PGC HealthZone Median Household Income in Prince George's Accessed on January 21, 2023 at https://www.pgchealthzone.org/indicators/index/view?indicatorId=315&localeId=1260

[29] PGC HealthZone Per Capita Income in Prince George's County. Accessed on January 15, 2023 at https://www.pgchealthzone.org/indicators/index/view?indicatorId=15&localeId=1260

Figure 17: People Living Below Poverty Level by Age in Prince George's County[30]



Source: American Community Survey 5-Year (2016-2020)

Transitional aged youth (TAY) typically defined as persons between the ages of 18 and 25, have the highest proportion of any age group living in poverty. As stated earlier in this plan, the LBHA has formulated Goal 3 Objective 3.2 of this plan to ensure that this vulnerable subpopulation has ready access to the full continuum of behavioral health services is a priority for the LBHA. The LBHA will be issuing an RFA in March 2023 for the provision of an enhanced rehabilitation services program for TAY. The program will provide extra support, enhanced community living skills support, and enhanced social and recreational activities to TAY in the residential rehabilitation program.

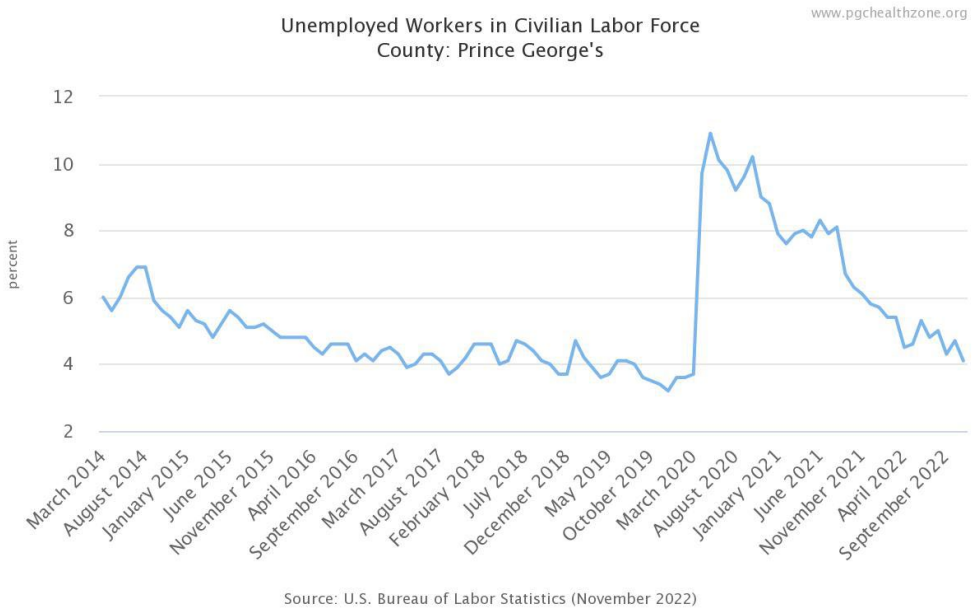
- **Unemployment Rates**

As shown in Figure 18 below over the past decade the County's unemployment rate remained fairly stable except for a sharp increase during the height of the pandemic. The December 2022 rate stands at 3.7% which is the same as the rate at the start of the pandemic in March 2020 and is slightly above the state's rate of 3.2%.[31]

[30] PGC HealthZone People Living Below Poverty Level by Age in Prince George's County. Accessed on January 15, 2023 at https://www.pgchealthzone.org/indicators/index/view?indicatorId=347&localeId=1260

[31] Department of Labor. Local Area Unemployment Statistics (LAUS) - Workforce Information & Performance Accessed on January 14, 2023 at https://www.dllr.state.md.us/lmi/laus/

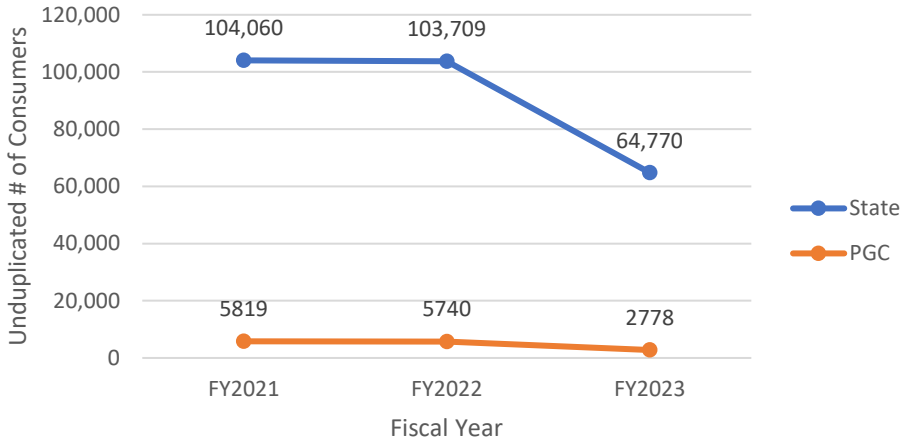
Figure 18: Unemployment in Prince George's County[32]



Analysis and Reporting of Substance-Related Disorder (SRD) Data:

The County utilization of SUD services declined from FY2021 to FY2022. In fact, as depicted in Figure 19[33] below, utilization of SUD services dropped by over 79 consumers in the County.

Figure 19: PBHS Consumers (All Ages) Receiving SUD Services PGC and Maryland, FY21- FY23

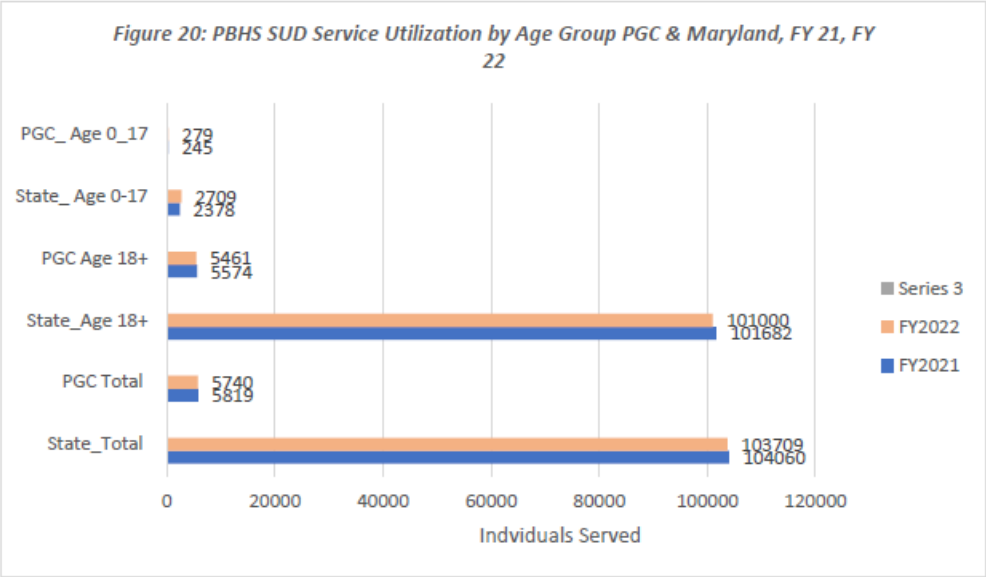


Maryland Department of Health: Statewide PBHS Service Utilization FY 2021-23: SUD
Optum ASO claims data paid through 10/31/2022. Data for FY 2022/23 are incomplete as providers have 12 months from the time of service in which to submit a claim for payment.

[32] PGC Healthzone Unemployment in Prince George's County. Accessed on January 14, 2023 at https://www.pgchealthzone.org/indicators/index/view?indicatorId=520&localeId=1260

[33] Maryland Department of Health: Optum ASO claims data paid through 10/31/2022.

The data in Figure 20[34] below confirms that across all age groups utilization levels stayed fairly the same during FY 2021 and 2022.



Data Source: Maryland Department of Health: Optum ASO claims data paid through 10/31/2022.

Overdose Deaths

Opioid Related Services: In FY 2022 and FY 2023, the LBHA oversaw three (3) opioid overdose projects, including Overdose Response (Naloxone) training in the County. A total of 833 people, including 698 law enforcement professionals, were trained to administer Naloxone in FY 2022. During FY 2023, eleven (11) community events were held to raise awareness of the dangers of opioid abuse and the availability of Naloxone training. Additionally, Narcan training and kits were provided to 216 Prince George's County Public School nurses in November 2022. Additionally, 13 PGCPS school nurse supervisors were trained as Narcan trainers. The Narcan trainer is currently partnering with PGCPS on additional initiatives including partnering to pass out additional Narcan kits and to do a demonstration for parents so that they are aware of how to use them. In addition, the County's Police Department was encouraged to participate in the Maryland Department of Health's Overdose Response Community Management Program. PGCPS recently became an independent Overdose Response Program (ORP) which will give them direct access to Narcan training, supplies, and reporting. The PGCPS will not work to train all of the bus drivers. The Maryland Opioid Operation Command Center (OOCC) continued to fund County efforts to use EMS data to geo-map opioid abuse hotspots in the County and target prevention messaging to the identified communities. Data is used to determine the target locations for upcoming campaigns.

[34] Maryland Department of Health: Optum ASO claims data paid through 10/31/2022

Several initiatives appear to be nudging the County's overdose fatality rate downwards, towards pre-pandemic levels. These efforts include:

- the County's first harm reduction multimedia campaign "Go Slow" supported with Overdose to Action (OD2A) funding;

- the OD2A-funded Good Samaritan Law public awareness campaign;

- the LBHA, Fire and EMS "Naloxone Leave Behind Program" that brings naloxone to those who need it most, individuals who have just experienced an overdose;

- the jail-based and community-based Medicated Assisted Treatment (MAT) programs that accepts patients who are using opioids so that regardless of their setting, they can continue with their medication, individual and group substance abuse counseling, peer recovery specialist support, clinical case management services and medication management; and

- joint planning conducted by the LBHA and the PGCHD Behavioral Health Services Division to create a Youth Addiction/Overdose Prevention Taskforce that will begin operation in FY 2024.

As shown in Table 2 from October 2021 to October 2022, the County reported a modest decline in overdose fatalities. This statistic compares favorably with two bordering counties – Howard and Charles – which reported significant increases in overdose fatalities during the same time period. However, the strength of the declines in neighboring Calvert, Anne Arundel and Montgomery counties, respectively, indicate that there is room for improvement in Prince George's.

Table 2: Fatal Overdoses in PGC and Neighboring Jurisdictions October 2021-October 2022[35]

Jurisdiction	Oct 2021	Oct 2022	Difference	% Difference
Calvert	26	17	-9	-34.9%
Anne Arundel	250	175	-75	-30.0%
Montgomery	141	113	28	-19.9%
Prince George's	217	203	14	-6.5%
Howard	38	50	12	31.6%
Charles	38	51	13	34.2%

Opioid Hospital Events

[35] Maryland Opioid Operational Command Center
https://experience.arcgis.com/experience/c546d22ec4a946cbb700a282f53c6eb7/

For the period October 2021 through October 2022, the LBHA observed in the County a similar, modest decline in the number of non-fatal opioid-related hospital emergency department visits as was observed with the number of fatal overdoses. As shown in Table 3, the County had the lowest rate of decline 6.2% of the six southern counties, with the exception of Charles which reported an increase in ED visits.

Table 3: Non-Fatal, Opioid-Related Hospital ED Visits in PGC and Neighboring Jurisdictions 10/2021-10/2022[36]

Jurisdiction	Oct 2021	Oct 2022	Difference	% Difference
Howard	146	114	-32	-21.9%
Anne Arundel	829	699	-130	-15.7%
Montgomery	601	526	-75	-12.5%
Calvert	78	70	-8	-10.3%
Prince George's	436	409	-27	-6.2%
Charles	102	105	3	2.9%

Medicaid Enrollment and Penetration

The Medicaid penetration rate for consumers accessing SUD services was in FY 2022 was 1.83%, a decrease from the FY 2021 rate of 2.57%.

Impact of COVID

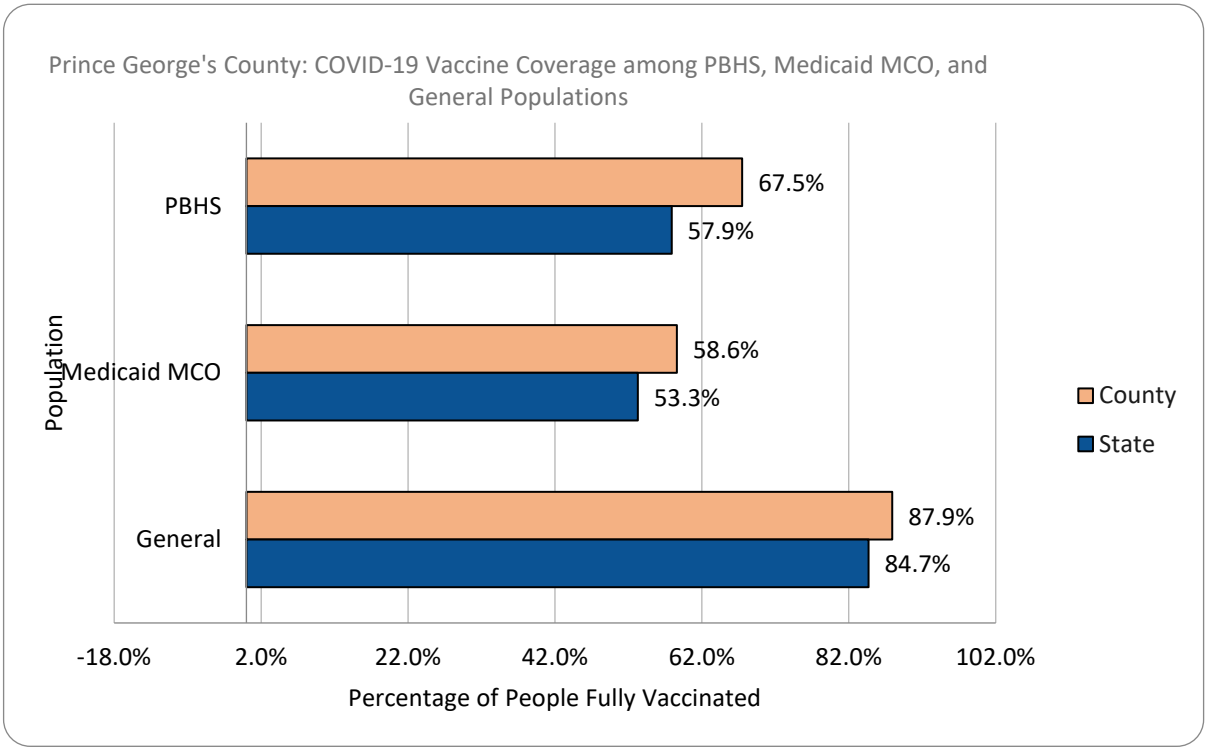
COVID-19 related challenges also hindered the strengthening of existing and the formation of new collaborations. Once government agencies, healthcare practices, and community agencies started to open up, understandably, their focus was on revamping their operations and returning to, if not exceeding, pre-pandemic levels of service. Consequently, as demonstrated by some of the data reported in the Data Plan section of this document, in some cases there have been decreases in referrals with an accompanying decline in service utilization. Nevertheless, the LBHA is optimistic that over the next three years these trends will be reversed. Our optimism is based on the observation that while dampening collaborative efforts in certain sectors, the pandemic spurred innovation, creative outreach and non-traditional referral pathways in others. All indications are that over time, these new partnerships will lead to improved availability and accessibility of quality behavioral health services for the County's residents.

Figure 21 compares vaccine coverage in December 2022 among the PBHS, Medicaid MCO and General population, respectively in the County. We note that the vaccination rate for the

[36] Maryland Opioid Operational Command Center
https://experience.arcgis.com/experience/c546d22ec4a946cbb700a282f53c6eb7/

County's PBHS consumers is higher than that for the State's PBHS consumers. However, the rates in both jurisdictions are significantly lower than the general rates. This pattern in the County is not surprising given that the literature[37] reports that vaccination rates tend to be significantly lower among low-income racial/ethnic minorities, who comprise the overwhelming majority of PBHS in Prince George's County.

Figure 21: COVID-19 Vaccine Coverage Prince George's County[38]



Data Source: MDH Behavioral Health Administration Covid-19 Vaccine Coverage Monthly Report for December 2022. Retrieved 1/24/2023.

Strategies Used to Increase Rates of Vaccinated Individuals

The LBHA expended considerable effort to encourage PBHS providers to boost vaccination rates among their patients. The LBHA shared COVID-19 messaging from BHA, SAMHSA and PGCHD with the providers. LBHA Program Monitors followed up to advise providers on how to adjust their policies and procedures to align with the Centers for Disease Control and Prevention (CDC) guidance to prevent infections. Providers were encouraged to review the information and resources which contained recommendations around behavioral health treatment. The Program Monitors connected with licensed providers to review protocol and facilitate direct contact with the Health Department's lead COVID-19 Disease Control Reporting System to

[37] Abba-Aji, Mohammed et al. "Ethnic/racial minorities' and migrants' access to COVID-19 vaccines: A systematic review of barriers and facilitators." *Journal of migration and health* vol. 5 (2022): 100086. doi:10.1016/j.jmh.2022.100086

[38] Data Source: Maryland Behavioral Health Administration January 24, 2023.

report confirmed or suspected outbreaks. BHA data reports comprised of provider vaccination rates have been used by the LBHA to guide outreach efforts.

Barriers or Challenges and Any Resource Needs Identified That Would Improve Rates

The beginning of the pandemic presented many unforeseen challenges for behavioral health care. Social distancing mandates prevented providers from meeting with clients face-to-face. As a result, patient referrals, scheduled appointments, and hence opportunities to administer vaccinations declined.

A Review of the Data to Support Successes and Challenges

People have been able to return to work and children and youth to school; evidence of a return to "business as usual". A less positive hypothesis is that service utilization has declined due to a shortage of behavioral health providers in the County. Several informants recounted instances of professional peers retiring early, changing careers, or otherwise ceasing to deliver behavioral services as a result of the sustained and high level of stress they experienced during the pandemic. The LBHA has reflected seriously on the provider shortage and set as a Goal for the recruitment of additional providers, although, we recognize that the shortage is nationwide and not confined to our region.

Significant Changes Observed During Last Year

The pandemic has raised awareness regarding the overall importance of mental health. It is expected that the increased exposure to stressors related to the pandemic may significantly impact behavioral health. As a result, the LBHA has been awarded additional grant opportunities and has been charged with managing more grants than ever before. Many providers and consumers are now reporting to be more comfortable with the use of telehealth equipment and rendering services virtually, even as providers have resumed in-person groups. Programs such as the Telehealth Equipment pilot project assisted with the use of telehealth equipment making BH services more accessible. The project awarded funding to two (2) of the County's larger BH providers to help clients in their programs obtain equipment, internet access, and training on how to use devices for telehealth services.

SYSTEMS MANAGEMENT INTEGRATION

Please refer to Appendix A.

CULTURAL AND LINGUISTIC COMPETENCE

Please refer to Appendix B.

SUB-GRANTEE MONITORING

Any entity that delivers behavioral health-related services with the funds awarded by the LBHA is considered a sub-grantee. Sub-grantees are required to enter into written contractual agreements, inclusive of grant agreements and Scopes of Services, with the LBHA. All conditions of the grant award are covered in the grant agreements and Scopes of Services (also known as Attachment A). As part of the contract, the LBHA Contract Monitor develops the Scope of Services with the sub-grantee, which outlines the program's responsibilities including, but not limited to, program objective(s), service provision, reporting, billing, eligible and ineligible use of funds. The LBHA shall engage in ongoing monitoring activities to evaluate service delivery. Monitoring will comprise of the review of sub-grantee monthly and/or quarterly reports as required to include financial reports, record reviews, organization operations, policies and procedures, complaints, sub-vendor-related activities and expenditures, and site visits.

• *Site Visits* - Contracts Monitors make at least one (1) on-site monitoring visit per year to all grant-funded programs using a site visit (compliance) reporting form. The site visit report template includes all conditions of the award to be monitored by the LBHA. The purpose of the annual site visits is to review whether the requirements of the contract were completed as reported and that Federal, State and Local regulations were followed during program implementation. Documents will be requested and reviewed to include personnel records of staff working on the project to ensure administrative compliance. Prior to the pandemic, all site visits were held on-site at the program's location. However, the LBHA has recently expanded to a virtual platform for some programs. Monitoring visits can include observing the program facility, staff and/or program participant interviews, reviewing consumer files and employee charts, and providing technical assistance. Site visit reports are developed and are specific for each grant-funded program. Within ten (10) days of the monitoring visit, the Contracts Monitor will send written documentation of the findings during the visit to the provider with recommendations for improvement where applicable. If a program has a corrective action plan, additional site visits are often warranted.

• *Review of provider progress reports* - All sub-grantees are required to submit program reports, on a schedule identified within the Scope of Work. This schedule permits monthly and/or quarterly reports as well as an Annual Activity report. The reports include program activities as identified in the subgrantees contract (Scope of Services) with the LBHA. The details of the reports are reviewed by the assigned LBHA Contract Monitor to determine if the program is on track to meet its targeted outcomes.

Sub-grantees found to be out of compliance with the contract are required to submit a Correction Plan to address cited areas. Steps delineated in the Correction Plan to ensure program compliance and effectiveness must be implemented within thirty (30) days, or in accordance with a schedule approved in writing by the Contracts Monitor. Failure to resolve issues contained in the Correction Plan within ninety (90) days may result in the withholding of funds or termination of the grant agreement

• *Review of provider fiscal reports/budgets/invoices* -The LBHA requests that sub-grantees submit their program budgets in March, if a recurring grant program, or if a new subgrantee at the time of notification of award. The LBHA reviews each budget to ensure that the budget request is in line with the grant project and only eligible items are included. Once budgets are final, they are forwarded to the Health Department's Contracts Specialists who then forwards all contract documents (i.e., Grant Agreement Scope of Service and budget) through the County's procurement process.

Sub-grantees are required to submit invoices to the LBHA for reimbursement of services rendered. The Prince George's County Health Department issues monthly reimbursement for payments. Sub-grantees are contracted to submit invoices to their assigned LBHA Contracts Monitor each month by the 10th of the following month succeeding rendered services. Invoices are initially reviewed by the Contracts Monitor to ensure they include the approved program budget; expenditures are in line of what the services are for and supporting documentation such as receipts and program reports correspond with expenditures. Approved invoices are forwarded to the LBHA Manager for signature, then submitted to the HD fiscal office and next processed to the Health Department's Accounts Payable office for remittance. Payment usually occurs within 30 days or less from the sub-grantees submission of an accurate invoice. Sub-grantees are informed that failure to submit required documents and reports late can result in delayed payment.

• *Review of Provider Audit Reports* - Audits are required of all subgrantees awarded cost-reimbursement contracts for $100,000 or more. The subgrantee must submit a financial audit to the Health Department/LBHA on or before March 1st for the previous fiscal year. The audits are submitted to the Health Department's Audit Manager for review for the presence of conditions that might prevent the sub-vendor from delivering services or fulfilling the terms and conditions of its contract.

• *Review of deliverables met/not met; actions to be taken if services have not been delivered* - If contract/program deliverables are not met, then the LBHA will increase site visits and/or put in place a corrective action plan (CAP). The CAP be in the form of a letter or email and will contain the following details: 1) the condition(s) of the sub-grantee's contract that have not been met 2) actions taken by the LBHA to assist the sub-vendor as applicable 3) date the CAP response is due to the LBHA. Corrective Action Plans are only issued after the LBHA Contracts Monitor has provided the sub-grantee with adequate technical assistance as evident in written documentation and verbal communication.

PLAN APPROVAL PROCESS

Each year, the Annual Plan is developed as a collaborative effort between LBHA staff and the Mental Health Advisory Committee (MHAC). The LBHA Manager serves as a non-voting participant of the MHAC. The MHAC receives updates from LBHA staff and presentations from community providers on services within the Public Behavioral Health System. The Committee reviews the goals, objectives, and strategies in the plan prior to submission to the Behavioral Health Administration. Members have an opportunity to review and provide their input during the planning process for the upcoming fiscal year. Since 2019 the MHAC and LDAAC committees were in the process of integrating into a single Local Behavioral Health Advisory Committee. Efforts are underway to identify members who are able to fulfill advisory committee requirements. Thus, the LBHA fully anticipates that the integrated Committee will be operational by FY 2024.

Appendix A : Systems Management Integration Status Report: Prince George's County

INTEGRATION STATUS REPORT

FOCUS ON THE OUTCOME: An integrated approach to managing the Public Behavioral Health System is intended to support individuals and families in accessing and receiving high-quality, person-centered services and supports in a coordinated way that appears seamless

TOPIC	Score
1: One Integrated Behavioral Health Plan for the Local Jurisdiction / Region	4
2: Integrated Local Behavioral Health Advisory Council	1
3: Budget that Supports Integrated Operations	3
4: Integration of Behavioral Health Approach Among Providers	2
5: Integrated Behavioral Health Messaging and Outreach	3
6: Integrated Approach to Behavioral Health for Staff	3
TOTAL INTEGRATION STATUS SCORE (0-24)	16/24

<u>DIRECTIONS</u>: For each of the six topics below, check every item that exists in your LBHA, or your CSA and LAA *together*. Then, count the number of checked boxes (up to four) for that topic and insert that number next to the topic into the table above. Add the topic scores to get your current Integration Status score.

1: One Integrated Behavioral Health Plan for the Local Jurisdiction / Region
(builds on prior domains: Leadership and Governance; Planning and Data Driven Decision-Making)

☒a. One integrated behavioral health plan for the local public behavioral health system that meets state requirements, aligns with the BHA statewide behavioral health plan, and meets all parameters required by BHA.

☒b. The local plan describes a shared vision and strategic priorities that include a focus on integrated system planning and management

☒c. A local mechanism is in place to measure and document progress toward taking an integrated approach to managing the Public Behavioral Health System in the local area

☒d. All elements of the local plan consider both mental health and

substance use disorders

TOTAL NUMBER OF BOXES CHECKED (0 to 4): 4 *(insert score in table above)*

2: Integrated Local Behavioral Health Advisory Council *(builds on prior domains: Leadership and Governance)*

☐a. A single local Advisory Council is in place to address behavioral health (i.e., mental health and substance use) -- OR – the local mental health advisory council and the substance use-related advisory council meet jointly at least annually

☐b. The local Advisory Council(s) includes community members who have lived experiences with mental health, substance use, and co-occurring disorders
☐c. The local Advisory Council(s) includes providers with clinical and service expertise in mental health, substance use, and co-occurring disorders
☒d. A local structure, including staff support, is in place to coordinate and communicate both mental health and substance use information to the local Advisory Council(s)

TOTAL NUMBER OF BOXES CHECKED: 1 *(insert score in table above)*

3: Budget that Supports Integrated Operations *(builds on prior domains: Budgeting and Operations)*

☒a. Budgeting functions are in one LBHA -- OR -- are closely coordinated between the CSA and LAA based on a written agreement to reduce duplication and maximize resource use

☒b. Operations are within one LBHA -- OR -- are tightly coordinated between the CSA and LAA based on a written agreement to reduce duplication and maximize use of resources

☒c. A local mechanism is in place for reviewing mental health and substance use disorder budgeting and operations for opportunities to further integrate and maximize efficiencies

☐d. A local mechanism is in place to integrate and/or braid system management budgets, with appropriate monitoring and tracking to meet separate funding source requirements

TOTAL NUMBER OF BOXES CHECKED: 3 *(insert score in table above)*

4: Integration of Behavioral Health Approach Among Providers *(builds on prior domains: Quality; Stakeholder Collaboration)*

☒a. There is a local understanding of the meaning of integrated behavioral health services

☒b. Local meetings are regularly held with providers of mental health, substance use, and co-occurring disorder services to jointly discuss integrated behavioral health approaches

☐c. Education and training on best practices in behavioral health, cultural competency and related topics is routinely provided to clinical and non-clinical providers in the local area

☐d. Encouragement, information and incentives are offered to local behavioral health providers to coordinate formally and informally with local primary care providers

TOTAL NUMBER OF BOXES CHECKED: 2 *(insert score in table above)*

5: Integrated Behavioral Health Messaging and Outreach *(builds on prior domains: Public Outreach, Individual and Family Education)*

☒a. A local coordinated communication process is in place to educate individuals, families and the public about behavioral health and the link between mental health and substance use

☒b. Local outreach and information for the public always includes the link between mental health and substance use disorders even if there is a primary focus on only one area

☒c. LBHA, or CSA and LAA, websites, promotions and advertisements are designed to support and promote an integrated approach such as a

standardized logo and single point of contact for all public messaging about behavioral health

☒d. Behavioral health integration is promoted within the entire organization if part of another agency (e.g. local health department) and with partner agencies

TOTAL NUMBER OF BOXES CHECKED: 3 *(insert score in table above)*

6: Integrated Approach to Behavioral Health for Staff *(builds on prior domains: Workforce; Stakeholder Collaboration)*

☐a. All LBHA, CSA and LAA employees, including leaders, are trained in integrated system management expectations so that they can articulate their role in helping to manage the Public Behavioral Health System at the local level

☒b. The LBHA, or CSA and LAA, organizational structure formally connects staff with substance use disorder and mental health expertise to support and encourage collaboration

☒ c. Cross-training opportunities are provided to LBHA, or CSA and LAA, staff

☒d. All LBHA, CSA and LAA position descriptions include the expectation of developing some level of knowledge in both mental health and substance use disorders as part of their role in managing the Public Behavioral Health System at the local level

TOTAL NUMBER OF BOXES CHECKED: 3 *(insert score in table above)*

Appendix B: Cultural and Linguistic Competence

FY 2024-26 CULTURAL AND LINGUISTIC COMPETENCY STRATEGIES

Instructions: *CSAs, LAAs and LHBAs receiving funding from the MDH/BHA are required to submit Cultural and Linguistic Competency (CLC) Strategies as part of their FY 2024-26 Plan Submissions. The following template should be used to list your strategies to advance CLC efforts in your jurisdiction.*

Cover Page

(a) **Name of Agency/Organization:**
Prince George's County Local Behavioral Health Authority

(b) **Address:**
Dyer Regional Health Center
9314 Piscataway Road, Suite 150
Clinton, MD 20735

(c) **Region (MDH/BHA designated region):** Prince George's County

(d) **Name of contact person (Agency/Organization Lead or Designee):** Imani Booker-Lewis
E-mail: inbookerlewis@co.pg.md.us
Telephone #: 301-856-9500

(e) **Brief overview of services provided by agency/organization (***no more than 95 words***):**
The Local Behavioral Health Authority (LBHA) is a government entity located within the Prince George's County Health Department (PGCHD). Designated to serve as the local authority for mental health and substance use/addictions for Prince George's County, its primary role is planning for public behavioral health services (PBHS) via oversight and monitoring. In addition, the LBHA awards and oversees grant-funded behavioral health service programs and participates in state and local planning activities. The LBHA ensures that county residents have access to equitable prevention, early intervention, recovery and peer support services across the lifespan.

(f) **Agency/organization mission statement:**
A healthy and thriving Prince George's County that:

- Provides access to quality health care services for all
- Provides policies and services that are culturally appropriate and acceptable
- Partners with individuals, organization and communities to accept responsibility for disease, injury and disability prevention and health advancement
- Ensures individuals and communities can achieve the best health possible

(g) **Agency/organization vision statement:**
The mission of Prince George's County Health Department is to:

- Protect the public's health
- Assure availability of and access to quality health care services
- Promote individual and community responsibility for the prevention of disease, injury and disability

PART 1: CLAS SELF- ASSESSMENT

Instructions: Attach a copy of the completed Culturally and Linguistically Appropriate Services (CLAS) Self-Assessment Tool for the agency.

Prince George's County Local Behavioral Health Authority

NATIONAL CLAS STANDARDS SELF-ASSESSMENT TOOL

	GOAL 1: ESTABLISH AND MAINTAIN CULTURALLY AND LINGUISTICALLY COMPETENT BEHAVIORAL HEALTH SERVICES	**LEVEL**			
1	Our Mission and Vision statements reflect organizational commitment to cultural and linguistic competence. (Standard 1)	0	1	2	3 3
2	We have established culturally and linguistically appropriate goals, management accountability, and infused them throughout the organization's planning and operations. (Standard 9)			2	
3	Our organizational governance and leadership promote and use CLAS standards in policies, practices and allocation of resources. (Standard 2)			2	
4	We have created conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints. (Standard 14)			2	
5	We communicate our organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public. (Standard 15)		1		
	GOAL 2: ELIMINATE CULTURAL AND LINGUISTIC BARRIERS TO ACCESS OF BEHAVIORAL HEALTH SERVICES				
1	We offer language assistance to individuals who have limited English proficiency and/or other communication needs including individuals who use American Sign Language, at no cost to them, to facilitate timely access to behavioral health services. (Standard 5)				3
2	We inform all individuals of the availability of verbal, signing and written professional language assistance services in their preferred language or form of communication. (Standard 6)		1		
3	We ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided. (Standard 7)			2	
4	We provide easy-to-understand print and multimedia materials and signage in the languages commonly used by individuals in our community. (Standard 8)		1		
	GOAL 3: CREATE A SYSTEM OF DATA DRIVEN DECISION MAKING PROCESSES THAT RESULT IN THE FORMATION OF CULTURALLY AND LINGUISTICALLY COMPETENT POLICIES AND PRACTICES				
1	We conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of the community we serve. (Standard 12)			2	
2	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. (Standard 11)			2	

GOAL 4: SUPPORT THE USAGE OF EVIDENCE-BASED PRACTICES TO ADDRESS THE UNIQUE NEEDS OF INDIVIDUALS SERVED IN MARYLAND'S PBHS		**LEVEL**			
		0	1	2	3
1	We conduct ongoing assessments of our organization's CLAS-related activities and integrate CLAS-related quality improvement and accountability measures into program activities. (Standard 10)		1		
2	We partner with the community to design, implement and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness. (Standard 13)			2	
GOAL 5: ADVOCATE FOR AND INSTITUTE ONGOING WORKFORCE DEVELOPMENT PROGRAMS IN CULTURAL AND LINGUISTIC COMPETENCE REFLECTIVE OF MARYLAND'S DIVERSE POPULATION					
1	We recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the community we serve. (Standard 3)		1		
2	We provide orientation and training to new and existing members of our governing body, leadership and staff on culturally and linguistically appropriate policies and practices on a regular basis. (Standard 4)		1		

PART 2: FY 2024-26 CULTURAL AND LINGUISTIC COMPETENCY STRATEGIES

Instructions: *CSAs, LAAs and LHBAs receiving funding from the MDH/BHA are required to submit Cultural and Linguistic Competency (CLC) Strategies as part of their FY 2024-26 Plan Submissions. The following template should be used to list your strategies to advance CLC efforts in your jurisdiction.*

GOAL 1: ESTABLISH AND MAINTAIN CULTURALLY AND LINGUISTICALLY COMPETENT BEHAVIORAL HEALTH SERVICES
Selected a standard for priority focus *(What is the standard selected; include language for the standard as stated in the CLAS Self-Assessment Tool):* We communicate our organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public. (Standard 15)
Strategies to build competency *(What tasks and activities will be implemented to build competency for the prioritized standard):* • Utilize All Provider meetings to discuss CLC/BH equity activities • Create a platform for sharing information and resources
Performance Measures *(How will success be measured):* • Coordinate four (4) events annually bringing all BH providers together to highlight CLC resources and services. **Update:** The LBHA connects providers to interpreter services to ensure their clients can communicate in their primary language and connects providers to training resources that can educate them on the provision of culturally competent services. The LBHA also has culturally diverse staff who are responsive to the needs of county residents and continue to educate themselves on the cultural aspects of behavioral health services.
Intended impact *(What is the intended impact for addressing the prioritized/selected Standard):* Stakeholders, residents, and the public will be better educated about the role of the LBHA, the culturally and linguistically appropriate services available, and importance of organizations incorporating practices that promote equity in service delivery.
GOAL 2: ELIMINATE CULTURAL AND LINGUISTIC BARRIERS TO ACCESS BEHAVIORAL HEALTH SERVICES
Selected standard for priority focus *(What is the standard selected; include language for the standard as stated in the CLAS Self-Assessment Tool):*

We inform all individuals of the availability of verbal, signing and written professional language assistance services in their preferred language or form of communications. (Standard 6)

Strategies to build competency *(What tasks and activities will be implemented to build competency for the prioritized standard):*

- Maintain provider information sheets which will contain up-to-date information about provider's availability of verbal, signing and written professional language assistance services
- Redesign the BH service directory on the LBHA website to ensure specialty services are listed and information is current
- Identify a language line service/resource to better assist callers with LEP or speak a language other than English

Performance Measures *(How will success be measured):*

- Provide quarterly updates for LBHA website
- Coordinate at least 1 meeting annually with neighboring local authorities to share available resources for populations where services are lacking or nonexistent within PGC

Update: In FY 2023, the website was revamped, and resources were further developed during an All-Provider Meeting and shared with all BH providers on the LBHA's distribution list.

Intended impact *(What is the intended impact for addressing the prioritized/selected Standard):* Ensure all residents have access to behavioral health services regardless of language spoken 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

Selected standard for priority focus *(What is the standard selected; include language for the standard as stated in the CLAS Self-Assessment Tool):*

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. (Standard 11)

Strategies to build competency *(What tasks and activities will be implemented to build competency for the prioritized standard):*

- Collaborate with Health Department epidemiologist to identify County demographics
- Analyze data collected on location of current PBHS programs compared to where consumers live to measure accessibility of existing services

Performance Measures *(How will success be measured):*

- Produce at least (1) GeoMap of services available and where consumers reside

Update: GeoMaps of services were developed in FY 2019 and each fiscal year thereafter to 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.

Intended impact *(What is the intended impact for addressing the prioritized/selected Standard):*
Identify gaps and needs (cultural barriers to residents accessing treatment).

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

Selected standard for priority focus *(What is the standard selected; include language for the standard as stated in the CLAS Self-Assessment Tool):*
Conduct ongoing assessments of our organization's CLAS-related activities and integrate CLAS-related quality improvement and accountability measures into program activities. (Standard 10)

Strategies to build competency *(What tasks and activities will be implemented to build competency for the prioritized standard):*

- Assign LBHA staff to be a part of the HD Strategic Planning Committee
- Update the County website to include information on local providers and their utilization of evidence-based practices.

Performance Measures *(How will success be measured):*

- (1) Health Department Strategic Plan developed by FY 2024

Update: Covid-19 interrupted strategic planning activities during the pandemic. Of note, the LBHA has been involved in other strategic planning workgroups plans are underway to address areas where gaps and needs were identified. Planning is currently underway for three (3) additional workgroups: Opioid Overdose Response, Youth Violence Prevention and Suicide Awareness and Prevention Coalition where the LBHA has representation.

Intended impact *(What is the intended impact for addressing the prioritized/selected Standard):*
After gaps and needs are identified, the LBHA will be able to use the results to plan for and identify diverse services that meet the needs of the community we serve.

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

Selected standard for priority focus *(What is the standard selected; include language for the standard as stated in the CLAS Self-Assessment Tool):*
Provide orientation and training to new and existing members of our governing body, leadership and staff on culturally and linguistically appropriate policies and practices on a regular basis.

Strategies to build competency *(What tasks and activities will be implemented to build competency for the prioritized standard):*

- Utilize resources that are allocated to initiate ongoing cultural and linguistic competency training opportunities for staff at all levels within the PBHS and stakeholders
- Educate behavioral health providers about the diverse behavioral health needs of the County to promote the increase of a CLC-competent workforce by assisting organizations to implement CLC practices in their work and eliminate BH care disparities.

Performance Measures *(How will success be measured):*

- Provide ongoing CLC training opportunities

Update: The LBHA continues to promote the delivery of ongoing cultural and linguistic competency (CLC) training for the BH workforce. The System of Care hosted an 11-session Transition Age youth (TAY) and young adults Core Competency training series for community-based behavioral health providers who support the needs of TAY, which was successfully completed on June 8, 2022. Participation included school clinicians and clinicians represented from over 10 other behavioral health providers across Prince George's County. Training Series topics included Trauma-Informed Care, Addressing Social Determinants of Health, and Culturally Responsive Practices. Ongoing training opportunities are being explored for FY 2024.

Intended impact *(What is the intended impact for addressing the prioritized/selected Standard):*

- Attract a diverse workforce to meet the needs of the population that exists.

Appendix C: Acronyms

ACES	Adverse Childhood Experiences
ACT	Assertive Community Treatment
ASIST	Applied Suicide Intervention Skills Training
ASO	Administrative Service Organization
BH	Behavioral Health
BHA	Behavioral Health Administration
CCO	Care Coordination Organization
CDC	Centers for Disease Control and Prevention
CLAS	Culturally and Linguistically Appropriate Services
CLC	Cultural and Linguistic Competency
CLCSP	Cultural and Linguistic Competency Strategic Plan
COVID-19	Coronavirus Disease 2019
CSA	Core Service Agency
DOC	Department of Corrections
FEP	First Episode Psychosis
FY	Fiscal Year
HD	Health Department
IHIP-C	In-Home Intervention Program for Children and Adolescents
LAA	Local Addiction Authority
LBHA	Local Behavioral Health Authority
LDAAC	Local Drug and Alcohol Abuse Council
LEP	Limited English Proficiency
LSMSAT	Local Systems Management Levels of Integration Self-Assessment
MAT	Medication Assisted Treatment
MCF	Maryland Coalition of Families
MDH	Maryland Department of Health
MHAC	Mental Health Advisory Committee

MOUD	Medications for Opioid Use Disorder
MRT	Mobile Response Team
NAMI	National Alliance on Mental Illness
OD2A	Overdose to Action
PBHS	Public Behavioral Health System
PGCHD	Prince George's County Health Department
PGCPS	Prince George's County Public Schools
RFA	Request for Applications
SAMHSA	Substance Abuse and Mental Health Services Administration
SOC	System of Care (Grant)
SUD	Substance Use Disorder
TAY	Transitional Age Youth
TBD	To Be Determined
TCM	Targeted Case Management
TLC-MD	Totally Linking Care of Maryland
TNP	Therapeutic Nursery Program