Calvert County
Behavioral Health Gap Analysis Report

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Written by Andrea McDonald-FIngland, LCSW-C and Sarah Bailey, LMSW

Gap Analysis Participants

Local Behavioral Health Authority (LBHA) Staff:
Andrea McDonald-Fingland, LCSW-C, Director
Katie Dorsey, Senior Behavioral Health Coordinator
Kristy Kidwell, Fiscal Accounts Technician
Sarah Bailey, LMSW, Child & Adolescent Coordinator
Jayla Jones, Hub & Spoke Coordinator
Derek Adams, LEAD Coordinator
Kimberly Suarez, Residential Coordinator
Danielle Reumont, Grants Specialist

Local Behavioral Health Advisory Council (LBHAC) Representatives:
Kara Harrer, Chairperson, Calvert Health Medical Center
Nick DeFelice, Vicechair, Calvert County Sheriff's Office
Dr. Laurence Polsky, Calvert County Health Department
Josh Underwood, Calvert County Detention Center
Danielle Johnson, On Our Own of Calvert
Paula Hewlitt, Community Member
Jennifer Moreland, Calvert County Government
Megan Sarikaya, Calvert County Health Department, Harm Reduction
Noelle Flaherety, Community Member
Doris McDonald, Calvert County Health Department, Behavioral Health Clinic
Ed Sulivan, Calvert County Office on Aging

Other Stakeholders:
Birgit Locklear, Pathways
Chelsea Simms, Calvert County Health Department, Prevention
Tiffany McFarland, LCPC, Calvert County Public Schools
Cory Turner, Maryland Coalition of Families
Ariane Odom, Local Care Team
Katie Erly, Avenues Recovery Center

Introduction

The purpose of this report is to summarize findings from the Calvert County Local Behavioral Health Authority's (LBHA) Gap Analysis. The Calvert County LBHA invited members of the Calvert County Local Behavioral Health Advisory Council (LBHAC) and local stakeholders to identify, discuss, and analyze the current system of care within Calvert County. The aim of this endeavor was to assist the LBHA with identifying the strengths and gaps in the local service delivery system. The findings in this report will be used for strategic planning to address unmet needs and increase awareness or utilization of existing resources.

Calvert County is the smallest county in Maryland as measured by land area (213.15 sq, mi), and with an estimated 94,573 residents, Calvert County remains the 15th most populated county in the state (US Census Bureau, 2022). The county's largest racial/ethnic groups are Non-Hispanic Caucasian (74%), Non-Hispanic Black (9.6%), and Hispanic (5.2%). Approximately 60% of Calvert County residents fall between the ages of 18-64, with 23% of the population being under the age of 18 and 17% being 65 and over. The Census Bureau currently estimates the median household income of Calvert County residents at $120,097, with 3.5% of Calvert County residents below the federal poverty level. Calvert ranks third lowest in Maryland for overall number of individuals who are eligible for Medical Assistance at just under 21%. Calvert also hosts a large active military population and has the largest population rate of veterans of any county in Maryland at 9%. mCalvert remains a small wealthy exurban county with a fairly homogeneous population however we do have many small subpopulations that must be kept in mind when planning.

The Calvert County LBHA has been responsible for managing the Public Behavioral Health System (PBHS) in Calvert County since 2019. The LBHA is located within the umbrella of the Calvert County Health Department under the direction of the Health Officer as well as with the cooperation of our LBHAC.

Mission: To ensure all Calvert County residents have access to quality behavioral health services.

Vision: To cultivate a comprehensive system of behavioral health care in Calvert County, that provides individualized services to promote wellness, empowerment, and recovery across the lifespan of our residents.

Values: Inclusivity, Transparency, Results Based, Synergistic, Customer Service Oriented

A core purpose of the Calvert County LBHA is to provide behavioral health expertise to and collaborate with local stakeholders from multiple systems, to ensure that Calvert County residents have timely access to effective behavioral health

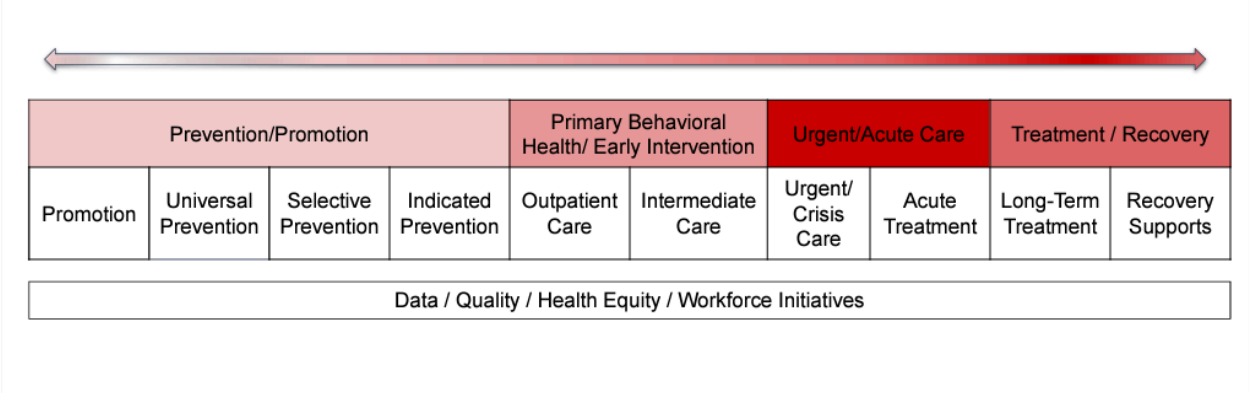
interventions, treatment, services and supports. Fulfilling this responsibility will result in better health and wellbeing for all individuals and families in Calvert.

Methodology

The Calvert County Local Behavioral Health Advisory Council utilized their annual in person meeting in April 2024 to conduct a gap analysis of Calvert County's Behavioral Health Continuum of Care. All members of the Calvert County Local Behavioral Health Advisory Council were provided an invitation to this event. The LBHA also shared the invitation with local providers of behavioral health services via email list and during the March 2024 behavioral health provider meeting. Targeted outreach was also conducted to specific providers of certain types of services such as Prevention and Harm Reduction, and to providers that work with Special Populations, to ensure that all resources and supports would be considered. Final attendance included eight (8) LBHA staff with experience and expertise in many different fields including youth services, residential programs, MOUD, mental health and substance use disorders. Eleven (11) members of the LBHAC attended and included representatives from law enforcement, county government, behavioral health providers, community members, and the local hospital. Lastly, our local providers were represented by six (6) individuals from behavioral health provider organizations, prevention programs, and our local public school system.

It is of the utmost importance to the Calvert LBHA to ensure that diverse perspectives are considered. In assessing the diversity of the individuals participating in the gap analysis, we have stakeholders from many different organizations, however we also consider other important factors, including the ability to represent the perspectives of those utilizing services. Among the participants we had a military veteran, individuals from the LGBTQ+ community, senior service providers, and peers.

The LBHA utilized the Maryland Behavioral Health Administration's Continuum of Care model as a framework for the Gap Analysis.



The LBHA educated stakeholders about each of the categories of services including Prevention/Promotion, Primary Behavioral Health/Early Intervention, Urgent/Acute Care, and Treatment and Recovery. The group then split into 4 groups, one for each service category. A World Cafe activity was then conducted to collect resources on each service type as well as to identify the Strengths, Weaknesses, Opportunities, and Threats (SWOT) for each service category. Each group was provided 20 minutes to work together and process each category and build off of the work of the previous groups. After 20 minutes each group switched until they had contributed information to each service category. At the end of the exercise, a debrief was held to allow participants one final chance to discuss the information that has been gathered. Finally, each stakeholder was provided the opportunity to "vote" for up to four priority areas for future intervention.

Limitations of this methodology include that it is collecting qualitative information only. The participants in the gap analysis may have limitations in their knowledge, and their own biases that could impact the results. Not all stakeholders that were invited were able to attend and there may be gaps in the representation of diverse populations as well.

Prevention/Promotion

The fields of Health Promotion and Prevention include a continuum of projects and services ranging from implementing accessible third spaces to screening and intervention for youth with Adverse Childhood Experiences (ACEs). Health promotion is the process of enabling people to increase control over, and to improve, their health (World Health Organization). These strategies for improving health outcomes focus less on individuals and more on communitywide changes through public policy, infrastructure, education, and outreach. Prevention interventions reduce the risk of new onset of behavioral health disorders. Universal prevention can also be addressed at the community level and includes interventions that are offered to the entire population (NIH, 2009). Selective prevention targets at-risk populations, while indicated prevention targets individuals who have been identified or screened as being at risk for behavioral health conditions.

The Gap Analysis revealed that Calvert County has many examples of Behavioral Health Promotion and Prevention services and initiatives as outlined below.

Prevention/Promotion			
Promotion	Universal Prevention	Selective Prevention	Indicated Prevention
• In-school health fairs • Active & PPP Parenting Programs • MHFA • Shatter the Stigma 5K • RecoveryFest • Opioid Stewardship Committee • Calvert Library • Calvert Parks and Rec • Calvert Community Centers	• Narcan Training/ Distribution • Drug Take-Back days	• In school health fairs • Family Preservation (DSS) • Project Grad • PCP MH Screening-SBIRTS • Adolescent Clubhouse • Hidden in Plain Sight • Opioid Stewardship Committee	• Safe storage/disposal • Social skills groups

Stakeholders identified many strengths, as well as barriers in this service category within the local system of care.

Strengths	Weaknesses
• Community collaboration and buy in • Community investment • Large variety of resources, many low cost/free • Some integrated services including somatic, mental health, and substance use disorders • Multiple resources for positive use of free time	• Lack of marketing and community awareness of resources • Grant funding can be narrow • Limited transportation options
Opportunities	**Threats**
• Partnership with expanding local government resources can improve overall wellbeing (library, community center, etc) • Increase usage of electronic communications • New grant opportunities • Handle with Care implementation within the school system • Increased large-scale stakeholder collaboration • Increased mobile screening opportunities	• Accessibility, particularly for higher risk individuals • Funding loss • Stigma (individual and institutional) • Upstream initiatives have fewer funding opportunities

Calvert County stakeholders identified that the local investment in community spaces has aided in overall health promotion by providing space for community members of all ages to gather and spend their leisure time, without associated costs. These services and facilities are available for individuals across the lifespan and provide the foundation for wellness our system of care is founded on. There are many other prevention and promotion services available within our local school system, primary care offices, hospital, health department, and more. It was identified that although many of the services are available, the community at large is not always aware of them. Transportation is also a barrier to some individuals and families accessing the services that they need. The group identified that with improved stakeholder collaboration, funding opportunities could be increased and programs expanded. There are opportunities to advance current partnerships with local resources in order to increase access to resources and services. This will improve the desirability of grant funding applications and assist with reducing barriers to increased funding.

Primary Behavioral Health/Early Intervention

The areas of Primary Behavioral Health and Early Intervention includes services for youth and young adults ages 0-25. In the United States, approximately 1 in 6 youth ages 6-17 years old experience a mental health disorder each year (National Alliance on Mental Illness). In Calvert County, the Age-Adjusted Hospitalization Rate due to Adolescent Suicide and Intentional Self-inflicted Injury is 23.7 hospitalizations per 10,000 youth ages 10-17 (Community Health Needs Assessment Report). In comparison, the rate for the state of Maryland is 16.2 hospitalizations per 10,000 youth. Although there is no single root cause for behavioral health disorders, there are several risk factors, including Adverse Childhood Experiences (ACES). Services within this area are paramount in early identification, preventing further decline in functional status, regaining age-appropriate skills, and promoting resilience in youth. Services range from early intervention to transitional services for young adults and include a wide range of services and supports delivered by a wide variety of professionals and paraprofessionals. These services can be provided at both the outpatient and intermediate care levels. Outpatient care includes diagnosis, observation, consultation, treatment, intervention, and rehabilitation services delivered outside of the home and within the community (Hobbick). These services include office based services such as therapy, medication management, and can be delivered by physicians, nurses, therapists, social workers, case managers, or direct care staff. Although there is no clear definition of intermediate care as it pertains to behavioral health services, it can be defined as services that provide alternatives to hospital care. These services are aimed at preventing hospitalization, regaining independence, and preventing the need for higher levels of care. (Young et al.). In the behavioral health field, these services may differ from outpatient services, as they are typically offered in a structured, residential, setting.

Primary Behavioral Health/ Early Intervention	
Outpatient Care	Intermediate Care
• Cornerstone Southern MD- IHIP-C • Therapy Cafe- individual, group, and family therapy • Health Department- individual, group, and family therapy, medication management, substance use treatment, school based therapy services • Project Chesapeake (teens)- individual therapy, medication	• Respite Care • Calvert Health PHP Program (13-17) • Pathways TAY Program (Located in St Mary's County)

management, substance use treatment ● Barstow Acres Children's Center- individual, group, and family therapy ● Center for Children- individual, group, and family therapy, medication management, TCM+, 1915i, PRP ● Pathways- individual, group, and family therapy ● Center for Change (SP)- crisis counseling for victims of abuse, women/children domestic violence shelter	

Strengths	Weaknesses
● In school therapy services reduce barriers to participation (i.e. transportation, etc)	● Limitations in space within the school system makes in school service delivery difficult ● Closest respite care available for youth is in Baltimore ● Limited resources for youth after hours and on weekends ● High demand for these services with limited workforce, leading to waitlists for services ● Most supportive resources are only available for individuals with Medicaid
Opportunities	**Threats**
● Consortium on Coordinated Community Supports funding ● Need more resources after hours ● Need more resources for psychological testing covered by insurance	● Very limited Intermediate level of services within Calvert ● Workforce shortage ● Low volume of teens seeking treatment for substance use ● Restrictive funding sources ● Stigma ● Lack of funding for competitive salaries

Calvert County Stakeholders identified a number of local outpatient services available to youth and young adults. One of the identified strengths in our local outpatient services is the availability of clinical services within our local school system.

These services continue to expand, as local providers capitalize on new funding sources, including the Maryland Consortium on Coordinated Community Supports launched in FY24. However, there are some significant weaknesses and barriers to these services, as space within the schools and a lack of after school hours are barriers to youth accessing necessary services. The limited workforce continues to pose a threat to our system of care, with a high demand for these services. Additionally, supportive outpatient services for youth only accept Maryland Medicaid, so there is a large gap in services for youth who are in need of additional support but have private insurance. On the other hand, the number of intermediate services appears to be very limited, as these services are not readily available or locally located. Stakeholders identified that there is a low volume of adolescents seeking treatment for substance use, which may be attributed to stigma or the limited availability of inpatient substance use services.

Urgent/Acute Care

Acute Care services are hospital based and are reserved for individuals who are determined to be an imminent danger to themselves and/or those around them. (Johnson et al.) They are short term and aimed at resolving the immediate danger and returning individuals safely to community based services. Urgent Care services provide rapid access to assessment and short-term intervention (Sunderji et al.) These services can be provided via walk-in facilities, mobile services, and even telephone based support. They are available 24/7 to anyone in need and often serve the most vulnerable individuals in our community. These programs specialize in crisis de escalation and connecting individuals to community resources to assist with future crisis prevention. While Acute Care behavioral health services have been available in Calvert County decades, many of the Urgent Care services that we currently have only been implemented in the past 5 years or so.

While this continuum of care is small, it provides numerous beneficial services to some of the most vulnerable individuals in our community.

Urgent/Acute Care	
Urgent/Crisis Care	Acute Treatment
• 988- National crisis hotline • 1-877-467-5628- Local crisis hotline • Mobile Crisis Team • Urgent Behavioral Health Walk-in Center • Urgent Care Coordination- post crisis case management	• Calvert Health Emergency Department • Calvert Health Behavioral Health Unit- Teens (13-17) and Adults (18+) • Patient Advocates @ Calvert Health

• Crisis Intervention Team (Law Enforcement)	

Feedback on this portion of Calvert's continuum of care indicates many strengths as well as some areas for improvement.

Strengths	Weaknesses
• Crisis Services provide warm handoff to ongoing supports • Strong partnerships between crisis providers • 24/7 availability of crisis services • Crisis providers are familiar with local system of care and resources • Crisis staff are passionate and knowledgeable • Multidisciplinary teams can meet a variety of needs • PHP referrals are no longer required to go through the ED and can come from community providers • Rapid access to MOUD treatment • ~80% of Local Sheriff's Deputies have completed CIT Training	• Limited beds and speciality services for youth • Limited beds for adults • Closest youth respite services are in Baltimore • Limited funding sources and funding limitations for services • Crisis services require patient/caregiver consent without an Emergency Petition. This requires client buy-in for implementation
Opportunities	**Threats**
• Can blend fee for service and grant funding to meet community needs • Community Development Block Grants for service and facility expansion • Can continue to grow services with the right referral partnerships • 988/911 Collaboration • CIT funding for Law Enforcement Training • Psychiatric Emergency Department models • Expanded hours/scope of services • Age friendly Emergency Department services	• Limited qualified manpower/workforce • New crisis regulations will likely force changes to the current implementation model • Privacy and confidentiality requirements can interfere with tightly coordinated acute/crisis services • Client intensity tends to be higher and needs more challenging • Lack of local affordable housing drives local resident crisis and can impact recovery • Lacking enough transitional services • Lack of dual diagnosis placements • Lack of caregiver support • ED transfers to out of county/state

	providers is hard on families

Stakeholders were able to identify a small number of local urgent and acute care services available to Calvert County residents, including hotlines, walk-in centers, psychiatric services within our local hospital, and emergency department. The 24/7 availability of care and improvements to existing programs, such as the Partial Hospitalization Program (PHP) have increased access to necessary care. Partnership and collaboration amongst the providers and emergency services are also a significant strength, as well as access to and knowledge about the local system of care. However, these services are limited, as well as funding sources for programs. There are several opportunities for growth, as partnership between 988 and 911 continues to work on integration. Our local law enforcement officers have also completed Crisis Intervention Training (CIT), but additional funding for law enforcement training should be explored. Changes to crisis services regulations also threatens this area, but the opportunity to blend reimbursable and grant funding could meet the needs of the community. Opportunities to explore new funding could also expand access to transitional services as well as services for dual diagnosis individuals, which is also limited locally.

Treatment /Recovery

Treatment and Recovery encompasses community behavioral health clinical services and community based supports for adults and older adults with behavioral health needs. This includes a continuum of services from “clinical treatment, recovery supports, evidence-based practices, and housing supports” (Behavioral Health Administration: Treatment and Recovery). Clinical treatment encompasses services provided by licensed clinicians including psychiatrists, nurse practitioners, licensed counselors and social workers. These services include individual, group, and family therapy and medication management. Some evidence-based practices such as Supportive Employment (SE), can support outpatient clinical services while others, such as Assertive Community Treatment (ACT), can replace them. Recovery Supports typically refer to peer based services both facility and community based. Housing supports contain a wide range of community based resources from highly structured programs for individuals with substance use disorders to permanent supportive housing programs for individuals with serious mental illness. Treatment and Recovery is not one size fits all but has numerous options for services to work towards meeting the needs of individuals seeking a life in recovery.

Within our community we have many outpatient resources available to adults with behavioral health needs.

Treatment/Recovery	
Long-Term Treatment	Recovery Supports
• Assertive Community Treatment (ACT) Team- Cornerstone Southern Maryland • Therapy Cafe- individual, group, and family therapy • Health Department- individual, group, and family therapy, medication management, substance use treatment • Project Chesapeake- individual therapy, medication management, substance use treatment • Pathways- individual, group, and family therapy • Center for Change (SP)- crisis counseling for victims of abuse, women/children domestic violence shelter	• Peer Support - Maryland Coalition of Families, Harm Reduction, PFLAG Support Groups, On Our Own • Case Management - TCM, State Care Coordination (SCC) • Adolescent Clubhouse(s)- Pathways, East John Youth Center • Hub and Spoke Program • Calvert County Health Department - Healthy Beginnings, Health Equity, Rational Re entry. • Recovery Housing and Financial Supports - Oxford House, Sober Gals and Gents, MD Recovery Net (MDRN) Funds.

Stakeholders indicated that our current outpatient continuum of care is thriving in certain areas, while others are less robust.

Strengths	Weaknesses
• Local residential facility for substance use disorder treatment • Local, adolescent-focused medication management • Peers • Family Support • Partnership • High Enrollment • Evidence driven • In-home services • Co-located, Accessibility • Takes various insurances	• Workforce shortage - not enough providers, waitlists for new clients, employee retention • Lack of awareness • Limited beds, Some recovery houses not certified, no transition • Poor reputation • No Hub (Hub and Spoke Program) • Location, Accessibility • Funding • Lack of resources for private insurance • Lack of diverse providers • Peer salaries are not sustainable for work/life balance
Opportunities	Threats

● Increased access to crisis stabilization ● Older program/age ● More outreach ● More funding opportunities ● Expansion ● Close to other counties ● Hybrid options	● Stigma ● Some treatment services are far from support systems (out of county) ● Local cost of living is very high for the BH workforce ● Lack of awareness of resources ● Long term grant funding ● Provider burnout ● Medication shortages ● Transition to fee for service from grant funding can make funding ● Affordable housing

Participants were able to identify a fair amount of long term treatment options at various organizations, including various clinical treatments, such as individual, group, and family therapy, medication management, and substance use treatment. A fair amount of these services are co-located and easily accessible for Calvert County residents. They also accept various types of insurance, and have high enrollment. These services typically utilize evidence based practices within their organization, and strong inter agency partnership is a strength. Calvert County also has a local residential facility for substance use disorder treatment, but other providers of this service are located out of the county, far from support systems. Additionally, the lack of awareness, shortage of licensed and diverse providers, medication shortages, and the lack of a Hub for the Hub and Spoke program threaten these resources. Participants also identified a number of recovery supports that offer peer support, in-home services, supportive housing and case management/care coordination services. These services are accessible and often offered in the home/community. The concentration of peer support services in Calvert is a significant strength, but lack of funding, resources for private insurance, and unsustainable peer salaries are weaknesses for these programs. However, exploring more funding opportunities and collaborating with neighboring counties could provide significant opportunities for expansion in both areas. Hybrid options for services and increased access to crisis services allow for quicker connection to these resources. Opportunities for outreach to the community are also increasing, so local providers should consider capitalizing on these opportunities to promote the use of their services/programs.

White Space Analysis

The Behavioral Health Administration has conducted a White Space Analysis of the system of care in Calvert County. A White Space Analysis is used to identify gaps in services. Review of the data for Calvert shows a few gaps within our local system of care. The largest gaps in our continuum appear at the highest levels of care (Residential Treatment Centers, Residential Crisis, Detox Inpatient/Outpatient, etc). Other significant gaps include speciality services (First Episode Psychosis, Recovery Support for Women with Children, etc) and services for special populations (Spanish Speaking Therapeutic Services, Deaf/Hard of Hearing Interpreter Services, etc)

Assertive Community Treatment	G
Adolescent Clubhouse	G
Assisted Living/ALU	
Buprenorphine Initiative	G
Care Traffic Control	
Case Management (MH)	ASO
Children in Need of Assistance (SB 512) Assessments	
Client Support Services (MH)	G
Court/DJS Initiatives	G
Crisis Intervention Team	G
Crisis Walk-In/Beds/Stabilization/Urgent Care	G
Crisis Residential	
988 Crisis Hotline	G
Deaf/Hard of Hearing Interpreter Services	
Detox (Inpatient/Outpatient)	

Detention/Jail-Based Services	G
Drug Court	G
ED/Hospital Diversion Initiatives	G
First Episode Psychosis	
Harm Reduction Services	G
Housing Supports (CoC, PATH)	G
Inpatient Services (MH)	ASO
Inpatient Services (SUD)	ASO
LEAD	G
MCCJTP	G
Maryland Recovery Net	G
MH Stabilization Services (Youth)	
Mobile Crisis Response	G
Mobile Response Stabilization Services (MRSS)	G
Opioid Maintenance Treatment	ASO
Outpatient Services (MH)	ASO

Outpatient Services (SUD)	ASO
Overdose Response Program	G
Partial Hospitalization (MH)	ASO
Partial Hospitalization (SUD)	
Peer to Peer Support/Peer Recovery	G
Psych Rehab Program	ASO
Recovery Support Preg Women/Children	
Residential Rehabilitation Program	ASO
Residential Treatment Center	
Residential Treatment (MH)	
Residential Treatment (SUD)	ASO
Respite Care	
Safe Station	
SBIRT	
School/Preschool Programs	G
Senior Outreach	G
SOAR	
Spanish Speaking Therapeutic Services	
State Care Coordination	G
START- Sobriety Treatment and Recovery Teams	
STOP- Substance Abuse Treatment Outcomes Partnership	G

Supportive Employment	ASO
Syringe Services Program	G
TAMAR	
Targeted Case Management/1915i	ASO
TAY	G
Temporary Cash Assistance	R
Teen Diversion	
Older Adult Behavioral Health PASRR	G
Wellness/Recovery Centers	G
Legend	
Grant Funded	G
Administrative Services Organization	ASO
Reimbursable	R

Recommendations

The Gap Analysis results show that Calvert has a small but comprehensive system of care to serve the behavioral health needs of our residents. The strengths across all service categories include the passion of the service providers and the willingness to collaborate to serve individuals with complex needs. The group discussed the opportunity for growth within our system, and the need for advocacy to ensure our jurisdictions' needs are represented as changes are being discussed. Workforce shortages came up as a significant barrier for our local continuum of care. Programs are struggling to recruit and retain qualified staff at all levels, leading to shortages in service availability. Also noted on several occasions is that the income level of many of our local residents makes them ineligible for coverage of certain services, leading to gaps in services for individuals and families. By and large, stigma has also played a role in service availability and utilization, in particular for substance use treatment services.

Following the World Cafe exercise, Advisory Council members identified the following priority areas for the LBHA to focus future work:

- Large scale collaboration of stakeholders/providers
- A One-Stop-Shop model for services and resources
- Increasing after hours/weekend service availability
- Workforce shortages
- Lack of services for seniors

Based upon the white space analysis there are a few significant gaps including the highest levels of behavioral health care as well as services for special populations. Due to Calvert's smaller population, it is appropriate for Calvert residents to rely on regional and statewide resources for some of these services. It is recommended that Calvert County continue to engage in regional and statewide partnerships to ensure that Calvert residents in need of high levels of care have access to appropriate services. Local efforts should continue to focus on expanding access to care for special populations including those who are deaf and hard of hearing and individuals who are Spanish speaking.

Next Steps

The LBHAC will convene for their in person strategic planning retreat on Monday October 7, 2024. This report will be distributed and a presentation given so that the results may be utilized for LBHA FY26 strategic planning purposes.