ST. MARY'S COUNTY HEALTH DEPARTMENT

FY2024 - FY2026
LOCAL BEHAVIORAL HEALTH PLAN

SUBMITTED TO
THE MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE BEHAVIORAL HEALTH ADMINISTRATION
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1. INTRODUCTION/EXECUTIVE SUMMARY

The St. Mary's County Local Behavioral Health Authority (LBHA), a state agency, is within the Behavioral Health (BH) Division of the St. Mary's County Health Department (SMCHD). This strategic plan guides our division in accomplishing our goals and mission by outlining our organization and structure, programs/initiative, key community partners and providers, funding, goals, and data. Additionally, this plan helps ensure the alignment with the goals of the Behavioral Health Administration (BHA). Being within SMCHD, we follow the vision, mission, and values of SMCHD.

Vision: The St. Mary's County Health Department promotes healthy choices, opportunities and environments for all who live, work and play in St. Mary's County.

Mission: St. Mary's County Health Department promotes a healthy community by:

- Empowering and informing our residents about public health issues
- Strengthening community partnerships
- Implementing culturally sensitive programs to assure public health access
- Maintaining a safe and healthy environment
- Monitoring health status to identify community health needs
- Informing development of policies that address public health issues
- Preparing for and responding to public health emergencies

Values: We take **P.R.I.D.E.** in our work as public health leaders:

- **P**rofessionalism: We pledge competent, consistent and evidence-informed public health services in a timely, effective manner.
- **R**espect: We value all of our team members and residents while treating each other with respect and cultural sensitivity.
- **I**ntegrity: We honor the public's trust and pledge to maintain the highest standards of accountability and ethics.
- **D**iversity: We value the diversity in our county and work towards achieving health equity.
- **E**ducation & Health Communication: We provide effective, responsive and timely communication, and excel in our role as a trusted source of health information.

Agency/Jurisdiction Overview

The St. Mary's County LBHA has been within the SMCHD BH Division only since July 1, 2017. Within these five years, we have experienced tremendous growth, increasing our team by over 500% all while being entirely grant funded through multiple State, Federal, MDH, and Governor's Office grants.

Our organization chart reflects an integrated leadership and senior management who are accountable for the outcomes of the Local BH system. During the process of developing and building out our crisis services over the last year, we recognized the need to (and began to)

restructure our division leadership and organization to ensure ample program coverage and effective management. Our organizational charts can be found in **Appendix A**.

The restructure – with the addition of a direct behavioral health services line – has required separate oversight functions between direct clinical services and functions of the Behavioral Health Authority. This resulted in the necessitation of additional leadership staffing; our BH Division now has an Assistant Director who reports to the Division Director and supervises the Program Managers. Furthermore, the restructure has allowed us to continue blending our programming and funding to assure we are meeting the needs of our community. The St. Mary's County Health Department, Behavioral Health Division, provides system management for behavioral health services in our community, including:

- Referring residents to local behavioral health resources, such as mental health and substance use treatment and recovery services
- Offering programs to raise awareness and educate the community about mental health, substance misuse, stigma, and other behavioral health topics
- Implementing strategies to prevent and reduce substance use, misuse, and overdoses
- Monitoring and management of local behavioral health programs that are grant funded by the State of Maryland and Federal Government.

The five components, or teams, of the Behavioral Health Division are detailed below and include: Behavioral Health Coordination Services, Prevention and Outreach, Opioid Crisis Response, Harm Reduction, and Health Hub.

Behavioral Health Coordination Services Team

Care Coordination is a case management-like service that links individuals and families to:

- Mental health programs and services.
- Substance use treatment and recovery services.
- Local providers and organizations for ongoing wrap around services and support such as TCM.
- The Coordinators will work with those referred for up to 3-6 months depending on the program requirements which vary

Care Coordination Services programs are detailed below and include: Child, Adolescent and Young Adult (CAYA) Care Coordination, Adult Care Coordination, Older Adult Care Coordination (Older Adult Assisted Living), Suicide Prevention and Outreach Care Coordination, State Care Coordination/MDRN (SCC), SOAR Care Coordination.

- *Child, Adolescent and Young Adult (CAYA):* The CAYA program provides families of minor children with behavioral health resources and can assist with direct linkage to those services. The program provides case management-like services to ensure all community wrap around services are offered. Services included but not limited to are: participation

in multidisciplinary teams, review and approval of IHIP services, 1915i waiver, RTC placements, linkage to youth mentoring programs, and ACE's education

- *Adult Care Coordination* comprises Homeless Outreach, Continuum of Care Program, and Residential Rehabilitation Program; program details follow.
    - Homeless Outreach is provided by the Behavioral Health team in coordination with community partners to individuals who have high mental health and/or substance use needs that are struggling with or at risk for homelessness. The team will complete brief screenings to determine the individuals' needs, work with them to connect to desired treatment programs, and follow up regularly to ensure the connections remain intact.

    - Continuum of Care Program (CoC) Permanent Supportive Housing The CoC is a grant funded, temporary, housing program formerly known as Shelter Plus Care. Openings are available based on annual funding and jurisdictional allowances. The CoC uses the By Name List to recruit participants when funding is available and does not maintain a wait list. The goal of the CoC is to provide supplemental housing assistance with full wrap-around services in an effort to reduce homelessness, improve individual's quality of life and the ability to increase income through employment. Once an individual is able to stabilize and maintain an income they will move on to a permanent housing program while maintaining wrap around services.

    - Residential Rehabilitation Program (RRP) The SMCHD Behavioral Health Division manages the RRP wait list for individuals who identify as county residents that are in need of a higher level of Behavioral Health Housing services. The list is prioritized by individuals who are in treatment at Maryland State Hospitals, Detention Centers, Crisis Stabilization Programs, homeless or at risk of homelessness that are unable to live independently or with family due to high behavioral health needs. The RRP programs provide two levels of care based on the individual's needs including medication monitoring, care management, transportation to Behavioral Health treatment programs, food preparation, and grocery shopping assistance. Referrals are accepted from licensed providers.

- *Suicide Prevention & Outreach Care Coordinator:*
  Suicide Prevention Care Coordination is available for individuals and families that have been impacted by suicide. Interested individuals are connected to behavioral health and other community services, such as suicide prevention and support networks. Community members in need may self-refer or be referred by partner organizations.

  The Suicide Prevention and Outreach Program works closely with MSP, St. Mary's County Sheriff's Dept. & Medstar St. Mary's Hospital who provide direct, time sensitive referrals. All other referrals can be formal through a separate referral process or informal through email/phone. Outreach Care Coordinator programs are as follows:

- *State Care Coordination (SCC):* State Care Coordination provides coordination of services for individuals with a substance use diagnosis who are actively engaged in either an inpatient or outpatient substance use program. SCC can assist with supporting individuals who are in need of a transfer from an inpatient program to a lower level of care by connecting them to local providers, linking individuals to recovery houses, and to local resources for ongoing recovery support.

- *SOAR: SSI/SSDI Outreach, Access and Recovery Care Coordination:* SOAR Care Coordination assists individuals with applying for Supplemental Security Income and Social Security Disability Insurance through Social Security Administration. To qualify as a SOAR applicant the individual must be at least 18 years of age or older, homeless (registered on The By Name List), unemployed with a history of documented mental illness and/or substance use diagnoses who reside in Southern Maryland. Once referred by the homeless program lead, the SOAR outreach team will conduct a brief screening to confirm qualifications, complete a non-clinical intake assessment, begin gathering information to apply for benefits and monitor the application process.

- *Older Adult Assisted Living Care Coordinator:* The program is grant funded, started this fiscal year and is for the Tri-County area (Charles, Calvert and St. Mary's Counties). SMCHD BH Division has contracted with an Assisted Living program in Waldorf, MD to provide assisted living level of care for those individuals who are no longer able to stay in and RRP due to increased somatic needs, reduction in activities of daily living (ADL's) to the point where the RRP can no longer manage their needs). The Coordinator will provide case management-like services to assess and assist with placing an individual, monitoring progress and ensuring they are receiving all wrap-around services and medical/psychiatric services. The program will require and monitor that the Assisted Living program is properly trained in working with individuals with high MH and SUD needs. Priority population is RRP step up to higher level of care, State Hospital Discharges to lower level step down care and Community referrals (community referrals have to meet targeted MH diagnosis criteria, have a PASRR Level 1 and functional assessment that indicates an assisted living level of care.

Prevention Services Team

The Prevention Services team is part of the Behavioral Health Division and focuses on community training, educational outreach and resources for behavioral health topics such as: substance use, prescription drug misuse, Overdose Response, Mental Health First Fid, suicide prevention, underage and binge drinking. Please visit: smchd.org/prevention for more information.

- *Smart Medicine* is part of our Opioid Misuse Prevention Program and focuses on the proper use, safe storage and proper disposal of medications. Presentations and

medication take back events are services offered through this program For more information visit: smchd.org/smartmeds

- *Academic Detailing* is an Opioid prevention focus under Prevention Services. Combined with a *Buprenophine* effort, our Academic Detailer is trained to work with local prescribers to recruit medication assisted treatment providers to combat opioid addiction. For more information, visit: smchd.org/buprenorphine

- *Community Alcohol Coalition* is a local partnership led by Prevention Services. The coalition works with community stakeholders to develop policy and bring community awareness to issues related to underage and binge drinking in St. Mary's County. For more information, visit: smchd.org/cac

- *Hub & Spoke Program* began in November 2019 with the goal of getting more Medication Assisted Treatment (MAT) providers, through primary care offices, on board in St. Mary's County. By utilizing Academic Detailers, trained professionals that work with the primary care providers, to guide and educate primary care providers through the DATA 2000 waiver training. The waiver trainer certifies providers in prescribing buprenorphine to treat individuals with opioid use disorders. The Care Coordinator for the program refers participants to treatment and recovery support services. Other supportive positions for the program include a Peer Recovery Specialist and an Administrative Assistant.

- *Suicide Prevention* is condcuted uder the guaidance of the American Foundation for Suicide Prevention. Multiple levels of training are offered and survivor support is also available through this organization. Prevention Services has developed basic level skills to identify signs and symptoms of suicide through the RUok? media campaign. For more information visit: smchd.org/ruok or afsp.org

- *Telehealth Booths:* In August 2022, the Behavioral Health Division, St. Mary's County Libraries, and the Healthy St. Mary's Partnership implemented the opening of Telehealth Booths at the Lexington Park and Charlotte Hall libraries. These telehealth booths provide a private space with reliable internet access for community members to reserve and use for virtual health and behavioral health care visits. Virtual health visits provide far greater access to treatment when there may be limited providers and specialties in the area. The booths, developed by TalkBox, are among the first of their new ADA accessible options to be installed in the country and are equipped with telehealth-ready computer systems. The booths were funded by a grant through the Maryland Department of Health, Behavioral Health Administration and are intended to eliminate barriers to treatment for community residents.

- Prevention Services also provides Mental Health First Aid training, presentations on Medication Safety, student drug and suicide prevention and attends community events.

For more information or to request outreach services, please call 301 475-4330 and ask for the Behavioral Health Prevention Services.

Opioid Crisis Response Team

- *St. Mary's County Opioid Crisis Response Plan:* St. Mary's County partners launched collective action to fight the opioid epidemic in March 2014. Since then, our many public and private partners have been working together to address the growing crisis through public information campaigns, advancing treatment availability, drug take-back events, naloxone education and distribution efforts, school and community programming and more. In March of 2017, Governor Larry Hogan declared Maryland's opioid crisis a state of emergency and committed additional funding over the next five years to improve enforcement, prevention and treatment services throughout Maryland. The first St. Mary's County Opioid Crisis Response Plan was published that same year. The plan was built around the framework of the four goals set forth by the state and meant to improve coordination between our partners as we expanded our local efforts to address a growing health crisis.

  The 2019 Opioid Crisis Response Plan for St. Mary's County builds upon the previous plan, outlining new strategies to address the opioid epidemic in addition to the ongoing and completed work identified in 2017. For more information on this, please visit : http://www.smchd.org/opioid/

- *Before It's Too Late:* Before It's Too Late is the statewide effort to bring awareness to the rapid escalation of the heroin, opioid, and fentanyl crisis in Maryland and to mobilize all available resources for effective prevention, treatment, and recovery – before it's too late. Through this effort, the Opioid Operational Command Center facilitates collaboration between state and local public health, human services, education, and public safety entities to reduce the harmful impacts of opioid addiction on Maryland communities. For more information, please visit: https://beforeitstoolate.maryland.gov/

- *Go Purple Initiative:* The St. Mary's County Go Purple Initiative is a substance use disorder (SUD) awareness and prevention initiative that empowers youth and community members to 'Go Purple' as a sign of taking a stand against substance misuse and designed to reduce the stigma of mental health and SUD. Each month, the Initiative focuses on a topic to build an active community of recovery advocates and to bring positive awareness to behavioral health.

- *Anti- Stigma Campaign:* Our Anti-Stigma Campaign is an effort to end stigma throughout the community and bring hope and encouragement to those who suffer from behavioral health conditions by addressing biases and inaccuracies.

- *Law Enforcement Assisted Diversion (LEAD) Program:* LEAD, or Law Enforcement Assisted Diversion, is a harm reduction based public safety program designed to assist people

before they enter the criminal justice system. LEAD is a tool for Officers allowing them to intervene and assist individuals with unmet behavioral health needs. LEAD Case Managers and Peer Recovery Specialists work with participants to connect them to a wide range of support services, including substance use disorder treatment.

- *Overdose Fatality Review (OFR):* OFR is utilized to identify system gaps and innovative community-specific overdose prevention and intervention strategies. This process involves a series of confidential individual death reviews by a multidisciplinary team. Through this, jurisdictions begin to see patterns of need and opportunity across systems. The goal is to prevent future overdose deaths in St. Mary's County. Reviews and works with partners to analyze trends and data while developing program recommendations.

Harm Reduction and Syringe Services Team

Harm Reduction and syringe services program reduces the spread of infectious diseases related to injection drug use, increases public safety, decreases stigma impacting people who inject or use drugs, and connects residents to substance use treatment and recovery support. Services include distribution of sterile syringes and injection equipment; education on safer injection; STI and safe sex education, screening, and condoms; HIV and HCV screening and referral to treatment; overdose response training and naloxone distribution; wound care; collection and safe disposal of syringes; and linkages to treatment, recovery, and community support services. This program is consistently evolving, and more services are added throughout the year.

- *Overdose Response Education and Naloxone Distribution Program:* Overdose response training is offered in person or virtually to any community member. The life saving medication naloxone (Narcan®) is available at no cost to training participants. For more information please visit: smchd.org/overdose

- *EMS Leave Behind:* The EMS Leave Behind Program was added as a subcomponent to the ORP so that First Responders could leave Narcan® and an ORP kit behind on the scene of an overdose. Due to time constraints, First Responders were finding it difficult to leave ORP kits behind. An EMS Leave Behind Peer Recovery Specialist was hired to follow up on the sites where overdoses occurred. Additional duties of the Peer include following up with Drug Court families and detention center families.

Health Hub Team

The St. Mary's County Health Hub is a facility that helps to ensure easier access to critical mental and physical health services in the community. Its aim is to remove the barriers to healthcare treatment (mental and physical) and is a partnership of the St. Mary's County Equity Task Force with the Housing Authority of St. Mary's County and the St. Mary's County Health Department.

Services available through the Health Hub include behavioral health screening and crisis stabilization services, jail diversion programs to focus on substance use treatment and recovery, and primary care medical services, including preventive care, health education, and diagnosis/treatment. The Health Hub is a link to community support services and coaching for financial well-being, as well as assistance with setting and achieving educational and occupational goals.

Geographic Characteristics

The Geographic characterics of St. Mary's County contribute to the social and economic environment that underlies health issues among residents in St. Mary's County. Additionally, the county's rural and peninsular features affect the policy, social service, and health care service initiatives available to residents in St. Mary's County.

St. Mary's County is the second largest county in Maryland by area; the County's 357.18 square miles is divided into 28 zip codes with a population of 113,777 according to the U.S. Census Bureau. It is located on a peninsula that offers many water-based recreational opportunities as well as a rich maritime history. St. Mary's County is also close enough in proximity to Washington, D.C. and Baltimore that residents can commute to both major cities and access the cities for employment, cultural and recreational purposes. Located within the county is Naval Air Station Patuxent River (NAS PAX).

According to the St. Mary's County 2020 Community Health Assessment, the county has seen a 31.7% increase in population since 2000. With the increasing population is a growing number of minorities increasing the need for translation and interpretation services and culturally appropriate service providers. Also discovered through the Community Health Assessment was the identification of Behavioral Health (mental health and substance use), chronic disease, environmental health, and violence, injury, and trauma being priority health issues within the county.

Behavioral Health issues across all age groups and the lack of access to supports and service providers were major concerns for participants throughout the assessment. When asked what health issues affect our community the most in MSMH's community survey, 63.4% of respondents identified addiction/substance use, and 54.3% identified mental health including depression, suicide, post traumatic stress disorder (PTSD), and trauma.

The U.S. Health Resources and Services Administration (HRSA) has designated all of St. Mary's County a Health Professional Shortage Area (HPSA) for mental health. Additionally, the northwestern portion of the County, including the Chaptico (zip code 20621) and Milestown (zip code 20609) communities, have been designated an overall medically underserved area (MUA). An MUA designation indicates that an area has too few primary care providers, high infant mortality, high poverty, or a high elderly population.

The BH Division focuses on integrated BH services and how we can continue to grow and serve our community. Our team facilitates and participates in local and state meetings to assure we are staying up to date on both levels. Our focus is no-wrong door – to look at the BH needs of the individual. We participate in various outreach events, community meetings and provide linkage and resources to individuals to meet their BH needs. We are committed to our community and are continuously looking for opportunities to increase BH awareness, funding, and programming to our community. Our BH division has an active part in four essential roles:

1. **Leadership:** To provide BH leadership, including collaboration to develop a comprehensive continuum of BH services for the Public Behavioral Health System (PBHS) at the local level and, where possible, develop replicable innovative approaches.
2. **Management:** To assess, plan, design, and manage needed BH programs and services for the PBHS at the local level while supporting BHA when needed to carry out statewide initiatives.
3. **Oversight:** To promote quality within the local system of care and partner with regulating authorities in the PBHS to ensure compliance with statewide standards at the local level.
4. **Operations:** To be good stewards of public funds by efficiently, equitably, and cost-effectively managing operations and administrative functions of the BH division.

Local BH partners share a common commitment to plan, promote and develop accessible, culturally competent, continuum of care BH services. Hence, we have developed a joint community advisory committee known as the Local BH Advisory Council (LBHAC), which is a combination of both mental health and substance use providers, judicial representation including DJS, Parole and Probation, and attorneys. The LBHAC initiates system planning for service integration with primary care, encourages the highest standards of care practices by offering professional development, identifies potential gaps in services and promotes inter-agency coordination, to provide the best environment that fully supports and engages individuals in the process of recovery.

We are still refining this council as well as utilizing our BH Action Team (BHAT) which is a part of our Healthy St. Mary's Partnership for the county which we have a variety of partnerships attending including our providers, colleges, community members and who advocate for our community.

BH services are available to anyone seeking assistance, especially our most vulnerable populations such as individuals and families experiencing homelessness, Temporary Cash Assistance (TCA) recipients, women with children, pregnant women, IV drug users, HIV populations, families affected by addiction and those in need of medication assisted treatment.

Specific types of BH treatment services offered within the jurisdiction for children, adolescents, and adults are: substance abuse screening and assessments based on American Society of Addiction Medicine (ASAM) levels of care, Early Intervention (0.5), Outpatient (I), Intensive Outpatient (II.1), Partial Hospitalization (II.5), Care Coordination, Clinically Managed Low-Intensity Residential (III.1), Clinically Managed Medium-Intensity Residential Treatment (III.3), Clinically Managed High-Intensity Residential (III.5), Medically Monitored Intensive Inpatient (III.7), Medically Monitored Inpatient Detoxification (III.7D), Medication Assisted Treatment (MAT), Care Coordination, Continuing Care, and Recovery Support/Peer Support Services.

Our available mental health services include: Emergency Psychiatric Services and Inpatient Hospitalization through MedStar St. Mary's Hospital, Correctional Mental Health and Substance Use treatment while incarcerated as well as Care Coordination within the re-entry programs, Crisis Services, Case Management, Peer Support, Outpatient Services, Group Homes for adults and transitional-aged youth, In-Home Services, Mobile Treatment, Homeless Outreach and Support, and Continuum of Care Specialized Housing Program.

SMCHD is in the process of developing and implementing our Health Hub for crisis stabilization services due to start January 2023. The St. Mary's County Health Hub is a facility that helps to ensure easier access to critical mental and physical health services in the community by aiming to remove the barriers to mental and physical healthcare treatment. It's a partnership of the St. Mary's County Equity Task Force with the Housing Authority of St. Mary's County and the St. Mary's County Health Department.

The Hub, located in the Lexington Park/Great Mills - a high needs area - is a link to community support services and coaching for financial well-being, as well as assistance with setting and achieving educational and occupational goals. Services available through the Health Hub include behavioral health screening and crisis stabilization services, jail diversion programs to focus on substance use treatment and recovery, and primary care medical services including preventive care, health education, and diagnosis/treatment. More Hub facility information to include a full list of services, current and future, can be found at https://smchd.org/hub/.

Our BH Treatment and recovery services will continue to be provided by community providers. The SMCHD will continue to support the actions and activities of the local BH Action Team (BHAT) and Violence Injury Trauma (VIT) coalitions through the Healthy St. Mary's Partnership. In addition, we will continue to strengthen our commitment to plan, promote and develop a continuum of care for behavioral and mental health services in our jurisdiction.

We have several programs that have agreements to cooperate with the LBHA, they include:

- Center for Children is a private, non-profit organization that provides comprehensive mental health services to children and their families. They offer a wide range of services including Adolescent Community Reinforcement Approach (A-CRA), case management,

Health Families Southern Maryland, Co-parenting education, Psychiatric Rehabilitation Program (PRP), supervised visitations. Court appointed special advocates (CASA), group therapy, Trauma-Focused Cognitive Behavioral Therapy, Functional Family Therapy (FFT), mental health clinic and child parent psychotherapy. Center for Children also provides counselors one day per week in our 6 Title I schools (5 elementary and 1 middle school) however, they have not been able to fill all of the positions so some of the schools have not had this service. This is partially due to lack of availability of licensed clinicians in the area.

- Outlook Recovery provides MAT including methadone maintenance and buprenorphine maintenance; individual counseling; group counseling; supervised urine drug screens; case management services; guest dosing services and referrals to community resources to those individuals who are addicted to opiates. They work with each client to create an individualized treatment plan based on their specific needs. They are committed to providing caring and confidential services to help patients lead a healthier lifestyle.

- Pathways provides psychiatric treatment and counseling to anyone in need of these services, from children to seniors. Included in the services are psychiatric evaluation, medication management, therapeutic counseling, and substance abuse counseling for the individual who has both a mental health and substance abuse diagnosis. They also offer psychiatric rehabilitation and housing for persons in recovery from mental illness, or cognitive rehabilitation for a person's recovery from a brain injury. The Pathways Supported Employment program was implemented in 2005 to meet the increasing need for vocational services for individuals diagnosed with serious mental illness. They currently have three supported employment teams working in St. Mary's, Charles and Prince George's counties serving approximately 400 consumers. The program follows the evidence based Individualized Placement and Support Model of service delivery. This model is designed to support an individual to be able to choose, obtain, and maintain employment; make vocational decisions and career changes; and enhance the consumer's natural support systems. All vocational services are provided in a flexible manner to support consumer's needs throughout periods of employment and unemployment. Services include: job development, placement, job coaching services; on-going assessment and planning; worksite support for employees and employers; extended support services; referral to wrap-around services; assertive engagement and outreach; resource coordination; employer networking and work incentives counseling.

- Project Chesapeake serves both adults and minors and accepts a variety of insurance plans. Project Chesapeake offers a variety of outpatient BH services in an effort to fully support its clients and the community. These include psychoeducation programs such as Anger Management Group Therapy, DUI/DWI Education - Level 0.5, and Anger Management Group Therapy and Domestic Violence Group therapy, Substance Use Treatment for Adolescents and Adults including: Outpatient Low Intensity Group Therapy, Outpatient traditional Group Therapy, and Outpatient Adolescent Traditional Group Therapy - Level I.1, Outpatient Intensive Group Therapy and Outpatient

Adolescent Intensive Group Therapy - Level II.1, Outpatient Mental Health Individual Therapy, Medication Management and Psychiatric Medications and Medication-Assisted Treatment - Buprenorphine Maintenance. Additionally, the organization provides free transportation to its daytime IOP groups.

- Southern Maryland Community Network (SMCN), is a private, non-profit mental health agency serving individuals in the Tri-County area that have been diagnosed with severe and persistent mental illnesses. They provide a psychiatric rehabilitation program (PRP) which is person-centered and offered on a drop-in basis in the person's home for adults. Individuals who are eligible based on diagnosis and financial criteria work with a Rehabilitation Case Specialist to choose a program which will help them meet the goal of preventing institutionalizations, and living an active and productive life within the community. Target case management (TCM) services adults and ensures that persons with psychiatric disabilities have the resources they need to enhance their ability to function independently in their community. The supportive employment program can introduce or reintroduce individuals with serious and persistent mental illness into paid employment and assist them in being successful. In-home intervention program (IHIP) is a program for children. The program provides intensive in-home services to children, adolescents and their families to increase age appropriate skills and resilience. IHIP consumers are between the ages of 5 and 17 years old. Eligibility/participation for this program requires eligibility for medical assistance, diagnosis within the target population and a psychiatrist/therapist referral. After the IHIP program is completed or if a child has less intensive needs, the child/adolescent PRP program is offered. Porter House is a short-term program with a typical stay of 10 days. The facility operates 24/7 and serves adult consumers experiencing acute emotional, mental health, and/or substance use crises who are unable to be managed effectively in less intensive programs. Porter House utilizes a person-centered approach and a collaborative decision-making process to develop a crisis stabilization plan in order to effectively regulate the acute crisis and transition the consumer to appropriate programs/services upon discharge. In order to be eligible for admission to the facility a consumer must volunteer to be serviced by the program, have a current MH DX, be experiencing a MH crisis, and be a Maryland resident. Another program that serves St. Mary's is the Community BH Liaison (CBHL) accepts referrals for persons in mental health crisis who have interacted with the police and coordinates mental health resources in the tri-county.

- Vesta, Inc. is located in Lexington Park and provides services to adults diagnosed with severe and persistent mental illness, children and adolescents with problems in school, at home, or in the community with a diagnosis as well as veterans. Their programs consist of the Adult Psychiatric Rehabilitation Program (PRP). The PRP program provides adults with structured group activities designed to develop and enhance independent living skills. The goal is to assist individuals with the transition from a long period of hospitalization to successfully re-enter the community, and to assist those individuals already in the community with maintaining and enhancing their skills. Vesta has forged

relationships with local doctors and health care professionals in an effort to provide holistic care. Consumers are able to see an internist at the Lexington Park office. Vesta's Outpatient Mental Health Clinic (OMHC) offers psychiatrists, psychologists, social workers, counselors, marriage and family therapy and rehabilitation specialists to their clients. They offer TelePsychiatry Services as well. They use the following modalities: cognitive-behavioral therapy, psychodynamic therapy, family system therapy, expressive therapies, eye movement desensitization & reprocessing (EMDR) and psychodrama.

- Pyramid-Walden (Walden) offers alcohol and drug treatment to fit the individualized needs of both adolescents and adults. Walden provides a full continuum of care, which differentiates them from many other substance use disorder providers. In addition, they provide family education and engagement as well as encouragement. Their residential services consist of Anchor Residential Treatment which provides medically-monitored detoxification, medical stabilization, counseling and continuing care planning services; extended/long-term residential care; residential services within their Partial Hospitalization Program (PHP) through their program North Star @ Compass; North Star @ Compass and Dockside offers long-term residential treatment and Dockside provides transitional housing for those seeking an environment supportive of stabilizing recovery. Walden also provides Outpatient Services including Intensive Outpatient (IOP) and Medication-Assisted Treatment (MAT) using both Suboxone and Vivitrol. They provide mental health therapy which includes individual and group therapy for adults and adolescents, family and couple therapy, and family education and support for adults with a loved one in treatment. Walden provides domestic violence and sexual assault services and has a crisis and trauma services hotline for St. Mary's County (SMC). They offer crisis counseling and advocacy services for children, adolescents and adults impacted by domestic violence and rape crisis. For child and adolescent services, they offer for both mental health and substance use disorders utilizing evidence-based practices such as, Cognitive Behavioral Therapy, 7 Challenges and Adolescent Community Reinforcement Approach (A-CRA).

Wellness and Recovery Community:

- Beacon of Hope Recovery and Wellness Community Center which is a part of Walden provides recovery support services providing peer-based, additional resources and support to young people, adults and their families who are experiencing BH concerns. Beacon provides individualized and family peer support sessions, referrals to treatment and other support services including a variety of support groups and sober activities. The peer support services available at the center include recovery coaching for individuals and families, phone support and Reiki sessions. Support groups include options for developing emotional peace, relationship issues such as codependency, family issues, All Recovery, SMART and 12 Step meetings as well as a support group for those taking MAT. The Cove/DFZ Youth Clubhouse is free for young people aged 12-17 who are seeking a safe, sober, supportive and fun place to be. Those eligible to attend include those young people who have a BH issue themselves and those with a parent or older sibling with a BH issue. They provide activities to include homework support,

individualized goal setting, kitchen access, games, support groups, life skills and cultural activities.

- Maryland Coalition of Families (MCF) helps families who care for someone with BH needs. Using personal experience as parents, caregivers, youth and other loved ones - MCF connects, supports and empowers Maryland's families. MCF staff provide one-to-one support to parents and caregivers of young people with mental health issues and to any loved one caring for someone with a substance use or gambling issue. MCF empowers parents, caregivers, youth and loved ones by: Helping them navigate services and systems; providing them with tools to advocate; connecting parents, caregivers, young people and other loved ones to each other; ensuring their voice and perspective is heard; raising public awareness and fighting stigma.

- On Our Own of St. Mary's County (OOOSMC), a private non-profit, is a peer-operated advocacy and education organization which promotes equality, justice, autonomy and choice about life decisions for adult individuals with mental health and/or substance use challenges in St. Mary's County for 25 years. On Our Own provides free and voluntary recovery support services to anyone who walks in the door needing support. No medical diagnosis, referral or other criteria is required. OOO strives to maintain a safe, welcoming environment for those working on their personal wellness and recovery through the means or path they choose for themselves.

  On Our Own offers opportunities to build self-directed recovery in the company of those dealing with similar life circumstances. Peer specialists support individuals to develop and implement personal wellness tools, advocate for themselves in treatment, housing and other aspects of society, manage difficult feelings or thoughts and access other needed support. These services are designed to empower participants to overcome some of the barriers that face them on their road to recovery, including isolation, internal and external stigma, lack of understanding of physical and mental health, and challenges accessing resources such as housing, employment, treatment and transportation, especially in this rural area. OOOSMC offers alternatives to formal treatment such as grassroots one- to-one peer support, as well as support groups, educational opportunities, social activities in and outside the center, and advocate together on state and local levels for better behavioral health policy. On Our Own has been an important safety net for consumers in the county when access to treatment and crisis services are unavailable or delayed, in addition to being a complementary and ongoing support for others which helps to reduce their isolation

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2. KEY PRIORITIES /GOALS AND OBJECTIVES

Goal 1: Expand BH crisis services to community members by June 2026.

Objective 1.1: Open Health Hub; launch and activate all main Health Hub programs and BH crisis services to community members by January 2026.

Objective Measures 1.1

1. Percentage of necessary staff hired (#)
2. Percentage of hired staff trained (#)
3. Number of organizational policies finalized (#)
4. Number of organizational procedures finalized (#)
5. Number of completed MOAs and/or MOUs (#)
6. Referral process finalized for internal partners/providers
7. Referral process finalized for external partners/providers

Objective 1.2: Increase coordination of community BH crisis response services within SMCHD and between SMCHD and surrounding jurisdictions/local providers by June 2026.

Objective Measures 1.2

1. Number of crisis stabilization policies finalized (#)
2. Number of crisis stabilization procedures finalized (#)
3. Increase in internal referrals (50%)
4. Number of external referrals (#)

Objective 1.3: Obtain OMHC License and CARF accreditation for Crisis Stabilization Services for the BH Hub by June 2024.

Objective Measures 1.3

1. Begin application process by June 2023
2. Standards/minimum requirements for CARF are being met

Goal 2: Provide easy access to a full continuum of evidence-based and culturally friendly BH services that meet the needs of St. Mary's County residents by June 2026

Objective 2.1: Secure Maryland Department of Health (MDH) BH Authority (BHA) grant funding, combined with the fee for service (FFS) reimbursement, to offer a treatment continuum of nationally accredited and licensed BH treatment providers for SMC to include treatment and recovery support.

Objective Measures 2.1

1. Amount of grant funding obtained ($)
2. Number of dedicated monitoring staff assuring the treatment and recovery systems of care adhere to the MDH mandatory licensing and accreditation requirements (#)
3. Percent of providers in compliance with MDH standards (90%)
4. Percent of PIPs in place for unmet standards (100%)
5. Number of evaluations conducted to identify gaps in services (#)
6. Number of plans developed to address service gaps (#)
7. Percentage of clients offered a satisfaction survey (100%)
8. Percentage of satisfaction surveys completed (%)

Objective 2.2: Improve cultural and linguistic competency of SMCHD staff and community providers, on the continuum to cultural humility and promote awareness to other community agencies of the need for culturally competent services throughout the region by June 2026.

Objective Measures 2.2

1. Number of new Peer Recovery Specialists (#)
2. Number of new Certified Peer Recovery Specialists (5)
3. Number of educational, EB, culturally sensitive trainings provided (4)
4. Number of SMCHD/BH staff trained in cultural sensitivity (#)
5. Number of community anti-stigma trainings conducted (#); Number of training attendees (#)
6. Percentage of anti-stigma trained local BH providers (100%)
7. Number of mental health first aid trainings given to SMC Middle/High schools (#)
8. Number of suicide awareness events conducted in SMC Middle/High schools (4)

Objective 2.3: Increase the number of meeting places and opportunities for individuals in recovery to meet in a peer setting. with peer support services to both adults and adolescents in recovery by December 2026.

Objective Measures 2.3

1. Number of new recovery and wellness centers for adults (#)
2. Number of new recovery and wellness centers for adolescents (#)
3. Percent change in the number of meetings/trainings held for adults (+%)
4. Percent change in the number of meetings/trainings held for adolescents (+%)
5. Percent change in the number of adult attendees/participants (+%)
6. Percent change in the number of adolescent attendees/participants (+%)
7. Number of new faith-based recovery support programs within faith-based organizations (#)
8. Percent increase in families serviced (+%)

Objective 2.4: Increase collaboration with community partners on the issue of homelessness in SMC by June 2026.

Objective Measures 2.4

1. Number of BH sub-committee meetings facilitated (10 annually)
2. (Increase?) Number of housing units with documented wrap around treatment services through Continuum of Care housing program (11)
3. Percent increase of individuals served through the PATH program (%)
4. Percent increase of number of disability claims using SOAR process (%)

Objective 2.5: Actively monitor local system changes and develop integrated plans to address community needs accordingly by June 2026.

Objective Measures 2.5

1. Number of strategies in alignment with the County Health Plan (5)
2. Number of cultures LBHAC represents in SMC (#)
3. Number of conferences attended by BH staff (#)

4. Percent of families with access to technical assistance, educational resources and training for Local Care Teams. (100%)
5. Number of Local Management Board meetings attended by BH staff (#); Number of staff attended (#)

Goal 3: Expand and enhance the behavioral health continuum of care focused on adolescent and adult offenders by June 2026.

Objective 3.1: Address the needs of individuals who are impacted by the criminal justice system.

Objective Measures 3.1

1. Compliance percentage of St. Mary's detention Center for MCCJTP services (%)
2. Number of quarterly MCCJTP meetings attended (4)
3. Percent of pre-trial and adjudicated offenders who screen positive for substance use referred for behavioral health assessment (100%)
4. Percent of adjudicated offenders who are assessed as needing treatment will be referred to community or jail-based programming (100%)
5. Percent of individuals who use opioids exiting detention trained in overdose response and offered naloxone medication (100%)

Objective 3.2: Implement support for the Detention Center offender pre-trial/reentry transition planning, training, counseling and case management for treatment and supportive services.

Objective Measures 3.2

1. Number of individuals provided with case management services for pre-trial program (#)
2. Number of individuals provided with case management services for offender reentry program (#)
3. Percentage of individuals referred to services (100%)

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3. <u>TARGETED CASE MANAGEMENT</u>

St. Mary's has two providers for Targeted Case Management. Center for Children services our adolescents (contract dates November 2019 - November 2024) and Southern Maryland Community Network (SMCN) services our Adult population (contract dates October 2019 - October 2024.

Center for Children has two full time Care Coordinators that serve St. Mary's County. During FY 22 a total of 42 youth were served in the program in St. Mary's County. They also saw an increase in the number of level 3/1915i kids served during FY 22. The Care Coordination staff consistently carry a full caseload and they are able to assign referrals as soon as they are received. They have established partnerships with a variety of organizations in the community

and receive referrals from a variety of those partners. Another strength of the program is that they have been able to maintain all Care Coordination staff during FY22 and into FY23.
SMCN TCM is currently serving 106 adults with a typical range of individuals served being 100-130. They typically do not have a waitlist and are able to act on intake immediately. They typically staff 25:1 (Active clients) depending upon the Intensive or General authorization status of each caseload. Caseloads are higher where there are more clients with a "General" authorization. If the caseload size builds up we will hire to meet that demand.

Data shows the age group 18+ had a higher number of individuals receiving TCM in FY21 & FY22 as compared to the 0-17 age group (Figure 32). In FY22, for both age groups (0-17 & 18+), St. Mary's County reported a higher percent of individuals receiving TCM within the PBHS as compared to Maryland as illustrated in Figure 33 (also in **Appendix B).**

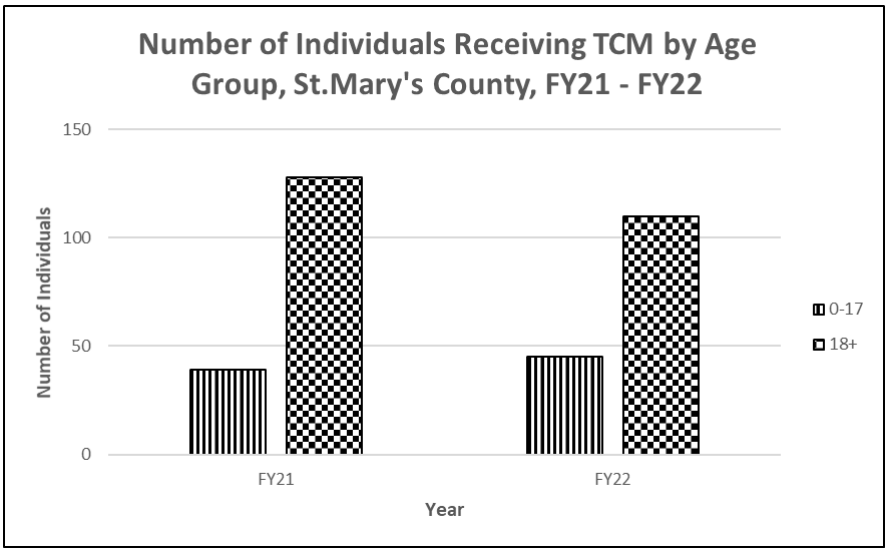

Figure 32: Number of individuals receiving TCM by age group, St. Mary's County FY21 – FY22.
Source: Maryland Department of health based on data through 10/31/22.

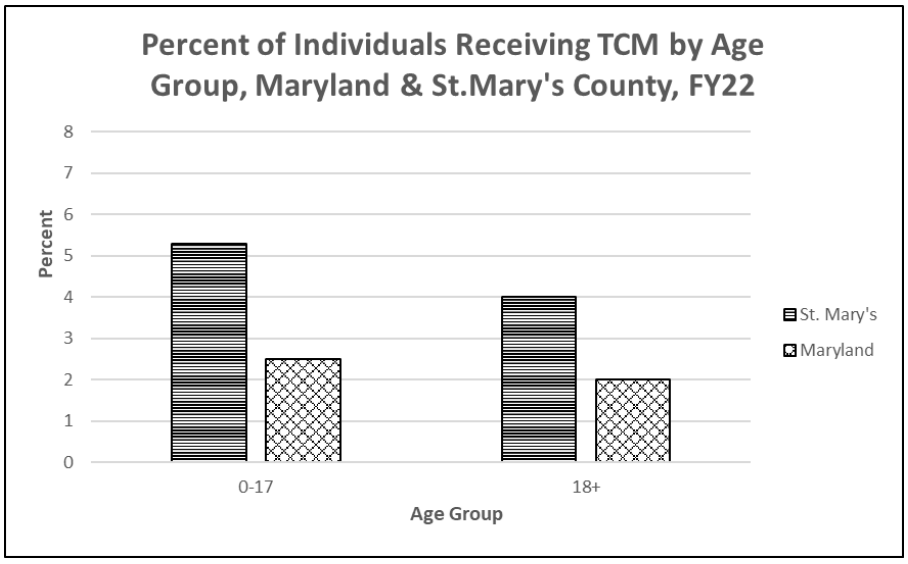

Figure 33: Percent of individuals receiving TCM by age group, Maryland & St. Mary's County, FY22. *Source: Maryland Department of health based on data through 10/31/22.*

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4. **DATA COLLECTION AND PLANNING**
   See Appendix B

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5. **LOCAL SYSTEMS MANAGEMENT INTEGRATION SELF-ASSESSMENT TOOL**
   See Appendix C

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6. **CULTURAL AND LINGUISTIC COMPETENCY PLAN**
   See Appendix D

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7. **NATIONAL CLAS STANDARDS - SELF-ASSESSMENT TOOL**
   See Appendix E

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8. **MONITORING**
   The SMCHD BH Division Grant Specialist's main responsibilities are to monitor and manage the BH Division grants as well as assist with relative administrative tasks and grant applications. The Grant Specialist acts as the main point of contact for grant agreements/contracts, reporting and invoice submission. The Conditions of Award and Statement of Work (COA/SOW) are edited and reviewed by the grant specialist and appropriate BH staff prior to sending to the provider for signature. At this time, reporting and invoicing requirements are solidified and it is made known to the provider that SMCHD may perform audits and site visits in addition to Optum.

   Reports are submitted monthly and/or quarterly and reviewed for accuracy/completion and status of agreed upon performance measures to ensure goals are being met. In the event of unmet goals, a dialogue is opened to determine the cause and if needed, a performance improvement plan (PIP) is created; for which the guidance and assistance of SMCHD is offered. Invoices are submitted monthly/quarterly and are reviewed for accuracy and to ensure spending is on track prior to submitting to fiscal for a final review; receipts and supporting documents are reviewed to confirm eligible use of funds. In addition to monthly/quarterly reports and invoices, SMCHD BH Division participates in Optum audits, at minimum the entry and exit meetings to learn of any improvements that need to be made. Additionally, SMCHD performs annual or semi-annual audits (on-site or virtually) to ensure compliance. Our audit forms are based on the new BHA audit and monitoring form which helps ensure standards are consistent with BHA and that our providers know what is expected of them.

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9. **PLAN APPROVAL REQUIREMENTS**
   See Appendix F

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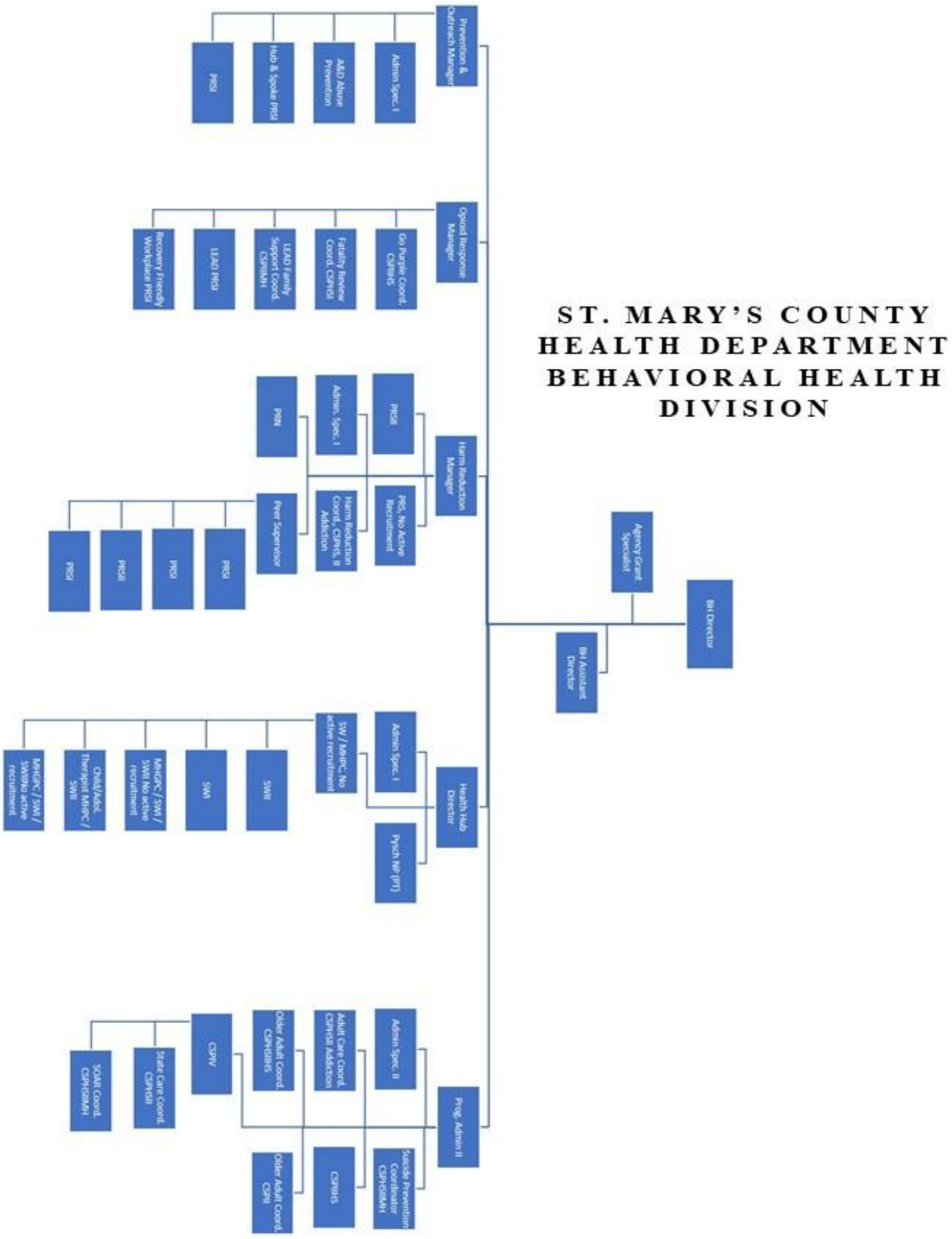
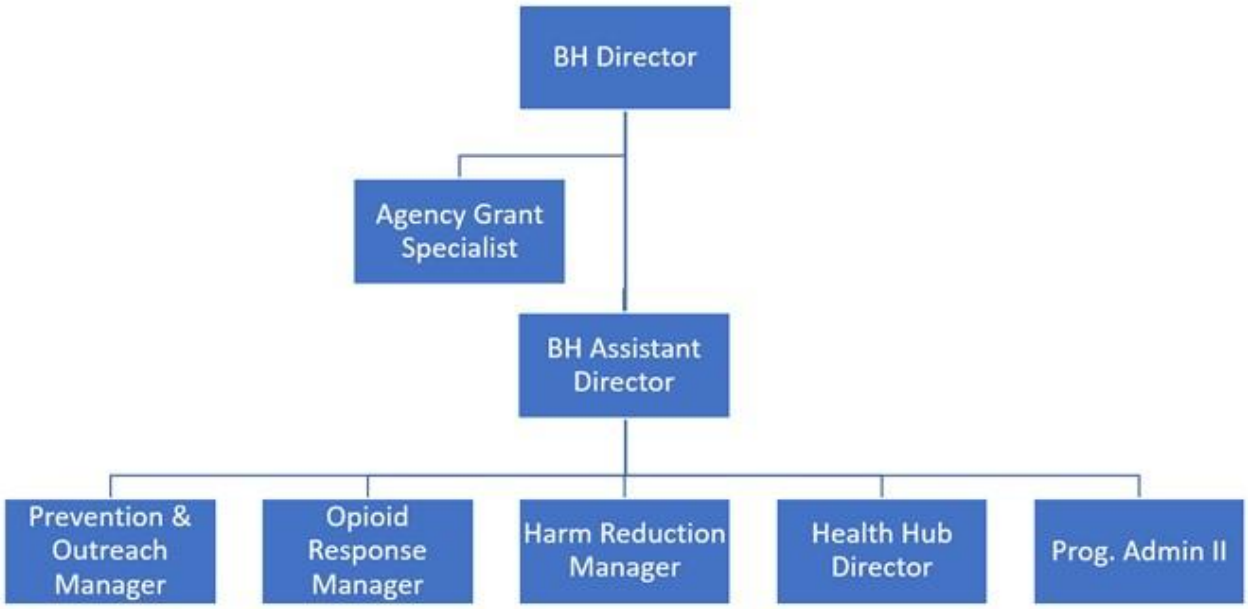
10. <u>FINANCIAL</u>

- **a. Review of funding/budgets**
- **b. COA's are developed/updated etc.**
  - i. See **Appendix G** for COA/SOW status list at time of submission

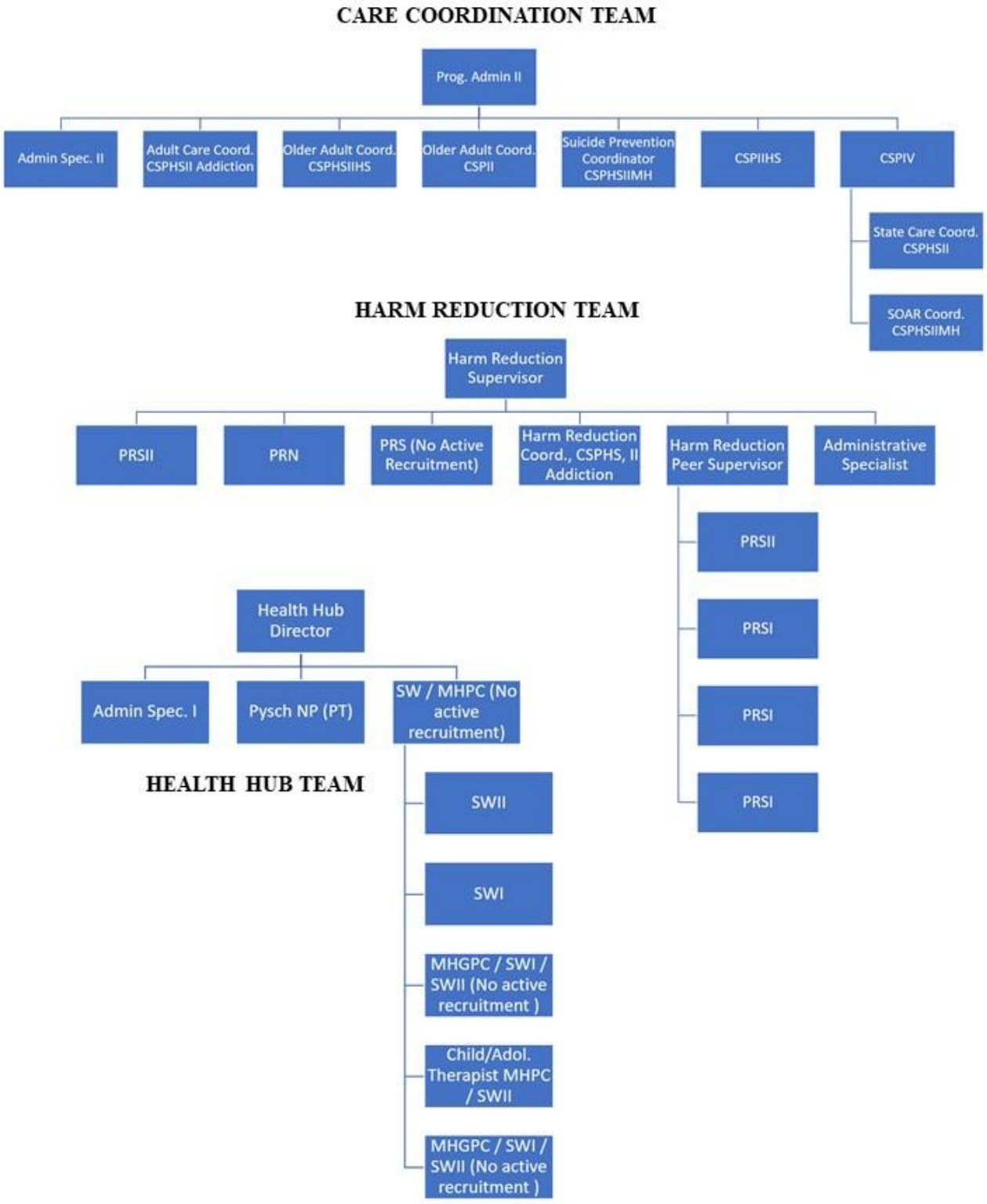
Appendix A: Organizational Charts





PREVENTION & OUTREACH TEAM

OPIOID RESPONSE TEAM


CARE COORDINATION TEAM
Prog. Admin II
Admin Spec. II
Adult Care Coord. CSPHSII Addiction
Older Adult Coord. CSPHSIIHS
Older Adult Coord. CSPII
Suicide Prevention Coordinator CSPHSIIMH
CSPIIHS
CSPIV
State Care Coord. CSPHSII
SOAR Coord. CSPHSIIMH
HARM REDUCTION TEAM
Harm Reduction Supervisor
PRSII
PRN
PRS (No Active Recruitment)
Harm Reduction Coord., CSPHS, II Addiction
Harm Reduction Peer Supervisor
Administrative Specialist
PRSII
PRSI
PRSI
PRSI
Health Hub Director
Admin Spec. I
Pysch NP (PT)
SW / MHPC (No active recruitment)
HEALTH HUB TEAM
SWII
SWI
MHGPC / SWI / SWII (No active recruitment)
Child/Adol. Therapist MHPC / SWII
MHGPC / SWI / SWII (No active recruitment)

Appendix B: DATA COLLECTION AND PLANNING

**YRBS data was not publicly released at the time of publication.*

Mental Health (MH) Data Section

The percentage of suicides in 2020 & 2021 was similar. From 2019 to 2020, there was a slight increase in the percentage of suicide (0.7%) (Figure 1). There was a slight decrease in ED utilization for suicide ideation from 2021 to 2022 (3.4%). From 2020 to 2021, there was a substantial increase in ED utilization for suicide (49%). This substantial increase could be attributed to the toll that the COVID-19 epidemic had on the mental health of individuals. (Figure 2).

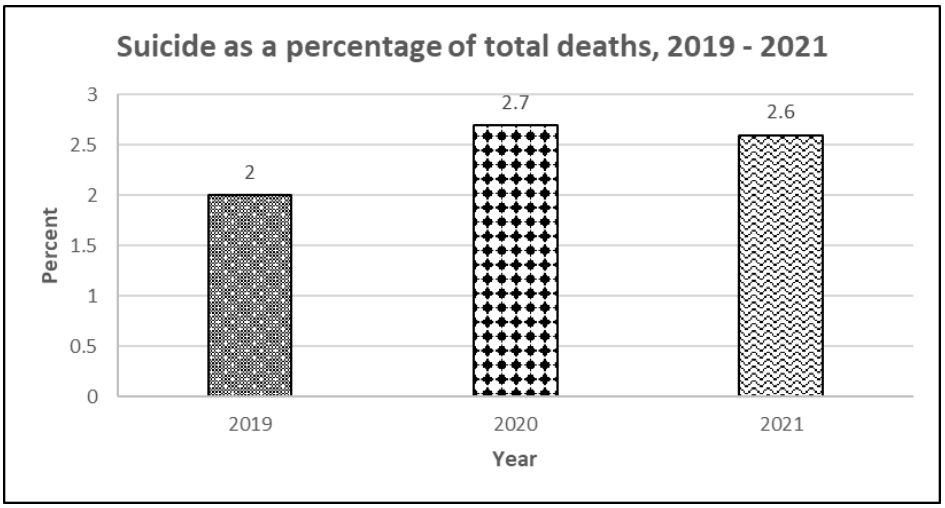


Figure 1: Suicide as a percentage of total deaths, 2019-2021. *Source: CDC Wide-ranging ONline Data for Epidemiological Research (WONDER) based on data through 12/31/2021.*

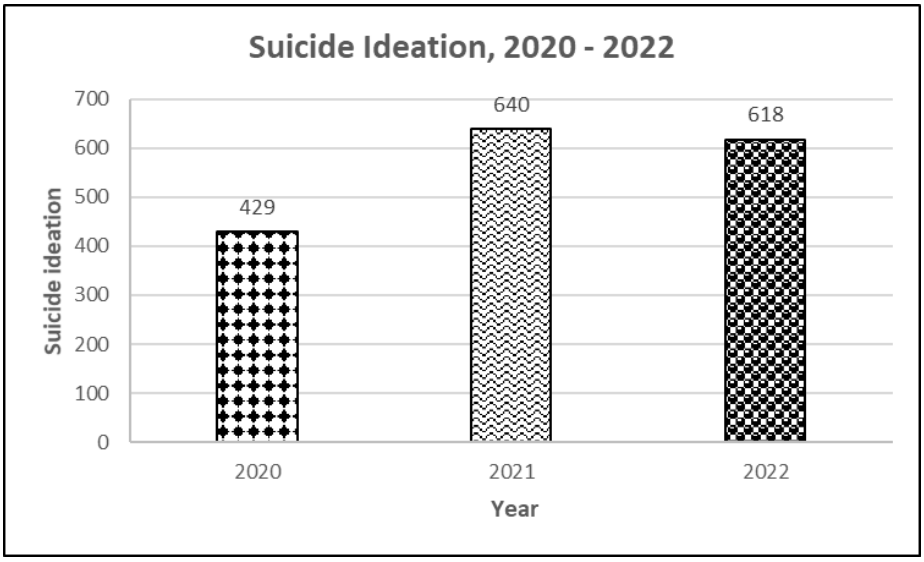


Figure 2: Suicide Ideation, 2020-2022. *Source: Maryland Chesapeake Regional Information System for our Patients (CRISP) based on data through 11/30/22.*

For all 3 years, 0-24 age group had the highest number of ED utilization for suicide ideations. Age group 65+ had the lowest number of ED utilization for suicide ideation for all 3 years (Figure 3). In 2022, females had a higher number of ED utilization for suicide ideation as compared to males. This trend was also seen in 2021 and 2020 (Figure 4). In 2022, White/Caucasian had the highest number ED utilization for suicide ideation. This trend was also evident in 2021 and 2020 (Figure 5).

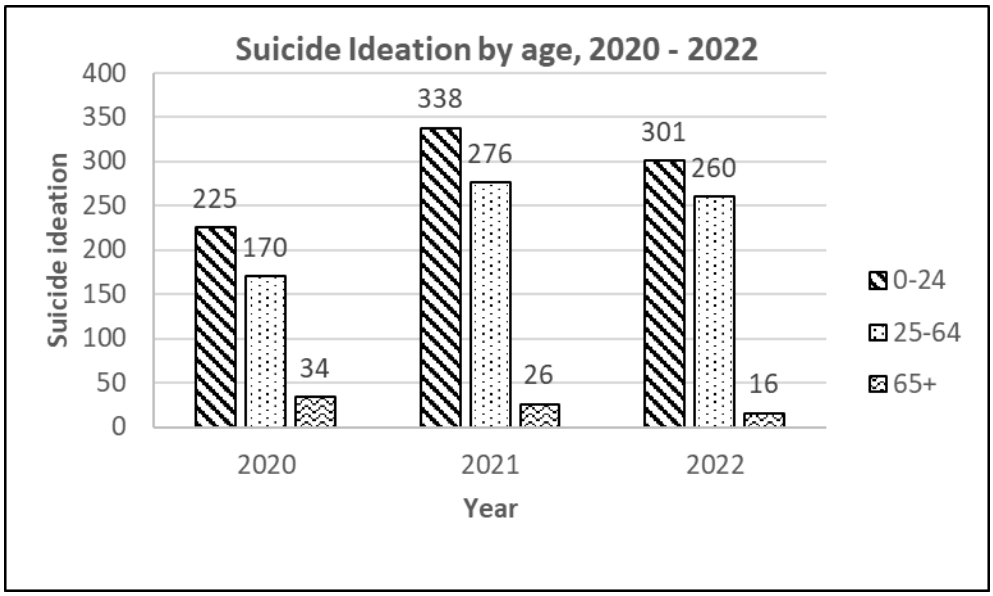


Figure 3: Suicide Ideation by age, 2020-2022. *Source: Maryland Chesapeake Regional Information System for our Patients (CRISP) based on data through 11/30/22.*

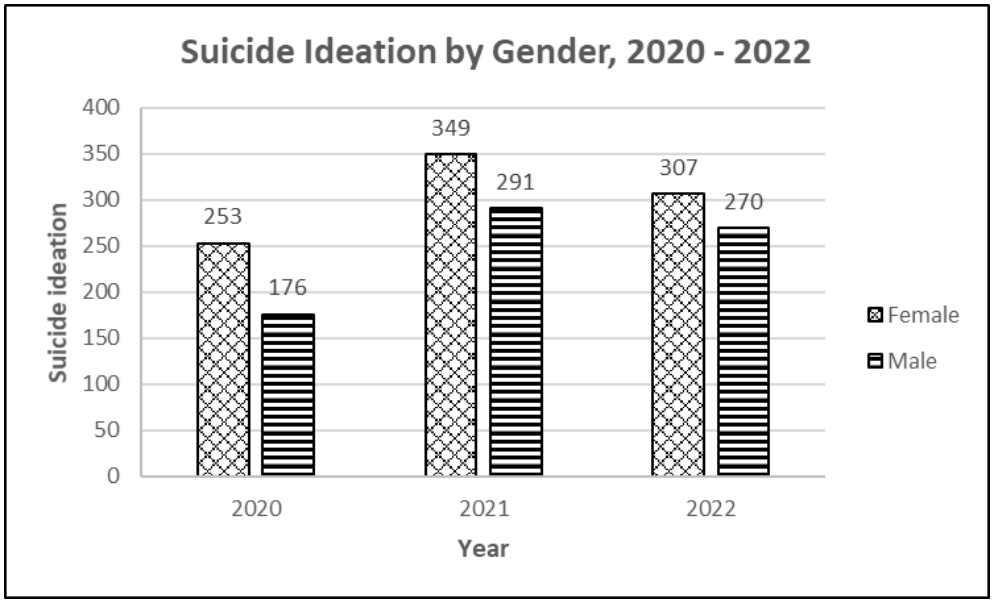


Figure 4: Suicide Ideation by gender, 2020-2022. *Source: Maryland Chesapeake Regional Information System for our Patients (CRISP) based on data through 11/30/22.*

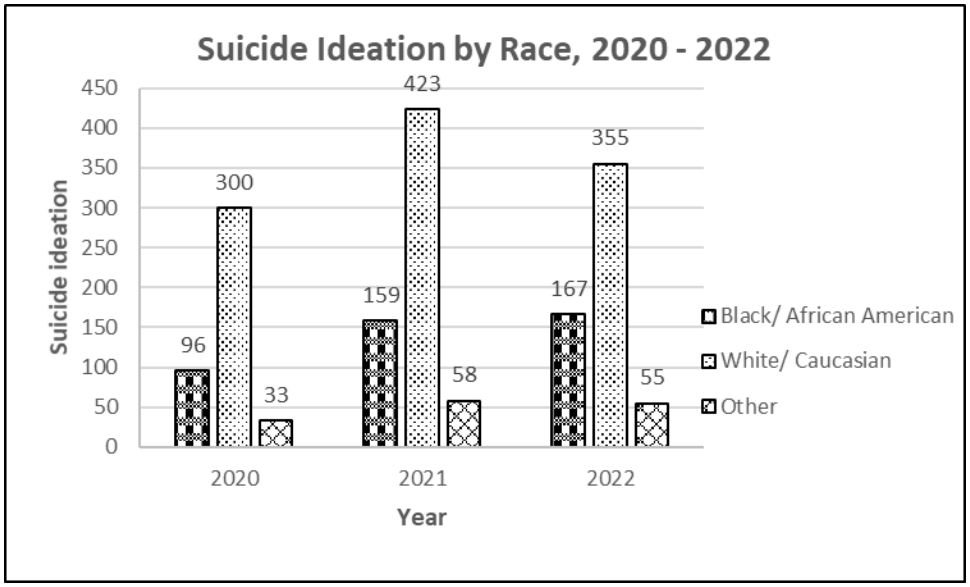


Figure 5: Suicide Ideation by race, 2020-2022. *Source: Maryland Chesapeake Regional Information System for our Patients (CRISP) based on data through 11/30/22.*

There has been an increase in Medicaid enrollment from FY20 to FY22. From FY21 to FY22, there was a 5.1% increase in medicaid enrollment (Figure 6). St. Mary's County has a population of 114,468. Based on FY22, 24.2% of the population is Medicaid eligible (U.S Census Bureau-American Community Survey, Population 2021).

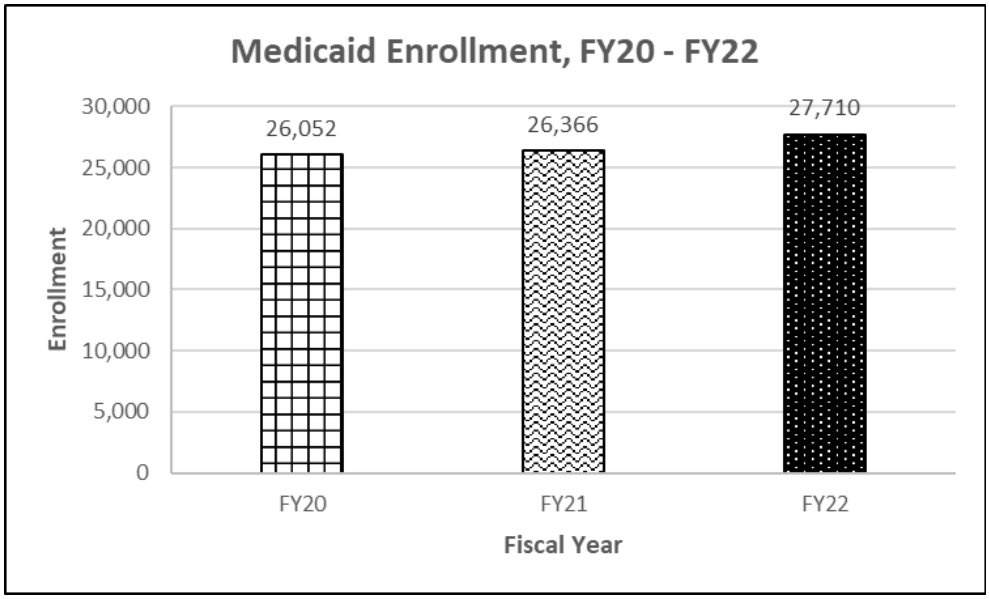


Figure 6: Medicaid enrollment, FY20 - FY22. *Source: The Hilltop Institute at UMBC based on data through 12/31/22.*

In 2021, St. Mary's County reported a lower percent of people in poverty as compared to Maryland. The percent of children 0-17 in poverty for St. Mary's County was lower than that of Maryland (Table 2). From 2020 to 2021, St. Mary's county experienced a slight increase in the percent of all people in poverty and percent of children 0-17 in poverty.

In 2020, St. Mary's County reported a lower percent of people in poverty as compared to Maryland. The percent of children 0-17 in poverty for St. Mary's County was lower than that of Maryland (Table 3).

Fiscal year	Services	Medicaid Penetration rate
FY22	Mental health	12.9

Table 1: Medicaid penetration rate for mental health services, FY22.
Source: Maryland Department of health based on data through 10/31/22.

Jurisdiction	Number of people in poverty	Percent of people in poverty(all)	Number of children 0-17 in poverty	Percent of children 0-17 in poverty	Ranking total population in poverty
St. Mary's	8,744	7.8	2,731	10.1	17
Statewide	618,372	10.3	187,563	14.0	-

Table 2: People in poverty, 2021.
Source: U.S Census Bureau- Small Area Income and Poverty Estimates (SAIPE) based on data through 12/31/21.

Jurisdiction	Number of people in poverty	Percent of people in poverty(all)	Number of children 0-17 in poverty	Percent of children 0-17 in poverty	Ranking total population in poverty
St. Mary's	8,170	7.3	2,470	9.2	16
Statewide	533,561	11.2	146,629	11.2	-

Table 3: People in poverty, 2020.
Source: U.S Census Bureau- Small Area Income and Poverty Estimates (SAIPE) based on data through 12/31/20.

In 2022, all the months recorded a lower unemployment rate as compared to 2021. In 2021 & 2022, June recorded the highest unemployment rate. In 2022, May recorded the lowest unemployment rate and in 2021, December recorded the lowest unemployment rate. The average unemployment rate for 2022 was lower (3.7) as compared to 2021 (4.3) (Figure 7)

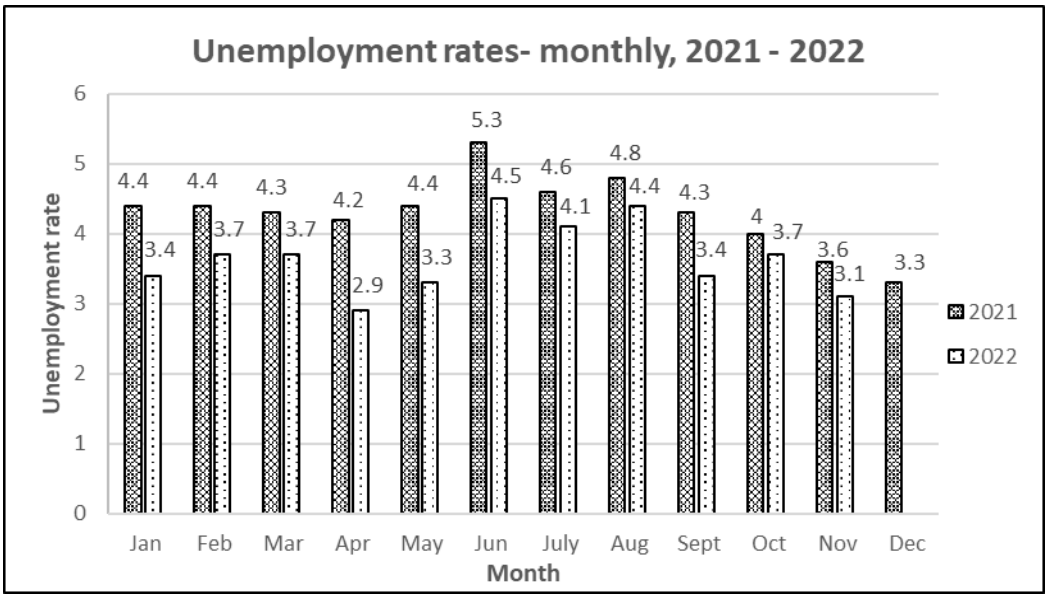


Figure 7: Monthly unemployment rates, 2021 - 2022.
Source: Bureau of Labor Statistics (BLS) based on data through 11/30/22.

Substance Related Disorder (SRD) Data Section

From 2020 to 2021, there was not a significant difference between overdose deaths for all substances (3%). There was no change in overdose deaths for all substances from 2019 to 2020 (Figure 8). From 2020 to 2021, there was a slight decrease (6.3%) in overdose deaths for opioids. There was a slight increase (3.2%) in overdose deaths for opioids from 2019 to 2020 (Figure 9).

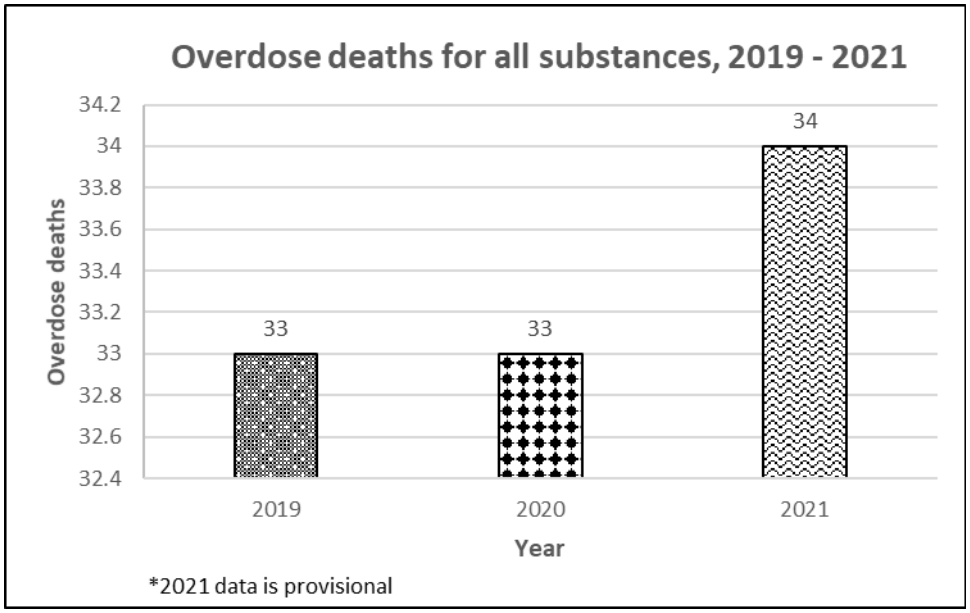


Figure 8: Overdose deaths for all substances, 2019 – 2021.
Sources: Maryland 2020 Annual Drug Intoxication Report. Quarterly Unintentional Drug & Alcohol Intoxication Deaths in Maryland Report updated through 9/30/21.

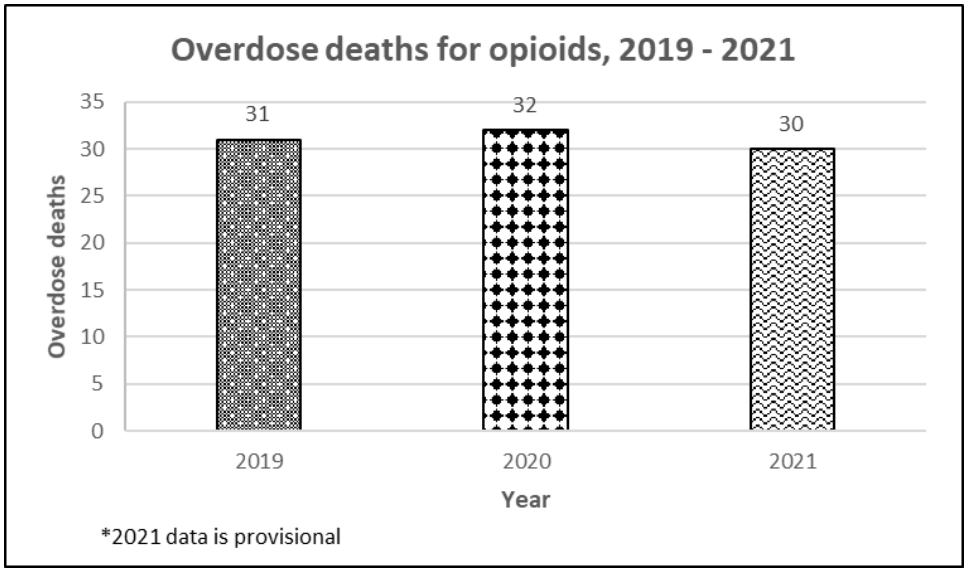


Figure 9: Overdose deaths for opioids, 2019 - 2021.
Sources: Maryland 2020 Annual Drug Intoxication Report. Quarterly Unintentional Drug & Alcohol Intoxication Deaths in Maryland Report updated through 9/30/21.

There was a decrease (14%) in suspected overdoses from 2019 to 2020. From 2018 to 2019, suspected overdoses remained about the same (Figure 10). Overdose related hospital events for all substances have been showing a downward trend. From 2021 to 2022, there was a 10% decrease. Similarly, from 2020 to 2021, there was also a 10% decrease (Figure 11). Similarly, overdose related hospital events for any opioid have also been showing a downward trend. From 2021 to 2022, there was a 19% decrease and from 2020 to 2021, there was a 30% decrease (Figure 12). For all 3 years, females reported higher overdose related hospital events for all substances as compared to males (Figure 13). Conversely, for all 3 years, males reported higher overdose related hospital events for any opioid as compared to females (Figure 14).

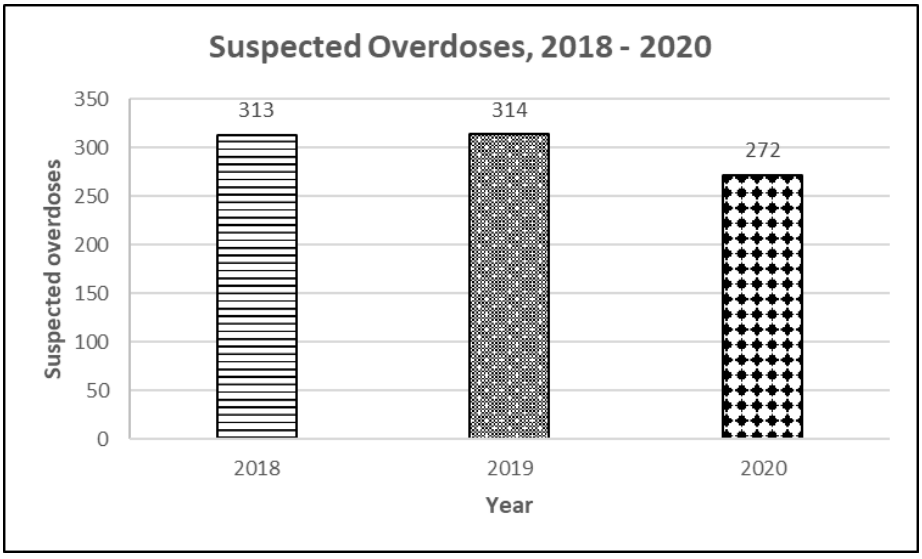


Figure 10: Suspected overdoses, 2018 –2020. *Source: ODMAP based on data through 11/15/20.*

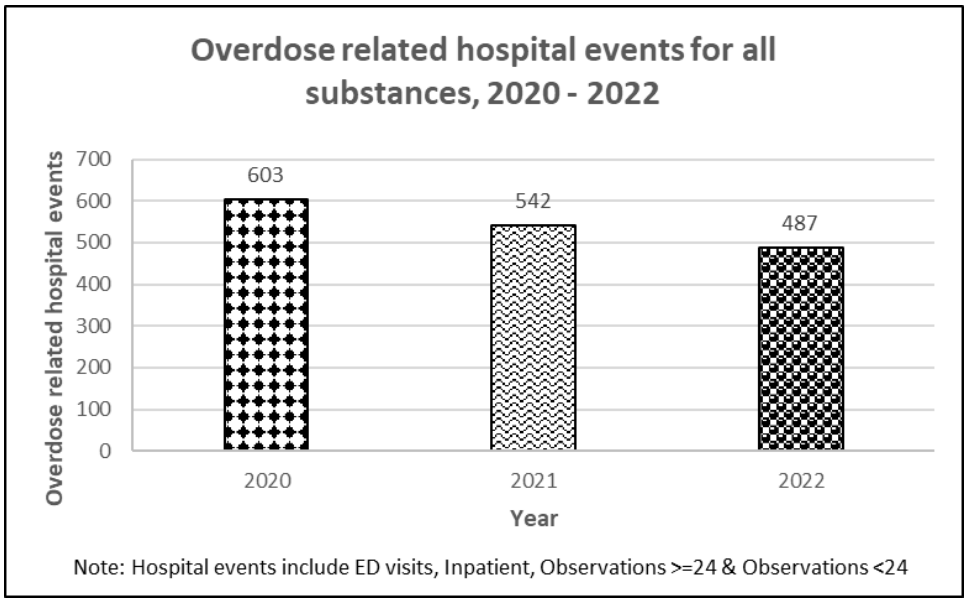


Figure 11: Overdose related hospital events for all substances, 2020 - 2022.
Source: Maryland Overdose Hospital Events Program based on data through 11/30/22. Maryland Department of Health. Accessed via CRISP Drug-Related Indicators Dashboards.

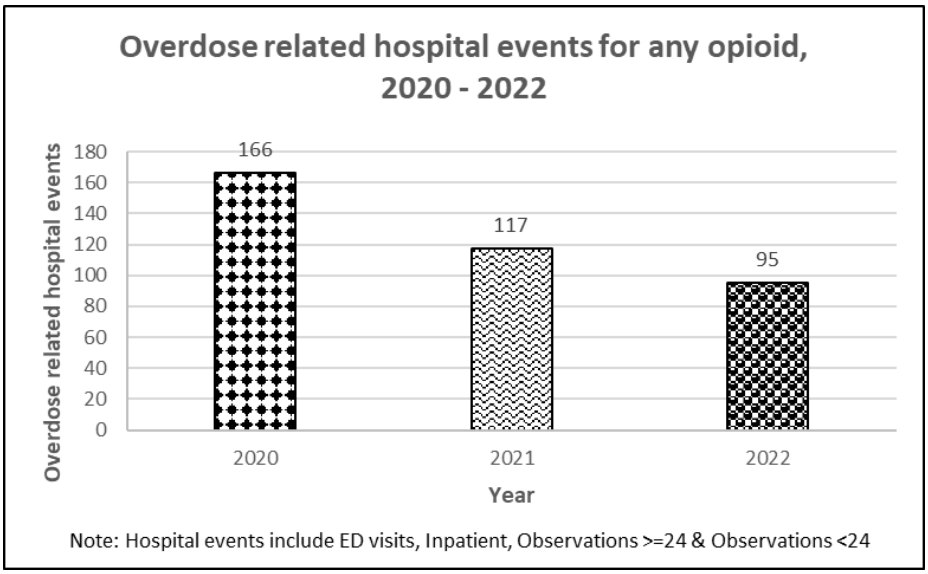


Figure 12: Overdose related hospital events for any opioid, 2020 - 2022. *Source: Maryland Overdose Hospital Events Program based on data through 11/30/22. MDH. Accessed via CRISP Drug-Related Indicators Dashboards.*

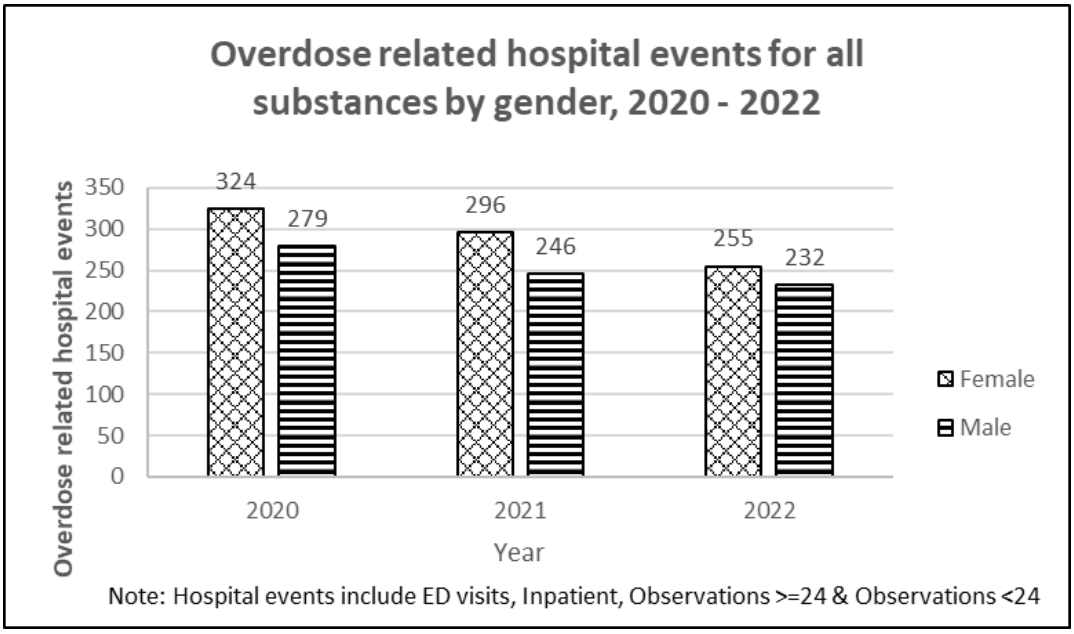


Figure 13: Overdose related hospital events for all substances by gender, 2020 - 2022.
Source: Maryland Overdose Hospital Events Program based on data through 11/30/22. MDH Accessed via CRISP Drug-Related Indicators Dashboards.

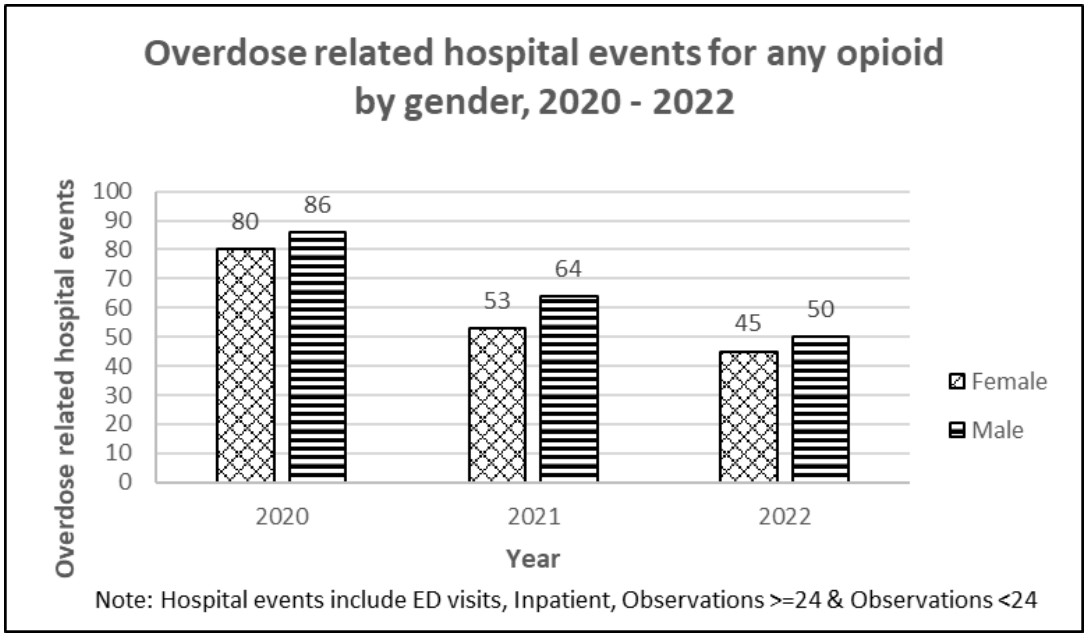


Figure 14: Overdose related hospital events for any opioid by gender, 2020 – 2022.
Source: Maryland Overdose Hospital Events Program based on data through 11/30/22. Maryland Department of Health. Accessed via CRISP Drug-Related Indicators Dashboards.

Opioid overdose presentation has shown a downward trend from 2020 to 2022. There was a 15% decrease in opioid presentations from 2021 to 2022. From 2020 to 2021, there was a 35% decrease in opioid overdose presentations. (Figure 15).

For all 3 years, the 25-64 age group recorded the highest number of opioid overdose presentations (Figure 16); males reported higher opioid overdose presentations as compared to females (Figure 17); and White/Caucasian reported the highest number of opioid overdose presentations (Figure 18).

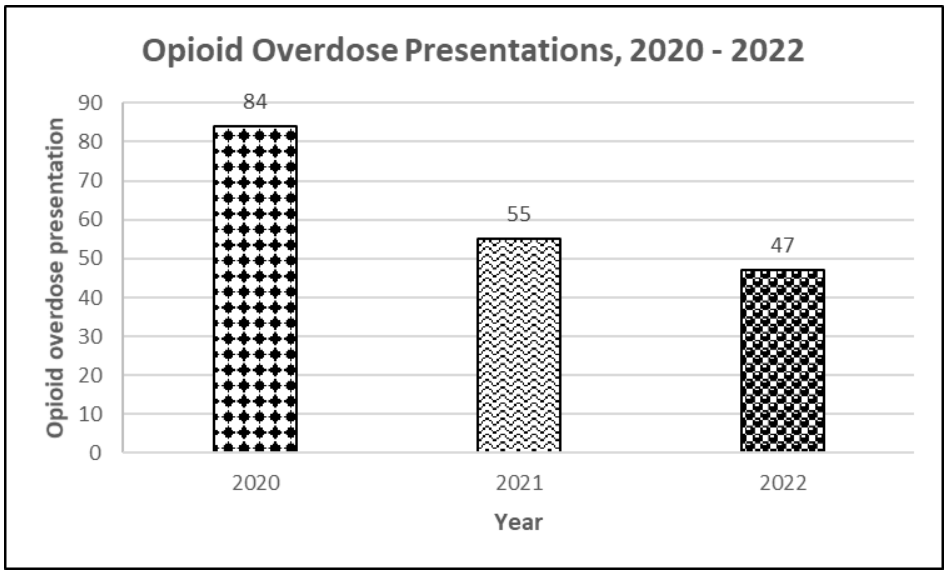


Figure 15: Opioid overdose presentations, 2020 - 2022. *Source: Maryland Chesapeake Regional Information System for our Patients (CRISP) based on data through 11/30/22.*

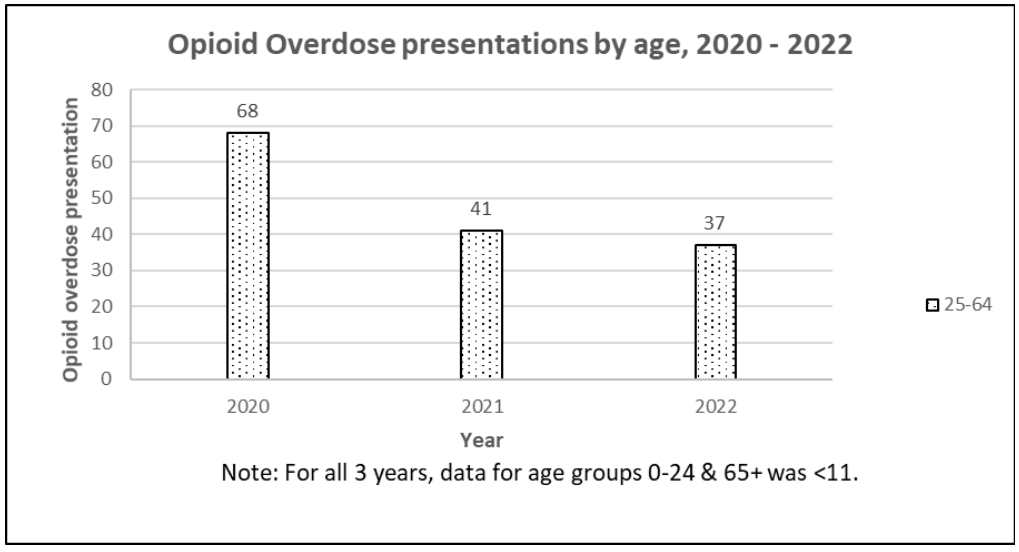


Figure 16: Opioid overdose presentations by age, 2020 – 2022.
Source: Maryland Chesapeake Regional Information System for our Patients (CRISP) based on data through 11/30/22.

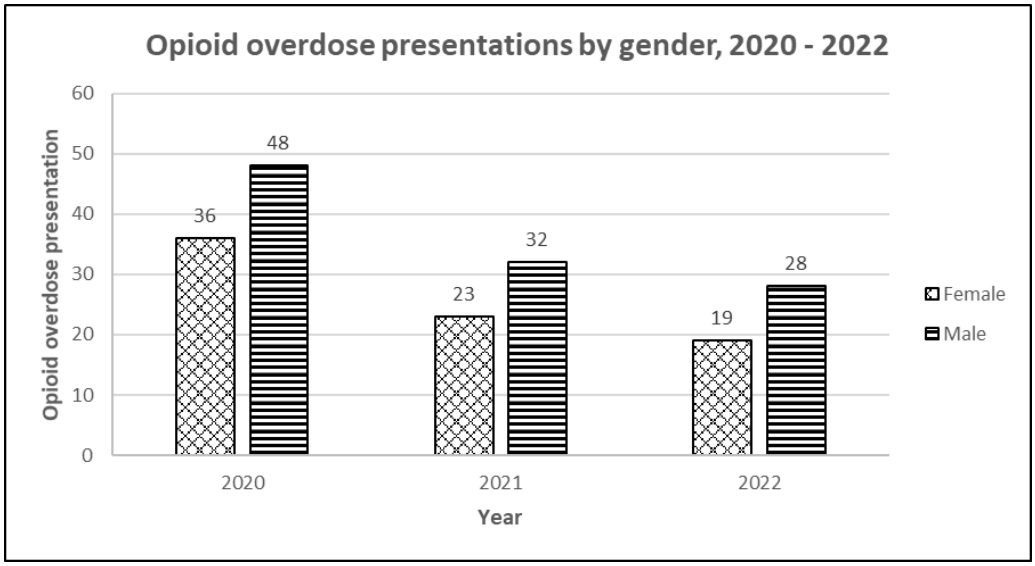


Figure 17: Opioid overdose presentations by gender, 2020 – 2022.
Source: Maryland Chesapeake Regional Information System for our Patients (CRISP) based on data through 11/30/22.

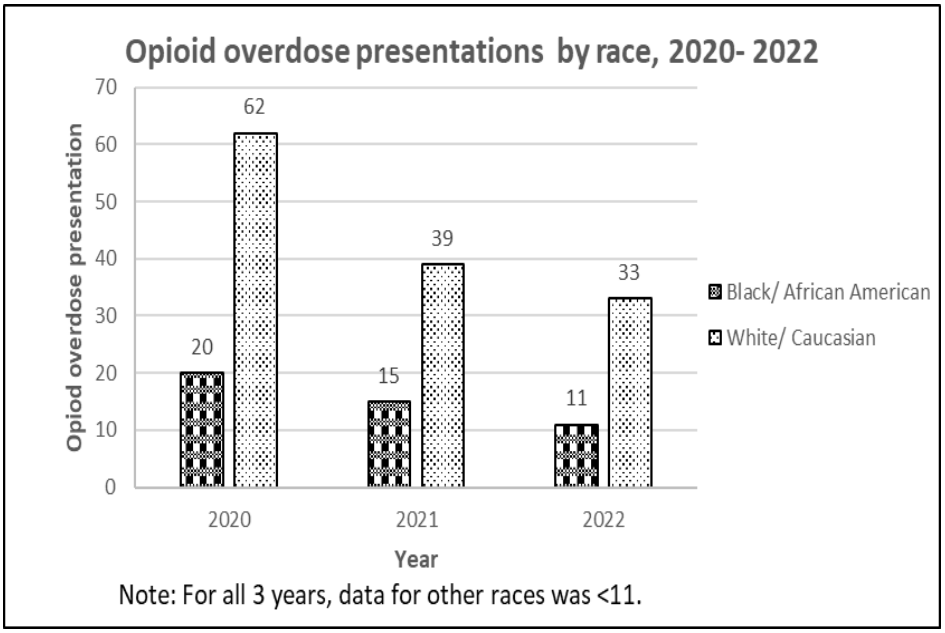


Figure 18: Opioid overdose presentations by race, 2020 – 2022. *Source: Maryland Chesapeake Regional Information System for our Patients (CRISP) based on data through 11/30/22.*

Fiscal year	Services	Medication Penetration rate	
FY21	Substance abuse	8.9	

Table 4: Medicaid penetration rate for substance abuse services, FY22.
Source: Maryland Department of health based on data through 10/31/22.

Student Behavioral Health

The percentage of high school students that felt sad or hopeless has been showing an upward trend. From school year 2016-2017 to school year 2018-2019, there was an increase of 12.4%. From school year 2014-2015 to school year 2016-2017, there was a slight increase of 10.7% (Figure 19).

Similarly, the percentage of high school students that seriously considered attempting suicide has been showing an upward trend. From school year 2016-2017 to school year 2018-2019, there was an increase of 7.8%. From school year 2014-2015 to school year 2016-2017, there was a slight increase of 13.5% (Figure 20).

Likewise, the percentage of high school students that made a plan about how they would attempt suicide has been showing an upward trend. From school year 2016-2017 to school year 2018-2019, there was an increase of 10.8%. From school year 2014-2015 to school year 2016-2017, there was a slight increase of 10.5% (Figure 21).

COVID-19 has impacted the mental health of students. In 2021, 43% of students in the southern region of Maryland (St. Mary's County, Calvert County, Charles County) indicated that they felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities. Also, 19% reported that they seriously considered attempting suicide (Maryland Department of Health- 2021 Maryland Youth Pandemic Behavior Survey YPBS-21).

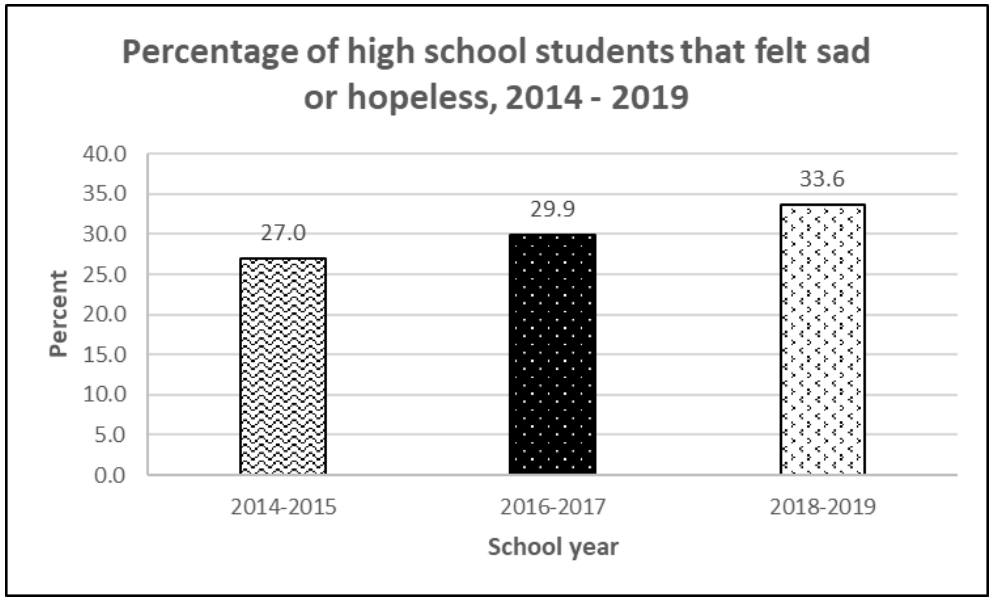


Figure 19: Percentage of high school students that felt sad or hopeless, 2014 - 2019.
Source: Youth Risk Behavior Survey (YRBS) based on data for 2018-2019 school year.

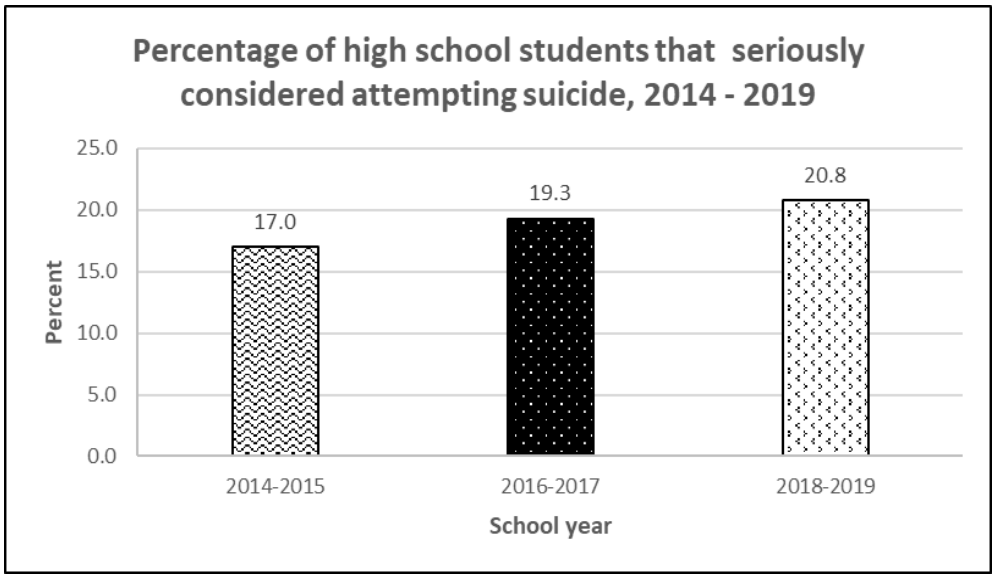


Figure 20: Percentage of high school students that seriously considered attempting suicide, 2014 - 2019.

Source: Youth Risk Behavior Survey (YRBS) based on data for 2018-2019 school year.

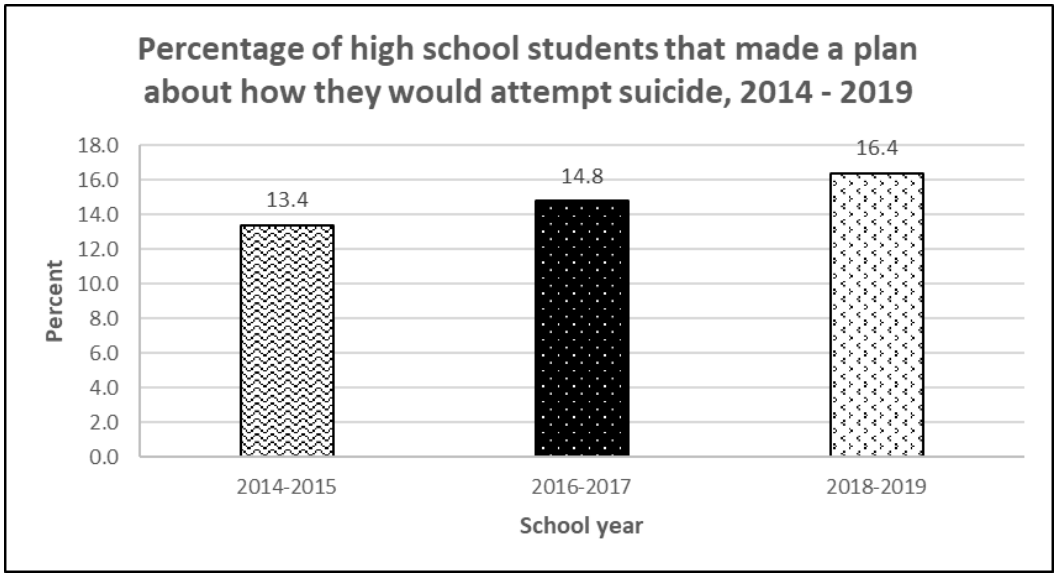


Figure 21: Percentage of high school students that made a plan about how they would attempt suicide, 2014 - 2019.

Source: Youth Risk Behavior Survey (YRBS) based on data for 2018-2019 school year.

Mental Health & Substance Use Disorder PBHS Utilization

In St. Mary's County, outpatient, psychiatric rehabilitation and supported employment services had the highest consumer counts for mental health in FY23. Similarly, in FY22 & FY21, these 3 service categories had the highest mental health consumer counts (Figure 22). Outpatient, psychiatric rehabilitation and inpatient services had the highest consumer expenditure for

mental health in FY23 in St. Mary's County. Similarly, in FY22 & FY21, these 3 service categories had the highest mental health consumer expenditure (Figure 23).

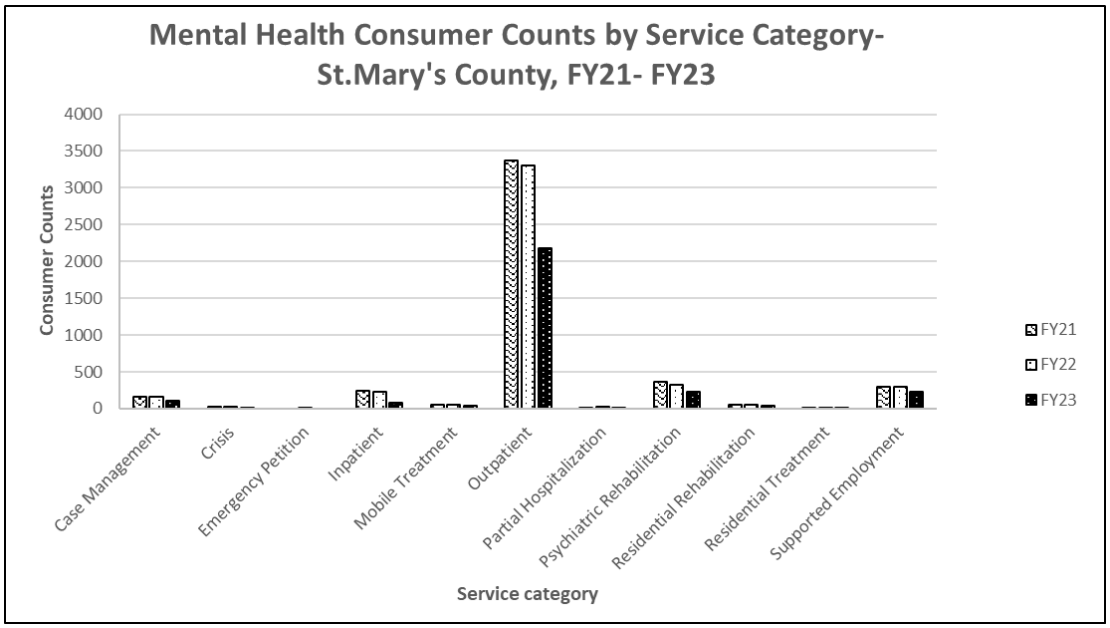


Figure 22: Mental health consumer counts by service category, St. Mary's County FY21 - FY23. *Source: Maryland Department of health based on data through 10/31/22.*

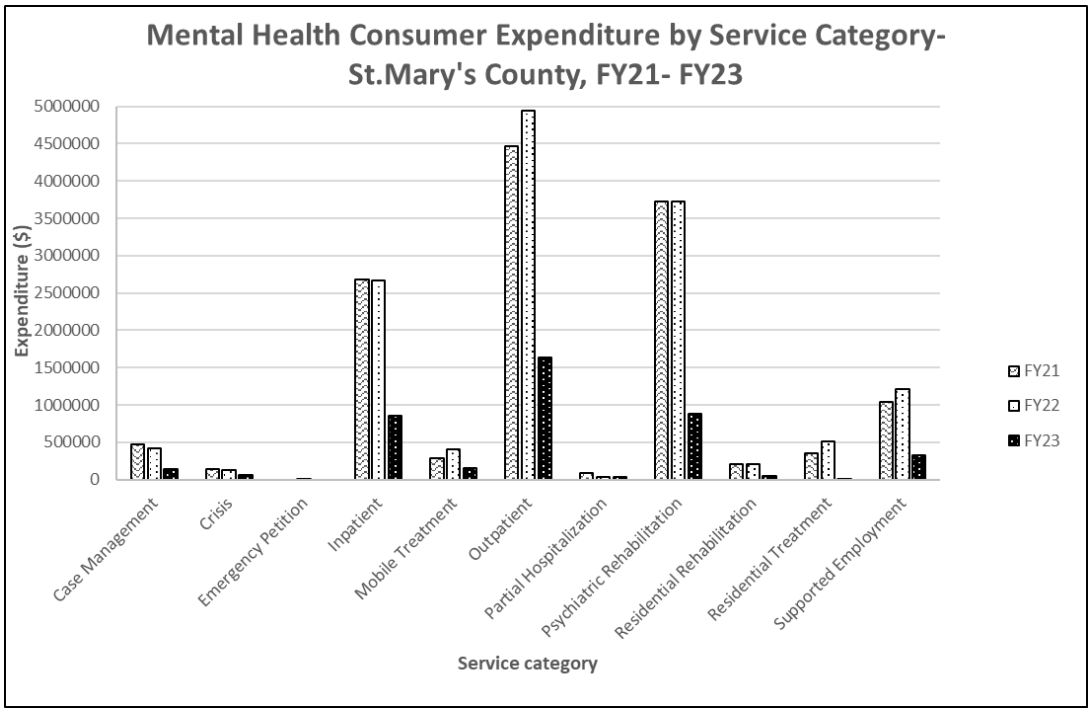


Figure 23: Mental health consumer expenditure by service category, St. Mary's County FY21 - FY23. *Source: Maryland Department of health based on data through 10/31/22.*

In FY23, for most of the service category by consumer counts (excluding crisis, residential rehabilitation & supported employment), medicaid was the highest funding group. For crisis, residential rehabilitation & supported employment, state was the highest funding group (Figure 24). Similarly, in FY23, for most of the service category by expenditure (excluding crisis, residential rehabilitation & supported employment), medicaid was the highest funding group. For crisis, residential rehabilitation & supported employment, state was the highest funding group (Figure 25). In St. Mary's County, age group 18+ had a higher number of individuals receiving mental health treatment services in FY21 & FY22 as compared to the 0-17 age group (Figure 26)

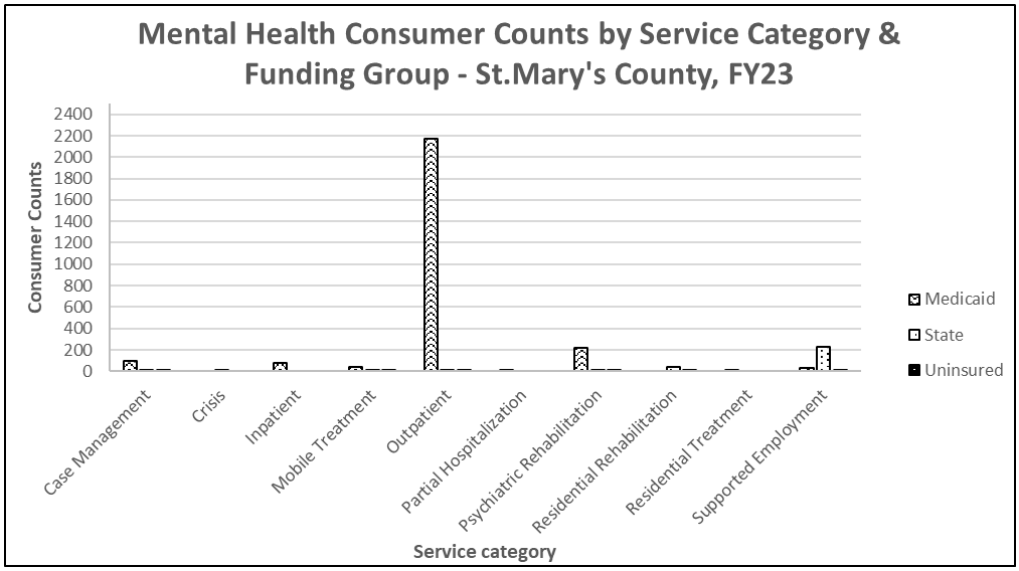


Figure 24: Mental health consumer counts by service category & funding group, St. Mary's County FY23. *Source: Maryland Department of health based on data through 10/31/22.*

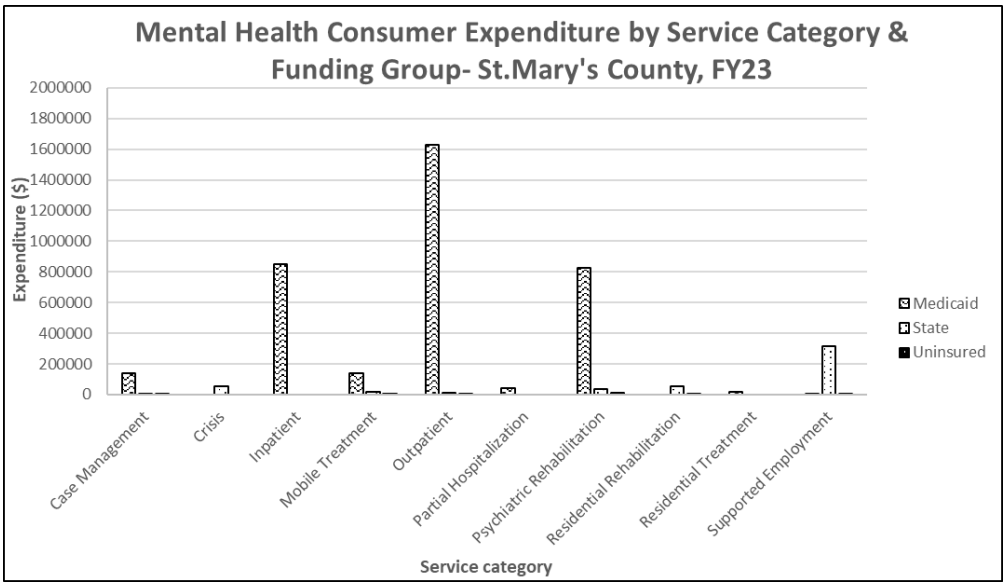


Figure 25: Mental health consumer expenditure by funding group, St. Mary's County FY23. *Source: Maryland Department of health based on data through 10/31/22.*

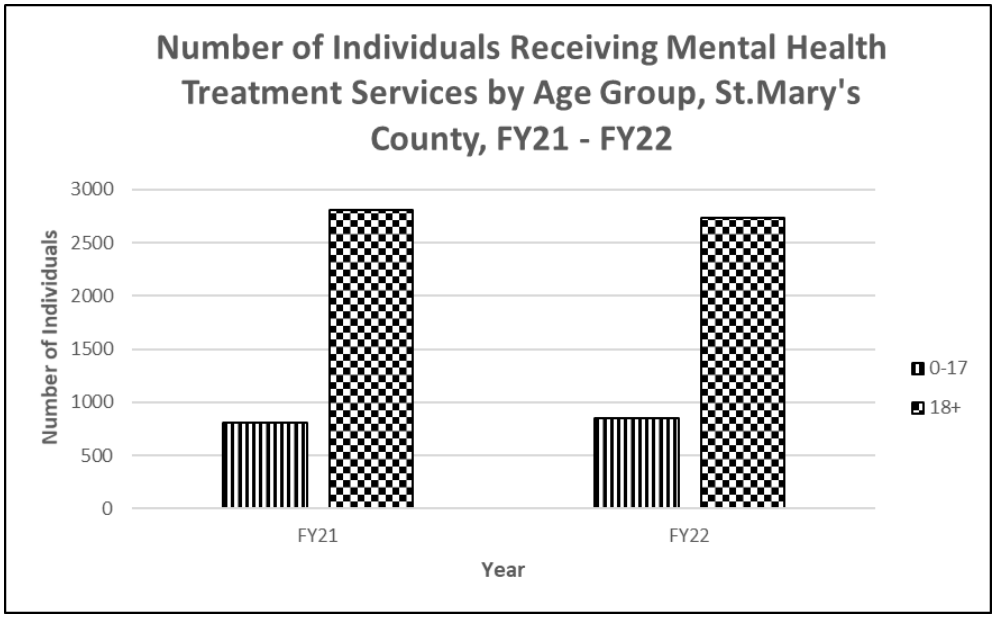


Figure 26: Number of individuals receiving mental health treatment services by age group, St. Mary's County FY21 – FY22. *Source: MDH based on data through 10/31/22.*

In St. Mary's County, SUD labs, SUD outpatient and SUD opioid maintenance treatment services had the highest consumer counts for substance use in FY23. In FY22, SUD labs, SUD outpatient and SUD residential room & board had the highest consumer counts for substance use (Figure 27). SUD residential all levels, SUD outpatient and SUD opioid maintenance treatment had the highest consumer expenditure for substance use in FY23. In FY22, SUD residential all levels, SUD outpatient and SUD lab had the highest consumer expenditure for substance use (Figure 28) in St. Mary's County.

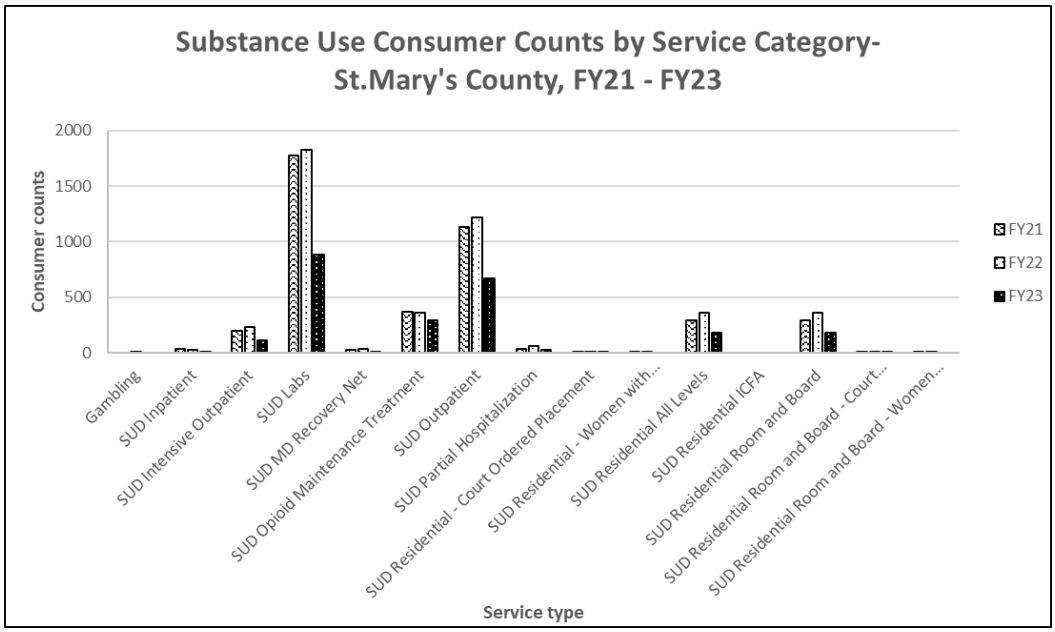


Figure 27: Substance use consumer counts by service category, St. Mary's County FY21 - FY23. *Source: MDH based on data through 10/31/22.*

In FY23, for most of the service category by consumer counts (excluding SUD MD recovery net, SUD residential- court ordered placement, SUD residential all levels, SUD residential room & board and SUD residential room & board- court ordered placement), medicaid was the highest funding group. For SUD MD recovery net, SUD residential- court ordered placement, SUD residential all levels, SUD residential room & board and SUD residential room & board- court ordered placement, state was the highest funding group (Figure 29).

Similarly, in FY23, for most of the service category by consumer expenditure (excluding SUD MD recovery net, SUD residential- court ordered placement, SUD residential all levels, SUD residential room & board and SUD residential room & board court ordered placement), medicaid was the highest funding group. For SUD MD recovery net, SUD residential- court ordered placement, SUD residential all levels, SUD residential room & board and SUD residential room & board- court ordered placement, state was the highest funding group (Figure 30).

Age group 18+ had a higher number of individuals receiving substance use disorder treatment services in FY21 & FY22 as compared to 0-17 age group (Figure 31). Age group 18+ had a higher number of individuals receiving TCM in FY21 & FY22 as compared to the 0-17 age group (Figure 32). In FY22, for both age groups (0-17 & 18+), St. Mary's County reported a higher percent of individuals receiving TCM within the PBHS as compared to Maryland (Figure 33)

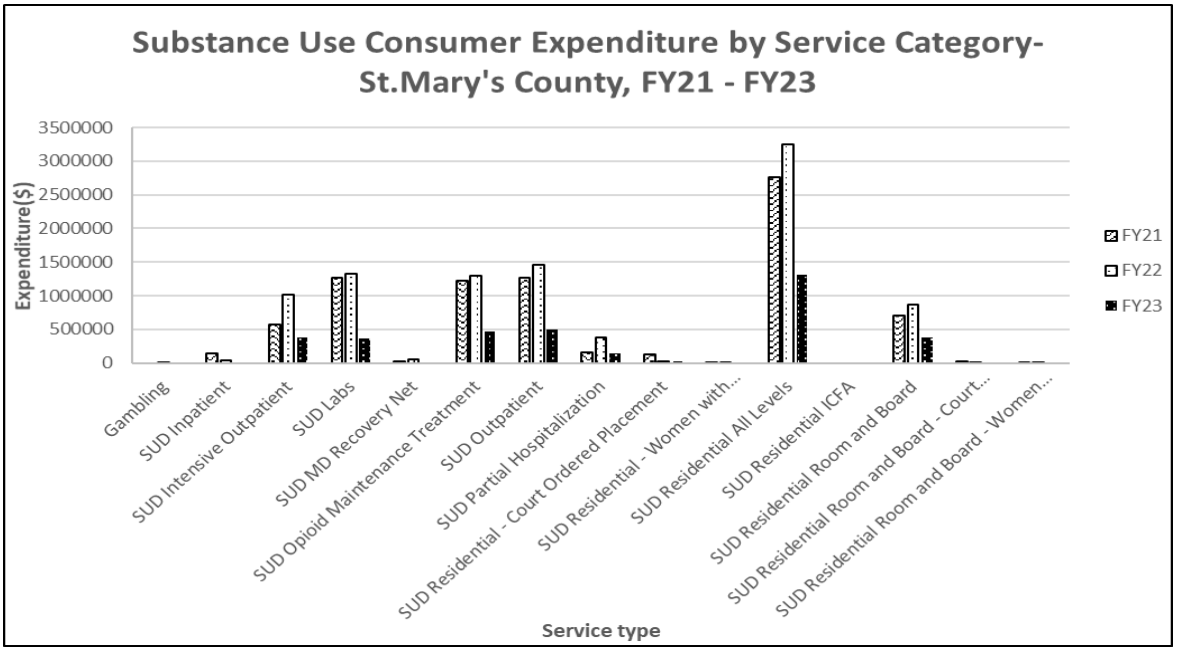


Figure 28: Substance use consumer expenditure by service type, St. Mary's County FY21 -FY23.*Source: Maryland Department of health based on data through 10/31/22.*

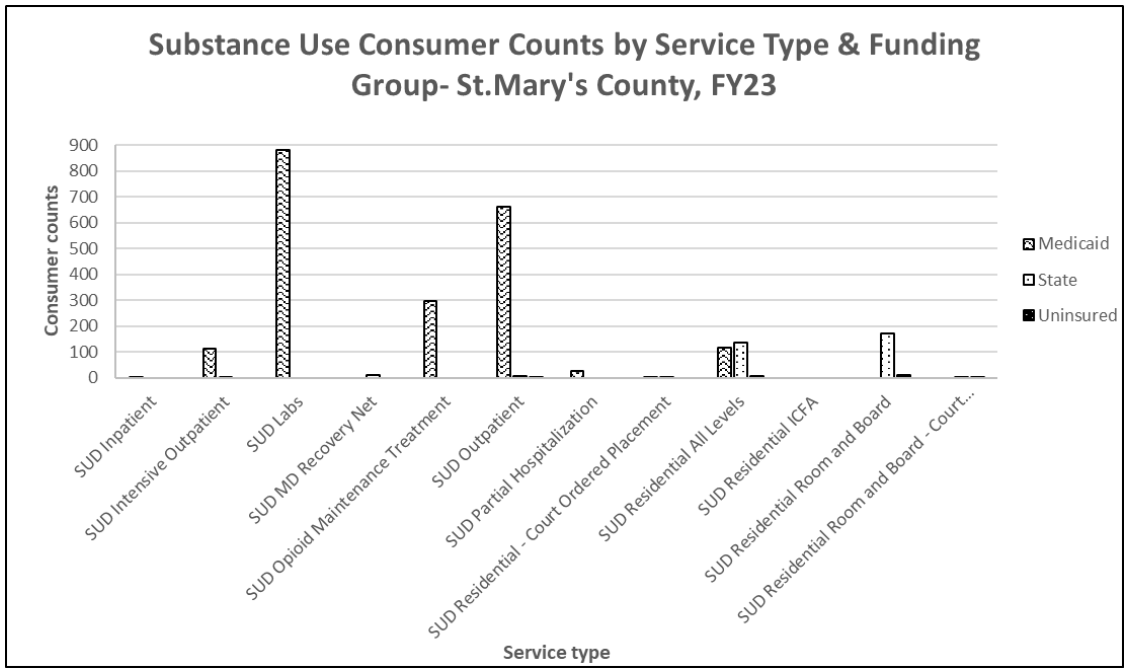


Figure 29: Substance use consumer counts by service type & funding group, St. Mary's County, FY23. *Source: MDH based on data through 10/31/22.*

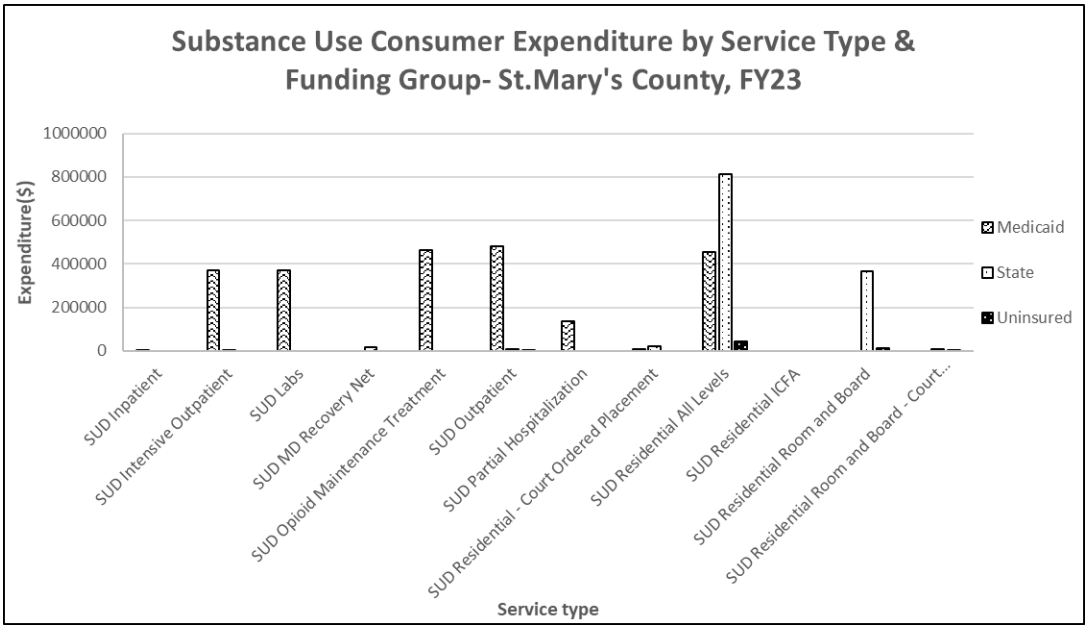


Figure 30: Substance use consumer expenditure by service type & funding group, St. Mary's County, FY23. *Source: Maryland Department of health based on data through 10/31/22.*

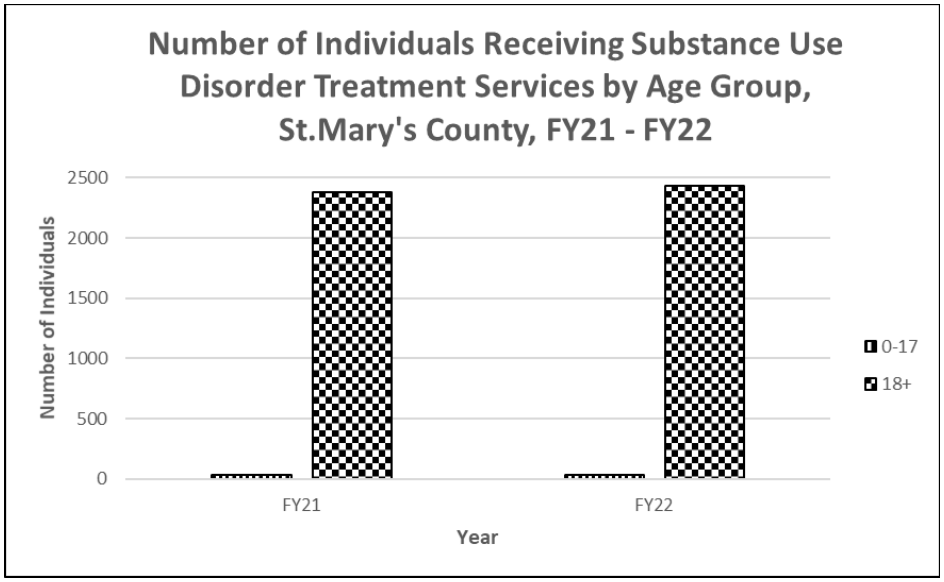


Figure 31: Number of individuals receiving substance use disorder treatment services by age group, St. Mary's County FY21 – FY22.
Source: Maryland Department of health based on data through 10/31/22.

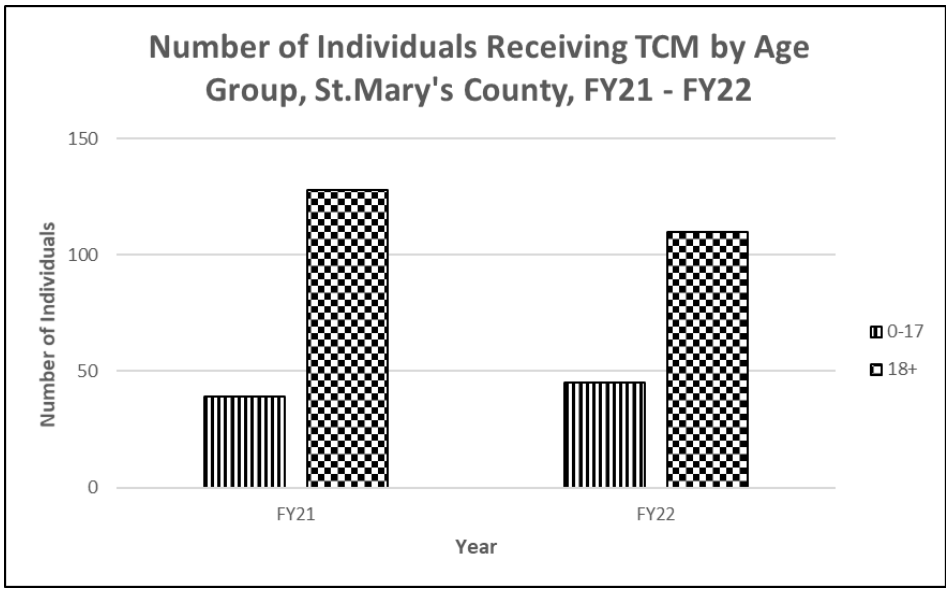


Figure 32: Number of individuals receiving TCM by age group, St. Mary's County FY21 – FY22.
Source: Maryland Department of health based on data through 10/31/22.

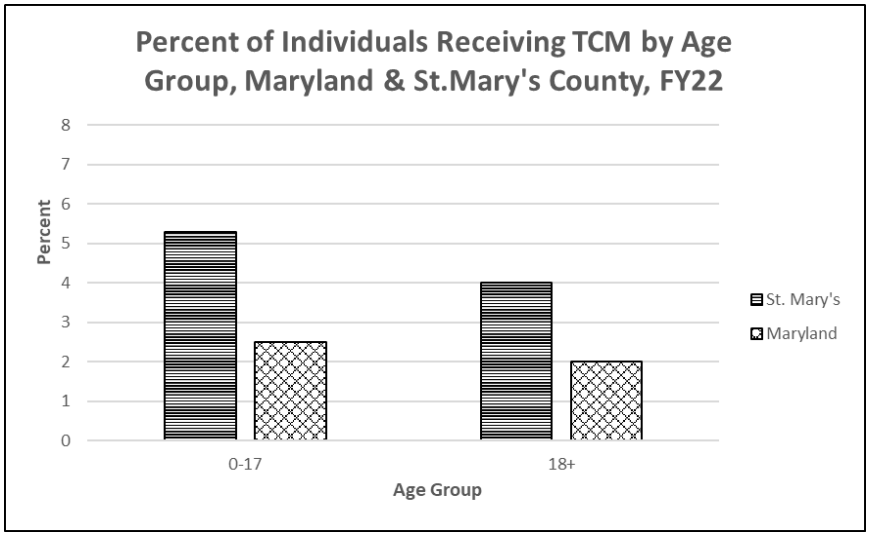


Figure 33: Percent of individuals receiving TCM by age group, Maryland & St. Mary's County, FY22.
Source: Maryland Department of health based on data through 10/31/22.

There were more helpline (988) calls in FY21 as compared to FY22 (Figure 34). In FY23, November recorded the highest number of helpline (988) calls while July recorded the lowest number of helpline (988) calls (Figure 35).

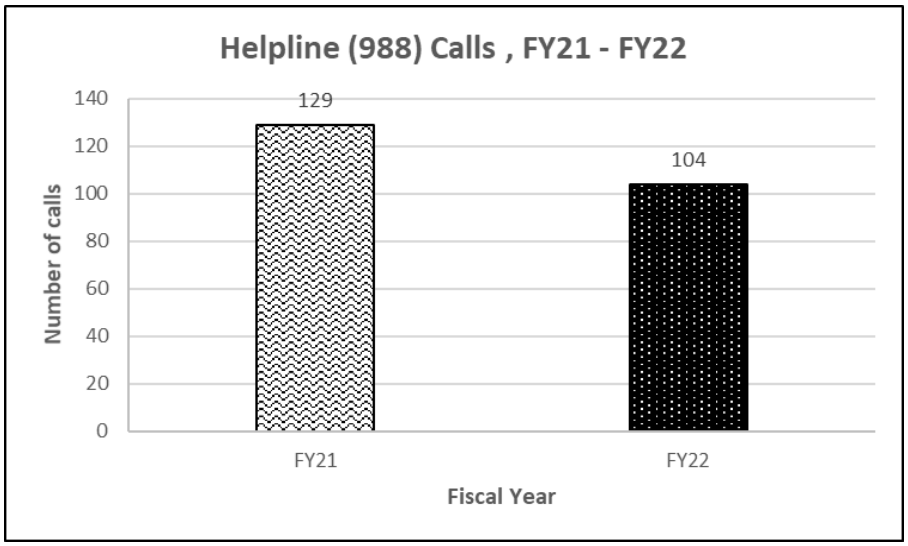


Figure 34: Number of Helpline (988) Calls, St. Mary's County FY21 – FY22.
Source: Maryland Department of health based on data through 6/30/22.

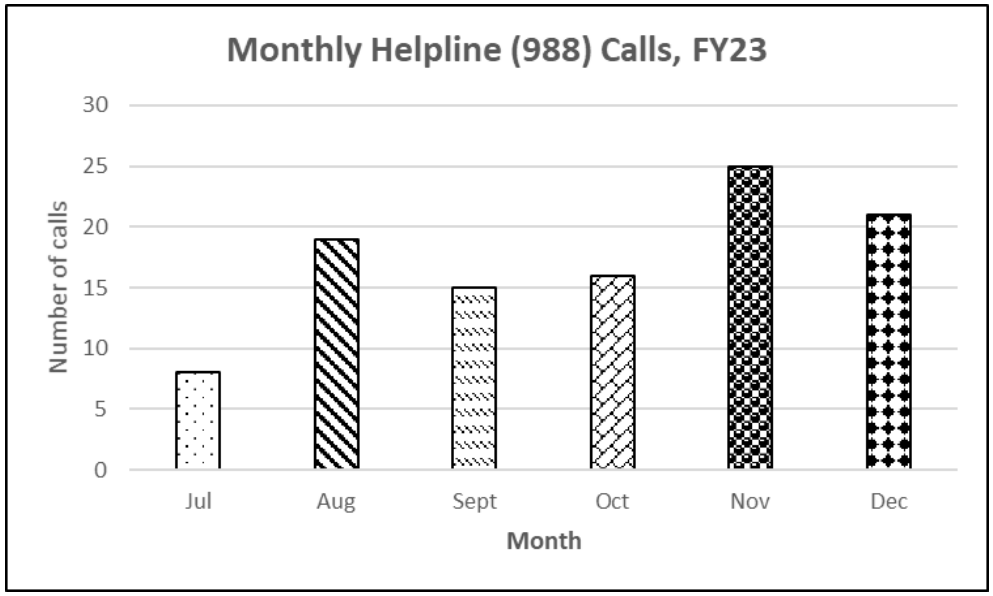


Figure 35: Number of Helpline (988) Calls - monthly, St. Mary's County FY23. *Source: Maryland Department of health based on data through 12/31/22.*

There has been a continuous slight decrease in the number of opioid prescription fills from 2020 to 2022. From 2021 to 2022, there was a 5.1% decrease in the number of opioid prescription fills. From 2020 to 2021, there was a 3.9% decrease in the number of opioid prescription fills. (Figure 36).

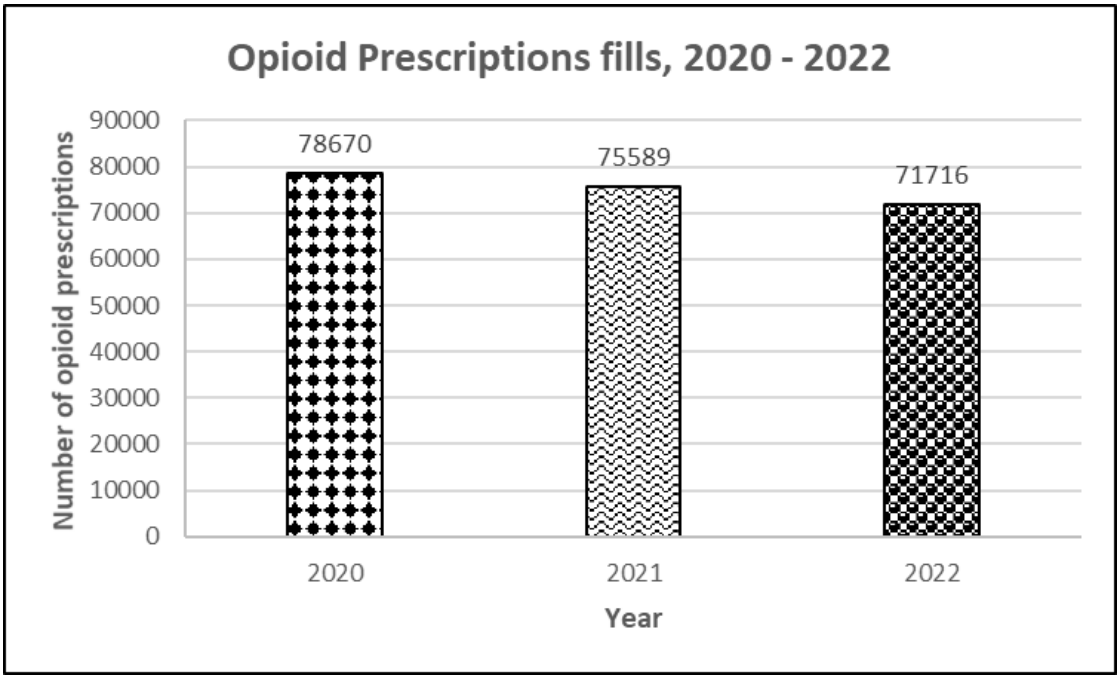


Figure 36: Opioid Prescription fills, 2020-2022.
Source: Maryland Prescription Drug Monitoring Program (PDMP)based on data through 12/31/22.

Appendix C: SMCHD LBHA Systems Management Integration Status Report

INTEGRATION STATUS REPORT TO INCLUDE IN LOCAL ANNUAL REPORT TO BHA

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	4
3: Budget that Supports Integrated Operations	4
4: Integration of Behavioral Health Approach Among Providers	4
5: Integrated Behavioral Health Messaging and Outreach	4
6: Integrated Approach to Behavioral Health for Staff	4
TOTAL INTEGRATION STATUS SCORE (0-24)	24

DIRECTIONS: 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: __4_____ (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: ___4_____ (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: __4_____ (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: ___4_____ (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: __4_____ (insert score in table above)

Appendix D: CULTURAL AND LINGUISTIC COMPETENCY STRATEGIES FY24 - FY26

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 FY2024-26 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:

St. Mary's County Health Department

(b) **Address:**

P.O. Box 316
21580 Peabody Street
Leonardtown, MD 20650

(c) Region (MDH/BHA designated region):
St. Mary's County, Maryland

(d) Name of contact person (Agency/Organization Lead or Designee):
Tammy M. Loewe, Behavioral Health Director
E-mail: tammymloewe@maryland.gov
Telephone #: 240 496-6001

(e) **Brief overview of services provided by agency/organization (***no more than 95 words***):**

The Behavioral Health Division is part of the St. Mary's County Health Department and serves as the local point of contact in assisting individuals in accessing behavioral health services in our community. Although we do not provide direct services, the Behavioral Health Division is responsible for monitoring and improving the continuity of care system, to provide better outcomes for the residents of St. Marys' County.

(f) Agency/organization mission statement:
St. Mary's County Health Department promotes a healthy community by:
Empowering and informing our residents about public health issues
Strengthening community partnerships
Implementing culturally sensitive programs to assure public health access
Maintaining a safe and healthy environment
Monitoring health status to identify community health needs
Informing development of policies that address public health issues
Preparing for and responding to public health emergencies

(g) Agency/organization vision statement:

St. Mary's County Health Department promotes healthy choices, opportunities and environments for all who live, work and play in St. Mary's County.

PART 1: CLAS SELF- ASSESSMENT

Instructions: Include a copy of the CLAS Self-Assessment Tool that was completed and used to inform the 2024-2026 CLCSP here.

See Appendix E

PART 2: OVERARCHING GOALS AND SELECTED STANDARDS FOR PRIORITY FOCUS

Instructions: *For each of the overarching goals below list the (a) Associated standard that is prioritized for focus, then, include the following information for each overarching goal in the space provided: (b) Strategies to build competency for the selected standard, (c) Performance Measures for achieving competency for the selected standard, and, (d) Intended impact for addressing the selected standard.*

Refer to your completed CLAS Self-Assessment Tool to identify the prioritized standard that has been selected for focus under each of the overarching goals. Refer to the CLCSP Guidelines for additional information.
*(*https://bha.health.maryland.gov/Documents/CLCSP%20final%20document%20-%20TA%2004.25.19%20(1).pdf*)*

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):* Standard 9, Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.
Strategies to build competency *(What tasks and activities will be implemented to build competency for the prioritized standard):* Work within the health department, to review current program goals and policies. Facilitate cultural and linguistic training for health department employees to guide them in updating goals and policies that reflect cultural and linguistic sensitivity.
Performance Measures *(How will success be measured):* Two cultural and linguistic training sessions will be conducted for goals and policies, annually. 50 of health department employees will participate in each training review of current goals and policies and training.
Intended impact *(What is the intended impact for addressing the prioritized/selected Standard):*

Employees and behavioral health providers will change goals and policies to reflect more culturally, linguistically sensitive practices within their organizations, reflecting in their treatment of patients.

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):*
Standard 8, Provide easy-to-understand print and behavioral health resource materials and signage in health department and providers' lobby areas, websites and social media campaigns in the languages commonly used by the populations in the service areas.

Strategies to build competency *(What tasks and activities will be implemented to build competency for the prioritized standard):*
Use demographic data from existing clients to determine language preference, primary language spoken to determine how many versions of printed materials are needed. Review most pertinent materials (widely used) relevant to services, submit written materials to certified interpretation company to professionally translate. Share materials with local behavioral health providers.

Performance Measures *(How will success be measured):*
Access to materials will be measured by # of impressions and click through rate on social media, # of resource brochures in different languages are distributed, # of QR codes on printed materials accessed, # using language services on health dept and provider websites and # of times interpreters are used.

Intended impact *(What is the intended impact for addressing the prioritized/selected Standard):*
Clients have access to materials that are written in their primary language to make better informed decisions and better prepared to access and benefit from services.

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):*
Standard 11, Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.

Strategies to build competency *(What tasks and activities will be implemented to build competency for the prioritized standard):*
Work with the health department epidemiology team as well as behavioral health providers to enhance demographic data collection efforts, ID any missing data points necessary to get a clear picture of community culture and language needs. Use data analysis to focus on population breakdown to ensure policies and practices reflect the current demographic in the county.

Performance Measures *(How will success be measured):*
Increased attendance and engagement with Behavioral health services.

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

Increased attendance and engagement in behavioral health services that are culturally and linguistically friendly.

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):* Standard 13, Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
Strategies to build competency *(What tasks and activities will be implemented to build competency for the prioritized standard):* Work with outside behavioral health providers to review current program policies and practices. Facilitate two cultural and linguistic HHS-CLAS standards evidence based trainings annually, for outside behavioral health providers to guide them in updating policies and practices that reflect culturally and linguistically appropriateness.
Performance Measures *(How will success be measured):* Facilitate meetings with each of the community based behavioral health providers to review current policies and practices.
Intended impact *(What is the intended impact for addressing the prioritized/selected Standard):* The local behavioral health providers will have updated policies and practices to reflect cultural appropriateness for St. Mary's County residents

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):* Standard 4, Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.
Strategies to build competency *(What tasks and activities will be implemented to build competency for the prioritized standard):* Meet with community and agency leaders to plan, develop and implement the Recovery Friendly Workplace program.
Performance Measures *(How will success be measured):* # of public and private employers enrolled in Recovery Friendly Workplace Program.
Intended impact *(What is the intended impact for addressing the prioritized/selected Standard):* Individuals in recovery will have employment options supported in a Recovery Friendly Workplace environment.

Cumulative Assessment of Progress to Date

CSAs, LAAs and LHBAs receiving funding from the MDH/BHA have been required to submit Cultural and Linguistic Competency Strategic Plans (CLCSP) as part of their overall fiscal year planning process. This process began in FY 2020-2021 and continues to be a requirement.

As agencies begin establishing goals for the FY 2024-2026 CLCSP, consider assessing what has been the impact and/or progress made regarding goals established with your 2022-2023 CLCSP. This will assist in the process for determining key areas for further capacity building that can and should be reflected in the current process for CLCSP. Below is offered some critical questions to ask:

1. ***What has been accomplished?***

   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. We recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the community we serve. 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. We offer language assistance to individuals who have limited English proficiency (LEP) and/or other language and communication needs including individuals who use American Sign Language, at no cost to them, to facilitate timely access to behavioral health services.

2. ***What has been the impact?***

   The impact on the community has been positive in the sense that they can build a trust in an agency that provides services and resources in their own language and culture.

3. ***What has not been accomplished and why?***

   Our Mission and Vision statements reflect organizational commitment to cultural and linguistic competence. Our mission and vision statements have not been updated

4. ***What still needs to be addressed and why?***

   Although the health department is taking great measures to address cultural and linguistic competence, we need to assure that the community based behavioral health providers are supported and encouraged to maintain the cultural standards in the CLAS. Providers are currently overwhelmed, understaffed and training time opportunities are becoming more and more difficult to arrange.

5. ***How will it be addressed relative to the 2024-2026 CLCSP?***

   We will be creative and considerate in the accessibility to training opportunities to make it more convenient to providers and their staff to attend.

Appendix E: NATIONAL CLAS STANDARDS - SELF-ASSESSMENT TOOL

NATIONAL CLAS STANDARDS
SELF-ASSESSMENT TOOL

GOAL 1: ESTABLISH AND MAINTAIN CULTURALLY AND LINGUISTICALLY COMPETENT BEHAVIORAL HEALTH SERVICES		**LEVEL**			
		0	**1**	**2**	**3**
1	Our Mission and Vision statements reflect organizational commitment to cultural and linguistic competence. (Standard 1)		X		
2	We have established culturally and linguistically appropriate goals, management accountability, and infused them throughout the organization's planning and operations. (Standard 9)			X	
3	Our organizational governance and leadership promote and use CLAS standards in policies, practices and allocation of resources. (Standard 2)			X	
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)			X	
5	We communicate our organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public. (Standard 15)			X	
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 (LEP) and/or other language and communication needs including individuals who use American Sign Language, at no cost to them, to facilitate timely access to behavioral health services. (Standard 5)			X	
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)			X	
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)			X	
4	We provide easy-to-understand print and multimedia materials and signage in the languages commonly used by individuals in our community. (Standard 8)			X	

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)			X	
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)			X	

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)				X
2	We partner with the community to design, implement and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness. (Standard 13)				X
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)				X
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)				X

Appendix F: Approval Letter(s)

ST. MARY'S COUNTY HEALTH DEPARTMENT
Meenakshi G. Brewster, MD, MPH - Health Officer

Administration, Records & Health Services: 301 – 475 – 4330
Environmental Health: 301 – 475 – 4321
Medical Assistance Transportation: 301 – 475 – 4296
Maryland Relay Service: 1 – 800 – 735 – 2258
Email: smchd.healthdept@maryland.gov

February 23, 2023

Sara Reiman
Systems Management
Director of Planning
Behavioral Health Administration
55 Wade Avenue
Catonsville, MD 21228

RE: FY24 - FY26 Strategic Plan LBHAC Approval

Dear Ms. Reiman,

In an effort to plan and address the behavioral health needs of the community less than one entity, the St. Mary's County Local Behavioral Health Advisory less Council (LBHAC) met on January 23, 2023. During the meeting we reviewed the FY24 - FY26 Strategic Plan and were able to provide feedback. In addition to the meeting, all council and members had the opportunity to review and provide written feedback that was then combined into one plan. A final draft of the plan was approved with the recommended edits.

As the Local chair of Behavioral Health Authority, who currently serve as the LBHAC , we hereby present the final plan and budget that was approved by this joint body.

Carolyn Cullison

Carolyn Cullison
Chair of the Local Behavioral Health Advisory Council

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www.SMCHD.org | Facebook.com/SMCHealthDepartment | Twitter: @SMCHD_gov

Appendix G: COA/SOW Status

*At time of plan submission

COAs/SOWs: 22 Complete / 10 Incomplete (Details below)

Completed/Included

- AS407SAS F840N Adolescent Clubhouse
- BH016SAR F972N ARPA Hub & Spoke
- BH308MCS F897N BH Assisted Living Pilot
- BH015MAR F971N BH Crisis Walk-In/Urgent Care Centers Peer Expansion
- BH019BUP F804N Buprenorphine Initiative
- MH593OTH F819N CoC Rental Assistance
- MH591OTH F834N CSS (Mental Health Client Support Services)
- AS413DCT F854N Drug Treatment Court
- MH591OTH F834N Homeless Shelter Services
- BH236CSS F815N Maryland Recovery Net (MDRN) SUD Client Support Services
- MH591OTH F834N MCCJTP
- MH591OTH F834N MHSS
- MH592OTH F823N PATH (3 Month / July - August)
- MH592OTH F823N PATH (9 Month / September - June)
- AS411FED F846N Peer to Peer
- AS407SAS F840N Recovery Community Center
- MH591OTH F834N SOAR Specialist
- AS410STP F868N STOP
- MH591OTH F834N Wellness Recovery Center
- BH033MAM F975N ARPA Testing & Mitigation - MHBG
- BH028SAM F974N ARPA Testing & Mitigation - SABG
- MH627OTH F828N St. Mary's Suicide Prevention

We do not have COAs for the following:

- AS411FED F846N SCC
- BH308MCS F897N MDRRP
- MH627OTH F828N Telehealth
- BH284SCS F882N POCI
- BH284SCS F882N CMI

COAs signed by Tammy and submitted to BHA, but have not received signed COA back (do not have fully signed documents):

- AS409TCA F865N TCA
- BH261SOR F787N ASAM 3.1 Start-Up PWWC
- BH014SOR F936N RHPWWC - Start-Up/Bed Cost
- AS411FED F846N RHPWWC - Care Coordinator
- BH284SCS F882N MRSS *(Submitted to BHA morning of 3/1/2023*

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