The Association of Baltimore Area Grantmakers

Program Summary: A Conversation with Crista Taylor, President and CEO of Behavioral Health Baltimore System

One of the Association's key roles is to connect members with key leaders so they can engage together around best practices in the behavioral health field and emerging opportunities. This focus allows funders to actively seek out opportunities for aligned or collaborative grantmaking.

On November 13, 2017, we hosted a conversation with Crista Taylor, the new President and CEO of Behavioral Health Systems Baltimore (BHSB). Crista is the third person to lead the organization since 2013. While Crista is new to her role, she has worked in various capacities at Baltimore Mental Health Systems before transitioning to BHSB. Crista discussed the new three-year strategic plan that was finalized in March 2017 and shared the agency's policy and priorities in conjunction with the continuing integration of behavioral health services in Baltimore City.

A key outcome of our programs is to illuminate opportunities and action items that funders can take to signal their awareness of an issue and to take immediate steps towards having a deep and meaningful impact on its resolution.

As a result of the conversation with Crista, we make the following funder recommendations:

- Assist with start up for behavioral health urgent care services
- Assist with developing a peer review system for Substance Use Disorder providers (CQT)
- Participate in developing a shared framework that recognizes the impact of Adverse Childhood Experiences (ACEs), values connectedness, and supports people, families, and communities in developing resiliency
- Participate in the crisis planning process to identify sustainable funding sources for a comprehensive crisis response system
- Participate in Recovery Stat

Crista's remarks

- We are the local behavioral health authority. We manage the system of care with the State of Maryland and the mental health system. We develop, implement and align resources, programs and policies that support the behavioral health and wellness of individuals, families, and communities.
- Collaboration is a huge part of what we do; we really are a team. We also reach into other systems because our people aren't just in our system;they are in our communities. Partnering is key. We work closely both with providers and the hospital system.
- We take a public health approach to what we do.
- Largest amount of our money is spent in fee for services: $264 million spent for mental health, $99 million for substance use. Substance abuse fees are constantly changing and

under-reported. Money from state is from opioid money and this is not sustainable. We want to pair grant dollars with other dollars. We're working closely with the state to get direct federal grants and are also focused on pursuing foundation grants.
    - About 80% our funding is from the state.
- Our state is in flux, shifting dollars to Administrative Services Only (ASO). There is a need to figure out how to integrate with health care. Some data sharing is happening, but it could be enhanced. We're trying to work it out with Managed Care Organizations (MCOs).
- We have an extremely ambitious strategic plan. (Handout). I am happy to have follow up conversations about that.
    - Our strategy is how we use data to make decisions, planning, looking upstream, build resiliency.
    - Our policy and communications departments are working in Annapolis and at the city level. We also work with National Alliance for Mental Illness (NAMI) metro and state.
- We now are looking at paid-claims data in depth and convening providers around that and recovery statistics. We are determining how to measure real-time capacity and treatment.
- Our consumer quality team and mental health association will be having a peer-to-peer conversation about quality, trying to create that for substance use. This information will help us improve quality of services.
- When it comes to crisis services, synergy is building because of integration. A comprehensive system should have many points of access.
- 70-80% of Emergency Department visits have a mental health component.
- Our current crisis services include:
    - Police partnerships
        - Law Enforcement Assisted Diversion (LEAD)
        - Crisis Intervention Training (CIT) – training officers
        - Crisis Response Team (CRT) – co-responding with officers
    - Emergency Management Services partnerships
        - Maryland Crisis Stabilization Center
    - Emergency Department embedded services
    - Baltimore Child and Adolescent Response System (BCARS) –crisis services for children
- We are in a lot of conversations with the police department. We have very good relationships there and an excellent partnership. We are working on several areas of consent decree.
- Our services for children are primarily through Catholic Charities.
- We have funding from the state, so we now have the Maryland Crisis Stabilization Center. There's temporary space at Tuerk House with 12-15 beds. We are looking at opening in March with up to 30 permanent beds.
- We are looking to link to services and have an RFP for providers open now.
- This system will be identifying real-time info about beds. Working with OSI, the health department, and the Chesapeake Regional Information System for our Patients (CRISP).
- The OSI board just approved a grant to get this underway and bring on early adopters and engage some IT folks to figure out how this will work. Might be our own system before it merges with CRISP.

- We've also submitted a grant to Bon Secours to do a mini pilot of this. We're setting up an IT system for just the providers they work with the most. There's a lot of interest in this, not just in Baltimore, but statewide. It is a technical problem and a behavioral change issue. It's an exciting time and I hope it comes together in a way that aligns resources.
- We need more in the city for acute mental health services. We also need more community based services and a mobile crisis team. I think crisis response will come up in legislative session a lot. I want to be ready for it.
- Our crisis service system partners include:
    - Baltimore City hospitals
    - Baltimore Crisis Response, Inc. (BCRI)
    - Baltimore Child and Adolescent Response System (BCARS)
    - Baltimore Police Department (BPD)
    - Baltimore Fire and Emergency Medical Services
    - NAMI-Metro
    - Maryland Hospital Association
- We are reviewing our organizational strengths and gaps. We also want to hold a convening to develop this further. We have capacity in outpatient clinics and want to figure out how to shift to serve walk-in patients.
- We do a lot of outreach with our peers who are doing harm reduction practices. It's problematic at certain times of the day and it is too long. We want open access and are trying to work with providers to change their business practices.
- Adverse Childhood Experiences (ACEs) are so important and we don't talk about it enough. This is an area where we need to support providers and also work internally. We must look at health equity, equity, and racism. There will be provider and staff trainings around this.

Questions/Discussions

- **Question/comment:** *The measure of diversion: it's hard to know what data we'd have access to.*
    - **Response:** We need to refine our measures and will have to include other data sources because the Justice Reinvestment Act shows interventions that are working. We are also focused on building our capacity to use data.
- **Question:** *Is integration working out? For the community?*
    - **Response:** Yes. We have been able to see fruit of integration in very concrete ways. An example is having two crisis lines vs. one.
- **Question:** *Will we see more mergers? Providers, especially substance use providers are "change weary" and looking for stability but we have yet another year of change. We put out $250k in funding toward accreditation. So many providers that we didn't know about have came out when we put out the funding.*
    - **Response:** Especially with ACEs, we see weariness around providers. We think there will be more mergers. Smaller providers will struggle. Hospitals are partnering with small providers, but they can't state their value proposition. But hospitals need the small providers to be a connection to clients.

- **Question:** *What are your legislative priorities?*
    - **Response:** We are close to having a document ready. There will be lots of attention on opioids. We're also looking at tracking laws that passed such as the rate increase. We want greater focus on prevention and policies that would support families like the minimum wage. Additionally, we're looking at reimbursement for the community, integration at a local level, and how the state views local authorities.
- **Question:** *Is there a local ACEs Task Force? Who will lead that? How do we look at that as a community?*
    - **Response:** We plan to have one. We need to sit down and talk about "how-tos". After training in early 2018, we'll be looking at that. Our first overview will be full-day conference, which will include Roy Wade as a guest. Follow us on Facebook and Twitter and sign up for our emails for updates on that.
- **Question:** *You're doing a lot in harm reduction, but I don't see it in this plan. Do you see yourself preaching harm reduction?*
    - **Response:** Yes, we do see it that way. The health department is the lead on overdoses, but we see ourselves as partners in that. We have to be talking about it when we talk about prevention. We will step up when needed.
- **Question:** *Do you have too much going on?*
    - **Response:** Some days, yes. I feel like we are at a point where we have a lot going on but with our organizational structure we can take it on. I'm happy to be in this seat now with this team.
- **Question:** *The school system has a priority of considering the whole child. What conversations have you had with the team there?*
    - **Response:** I have not had high level conversations with Dr. Santelises. I'm still trying to figure out how to talk with her leadership team. We're working on re-procuring providers and need to get the right people at the table to have those strategic conversations.
- **Question:** *How do you build a proactive conversation with health department?*
    - **Response:** We're building internal structures to break down silos. We're also looking to establish regular meetings with the folks health department identified for us.