ST. MARY'S COUNTY HEALTH DEPARTMENT

FY2027
LOCAL BEHAVIORAL HEALTH PLAN

SUBMITTED TO
THE MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE BEHAVIORAL HEALTH ADMINISTRATION
January 5, 2026

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SECTION A: The 3-Year Strategic Plan

1. **INTRODUCTION**
    a. **Agency Overview**

The St. Mary's County Local Behavioral Health Authority (SMC 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. This plan helps ensure the alignment with the goals of the BH Administration (BHA). Being within SMCHD, we follow the vision, mission, and values of SMCHD.

Vision: The SMCHD promotes healthy choices, opportunities and environments for all who live, work and play in SMC.

Mission: SMCHD 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.

The SMC 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 BH Division (*Attachment F: BH Organizational Chart*) has a Division Director, an Assistant Director who reports to the Division Director and supervises the Program Managers of LBHA/Care Coordination, Prevention and Promotion and Harm Reduction. The Health Hub which includes Crisis Walk-in services and Community Partners addressing Social Wellness. The Quality Assurance/Compliance Program Manager and Clinical Program Manager will report to the future Medical Director. Our System Systems team reports to our Director and works

collaboratively with all teams. Our Division focuses on blending our programming and funding to assure we are meeting the needs of our community. The SMCHD, BH Division, provides system management for BH services in our community, including:

- Referring residents to local BH 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 BH topics
- Implementing strategies to prevent and reduce substance use, misuse, and overdoses
- Monitoring and management of local BH programs that are grant funded by the State of Maryland and Federal Government.

There are four components, or teams, of the BH Division to include: BH Care Coordination Services, Prevention and Promotion, Harm Reduction, and Health Hub. A description of each team's purpose and its services is below. Individual program highlights and achievements can be found in a later section of the same name.

Behavioral Health Care Coordination Services Team *[Priority 1, Goal 1; Priority 2, Goal 2]*
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 wraparound services and support such as TCM.
- The Coordinators 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 BH 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 (Residential Treatment Center) 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 BH 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 conducts brief screenings to determine individuals' needs then connects them to treatment programs and regularly follows up to ensure the connections remain intact.

- Continuum of Care Program (CoC) Permanent Supportive Housing 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 to reduce homelessness, improve quality of life, and 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 BH Division manages the RRP wait list for individuals who identify as county residents in need of a higher level of BH 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 BH needs. The RRP programs provide two levels of care based on the individual's needs including medication monitoring, care management, transportation to BH 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 BH 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, SMC 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.

- *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 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: 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. Individuals must be at least 18 years of age or older, homeless or at risk of homelessness (includes couch surfing, on a housing voucher, or residing with family). To qualify for benefits, individuals must make under SGA, have a history of documented mental health and/or co-occurring diagnoses and reside in Maryland. The SOAR Coordinator will conduct a brief screening to confirm

qualifications, complete a non-clinical intake assessment, then gather information to apply for benefits and represent individuals throughout the determination process.

- *PATH: Projects for Assistance in Transition From Homelessness:* This program is grant funded and links vulnerable populations of individuals experiencing serious mental health to mainstream and other supportive services in SMC through peer support. It assists individuals experiencing homelessness with SMIs or co-occurring substance use disorders to secure safe, stable housing, improving their health and live self-directed purposeful lives.

- *Older Adult Assisted Living Care Coordinator:* The program is grant funded, began in FY22 and is for the Tri-County area (Charles, Calvert and St. Mary's Counties). SMCHD BH Division has contracted with two Assisted Living programs in Waldorf, MD to provide assisted living level of care for those individuals who are no longer able to stay in 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 provides 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 needed. The program requires that the Assisted Living programs are properly trained in working with individuals with high MH and SUD needs and will monitor this on a regular basis. 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 and Promotion (includes Opioid Prevention) [Priority 1, Goal 1; Priority 2, Goal 2]

The Prevention Services team is part of the BH Division and focuses on community training, educational outreach and resources for BH 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/Buprenorphine Efforts* is an Opioid prevention focus under Prevention Services. Combined with a *Buprenorphine* 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

- *Cannabis & 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 cannabis, underage and binge drinking in SMC. With the use of recreational marijuana passing in the 2022 state election, the CAC deemed it

necessary to include the issues of cannabis use as it relates to young people in SMC. For more information, visit: smchd.org/cac

- *Hub & Spoke Program is provided by SMCHD* and is designed to support buprenorphine prescribers serving individuals with an opioid use disorder (OUD). The primary goal is to increase the number of community-based prescribers and the number of patients with OUD they are willing to treat. This is accomplished by linking prescribers into a continuum of care for OUD treatment. Prescribers will have the capability to transfer patients to a higher level of treatment, including any ancillary support, if necessary. Staff for this program includes a Care Coordinator and a Community Outreach Worker

- *Suicide Prevention* is conducted under the guidance 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 BH Division, SMC 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 BH 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 MDH BHA and are intended to eliminate barriers to treatment for community residents.

Opioid Prevention Team [Priority 2, Goal 2]

- *Overdose Prevention Team (OPT):* The Overdose Prevention Team (OPT) develops local strategies to reduce overdoses and convenes quarterly meetings to review updates and coordinate efforts. Chaired by the local health officer or designee, the Overdose Prevention Team includes representatives from health, social services, education, law enforcement, fire/EMS, harm reduction, recovery support, treatment providers, and community and faith-based organizations. The team works collaboratively to identify gaps in services, share data, and strengthen community response. Meetings comply with the Open Meetings Act and include 15 minutes for community comments. The 2023 Strategic Plan for Overdose Response builds on prior plans and introduces a new goal focused on expanding services and utilization at the St. Mary's County Health Hub. More information: smchd.org/about/community-advisory-groups/overdose-prevention-team/

- *StopOverdose:* Maryland's Office of Overdose Response coordinates the inter-agency process to identify the state's strategic priorities for preventing overdoses, and work to promote the Governor's policy agenda by focusing on programs and policies under five pillars: Prevention, Harm Reduction, Treatment, Recovery and Public Safety. StopOverdose.maryland.gov

- *Go Purple Initiative:* The St. Mary's Goes Purple initiative works to educate the community on substance use disorders with the goal of ending stigma, advocating for treatment, celebrating recovery, and promoting harm reduction practices in St. Mary's County. https://smchd.org/behavioral-health/prevention/go-purple/

- *Overdose Fatality Review (OFR):* The Overdose Fatality Review (OFR) program is established in Maryland Health General Article §5-901. Local overdose fatality review teams conduct confidential reviews of fatal and non-fatal overdose incidents to identify system gaps and prevention and intervention strategies needed to prevent future overdose deaths. The local overdose fatality review teams are multidisciplinary teams that are composed of stakeholders representing organizations across multiple sectors including social services, education, criminal justice, mental and behavioral health and others.

- *Recovery Friendly Workplace (RFW):* A Recovery Friendly Workplace strives to create a healthy and safe workplace by providing education and support for employees, at all levels, who are directly or indirectly impacted by substance use and/or mental health challenges. Maryland's Recovery Friendly Workplace program uses a tiered approach for employers to engage at a pace that fits within their current capacity. To participate, you must at minimum complete the Recovery Friendly Workplace Readiness Questionnaire. From there, you may participate in activities in one of four defined tiers based upon your need. Employers can obtain Bronze, Silver, Gold, and Platinum designation by adopting practices in the following areas:
    - Ongoing data collection via surveys and communication with your Recovery Friendly Advisor.
    - Overdose response training for employees and have naloxone present in the workplace.
    - Stigma-reducing programming for the workplace.
    - Updating/creating policies/practices that address hiring, retention, and support of employees impacted by substance use.

  Learn more here: https://smchd.org/rfw/

- *Strong Beginnings:* Strong Beginnings provides intensive case management services for women of reproductive age who are facing issues or have needs related to behavioral health, including mental health and substance use concerns for themselves. Services offered include home/community visits, individualized case management and care coordination, assistance in accessing specialty services, education on mental health and substance use disorder, peer recovery support. Services will be offered with a personalized, nonjudgmental and caring service delivery. Free educational materials. Eligibility includes women of reproductive age, 18 and older during or following pregnancy with mental health concerns and/or substance use (drugs, alcohol, tobacco and/or vape products).

Harm Reduction *[Priority 1, Goal 1; Priority 2, Goal 2; Priority 3, Goal 3]*
The Harm Reduction 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/STD and safe sex education, screening, and condoms; HIV, HCV, Syphilis, Trichomonas, Gonorrhea screenings and referral to treatment; overdose response training and naloxone distribution; Metatomidine, Xylazine and Fentanyl test strips; wound care; collection and safe disposal of syringes; and linkages to treatment, recovery, and community support services. To increase program and service accessibility, the SMCHD Harm Reduction Program home-base is at the Health Hub located in Lexington Park, a high-needs area. 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.

- *Rapid Analysis of Drugs (RAD):* The RAD program is a drug checking program throughout the state that syringe service participants are able to return or bring in drug paraphernalia to have swabbed and sent off for testing through the National Institute of Standards and Technology (NIST). This is a 100% anonymous program and the results are posted within Harm Reduction and can be shared with participants as well as the general public.

- *Johns Hopkins Telehealth Partnership:* This partnership allows Harm Reduction participants to have Hepatitis C treatment and Buprenorphine treatment locally from a high level of care facility utilizing our low threshold, no barriers atmosphere located at the Health HUB. Program participants come to our Health HUB and a Harm Reduction staff assists with connecting them with the Johns Hopkins provider via telehealth.

- *Syringe Service Program:* This program provides those who actively use drugs sterile supplies to offer safer substance use like syringes, sterile injection kits, and other injecting supplies. This program also offers safe syringe disposal for active participants as well as community collection of used syringes to make sure they are disposed properly to decrease the spread of infectious disease. The program is staffed with several Peer Recovery specialists giving the program participants access to those with lived experience.

Health HUB *[Priority 1, Goal 1; Priority 2, Goal 2; Priority 3, Goal 3]*
Services available through the Health Hub include BH screening and crisis stabilization services, jail diversion programs to focus on substance use treatment and recovery, and primary care medical service referrals, 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. More Hub facility information to include a full list of services, can be found at https://smchd.org/hub/.

- *Law Enforcement Assisted Diversion (LEAD) Program:* LEAD 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 BH needs. LEAD Case Managers and Peer Recovery Specialists connect participants to support services, including substance use disorder treatment.

- *Day Reporting:* The Day Reporting program is a collaboration between SMCHD and SMCDRC that acts as a postbooking treatment alternative-to-incarceration program for individuals at high risk for overdose or substance abuse. Acting as a nonresidential multiservice center, it is designed to help offenders reintegrate back into the community by offering a combination of services and supervision. Since this is a nonresidential center, the individuals in the program are required to report to the center for supervision and program participation. Some of the programs and services provided include: substance abuse counseling, anger management, moral recognition therapy, parenting skills, relapse prevention, mental health coordination, job skills, case management, educational classes, life skills, after care planning, and touch-ups.

- *Crisis Walk-in:* The Health Hub offers short-term behavioral health services which are free, walk-in friendly, and designed to help individuals and families take the next step with confidence. Crisis walk-in services provide, through licensed social workers, a psychiatric nurse practitioner, and peer support, short-term therapy for those struggling with crisis events in their life. The clinical team assesses the individual's mental health and SDOH needs, utilizing care coordination and peer support to assist the individual in meeting their needs. Those for whom it's appropriate, the staff offers medication management to include psychiatric medications along with medications for opioid use disorder. The overall goal is the placement of the individual with trusted community providers for long-term care. The clinical staff continues working with the individual, bridging the gap, until the community provider is available to work with the individual.

- *Primary Care:* SMCHD has a partnership with Greater Baden Medical services which was temporarily housed at the Health Hub in Lexington Park until moving into their own permanent space in FY25. Through this partnership SMCHD provides primary medical service referrals to Greater Baden with hopes to also expand those services to Buphenorine in future collaborations. Given the need for primary care services in the area, Greater Baden expanded their services, moving into a permanent space down the road from the Health Hub. Greater Baden continues to work collaboratively with the SMCHD, and they plan to open a dental clinic in the near future.

- *Harm Reduction:* As previously noted, Harm Reduction services are co-located in the Heath Hub as well as service delivery at the SMCHD Leonardtown location. Harm Reduction provides syringe exchange, naloxone education and distribution, EMS leave behind, RAD, Partnerships with Johns Hopkins, and Basic Wound Care.

Community Services [Priority 1, Goal 1; Priority 2, Goal 2; Priority 3, Goal 3]
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.
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.

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.

Our BH Treatment and recovery services will continue to be provided by community providers. 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, listed below, that have agreements to cooperate with the LBHA. Please visit the website link provided for more information.

- **Center for Children,** https://www.center-for-children.org/
- **Outlook Recovery,** http://www.outlookrecoveryllc.com/
- **Pathways**, https://www.pathwaysinc.org/
- **Project Chesapeake**, https://www.projectchesapeake.com/
- **Cornerstone Montgomery, Inc**, (DBA Cornerstone Southern Maryland), https://www.cornerstonemontgomery.org/southern-maryland/
- **Step Up Empowerment** Step-Up Empowerment Services, LLC (Step-Up), https://www.stepupemp.org/
- **Vesta, Inc.,** https://www.vesta.org/

- **Pyramid-Healthcare**, https://www.pyramid-healthcare.com/location/md/charlotte-hall/
- **MEM Scepter Home and BH Care** https://memscepterbhc.com/
- **The Affiliated Sante Group,** https://thesantegroup.org/our-priorities/south-md-crsmrt/
- **Utopian Institute of Family Living,** https://www.theutopianinstitute.com/

Wellness and Recovery Community:

- **Beacon of Hope Recovery and Wellness Community Center** https://www.pyramid-healthcare.com/
- **The Cove/DFZ Youth Clubhouse,** https://www.firstrecoverysomd.org/the-cov
- **Maryland Coalition of Families** (MCF) https://www.mdcoalition.org/
- **The Affiliated Sante Group,** https://thesantegroup.org/sante-st-marys-peer-wellness-recovery-center/#

b. Jurisdiction Overview

St. Mary's County is a predominantly rural area in Southern Maryland with a population of 113,777 and a significantly lower population density than the state average. It encompasses the single incorporated town of Leonardtown, Amish and Mennonite communities, several military installations, and four institutions of higher learning. Spanning 358.6 square miles, it is the sixteenth-largest county in Maryland by land area, but much of the county is bordered by three rivers and the Chesapeake Bay. St. Mary's County shares borders with Westmoreland and Northumberland counties in Virginia and Calvert, Charles, Dorchester, and Somerset counties in Maryland. SMC 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.

The county is less ethnically diverse than the state overall: only 4.3% of residents are foreign-born, compared to 17.0% statewide, and the percentage of families speaking a language other than English at home is unavailable due to insufficient sample size. However, several demographic groups are represented at higher rates than the state average, including Veterans (13.2% vs. 6.6%) and families moving into the county from another state (3.3% vs. 2.7%). While the overall poverty rate in St. Mary's County (8.3%) is lower than the state average of 11.1%, the poverty rate among minors (12.0%) is particularly elevated. The county population has increased since 2010 (8.6%), exceeding both the state (6.5%) and national (7.7%) averages; demand for services has increased accordingly.

The Tri-County Council for Southern Maryland is a regional planning and development agency established in 1964 to promote the social and economic growth of Calvert, Charles, and St. Mary's counties. It serves as a forum for addressing regional issues and advancing shared goals. The council also collaborates with Prince George's and Anne Arundel counties and supports federal, state, and local governments in fulfilling their responsibilities more effectively. The St. Mary's County Health Department (SMCHD) is organized into several major divisions (see Appendix B). Among them, the Behavioral Health Division serves as the Local Behavioral Health Authority (LBHA) for St. Mary's County.6 In this role, the division is responsible for planning,

managing, and monitoring the county's publicly funded behavioral health services for individuals in Maryland's Public Behavioral Health System (PBHS). These services are available to residents with behavioral health needs who are enrolled in Medical Assistance ("Medicaid"), are Medicaid-eligible, or are uninsured and meet specific income criteria. Within the Behavioral Health division, four service areas encompass various units, initiatives, and programs that provide a wide range of services. These include: (1) the Health Hub, including the LEAD7 program and walk-in crisis counseling initiative; (2) Prevention and Promotion; (3) Harm Reduction; and (4) Care Coordination, including programs for suicide prevention, state care coordination, and care coordination by age (adults; older adults; and child, adolescent, and young adults). To help residents access these services, the health department's website provides a Behavioral Health Resources page that connects individuals to local services and providers.

In addition to its main office in Leonardtown, SMCHD operates the Health Hub in Lexington Park, a centralized location offering a wide range of health and wellness services to target those areas within the county that had the greatest vulnerability from a service delivery perspective. The location of the Health Hub was strategic to serve the vulnerable populations of Lexington Park (20653), Great Mills (20634), and Park Hall (20670) in St. Mary's County (SMC), Maryland, representing a cumulative total of 35,025 residents. The target population experiences elevated percentages of residents living below the poverty line and high unemployment rates. Less than 75% of individuals report completing annual health checkups. Nearly 30% of the population are African American, a rate almost double that of the county population. Hispanic/Latinx residents account for 6% of the county population but notably, close to 30% of individuals the St. Mary's County Department of Health (SMCHD) engages in the service area identified as Hispanic. Operated in collaboration with community organizations, the Health Hub provides mostly free or low-cost services, with no income or insurance requirements. Available services include primary care, medical respite, health insurance enrollment, harm reduction, and crisis counseling. The Health Hub also offers support through financial assistance, employment services, community mediation, expungement clinics, literacy programs, youth mentoring, and day reporting. Housing support services are expected to be added soon. The Health Hub is open Monday through Friday, from 8:00 a.m. to 5:00 p.m.

c. <u>Successes, challenges, gaps, and populations</u>

Successes:

St. Mary's Health Department has several programs that are new to address health disparities. The approach is to address the continuum of care from children, adolescents, transitional aged youth, adults and older adults. These projects address factors tied to higher incidences of chronic disease, comorbidities, and poorer health outcomes based on race, ethnicity, age or gender.

<u>Health Hub</u>

The SMCHD Health HUB addresses social determinants of health which contribute to gaining an understanding of our community and its needs. The Health Hub has been operating for the past three years located in Lexington Park which consists of our largest homeless and lower income

populations who are historically underserved in the community. The SMCHD Health Hub in association with its behavioral health (BH) providers in the community, reduced health disparities linked to poor health care access, mental health status, and geographic location.
The Hub Alliance was formed as the body of public-private partners to guide the Health Hub. The primary goal of the Hub Alliance is to collaborate across sectors to promote equity in health, public safety, and education. Each member has a role in improving service delivery, conducting outreach and education, and supporting community development. Core operating partners include: Commissioners of St. Mary's County; Minority Outreach Coalition; and PNC Bank, Inc. Primary Care and Behavioral Health partners include: St. Mary's County Health Department, St. Mary's County Sheriff's Office, Pyramid Walden, Project Chesapeake, Pathways, Outlook Recovery, MedStar St. Mary's Hospital, Greater Baden Medical Services, and Three Oaks Center. Partners that will work to address SDOH and health equity include: Housing Authority of St. Mary's County; Williams, McClernan, and Stack, LLC; NAACP Branch #7025, St. Mary's County Chapter; St. Mary's County Department of Social Services; the Tri-County Council for Southern Maryland; Community Mediation Center of St. Mary's County; St. Mary's County Public Schools; St. Mary's County Libraries; and the Literacy Council of St. Mary's. Hub Alliance partners regularly reach out to community members to request feedback and to provide opportunities for becoming involved in the Hub Alliance. The Hub Alliance meets every two months.

Community Supports Partnership

The St. Mary's County Hub Community Support Partnership (Hub CSP) program is designed to primarily serve St. Mary's County students and families by addressing critical behavioral health needs and providing comprehensive support services across various tiers of the MTSS framework. The SMCHD-LBHA, has identified a need to increase support services across schools, particularly in Tiers 2 and 3. The Hub CSP will focus on expanding behavioral health services to support students disproportionately affected by suspensions, expulsions, arrests, homelessness, absenteeism, economic hardships, and disabilities. It will also address disparities related to race, ethnicity, gender, cultural differences, ACEs, trauma exposure, and social determinants of health.

The overall goal is to enhance access to mental health services and reduce behavioral health disparities through key services available during weekdays, evenings, and weekends. Key services include: expanded school-based therapy, streamlined referral processes, and in-home support. The program will prioritize tailored behavioral interventions for underserved populations such as African American students, students with disabilities, and homeless students, who are disproportionately impacted by behavioral challenges. It will also address gaps in early behavioral health interventions for children under 6 and improve transition services for young adults moving from pediatric to adult care. The program's health equity focus includes increasing the number of mental health professionals, such as social workers and behavior specialists, to better serve at-risk populations. Service providers, selected through a formal grant process, will deliver a range of services, including school-wide prevention programs, individual and group therapy, case management, and trauma-informed care.
SMCHD's Community Supports Partnership continues to expand behavioral health, youth mentoring and somatic health service delivery to school age children and their families.

Mobile Crisis Services
Mobile Crisis Response and Stabilization Services is a general term for an on-demand community-based set of activities provided face-to-face and deployed in real time to the location of a person experiencing an urgent behavioral health issue or crisis. The goal of these services is to de-escalate the individual's situation, decrease emotional distress, and ensure their safety, thereby improving behavioral health outcomes. Additionally, these services seek to avoid unnecessary emergency department care, psychiatric inpatient hospitalizations, and engagement with the criminal legal system due to behavioral health challenges.

Services include clinical assessment, crisis stabilization, warm hand-offs and referrals to ongoing treatment services and other supports, and follow-up. All services must be strength-based, person-centered, trauma-responsive, and reflect the cultural and linguistic needs of the individual, including individuals who are deaf or hard of hearing. Services must assist the individual and their support network as appropriate. Services must seek to align with the Substance Abuse and Mental Health Administration (SAMHSA) National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit and subsequent updates.

After struggling to get and maintain MCT services in St. Mary's County, FY 25 has proven to be successful by partnering with an established provider who was able to contract with SMCHD to provide MCT to St. Mary's County Residents.

School Based Health Centers (SBHC)
School-based health centers are designed to provide high-quality care for your student and family! School based health centers provide students and their families well-child care and emergency care if your child is sick or injured, as well as a full range of age-appropriate health care services, including:

- Primary medical care
- Health education and promotion
- Case management
- Behavioral Health Services

Students can be treated for acute illnesses, such as flu, and chronic conditions, including asthma and diabetes. They can also be screened for dental, vision, and hearing problems. With an emphasis on prevention, early intervention, and risk reduction, school-based health centers counsel students on healthy habits and how to prevent injury, violence, and other threats.

Violence Injury and Trauma (VIT)
St. Mary's County is a rural jurisdiction experiencing growth alongside persistent disparities in behavioral health, violence exposure, and access to care. Major contributors to morbidity and mortality include community violence, firearm-related injuries, substance use, and trauma resulting from adverse childhood experiences (ACEs). Rural geography, limited transportation, and provider shortages further restrict access to behavioral health services, especially for low-income and Medicaid-eligible families.

The County has strengthened prevention efforts through cross-sector collaboration, youth mentoring services, and expanded violence-prevention initiatives. Key Successes

- Implementation of the Group Violence Intervention (GVI) program, expanding outreach, partnerships, and firearm safety distribution.
- Growth of Mentoring Connections, increasing care coordination, ACEs education, and youth program referrals.
- Development of the St. Mary's Exchange Digital Platform to streamline connections to mentoring services.
- Launch of community-based Nurturing Parenting Program (NPP) workshops and in-school mentoring through Empower Hour.

Mentoring Connections Program

The Mentoring Connections Program supports at-risk youth by coordinating care to address challenges related to home, school, and community, including mental health issues and risky behaviors. Services include individualized care coordination, resilience screenings, education on adverse childhood experiences (ACEs), and connections to community resources, delivered in a personalized and nonjudgmental manner. We help youth ages 7–17 get connected with a local mentoring program that best suits their individual needs, personality, and history. A digital platform enhances local youth mentoring systems by improving communication among community organizations and enabling parents and youth to access mentoring programs and resources. The program also incorporates evidence-based prevention strategies, including the Botvin LifeSkills curriculum, to reduce substance use and violence among youth. As part of Mentoring Connections, the Empowering Youth and Bridging Communities (EYBC) initiative offers evidence-based parenting classes, youth and family workshops, and training for community organizations. Using the Nurturing Parenting Program (NPP) framework, EYBC strengthens parenting skills, promotes healthy youth development, and encourages positive relationships across the community.

Nurturing Parenting Program

The Nurturing Parenting Program (NPP) is a trauma-informed, family-centered initiative designed to strengthen families and promote positive parenting. Through engaging and supportive workshops, parents and caregivers learn practical, nurturing skills that build empathy, healthy communication, and emotional connections within the family. Recognized nationally as an evidence-based program, NPP empowers parents and caregivers to create safe, supportive homes that break the cycle of abuse and neglect. The program goal is to help reduce family stress, prevent abuse, and build the foundation for healthy communities where children can thrive.

In-School Mentoring: Empower Hour

Empower Hour at Great Mills High School helps students grow both personally and academically by providing a safe, structured, and supportive environment. Students connect with caring mentors, develop essential life skills, and build the confidence needed to thrive in school and beyond. By combining personal mentorship with the Botvin LifeSkills Training curriculum, a

nationally recognized, evidence-based program proven to reduce tobacco, alcohol, and drug use, Empower Hour equips students with the tools to make healthy, informed decisions. The program encourages students to discover their strengths, nurture self-confidence, and make positive choices that shape their futures and purpose within the school community.

St. Mary's County Crisis Intercept Mapping (CIM) Workgroup:
In May 2024, SMC LBHA held a 1.5-day Crisis Intercept Mapping (CIM) Phase 1 Workshop (May 30–31, 2024), which laid essential groundwork for the FY2025 action steps. The workshop focused on screening practices, referrals, safety planning, caring contacts, veteran engagement, suicide prevention approaches, and local training needs. Nineteen participants from nine agencies attended, including the St. Mary's County Sheriff's Office, MedStar St. Mary's Hospital, Charles County LBHA, American Foundation for Suicide Prevention, SMCHD LBHA, Parole and Probation, Maryland Department of Health Behavioral Health Administration, Pyramid Healthcare, and Maryland's Commitment to Veterans.

Participants utilized the Community Information Gathering Tool to identify gaps in the local crisis continuum, including the absence of several key partners (e.g., Veterans Affairs, NAMI, Fleet & Family Services, military coalition groups, and faith-based organizations). The goals of the workshop included identifying system gaps, building consensus on opportunities for improvement, applying evidence-based practices for Service Members, Veterans, and their Families (SMVF), and developing a coordinated crisis intercept map with corresponding action steps.

Consensus recommendations included: Incorporating "Ask the Question" into county-wide intake processes and social determinants of health screenings; Exploring caring contacts around potentially triggering holidays; Increasing understanding of SMVF needs through military culture training; Ensuring frontline staff receive training in verbal de-escalation, non-restraint practices, and CALM-aligned approaches; Researching additional training opportunities; Strengthening partnerships by bringing missing organizations into the CIM team; Developing a social media or public education campaign; and Continuing ongoing needs assessment and setting regular meeting schedules.

Throughout FY2025, the Crisis Intercept Mapping Workgroup met quarterly in a hybrid format to monitor progress, coordinate activities, identify system gaps, and strengthen relationships across the crisis care continuum. Activities this year included sharing resources, aligning efforts around SMVF suicide prevention, and building consistency across participating agencies. The Workgroup also initiated a call for nominations for a CIM Workgroup Co-Chair to support meeting facilitation, agenda development, and responsibility-sharing—an important step to sustaining the initiative's long-term momentum.

To strengthen rapport-building and increase visibility of SMVF support within the community, the Workgroup purchased and distributed "Proudly Served" lapel pins to partners. Members discussed how wearing the pins can spark conversation, build trust, and establish shared identity—serving as an accessible means to engage with veterans and connect them to

resources. Additionally, the team launched a survey to assess whether partner agencies had incorporated "Ask the Question" into their intake processes, supporting FY2025 monitoring of implementation progress. On June 16, 2025, the CIM Workgroup Lead attended the Maryland Crisis Intercept Mapping Summit for Service Members, Veterans, and their Families at the Jack C. Taylor Conference Center. The summit brought together statewide crisis stakeholders to address improvements in Maryland's crisis continuum for the military-connected community. During the summit, keynote speaker Thomas Cruz (with Heather and Holden Cruz) presented *"You Just Don't Know,"* emphasizing lived experience and the importance of relational connection in crisis support. Breakout sessions covered critical components of the crisis continuum, including first contact and identification, acute care response, care transitions, and ongoing recovery support.

The Workgroup Lead served as a panelist for *"Crisis Intercept Map in Action: What's Working and What's Next?"*, alongside representatives from Harford and Wicomico Counties. Panel topics included successes, implementation strategies, gap analyses, training approaches, and long-term goals—highlighting St. Mary's County's progress and leadership among statewide CIM teams. Across Maryland CIM teams, lethal means safety emerged as a shared priority for FY2025. In alignment with this statewide focus: The SMC CIM Workgroup Lead joined the Governor's Challenge Lethal Means Safety and Safety Planning Workgroup. SMC LBHA began discussions with CALM (Counseling on Access to Lethal Means) America and neighboring jurisdictions regarding shared-cost CALM training sessions, supporting local workforce readiness and evidence-based suicide prevention.

<u>Recovery Friendly Workplace (RFW Pilot Site):</u>

The purpose of the Maryland Recovery Friendly Workplace Pilot Project (MD RFW) evaluation is to assess the implementation, initial outcomes, and potential for scaling the program. The evaluation team is led by Drs. Jodi Frey and Marianne Cloeren. Drs. Cloeren and Frey have worked together since 2019 on multiple projects and research studies addressing the barriers to employment faced by adults in recovery from SUDs in Maryland. The current pilot evaluation for Year 1 of the MD RFW project focused on documenting how MD's RFW was initially rolled out and how early adopter employers were initially onboarded. The evaluation also identifies how key activities, such as overdose response training and stigma-reduction initiatives, were implemented across the three pilot sites. Additionally, the evaluation identified emerging best practices that contributed to initial successful outcomes and any barriers that may have hindered progress. Based on these findings, recommendations are provided to consider for expansion of the evaluation project and recommendations for expanding the MD RFW program statewide, ensuring that the Recovery Friendly Workplace initiative can be adopted by a diverse range of industries and regions across Maryland.

In summary, the first year of the RFW was successful. St. Mary's County Health Department, a pilot site in the Maryland RFW Pilot Project, successfully onboard 13 employers into the RFW program. Additionally, 728 employees within the community were impacted by the RFW designation and 3 individuals in recovery have been connected with work. The four ways in which MD's RFW program differs from other state programs were noted as being major

facilitators for success by all groups interviewed. These include tiered model, integrated program and policy with substance use and mental health, hiring only RFAs with lived experience (MH or SUD), and embedding an external evaluation into the program starting in the first year.

Challenges, gaps and populations:

Although St. Mary's County has several successes; there are also challenges, gaps and underserved populations. Ongoing gaps remain in trauma-informed care, culturally responsive services, and sustained support for the continuum of children, adolescents, transitional aged youth, adults and older adults as well as families impacted by behavioral health. Addressing social determinants of health and the co-occurring needs within St. Mary's County can be challenging as the resources are limited despite the amazing programs we already have. There are limited behavioral health providers with the capacity to serve medicaid and medicare individuals as well as those with other medical needs. We have seen an increase of youth mental health needs that are tied to trauma and ACES but long-term supports following are limited or restricted by insurance.

The Crisis Intercept Mapping (CIM) Workshop held in May 2024 identified several system-level gaps related to identification and screening, safety planning and crisis response planning, lethal means safety, and the use of supportive and caring contacts. Workshop discussions revealed limited availability of key trainings and practices, including military cultural competency training, guidance on how to "ask the question" related to suicide risk, safety planning within the Health Department, Counseling on Access to Lethal Means (CALM) training, and consistent use of warm hand-offs across agencies. A full technical assistance report is available upon request.

For the Service Members, Veterans, and their Families (SMVF) population, we prioritize strengthening ongoing support services and continuity of care. While efforts to identify veterans within the behavioral health system are underway, recruitment and sustained engagement of providers and partners remains a challenge. Additional gaps include the need to re-engage critical partners who were not represented in the initial CIM workshop, expand staff training capacity across agencies to ensure consistent SMVF-informed practices, maintain momentum across systems, and secure sustainable funding to support training, outreach, and implementation. Addressing these challenges is essential to improving coordinated crisis response and long-term behavioral health outcomes for the SMVF population within the local system of care.

Another area of challenge is bringing in key programming such as crisis stabilization centers due to ongoing behavioral health stigmatization that follows individuals and families who struggle with mental illness and substance use. Stigma related to various services and the location of programming continues to be a challenge. SMCHD continues to educate and bring awareness to the benefits of services but there continues to be hesitancy where the services should be provided within St. Mary's County.

Affordable housing in St. Mary's is another challenge. The housing gap across St. Mary's County presents unique challenges depending on individual needs. Affordable housing is a persistent issue affecting many county residents. Lack of access to safe and suitable living conditions undermines reentry success and limits connection to essential community resources and support services. Warm handoffs to transitional housing are crucial to prevent unnecessary incarceration and promote a smooth transition back into the community. However, transitional housing options are severely limited in the county and remain scarce statewide. Compounding the issue, many individuals with mental health conditions are unable to access shelters due to past behavioral issues. In such cases, support professionals rely on community partnerships in an effort to secure stable housing. Unfortunately, for many of these individuals, the detention center becomes a de facto home, offering structure, shelter, and medication management. While some may receive care at a state psychiatric facility, many return to the detention center following discharge, continuing a cycle of instability and recidivism.

The SMC Housing Authority has not accepted new referrals for section 8 housing while reviewing the current large waitlist. This action impacts other supported housing programs. The delay of opening the voucher system has caused a bottle neck of the unhoused population from also being served. In previous years the Housing Authority had prioritized the unhoused with disabilities and would offer housing opportunities in a more timely manner which in turn provided housing to those most in need of affordable options. Our unhoused rates remain moderate with limited options to assist participants with safe, affordable options.

Along with an increase in population the county has nearly 19,000 Medicaid (HealthChoice) recipients, including over 400 Medicaid-covered births annually. The Administrative Care Coordination Unit (ACCU) connects Medicaid clients, especially pregnant/postpartum women and young children, to vital services through a strong referral network and community partnerships. The Medicaid Eligibility team assists over 2,400 households annually, improving timely access to coverage. Nurse Family Partnership (NFP) supports first-time, low-income mothers through early prenatal home visits, improving maternal and infant health outcomes by addressing hypertension, smoking cessation, and mental health. We continue to see challenges in Limited specialty care access: few pediatricians, restricted OB/GYN options, and behavioral health provider shortages, especially for MA clients. Geographic barriers affect rural residents' access to care due to transportation and provider concentration in urban areas. Workforce shortages and data integration gaps impact program reach and follow-up.

Limited transportation is a persistent barrier for individuals seeking behavioral health treatment or involved with the criminal legal system. Many residents seek services across county lines due to limited local options, but the lack of reliable, coordinated transportation between St. Mary's, Calvert, and Charles counties restrict access, especially after hours. Transportation barriers are particularly burdensome to individuals with behavioral health conditions and those reentering the community after incarceration. The transportation challenges can be described as the 5 A's: affordability, accessibility, applicability, availability, and awareness. Improving regional transportation options, before, during, and after involvement with the legal system, is vital for equitable access to care. A tri-county approach, emphasizing cross-county collaboration, data

sharing, and coordinated dispatch systems, can support shared transportation strategies that improve access to services, reduce no-show rates, and enhance crisis response efficiency. Reliable transportation helps individuals attend court hearings, probation check-ins, counseling appointments, job interviews, and preventive community services. This effort aligns with the broader priority of increasing collaboration and information sharing across the tri-county region.

Expanding the workforce of qualified behavioral health professionals is essential to meeting the growing mental health and substance use needs of diverse populations. This includes psychologists, psychiatrists, social workers, licensed counselors, peer support specialists, and other clinicians trained to provide evidence-based, culturally competent care. A shortage of providers limits access to timely treatment, increases burnout among current professionals, and worsens disparities in care, particularly in underserved communities. Investing in education, training, recruitment, and retention is key to building a sustainable workforce. Efforts should include developing career pipelines, supporting loan repayment and scholarship programs, and offering ongoing training to enhance clinical skills.

Funding and infrastructure are limited to our ability to secure additional funding to support the Behavioral Health Division within St. Mary's County Health Department. Many grants allow for funding for specific initiatives and/or positions to directly support the service delivery. Level funding impacts the services we are able to provide as salaries continue to increase without the additional funds to support.

Contracting and MOUs can be a challenge due to time delays, multi-layered approval processes and legal oversight. It has been our experience that although we have new procurement procedures at SMCHD, the process can be time consuming and requires staffing oversight to ensure follow through and deadline management. Oftentimes the delays can occur with a provider's legal team and requests for changes. Those delays cause service delivery to be put on hold. In some cases, the delays can take several months and cause hold ups in the process for grantees to be able to hire appropriate staff and implement services.

Additional challenges to expanding the behavioral health system for the LBHAs in Maryland are not granted the proper autonomy, authority or resources to achieve full, systemic change. These include:

- no authority at the local level to require specific system-wide programmatic components such as integrated service delivery, outcome measures, or evidence-based screening tools or assessments and
- limited authority at the local level to enforce quality and provide sanctions for poor service delivery.

There are not enough bilingual, behavioral health practitioners, and those who do exist are in high demand. The PBHS includes multiple small, non-profit providers with limited capacity for managing increasing administrative burdens, protecting and securing electronic networks, and diversifying funding streams.

d. Major health issues or behavioral health access issues

According to the SMC 2020 Community Health Assessment, the county has seen a 31.7% increase in population since 2000, a 1.3% increase from the 2020 census, when the population was 113,777. 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 BH (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 SMC 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

Through our Community Support Partnership assessment, St. Mary's County Health Department, Local Behavioral Health Authority (SMCHD-LBHA) has identified the need to increase support services across all schools in Tier 2 and Tier 3. The areas of focus are expanding behavioral health (BH) services and access to all St. Mary's County (SMC) students with a primary need to address those who are disproportionately affected by suspensions/expulsions, arrests, homelessness, high absenteeism, experiencing economic hardships and those who are disabled. The expansion of services will also take the following into consideration; race, ethnicity, gender, cultural differences, Adverse Childhood Experiences (ACEs), exposure to trauma, and social determinants of health that may contribute to higher rates of disparities seen in our community. These disparities will be addressed through expanding school-based therapy services, streamlining a referral process and providing an increase of resources to students who need clinical support in a variety of platforms, locations and timeframes including evening and weekends.

Specific billable services and access to services for medical and behavioral health is a concern due to high co-pays or insurance not covering programs to reduce higher levels of care. Children and adolescents with private insurance often don't have access to a full continuum of services such as In-Home services to implement prior to higher levels of care such as Residential Treatment Centers (RTC). Private insurance is not accepted by most local Inpatient or Out Patient Adolescent Behavioral Health Units, so they are transferred from the ER often to a location out of the Tri-County area or Washington DC or Virginia. In addition families looking for

an RTC placement often have to use facilities out of the state of Maryland due to them not taking private insurance, or they have to apply for a Voluntary Placement Agreement through the Department of Human Resources to access RTC placements. Also any adolescent needing a higher level of care and not having an IEP with a non-public education plan, has to apply for a VPA.

COMAR regulations that require specific higher licensure to be able to bill for services, has created a situation in which jurisdictions are competing with each other to meet the regulations and may not be able provide the services due to not having the required licensures. Regulations do not allow for certain programs to bill services or are time limited.

In addition, workforce shortage, hiring and retaining qualified/licensed staff to work in the behavioral health field in a rural area that also competes with our adjacent counties or the Washington, DC area which supports higher salaries.

Major health issues and disparities include Maternal and infant health disparities particularly among racial/ethnic minorities and social determinants like food insecurity and housing instability worsen health outcomes. Program strategies include ACCU prioritization of vulnerable groups for care coordination and Medicaid education, partnering with MCOs, hospitals, schools, DSS, and community organizations. NFP enrolls eligible first-time mothers early in pregnancy, using risk assessments to focus on those with mental health, substance use, or prenatal care challenges. NFP emphasizes culturally competent, trauma-informed care and continuous staff development. Interpreter services and multilingual resources improve access for LEP clients

In 2025, older homebound adults in St. Mary's County face significant health challenges related to chronic disease and social isolation, alongside barriers to accessing care. Chronic Diseases such as heart disease, stroke and diabetes are leading health concerns. 51.6% of Marylanders report at least one chronic condition. Mobility and independent living such as ambulatory difficulty is the most common disability among those 65+, affecting 28% of those over age 75. Behavioral health access and high utilization rate of the emergency department visits for mental health conditions among adults 65+. Approximately 41% of St. Mary's households age 65+ are at or below the "ALICE" (Asset Limited, Income constrained, Employed) threshold, making it difficult to afford essentials.

The SMCHD Health Hub laboratory provides no-cost, on-site screening for HIV, hepatitis C (HCV), and syphilis, urine toxicology testing for drugs of abuse, and free COVID-19 antigen test kits to community members who use drugs, individuals with co-occurring behavioral health conditions, and other medically underserved residents in a historically rural community.

Laboratory services help address major morbidity and mortality drivers in our community, including overdose and infectious disease transmission. The Health Hub lab reduces transportation, cost, and stigma-related barriers by bringing diagnostic services directly into a trusted harm reduction setting, enabling earlier diagnosis, more timely linkage to behavioral health and substance use disorder treatment, and more responsive public health interventions.

Existing laboratory challenges include sustaining funding for no-cost testing and fully meeting the health needs of a highly vulnerable, often unstably housed population.

The Health Hub lab primarily serves people who use drugs, uninsured and underinsured residents, individuals experiencing homelessness or unstable housing, and others who are at elevated risk for overdose, HIV/HCV, and other STIs and who often face significant barriers to traditional healthcare and behavioral health services.

By offering walk-in HIV/HCV/syphilis ,gonorrhea, and trichomonas screenings, urine drug testing, and free COVID-19 antigen test kits in a low-barrier, harm reduction environment, the Health Hub lab improves access for populations who are generally recognized as underserved and experiencing disparities in behavioral health access.

Lab results are used to guide risk-reduction counseling, inform overdose prevention strategies, and support referral and linkage to medications for opioid use disorder (MOUD), mental health services, and other supportive resources.

2. KEY PRIORITIES, GOALS, OBJECTIVES, and OUTCOMES

St. Mary's County Health Department, Local Behavioral Health Authority has three (3) main priorities:

- Priority 1: Increase Access
- Priority 2: Reduce Disparities
- Priority 3: Increase programs Promoting Wellbeing

Please see: **Appendix B** for our goals, objectives and outcomes

SECTION B: THE ANNUAL REPORT

3. HIGHLIGHTS, ACHIEVEMENTS, NEW DEVELOPMENTS and CHALLENGES

In FY25, BHA supported 32 SMCHD BH Division programs via funding through 22 different grant awards. These programs/services were either provided by SMCHD or via a sub-grantee provider, and in some cases, both. Please see below for Highlights, Achievements, New Developments and Challenges summaries for only a fraction of the BHA-funded programs. In addition to the BHA funding, we receive several other grants through various organizations that fund over 20 programs and services offered through the SMCHD BH Division.

a. Evidence of success, challenges and barriers

Criminal Justice Services - Jail Mental Health [Priority 3, Goal 3]

Evidence of success: Mental Health Services are provided for the incarcerated/detainee population through a contractual agreement with the Clinical and Emergency Medical Services Provider (Prime Care Medical, Inc.). Specifically, the grant funds support the Mental Health Program at the St. Mary's County Detention and Rehabilitation Center through a full-time on-site Licensed Social Worker, part-time Psychiatrist(s), and a part-time Nurse Practitioner. In-person and telepsychiatry visits are available anytime, day or night, for telehealth visits and emergencies. The Mental Health Program operates Monday through Friday. When mental

health personnel are not working, the healthcare services team provides on-site personnel who are available 24 hours per day / 365 days per year, ensuring all incarcerated individuals are screened and placed on the appropriate mental health levels and watches.

Specifically, the Mental Health Program assesses each incarcerated individual's behavioral health status using evidence-based screening and assessment tools. Mental Health Services for the incarcerated and detainee population take into consideration their clinical and social needs, as well as public safety risks. The program identifies necessary community and correctional services for post-release support and coordinates a transition plan to ensure effective implementation and avoid gaps in care with the community-based services.

In Fiscal Year 2025, MCCJTP provided care to 181 unduplicated incarcerated individuals.

Noteworthy accomplishments or changes in direction: The Mental Health Program provides case management to support offender re-entry, ensuring adequate medication supply and alignment with community providers at release for a continuum of care from incarceration to the community. Warm hand-offs are conducted with community providers when possible. The LCSW is an integral part of the weekly SMCDRC Multi-Disciplinary Team, ensuring appropriate housing and program placement for incarcerated individuals. In 2025, an Interdisciplinary Team (IDT) was established at the detention center. The IDT is composed of Medical, Mental Health, Substance Abuse, Offender Re-Entry, and facility administration to discuss case management plans while individuals are incarcerated to advance positive outcomes strategically. Lastly, the IDT meets to discuss upcoming releases and ensure the best possible outcomes for those detained and reintegrating into the community.

Challenges: Hiring and retention remain challenging for an LSCW due to the correctional environment, the pandemic's impact on remote work options, and, frankly, the jail's demanding workload. Once committed to the State Hospital, the patient will be transferred once a bed becomes available, which can take considerable time. Until then, mental health personnel will provide weekly acuity checks to the hospital. Moreover, many individuals deemed incompetent but not dangerous remain at the detention center until released by the court to the community.

Adolescent Clubhouse (ACH) [Priority 1, Goal 1]

Evidence of success: The ACH (The Cove), through Pyramid Healthcare has been serving the St Mary's Community for 12 years now. The program continues to meet all performance measure requirements and enjoys collaborative relationships in particular with local middle and high schools, DSS, DJS, MCF, Step Up Empowerment, Project Chesapeake, Center for Children and private counseling resources. The Cove reported that youth recently referred to our program have a higher acuity in terms of hospitalization for mental health concerns as well as a trend toward receiving increased referrals for youth who are placed outside the biological family. These trends have prompted an increase in our outreach to blend individual service with our pro social group services, as well as an increase in parent/family/guardian consultations in support of the caregivers. We are also seeing an increase of youth returning to virtual school options and out of school youth due to academic or behavioral barriers or family instability,

resulting in increased individualized and family consultations and support academically and with school registration and/or IEP processes. Our team is newly certified in Smart Recovery and Family & Friends facilitator training to create avenues to support caregivers as well as youth in light of historic and newly emerging trends for needs. Our team engages in daily wellness/recovery groups focused on EBP such as Botvin, Mental Health First Aid, WRAP, Mindfulness, CBT-based, Strengthening Families, Trauma/Resilience, Harm Reduction, Brain based information, Abstinence models, Phoenix models and more. Our YAPRS continues to play a major role in our groups, individual services and pro-social events, launching in 2025 her Question of the Day series and a monthly Open Arts Lab which will continue in FY26. Vocational readiness with an increase in high-school aged parents has also been a trend we are responding to in FY26 with more individualized work readiness assistance, including transportation to interviews. An average of 25-30 unique youth participate in The Cove monthly. New initiatives in FY 26 include the "Cove After Dark" series designed to meet more intense needs of support and including a SMART Recovery Family & Friends weekly meeting open to the public, a weekly support group for Cove parents only, a night for Parent/Family transportation outreach, and a Growth Lab for individual tutorials for youth with developmental reading and mathematics concerns.

Challenges: Since COVID, the presence in SMC Public Schools has been a challenge. Our goal is to continue to work with the school system to return to providing pop-up events at the various schools.

Adult Recovery Community Center (RCC) [Priority 1, Goal 1; Priority 2, Goal 2]

Evidence of success: Adult Recovery Community Center (The Beacon of Hope) through Pyramid Healthcare, has been serving the county since 2012, and has consistently met all performance measure requirements. Our program team are all certified as Mental Health First Aiders and have completed Recovery Coach Academy core training and are either certified as CPRS or completing application requirements. Partners include Step Up Empowerment, Harm Reduction, Project Chesapeake, Outreach Recovery, Outlook Recovery, Avenues, Pyramid Healthcare Oxford Houses, Sober Gals/Gents, DSS, Three Oaks, SMCSO, Pathways, Cornerstone, Medstar St Mary's, St Mary's Caring, WARM, and Calvert BH. Our project to assist with partner DSS and treatment programs, as well as with those re-entering the community from incarceration continues through assistance with transportation, phones and data cards and leveraging of basic need resources. RCC is always looking to expand the access to diverse recovery pathways in our community. They now have team facilitated groups—available as hybrids-- offering content from EA, CODA, SMART Recovery, DRA, Grief Recovery, Life Recovery and Family & Friends while continuing to host AA, NA and GA groups. They are soon launching gender-based hybrid groups for Community Support as well as partnering with other peer support and treatment programs to create a community-based MRT group option for those who began working in this pathway during incarceration. They are also working on increasing our visibility on site with community partners with weekly Pop Ups currently on our schedule and plans to expand. The move to a new site in FY26 is anticipated to assist with accessibility to the recovery community center, and the new site's expanded space will allow the center to offer more social and creative activities in addition to our robust schedule of weekly mutual aid

groups and individual services. In FY25, the program served an average of 250 unique individuals per quarter through a combination of individualized peer support, mutual aid groups facilitated by staff, outreach groups and events, and center visits.

Challenges: RCC continues to have challenges around transportation and lack of recovery housing in St. Mary's – especially for women. Beacon of Hope has been operating a shuttle and transport outreach project to assist with transportation for the last 2 years which has met some but certainly not all needs. We have been working with local recovery housing and shelter resources as closely as possible to get persons placed but often have to assist persons without county resources.

Behavioral Health Assisted Living Program [Priority 1, Goal 1]

Evidence of success: The Older Adult BH ALF program provided by the SMCHD/LBHA moved two clients into the two assisted living facilities – one client that was residing at the local RRP, and one client that was a "stuck case" at a local hospital. One client was discharged from the ALF to long-term care. The RRP client was declining in both ADLs and IADLs and the RRP was unable to meet her growing needs. The client is thriving at the ALF and appreciates the services provided. One lesson learned from this case is to ensure the representative payee is changed from the RRP to either a family member or an outside provider before the client moves into the ALF. The client that was a "stuck case" at the local hospital was ready for discharge for a few months, but was unable to live on her own any longer, and had no supporting family members. This client was able to move into the ALF after the hospital and the LBHA coordinated finding her a representative payee, and starting the guardianship process. Otherwise this client's hygiene has improved, and she appreciates being out of the hospital and is grateful for the services provided.

Additionally, the Coordinator placed 6 clients on the Medicaid Waiver registry. Four clients were residing at the ALF and two clients were residing at the local RRP. The Coordinator also hosted multiple state and local-level trainings. One of the trainings was geared towards RRP providers to help them learn the Medicaid Waiver process and encourage providers to educate aging clients about ALFs and required documentation.

Challenges: A new challenge was presented in one of the clients being approved for the Medicaid Waiver and receiving a letter stating the start date of the services and finances. The LBHA removed the client from the BH ALF grant before being notified there was a financial issue at the state level. This resulted in the client's guardian of property paying the ALF for one month out of the client's savings; the LBHA placed her back on the BH ALF grant afterwards. Additionally, there have been challenges with this representative payee program in that the client still has no access to her personal monthly allowance. In the future, this program will be discouraged from being used.

Behavioral Health Crisis Walk-In/Urgent Care Center Peer Expansion (Crisis Walk-In) [Priority 1, Goal 1]

First implemented in January 2023, the Behavioral Health Division's Health Hub Crisis Walk-In Program has continued to offer community members immediate access to behavioral

healthcare services in St. Mary's County. Utilizing a no-wrong-door approach and recognizing the need for flexibility and accessibility, the program allows those affected by mental health and substance use disorders to engage in services without the barriers typically experienced in more traditional treatment settings, such as cost of care and wait times for access to providers.

With a highly skilled interdisciplinary clinical team, the program is able to identify and treat a wide range of presenting issues, offering medication management, including medications for opioid use disorder (MOUD), peer recovery specialist services, case management, care coordination, solution-focused therapy, and crisis counseling, all in one centrally convenient location at the Health Department's Health Hub in Lexington Park, Maryland.

Evidence of success: In FY25, the Crisis Walk-In Program successfully engaged over 272 unique individual clients over a total of 1,456 service encounters. Peer recovery specialist services, a unique discipline in which trained individuals use their personal experiences with mental health or substance use recovery to help others achieve their own recovery goals, were responsible for 533 of these encounters in FY25, representing an increase of 37% over FY24. Additionally, over 29% of all clients served during FY25 had an SBIRT positive screening, indicating their alcohol or substance use may be putting their health at risk – another important factor in determining the right approach for treatment planning and client engagement.

As part of an ongoing initiative to truly impact the wellness of its community members, clients are regularly assessed with clinical tools such as SBIRT for presenting concerns and social determinants of health. Social determinants of health (SDOH), which are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks weigh heavily in the treatment and recovery planning done with every client that engages for services, while also reflecting the person-centered and client-led approaches being used by the clinical team.

The Crisis Walk-In Program also has continued to reflect the value of collaboration with regard to its work with the County's many community partners, and these reciprocal relationships are a core component of the program's approach to ensuring clients are able to access the long-term services needed for sustained wellness. Building off of the Health Hub's own in-house approach to services – many partnering providers are located within the Health Hub itself to offer their services directly to clients – the Crisis Walk-In Program utilizes both high-tech and more traditional methods for facilitating referrals, care coordination, case consultation, and ensuring the success of warm handoffs to its community partners. This wide approach to client transition allows for clients to be connected effectively with long-term community providers and resources, which greatly improves the likelihood of continuing already established therapeutic gains. Community partners involved in these transitions reflect the full range of behavioral health and social services, from drop-in resource centers and peer-led community networks, to the faith-based community, to formal residential substance use disorder treatment facilities, as well as law enforcement agencies, community corrections, and local hospitals.

Challenges: With all of the progress and successes established in FY25, there remain some ongoing challenges to the Crisis Walk-In Program's efforts. The Health Hub and the Crisis Walk-In

Program have continued to remain open and engaged in discussing with clients their experiences and their feedback, both positive and negative, as these are invaluable for the goal of continuous improvement. As reported, many of the barriers which are frequently experienced in rural communities remain in place in St. Mary's County, including challenges related to transportation, physical access to provider locations, and the availability of services outside of standard business hours.

In an effort to improve outcomes, the Crisis Walk-In Program remains dedicated to the future goal of expanding the days and hours during which services are available to the public, to include the ability to provide immediate behavioral healthcare during evening and weekend hours. This expansion would undoubtedly also bring about other obstacles to implementation, including identifying and hiring high-level clinical personnel in a county that has been identified as a healthcare shortage area by the Department of Health and Human Services.

In addition, it appears that there remains the need for ongoing community and provider education as to the services and resources available to the public at the Health Hub and the Crisis Walk-In Program specifically. While utilization has continued to increase year over year, feedback from clients has also reflected that there continues to be a large population of community members who are not aware of these programs or resources, or who may have had inaccurate perceptions of the way they are accessed. The St. Mary's County Health Department has taken measures in FY25 to improve the community's understanding of the Crisis Walk-In Program and the Health Hub as a whole, including the development and launch of a new "Start Here" advertising campaign, with thoughtfully simplified messaging and a concise slogan that encourages community members to simply begin the process. This campaign, along with future efforts, will continue to provide much-needed information to the public as to the services and resources available.

Buprenorphine [Priority 1, Goal 1; Priority 2, Goal 2]

Evidence of success: Over the past year, through the Buprenorphine program provided by SMCHD/LBHA, the academic detailer has had the opportunity to engage with 12 healthcare providers, discussing a variety of important topics, including overprescribing, safe medication storage, the opioid epidemic, and the prevalence of substance use disorders among patients. During these discussions, we received both positive and constructive feedback, which will guide future efforts.

Challenges: We attempted to host an educational dinner with local prescribers to further these discussions, but unfortunately, despite 27 participants signing up, only 7 providers attended, and the event did not meet the minimum required number of attendees. As a result, MACS was unable to facilitate the seminar as planned. Looking ahead to the next year, we are changing the approach to this event. SMC will collaborate with Calvert County to broaden participation and ensure a more successful turnout. We also plan to select a topic that aligns more closely with the interests and needs of the participants. A powerpoint presentation is being developed that will be presented to providers to encourage changes in provider directed care to address the OUD/SUD epidemic within the Tri-county area. We are hopeful that this collaboration will allow us to better address the concerns and educational needs of our local prescribers.

CoC [Priority 1, Goal 1]

Evidence of success: The CoC program had a successful FY25 and throughout the fiscal year, a total of 10 individuals diagnosed with SMI (severe mental illness) and/or SUD (substance use disorders) were able to maintain their permanent supportive housing. By the end of the fiscal year, staff were able to house an additional individual who experienced chronic homelessness for a total of 11 units. The CoC coordinator collaborated with multiple agencies efficiently through Tri-County CoC meetings, Interdisciplinary Team meetings, and other county and federal collaborations. The coordination team and the fiscal department have collaborated to ensure consistency in payments to landlords and billing to BHA. The CoC team has continued to attend training sessions from BHA and other agencies to ensure that quality services are being provided. Staff completed the NSPIRE ethics training and became certified to complete NSPIRE inspections.

Challenges: The CoC program continues to face annual rent increases, paying over the local FMR, and having limited to no access for one-bedroom units which forces the program to house individuals in 2 - 3-bedroom units. The coordinator has also experienced delays in getting necessary documentation for annual renewals due to clients potentially not having mental health providers at the time of renewal or landlords not being able to send documentation in a timely manner. Finally, the CoC coordinator has had difficulties with certain aspects of the HMIS data entry system due to multiple factors such as the provider being listed underneath the incorrect agency and entry dates of clients that have been in the program for many years. The CoC coordinator will send a HMIS support ticket in the attempt to rectify data errors.

St. Mary's Goes Purple [Priority 2, Goal 2]

Evidence of success: The St. Mary's Goes Purple initiative continued its mission throughout FY2025 to educate the community on substance use disorders, reduce stigma, promote harm reduction strategies, and celebrate pathways to recovery in St. Mary's County. This fiscal year's efforts emphasized community engagement, public education, and regional collaboration.

We hosted a community speaking engagement in April 2025 featuring Ruthie Alcaide at St. Mary's College of Maryland. Her discussion, grounded in lived experience from her time on The Real World: Hawaii, provided young adults with insight into topics including depression, anxiety, substance use, stigma, diversity, and resilience. This event supported our goal of promoting open dialogue about behavioral health and substance use.

Moreover, in partnership with Beacon of Hope, we held our annual Candlelight Vigil in August 2025 at Lexington Manor Passive Park to honor residents lost to substance use and support individuals who have survived overdose. This year's activities included a memory walk, moment of silence, and facilitated space for collective reflection.

Furthermore, September 2025 was a busy month for us. We hosted our 4th Annual Walk for Recovery in Leonardtown Square, featuring community activities such as games, face painting, a DJ, mocktail bar, photo booth, rock painting, and a "Why I Walk" banner. 10 community partners participated to share resources and highlight supports available locally. Additionally,

we collaborated with the Calvert County Health Department to co-host the 11th Annual Recovery Fest, which included food trucks, a DJ, photo booth, children's activities, and participation from 115 vendors, strengthening regional engagement around recovery supports. Lastly, we partnered with the Opioid Response Network (ORN), HHS Region 3 to host a virtual public training, "Words Matter: A Practical Guide to Promoting Person-First Language." This session emphasized the importance of stigma-reducing language in interactions with youth and individuals impacted by substance use. Throughout FY25, we maintained monthly behavioral health awareness postings across SMCHD's social media platforms (Facebook and Instagram) to reinforce community education and promote prevention resources. Learn more at: https://smchd.org/behavioral-health/prevention/go-purple/

Challenges: Stigma surrounding mental health and substance use remains a significant barrier within the community. We believe these attitudes contributed to lower-than-anticipated attendance at the International Overdose Awareness Day Candlelight Vigil. Ongoing stigma reduction remains a priority for future planning and outreach.

Harm Reduction [Priority 1, Goal 1; Priority 2, Goal 2]

Evidence of success: The Harm Reduction team has received over 600,000 syringes collected between both locations since the start of our program in 2019. We have opened up services in the Leonardtown location to allow for services 5 days a week of full Harm Reduction Services available in both locations. We have created a drop in low threshold, no barrier lounge for the Harm Reduction participants. In FY25 we assisted 7,320 individuals between the drop-in lounge and drive - thru at the HUB. We have continued with usual outreach locations as well as 27 special outreach events. For a total the HRP team attended 254 outreach events. Some of the large events that we attended were the PRIDE event, Freedom Fest, Juneteenth Festival, Oyster Festival, Earth Day event, Department of Aging conference and the SMC Fair. Through all of the outreaches the team was able to reach 7,320 community members. We have added safe use supplies for smoking and snorting. Since the addition of the safe smoking and snorting supplies the number of participants has drastically increased which is great. Through the SSP we served 89 new participants, distributed 2,127 Fentanyl test strips, 1,891 Xylazine test strips, collected 12 substance samples that were sent out for analysis through our RAD program, distributed 42,802 syringes, and collected 159,519 syringes from the community. The HRP team distributed (102) personal sharps containers, (186) 1 quart sharps containers, (233) 2 gallon sharps containers, and (21) 3 gallon sharps containers to community members for future safe disposal of used sharps. The HRP team has distributed a total of 3,903 doses of Narcan and trained 728 individuals. We continue to offer Narcan training free of charge to all of the community including virtual Narcan training as well. We have installed 2 stand alone naloxone boxes, 1 at each location (HUB, SMCHD Leonardtown) to provide 24-hour access to Naloxone. The installed boxes are 1 Barney Stand (SMCHD Leonardtown), and 1 large outdoor waterproof box mounted outside of the HUB.

Challenges: Some of the major challenges we are experiencing are funding and staffing. These two go hand and hand as without funding we can't sustain staffing. The Harm Reduction Program had a major cut in funding from the current administration which will eventually lead

to the program not being able to provide safer use supplies to persons who use drugs. Additionally, we lost our Wound Care Nurse Practitioner position. Ultimately, with these changes the number of individuals we will be able to reach with less funding will suffer the most. Also, the Harm Reduction team continues to meet with the supervisors of the local law enforcement to discuss Harm Reduction, the services provided, as well as the statute protecting community members that are receiving services so they are better educated when dealing with Harm Reduction Participants.

Healthy St. Mary's Partnership (non-BHA funded)

The Healthy St. Mary's Partnership (HSMP) is a community-driven coalition of partners working together to improve health in St. Mary's County, Maryland. The coalition mobilizes members through four action teams to address the priority health issues in St. Mary's: Behavioral Health, Chronic Disease Prevention, Environmental Health, and Violence, Injury, and Trauma. Joining the Healthy St. Mary's Partnership is free and all interested organizations and community members are welcome. Healthy St. Mary's 2020 is the community health improvement plan (CHIP) for St. Mary's County. This plan was developed by the members of the Healthy St. Mary's Partnership as a guide to improving the health of local residents from 2021-2026. Click here to learn more about the development of the plan and the local health improvement process. HSMP will be conducting their Community Health Assessment in 2026 to select their priority areas for the next 6 years.

Evidence of success: HSMP hosted the Mind & Motion event this summer to promote the connection between behavioral and physical health - target audience was school-aged children and their families participating in the summer lunch program at the library. HSMP also hosted several healthy food drives and period product drives for distribution into the community. HSMP launched the food security text system to raise awareness of local food distribution opportunities and food pantry information. Violence, Injury, and Trauma Action Team had a focus on ACEs and Intimate Partner Violence and co-hosted the "Why Don't They Just Leave?" event this fall with over 70 attendees.

Challenges:

Uncertainty in the community has caused a major shift in priorities such as increasing efforts in food security. HSMP has also had low attendance at events in certain geographic areas when trying to reach underserved communities.

Hub and Spoke [Priority 1, Goal 1, Priority 2, Goal 2; Priority 3, Goal 3]

Evidence of success:The Hub and Spoke program continues to demonstrate strong progress. The coordinator has received 56 new referrals from the hub, and Outlook Recovery remains a consistent supporter, maintaining 15–20 recurring participants throughout the year and generating 3–4 new referrals each month. A notable accomplishment this year was successfully connecting a hub participant with a detox and rehabilitation center.

Challenges: Transportation remains a significant barrier, as many participants live in rural areas and struggle to reach bus stops to access the fare-free bus system. Another challenge is that many participants currently using Methadone are hesitant to transition to Buprenorphine due

to concerns about the detox process. Despite these obstacles, meaningful partnerships have been established. The coordinator collaborated with Pyramid Healthcare and The Beacon of Hope (a program of Pyramid Healthcare) to support a participant transitioning from an inpatient program, ultimately connecting them with buprenorphine services provided by our Nurse Practitioner at the local health department hub.

Hub Community Support Partnership (Hub CSP) {Priority 1, Goal 1; Priority 2, Goal 2]

Evidence of success: A total of 1,457 unduplicated students will receive grant-funded services with 375 students benefiting from Tier 1 (universal/prevention) services, 227 from Tier 2 (small group/brief intervention), and 855 from Tier 3 (individualized support). In FY25 SMCHD Behavioral Health Division became a full CSP following a Pilot year in FY24. The grant consisted of three external partners providing youth mentoring, somatic health and family peer support. In FY25 we gained two new providers expanding services to include mobile crisis for youth (MRSS) and IHIP C services for those underinsured or have private insurance to fill gaps for those identified as being underserved.

Challenges: Several factors have contributed to performance challenges. These include delays and inefficiencies in the referral process, which can slow service initiation; funding allocation limitations that restrict service capacity and flexibility; inconsistent follow-up from parents to complete the intake process with the provider, resulting in service delays or case closures; and ongoing staffing shortages that impact the provider's ability to maintain timely and consistent service delivery.

LEAD (Non-BHA Funded) [Priority 3, Goal 3]

Evidence of success: The LEAD program moved from planning into early implementation and began demonstrating measurable progress. We established active working relationships with the St. Mary's County Detention Center, the mental health docket, the Public Defender's Office, Division of Parole and Probation, JobSource, and other key partners to support referrals and coordinated care for LEAD participants. To build community and cross-system awareness, LEAD education and program overviews were provided to multiple stakeholders, including the Behavioral Health Action Team, CCC building staff, the Interdisciplinary Team (IDT), Detention Center staff, Parole and Probation, the mental health docket, Adult Recovery Court, the homeless prevention/presentation board, the Sheriff's Office patrol captain and LEAD sergeant, and the Sante Group. Outreach was also conducted with local businesses along Great Mills Road to introduce the LEAD model and encourage collaboration. Program visibility and referral pathways increased significantly. QR-code referral cards and promotional materials were created and distributed, and we consulted with Calvert County's LEAD program regarding officer training to strengthen our law-enforcement component. Presentations on LEAD grew from zero at the start of the fiscal year to 22 presentations by late November 2025. Over the same period, we enrolled 22 individuals into LEAD; 3 participants were successfully discharged, and 2 experienced rearrest, underscoring both the complexity of the population served and the need for ongoing support. LEAD participants received a wide range of services, including: Mental health services (15 clients), Substance use services (8 clients), Employment support (11 clients), Harm reduction services (4 clients), DSS benefits navigation (9 clients), Assistance with MVA/Social Security/birth certificates (8 clients), Transportation support (10 clients), Court

support (9 clients), Parole/Probation coordination (5 clients), and Health insurance enrollment/assistance (5 clients). These activities and service linkages demonstrate meaningful early progress toward providing a community-based, harm-reduction alternative to arrest and traditional case processing.

Challenges: A significant challenge has been limited support from the Sheriff's Office, driven largely by the Office of the State's Attorney - St. Mary's County not endorsing the program. This lack of buy-in has constrained the volume of officer-initiated referrals and has slowed full integration of LEAD as a standard diversion option. Continued engagement, education, and relationship-building with law enforcement and the Office of the State's Attorney will be critical to expanding referrals and fully realizing the intent of the LEAD model in future years.

Maryland's Commitment to Veterans - St. Mary's County Crisis Intercept Mapping Workgroup [Priority 1, Goal 1; Priority 2, Goal 2]

Evidence of success: Throughout FY2025, the Crisis Intercept Mapping Workgroup met quarterly in a hybrid format to monitor progress, coordinate activities, identify system gaps, and strengthen relationships across the crisis care continuum. Activities this year included sharing resources, aligning efforts around SMVF suicide prevention, and building consistency across participating agencies. The Workgroup also initiated a call for nominations for a CIM Workgroup Co-Chair to support meeting facilitation, agenda development, and responsibility-sharing—an important step to sustaining the initiative's long-term momentum.

To strengthen rapport-building and increase visibility of SMVF support within the community, the Workgroup purchased and distributed "Proudly Served" lapel pins to partners. Members discussed how wearing the pins can spark conversation, build trust, and establish shared identity—serving as an accessible means to engage with veterans and connect them to resources. Additionally, the team launched a survey to assess whether partner agencies had incorporated "Ask the Question" into their intake processes, supporting FY2025 monitoring of implementation progress. On June 16, 2025, the CIM Workgroup Lead attended the Maryland Crisis Intercept Mapping Summit for Service Members, Veterans, and their Families at the Jack C. Taylor Conference Center. The summit brought together statewide crisis stakeholders to address improvements in Maryland's crisis continuum for the military-connected community. During the summit, keynote speaker Thomas Cruz (with Heather and Holden Cruz) presented *"You Just Don't Know,"* emphasizing lived experience and the importance of relational connection in crisis support. Breakout sessions covered critical components of the crisis continuum, including first contact and identification, acute care response, care transitions, and ongoing recovery support.

The Workgroup Lead served as a panelist for *"Crisis Intercept Map in Action: What's Working and What's Next?"*, alongside representatives from Harford and Wicomico Counties. Panel topics included successes, implementation strategies, gap analyses, training approaches, and long-term goals—highlighting St. Mary's County's progress and leadership among statewide CIM teams. Across Maryland CIM teams, lethal means safety emerged as a shared priority for FY2025. In alignment with this statewide focus: The SMC CIM Workgroup Lead joined the

Governor’s Challenge Lethal Means Safety and Safety Planning Workgroup. SMC LBHA began discussions with CALM (Counseling on Access to Lethal Means) America and neighboring jurisdictions regarding shared-cost CALM training sessions, supporting local workforce readiness and evidence-based suicide prevention.

Challenges: While progress was substantial, ongoing challenges include: Continuing the recruitment and engagement of critical partners identified as missing in the initial CIM workshop, expanding staff training capacity across agencies to ensure consistent SMVF-informed practices, maintaining momentum and securing resources (funding) needed for training, outreach, and implementation efforts.

Mobile Crisis Services [Priority 1, Goal 1]

Evidence of success: SMC received grant funding to support mobile crisis services to our residence. This was a service and gap in our community which allows immediate response to behavioral health crises. Continuation of funding for FY26 and beyond along with fee-for-services will be necessary to continue services in our community. The program began in February 2025 and continues to work to comply with the COMAR regulations to be 24/7/365. The current program, Affiliated Sante Group, offers M-F 8-4 and 4-12 with plans to expand to 24/7 coverage.

Challenges: Workforce development and hiring staff for the various positions to be 24/7/365 which will then enable them to be accredited and bill for services. In addition, approximately 30% of the individuals utilizing mobile crisis services are Medicaid beneficiaries. The larger population served are uninsured or privately insured. This highlights not just the need for parity with commercial insurance and Medicaid reimbursements, but the continuation of grant funding. Without investment from the State, both through adequate Medicaid reimbursement rates and continuation of grant funding, crisis response programs will not be able to meet the State’s goal of ensuring access to mobile crisis services 24/7/365.

PATH [Priority 1, Goal 1; Priority 2, Goal 2]

Evidence of success: SMCHD was able to secure a PATH Peer that began in Sept. 2024. By the end of FY25, 13 individuals were referred to the PATH Program and another 5 individuals were met through street outreach, for a total of 18 served individuals. Of those 18, 6 became actively enrolled with PATH.

We have teamed up with the Wrapping Arms 'Round Many (WARM) program and now are able to meet with individuals to see if anyone meets criteria for PATH. The Wrapping Arms ‘Round Many (WARM) program is a partnership between the faith community, local human service agencies, and citizens to provide safe shelter and hot meals to unhoused citizens during the coldest months of the year. The first WARM season took place in October 2009 and has become very successful with over 50 churches currently working together to provide food and shelter. WARM operates in close partnership with numerous stakeholders, including: the Department of Aging & Human Services, the Department of Public Works & Transportation, St. Mary's County

Sheriff's Office, the St. Mary's County Department of Social Services, Pyramid Walden, Three Oaks Center, MedStar St. Mary's Hospital, local churches, and volunteers. Learn more here.

We had a meeting with the Warden of SMCDC and the Peer is now able to go into the Detention Center to meet with referred individuals before they leave incarceration to build a report and become familiar, so when they are released they are more likely to reach out. We designed a PATH Program brochure. The Peer has also met with local community partners to give them an overview of the PATH program and the people we serve. We were able to receive tents, tarps, & sleeping bags at the end of the fiscal year for our unhoused individuals who are referred to PATH. There are two individuals who successfully exited the program. One individual, referred from the detention center, was able to enter a program for mental health, become stable, and be accepted into a long term shelter situation. Another individual, met through street outreach, was able to receive psychiatric care, become stable, find a job, and be welcomed back into their family's home as a permanent living situation.

Challenges: The two biggest challenges we are currently facing is a lack of housing for individuals to go to and losing contact with referred individuals. The lack of housing options (i.e. transitional housing, shelters, sober living housing) in our local community makes placing unhoused individuals tough. In losing contact, what is most common is individuals will stop responding to phone calls and text messages after a while. It's been a year of learning this program and figuring out what works and what doesn't. I am confident that the following years will be even better.

Peer to Peer (P2P) [Priority 2, Goal 2]

Evidence of success: The P2P Program had a successful FY25. The program was able to have 7,030 peer to peer contacts, 1,874 referrals to outside community support resources, 4,458 doses of Naloxone, 2,826 Fentanyl test strips, and 2,632 Xylazine test strips were distributed amongst the community through outreach, and other community events such as SMCM Freshman Orientation, Blessing of the Fleet, SMCM Campus Safety Week, Cherry Blossom Festival, SMC Juneteenth Festival, SMC FreedomFest, SMC Project Graduation, SMC Medication Take Back, National Night Out, and SMC 3rd Annual Recovery Walk in collaboration with the Go Purple initiative were some of the highlighted events.

Challenges: Challenges that P2P faced were the receipt of Narcan use reports from State Police and insufficient data when reports were received.

Recovery Friendly Workplace [Priority 2, Goal 2]

Evidence of success: St. Mary's County Health Department is a pilot site in the Maryland RFW Pilot Project. During FY25, we made measurable progress in expanding recovery-supportive environments across Southern Maryland. Our pilot site successfully designated 14 Recovery Friendly businesses, including Alpas Wellness; Pyramid Healthcare/Beacon of Hope; Charles County Freedom Landing; Community Mediation of St. Mary's County; Good Shepherd Ministries; K&I Healthcare Services; Southern Maryland JobSource; St. Mary's County Health Department; the St. Mary's County Departments of Human Services and Social Services; St. Mary's County Library; The Freedom Center; The Jude House; The Trend Thrift Store; and Three

Oaks Center. These designations reflect growing employer and community partner engagement in supporting individuals impacted by substance use disorders and behavioral health challenges.

In addition to employer engagement, the Recovery Friendly Advisor provided individualized support to participants seeking workforce stability. Through direct coaching, resource navigation, and coordination with employers, several participants successfully secured new employment opportunities. These outcomes demonstrate the program's role in promoting recovery, economic stability, and self-sufficiency as key components of long-term behavioral health outcomes.

The Recovery Friendly Advisor also worked to strengthen system-level support by introducing innovative approaches that integrate recovery education and peer support into workplace settings. On-site recovery education and resource navigation were expanded through regularly scheduled workshops and "lunch-and-learn" sessions facilitated by Recovery Friendly Advisors and Peer Recovery Specialists. These sessions provide education on substance use disorders, harm reduction strategies, naloxone administration, and locally available behavioral health and recovery resources. To ensure alignment with existing efforts and avoid duplication, these activities are conducted in collaboration with the internal Harm Reduction Team and the St. Mary's Goes Purple initiative.

Additionally, efforts were made to promote embedded peer support networks within designated workplaces by encouraging the development of peer-led employee groups focused on wellness and recovery. To further enhance communication and sustainability, the Recovery Friendly Advisor recommended the creation of a Recovery Friendly Workplace newsletter, which is currently being drafted by Maryland Department of Labor staff. Moreover, we are a member of the planning committee for the Maryland Recovery Friendly Workplace convening which will be held in late April 2026. Collectively, these efforts support a coordinated, community-based approach to behavioral health, workforce engagement, and recovery-oriented systems of care.

Challenges: The primary challenge remains engaging businesses through the Maryland RFW Pilot Project framework. Our Recovery Friendly Advisor has observed that many businesses are seeking tangible incentives such as tax credits, recognition, and/or promotional materials - before fully committing to the Recovery Friendly Workplace initiative. In addition to this, stigma surrounding mental health and substance use remains a significant barrier within the community. Moreover, leadership buy-in is critical. Success is significantly more likely when top-level management publicly supports the initiative and models recovery-friendly values. Despite these challenges, the initiative continues to make steady progress.

<u>State Care Coordination (SCC) [Priority 1, Goal 1]</u>

Evidence of success: Provided by SMCHD/LBHA, the SCC program currently does on-site meetings with participants at two local treatment facilities for those who are discharging from inpatient treatment, ranging from levels 3.1 through 3.7. We meet with individuals who have been referred by their residential case managers. We will also meet with participants who have questions about the SCC program. The majority of the individuals referred to the SCC

program are enrolled in services. SCC has seen a decrease in the number of referrals to SCC due to participants receiving case management while in inpatient treatment.

Challenges: Challenges are that participants often leave the county after completing inpatient treatment and are enrolled in services but given a warm hand off to the SCC coordinator in the county where they are going. Also lack of active phone number or email can prevent continued contact after enrollment. For FY25, SCC served 69 new individuals and received 82 new referrals.

School-Based Health Centers (non-BHA funded) [Priority 1, Goal 1; Priority 2, Goal 2]

Evidence of success: From December 2024 through June 2025, the SBHC opened exclusively to students at MB and SR Middle Schools. Beginning in April 2025, services expanded to all schools in the county. During these periods, we saw steady growth in both the number of individuals served and the level of engagement in services: December 2024 – June 2025 58 intakes (new clients), 232 follow-up therapy appointments, and 79 family therapy sessions. July 2025 – November 2025 48 intakes, 496 follow-up therapy appointments, and 194 family therapy sessions.

Both SBHC locations are now operating with full schedules and an active waitlist. To help meet demand, we welcomed an intern who supports counselors with caseloads and collaborates with HUB staff on medication management and other client needs. We have also developed a strong collaborative relationship with local primary care providers (PCPs), particularly for youth requiring medication management. Because many pediatricians in SMC do not prescribe certain medications, this gap has directly impacted continuity of care. To address this, we identified the pediatricians who do prescribe these medications and established shared care and case-management partnerships. This ensures that children in the community receive coordinated, comprehensive support. Learn more here.

Challenges: Our primary challenge early on was community awareness. It took time to ensure that families clearly understood the scope of our services—including what issues we address, how to access care, and when emergency services are more appropriate. Community education remains a major component of our work, and we continue to conduct outreach daily. Over the last few months, however, we have seen a noticeable increase in community trust and engagement. More families are utilizing our services, and we continue to strengthen our presence as a reliable resource for children’s behavioral health needs.

SOAR [Priority 1, Goal 1; Priority 2, Goal 2]

Evidence of success: During FY25 there were a total of 44 referrals received. Overall, 31 individuals were served. 19 SOAR cases and 12 assists were submitted. One individual lost contact before their application could be submitted, and SOAR Coordinator was unable to locate three other individuals upon submitting applications. It was determined that 13 individuals were not appropriate for SOAR. To promote the program and ensure quality of the referrals we receive, 13 presentations were made within the Tri-County community.

Challenges: One challenge through the year included the restructuring of the Social Security Administration which temporarily created delays in the processing of initial applications at our

local field office. For the year ahead, we will continue to promote the SOAR program through community outreach and strive to improve results by remaining consistent in managing the wait list to ensure eligible participants do not go unserved.

S.T.O.P. (Jail-Based Services) [Priority 3, Goal 3]

Evidence of success: SMCHD contracts with the SMC Detention and Rehabilitation Center (SMCDRC) for STOP. SMCDRC then contracts with Pyramid Healthcare, which has maintained licensure renewals and obtained CARF accreditation specifically for detention center-based treatment programs, to provide treatment within SMCDRC. Moreover, the Pyramid Healthcare team provides ASAM (American Society of Addiction Medicine) level of care assessment and recommendations for men and women incarcerated in the SMCDRC. The levels of care for which the State of Maryland licenses Pyramid Healthcare to provide at the SMCDRC site are Level 1 Outpatient and Level 2.1 Intensive Outpatient. STOP-funded clinicians will also conduct pre-screening/intake support for SMCDRC-incarcerated individuals with authorization for residential treatment. STOP-funded clinicians also work with SMCDRC Case Management, as appropriate, regarding client re-entry to the community. STOP-funded clinicians also, within available capacity, support the concerted effort to serve all incarcerated individuals requesting MOUD program evaluation.

In addition to those as mentioned above, Pyramid Healthcare provides Care Coordination services to incarcerated individuals, individuals assigned to the Community Corrections Center - Day Reporting (Home Detention) and Pre-Trial program participants in residential treatment, to Pre-Trial participants in the community, and to incarcerated individuals re-entering the community who participated in SUD/MOUD programs while incarcerated or have a history of behavioral health disorders and are seeking recovery at re-entry. Peer Recovery Support to incarcerated individuals, as well as returning citizens re-entering the community, incarcerated individuals, and Pre-trial participants in residential treatment, and Pre-trial participants in the community.

Pyramid Healthcare further provides timely access to the MOUD treatment program, in accordance with Maryland Law, by conducting ASAM level-of-care assessments and treatment recommendations for individuals referred to the MOUD Clinician. Pyramid Healthcare is licensed by OHCQ, State of Maryland, to provide at SMCDRC a Level 1 Outpatient treatment experience to up to 30 MOUD active clients per month per 1 full-time MOUD clinician, with the option of monthly services to up to 15 additional clients enrolled in MOUD, for a total of 45 active MOUD participants monthly as a maximum under the current level of personnel. MOUD clinicians can also work with STOP-funded clinicians, as clinically appropriate and space is available, to assign clients to Level 1 and Level 2.1 groups delivered by STOP clinicians on site. When needed and available, this agreement allows for engaging with appropriately licensed/certified clinical outreach personnel to meet MOUD's demand for assessments and treatment plans.

In Fiscal Year 2025, Pyramid Healthcare's STOP services provided care to 286 unduplicated individuals in pre-trial (care coordination and peer support) and 276 unduplicated incarcerated individuals (treatment and peer support).

Noteworthy accomplishments or changes in direction: Pyramid Healthcare continues to expand the treatment groups available to incarcerated women. It has created gender-based re-entry peer support groups while offering our full array of mutual-aid recovery pathway support groups. Most recently, Moral Reconation Therapy has begun with the in-house substance abuse classes. Lastly, in 2025, partnerships were formed with Parole and Probation to provide access to the peer recovery specialists working at the Community Corrections Center.

Like the Mental Health Program, STOP Care Coordinators, Clinicians, and Peer Recovery Support personnel provide case management to support offender re-entry, ensuring adequate medication supply and alignment with community providers at release for a continuum of care from incarceration to the community. Warm hand-offs are conducted with community providers when possible. The Pyramid Healthcare Team, at all levels, is an integral part of the weekly SMCDRC IDT meeting, established in 2025 at the detention center. The IDT comprises not only the Pyramid Healthcare Team but also Medical, Mental Health, Offender Re-Entry, and facility administration to discuss case management plans for individuals while they are incarcerated. Lastly, the IDT meets to discuss upcoming releases and ensure the best possible outcomes for those detained and reintegrating into the community. Ultimately, IDT's goal is to prioritize comprehensive care, supervision, and re-entry support for justice-involved individuals.

The end goal for both MCCJTP and STOP funding is to address the intersection of substance abuse, mental health, and criminal justice involvement through a coordinated treatment-focused approach.

Challenges: Individuals re-entering the community and/or attempting to succeed in pretrial are affected by limited access to/or unaffordability of safe housing, resulting in at least one eviction. Our funding limitations have also curtailed our ability to provide transportation resources in some cases, while we have been working diligently to provide the recovery capital, transportation, and housing resources we can by leveraging community partnerships.

As with the Mental Health LCSW, hiring and retention of clinicians is challenging, as for all intents and purposes, those working within the detention center are locked up, and as such, the work environment is very challenging, and many clinicians working in the private sector have the opportunity to telework.

S.T.O.P. SMCPS [Priority 1, Goal 1; Priority 2, Goal 2]

SMCPS continues to employ 7.0 FTE behavioral health providers serving all middle and high schools in St. Mary's. These 7 providers have seen 560 students in all programs (12 week, 12 week extended, aftercare and crisis/walk-in), 249 students are enrolled in the 12 week program and 104 students have completed the 12 week program. Post assessment data shows symptoms of depression decreased by 16%, Anxiety decreased by 23%, self-esteem increased by 18%, coping skills increased by 24%, conflict management skills increased by 16%, connection to

school increased by 14% and substance use decreased by 6%. These 7 providers have held 1094 crisis walk-in sessions where they spent approximately 717.25 hours doing this crisis work with students since the start of the school year. This quarter alone they spent 282.25 hours doing crisis support for students. These 7 providers have conducted 150 risk assessments for suicide and have participated in 12 threat assessments. This quarter a time allocation study was conducted. This indicated that 71% of time was spent doing direct support of 12 week counseling intervention students, 3% of direct aftercare intervention, and 18% of their time was spent on crisis walk-in support.

Evidence of success: SMCPS reports successes showing a reduction of symptoms in anxiety, depression and substance use while increasing self esteem, coping skills, conflict management skills, and connection to school. As this team continues to add students to their caseload and close cases that complete the 12 week program, these numbers are expected to continue to improve by the end of the school year. SMCPS reports challenges in the volume and complexity of students requiring support as well as the number of students requiring crisis intervention sessions. As state and local numbers rise in the area of suicidal ideation and mental health concerns, these rises are also seen and felt in the schools. The level of complexity in cases is resulting in more time being spent with students that need a higher level of support, but cannot get that support outside of school. SMCPS reports that the impact this team makes with students is irreplaceable and critical. Without these supports, it is feared a mental health crisis would occur in our schools at a level that is unimaginable. These 7 providers are critical to the prevention and intervention of mental health supports which helps increase safe and healthy students that turn into safe and healthy adults. Our community is saturated with mental health needs and obtaining outpatient support is difficult often causing students to be put on a wait list of 6-9 months for outpatient counseling support. While efforts are being made to increase access to outpatient support in the community, the level of need inside our schools continues to be significant.

School-based prevention and intervention is undeniably important to our students and community. Specific Questions asked by BHA are as follows: 1) Recent progress and milestones achieved: this team met with 261 students in the 12 week program with 82 of those students requiring additional time beyond the 12 weeks due to complex needs. This, the number of crisis sessions, and the loss of a .5 position, SMCPS was short on the goal of serving 325 students in the 12 week program. It should be noted that the number of students supported in the 12 week program still remains high and is similar to an outpatient caseload. This team has exceeded the goal of serving 500 students by the end of the school-year in the crisis walk-in, 12 week, and aftercare programs. They have served 1,419 students which is over 3 times the goal. 2) Any challenges or roadblocks: The challenge continues to be the complexity of the needs of students. SMCPS continues to see students that have a multitude of needs resulting in the need for longer time in sessions and number of sessions needed to see growth. Despite this, progress is being made in those students to a significant degree. This is evidenced by meeting and in many cases exceeding our pre/post assessment goals. 3) Upcoming events or deadlines: While not a specific target of this team, this team helped plan a county-wide mental health fair to help link families with community providers, educate families on mental health topics, etc. We find

families of students have complex needs and have difficulty accessing or have limited knowledge of available supports in the community. This event was held on May 10th during Mental Health Awareness Month and noted over 375 attendees. 4) Noteworthy accomplishments or changes in direction: This behavioral health team has seen over 4,100 students since it began in the 2019/2020 school year. These students would have not had access to the prevention and intervention they needed to be successful if it were not for this program. SMCPS has added 8 additional social workers through other funding sources outside of the STOP grant that services many of our other schools not served by the STOP grant. We have created a team that is educated and highly skilled providing ongoing prevention and intervention mental health and substance use counseling support that was not available before this funding. We continue to train this team with professional development in areas identified by this team as a need in order to help the students they support. In addition, there is a high level of supervision and support for each provider through individual support and group support. In addition, this year we have provided crisis intervention training, risk assessment and threat assessment training, and have plans for DBT in schools and Anger/Aggression replacement training next year. We also plan to secure training in the area of substance abuse intervention as this continues to be an area of difficulty for students. We started with some training in this area this school year and our substance use pre/post measures decreased use by 20% thus meeting the goal for the 1st time since this team began in the most difficult area to impact. SMCPS has also tracked the percentage of time staff spend on different activities to show a more comprehensive look at the work they do. 71% of time has been spent in 1:1 direct intervention/support of students in the 12 week program, 18% of time was spent in crisis intervention, 1% in group support, 3% of time with aftercare students and 7% of time doing administrative duties like data collection, notes, etc.

Challenges: The challenge continues to be the complexity of the needs of students and limited number of staff to support them. Since inception of this grant, we have lost 2 full-time providers due to flat funding. SMCPS continues to see students that have a multitude of needs resulting in the need for longer time in sessions and number of sessions needed to see growth. Despite this, progress is being made in those students to a significant degree. This is evidenced by meeting and in many cases exceeding our pre/post assessment goals. Funding continues to be our most difficult challenge.

This section provides a retrospective review of the previous state fiscal year's (FY2025) initiatives, successes, and difficulties. Please ensure that all noted successes, achievements, new developments, and challenges reflect activities and outcomes from FY2025. This will help us accurately capture year-specific progress in the FY27 Local Behavioral Health Plan.

Suicide Prevention [Priority 1, Goal 1; Priority 2, Goal 2]

Evidence of success: The Suicide Prevention and Outreach Program continues to maintain strong collaborative relationships with the Maryland State Police, the St. Mary's County Sheriff's Office, and local School Resource Officers. Collaboration with MedStar St. Mary's Hospital occurs as referrals involving their staff or services arise. These partnerships support coordinated

crisis response efforts and ensure that individuals in need are connected to appropriate services. To streamline referrals, the program has a Google referral form that routes directly to the program coordinator for timely follow-up and service linkage.

This year, the program saw an increase in referrals. 109 referrals were received and individuals were served with a phone call, voicemail, and mailed correspondence to ensure individuals received support and resource information. 11 individuals were provided Care Coordination services for up to twelve weeks, and/or were connected to the HUB Crisis Support Services.

RU OK? is a media campaign intended to bring awareness, education, and information to the community on how to identify, approach, and interact with someone who may be suffering from a behavioral health crisis. Suicide, depression, and other mental health issues can be awkward topics to discuss with someone you care about. RU OK? empowers individuals to connect with the people around them and offer support to anyone who may be in need of help. Our Suicide Prevention Care Coordinator encourages community members to be the one to ask family, friends, and colleagues the question, "RU OK?" You can make a difference for those who may be struggling. Learn more here. In addition to this, we educate and bring awareness to the suicide and crisis lifeline 9-8-8 amongst other crisis support services.

Throughout the fiscal year, outreach activities have increased both for the program and for the department as a whole. During the summer and fall, the program provided R U Ok and suicide prevention outreach materials and community engagement at events including Community Resource Day at the HUB, the Go Purple Recovery Walk, The Trevor Project Ally Training (as trainer), the Southern Regional Suicide Prevention Coalition Meeting, Laps for Life, the Food Truck Rodeo for Suicide Prevention & Awareness Month, PRIDE events, the Out of the Darkness Walk, and several events on the Patuxent River Naval Air Station base.

Professional development remained a priority, with the CC attending multiple trainings, including Youth Mental Health First Aid Train-the-Trainer, the National Council for Mental Wellbeing (NATCON) conference, and two local mental health conferences. These learning opportunities strengthen the program's ability to provide high-quality crisis support, outreach, and community education.

Challenges: Having individuals respond to initial contact made and continue services beyond the initial contact.

b. Reducing Health Disparities at the local level:

St. Mary's County Health Department remains committed to reducing health disparities by expanding access to and improving the quality of Public Behavioral Health Services (PBHS) for populations with limited access. These efforts align with the Maryland Behavioral Health Administration (BHA) State Plan, the Cultural and Linguistic Guiding Principle, the Maryland Department of Health (MDH) commitment to health equity, and applicable federal and state requirements related to language access and nondiscrimination. Populations of focus include individuals with low income, uninsured or underinsured residents, racial and ethnic minority groups, individuals with limited English proficiency (LEP), older adults, individuals with

disabilities, justice-involved individuals, and individuals experiencing behavioral health challenges.

Several demographic disparities were observed in the Community Support Partnership Needs Assessment. Black or African American students are more disproportionately affected by suspensions, expulsions (45.9%) and arrests (52.6%), reflecting potential bias or systemic issues. In comparison, White students experience lower suspension (33.7%) and arrest (28%) rates, highlighting a racial disparity in disciplinary measures. Additionally, homeless students (66.4%), students with disabilities (36.6%), and receiving free/reduced meals (44%) exhibit higher absenteeism rates, indicating that economic hardships and disabilities are closely associated with increased school absenteeism. Males experience higher rates of suspensions/expulsions (60.9%) and arrests (64%) compared to females, indicating a need for behavioral interventions tailored to gender. Students with disabilities are also disproportionately disciplined, making up 20.7% of suspensions and 17.7% of arrests, which raises concerns about the adequacy of behavioral support and accommodations. Additionally, students identifying as Two or More Races are notably represented in suspensions (14.9%) and arrests (12.6%), suggesting potential disciplinary challenges within this group. Although 30.4% of youth eligible for PBHS fall within the Birth to 6 age group, only 7.8% are receiving services, pointing to a gap in early BH interventions. Adolescents have the highest rate of service usage, especially in emergency and outpatient care, indicating they are dealing with more intense MH crises. Young adults (ages 18-21) experience the highest rates of psychiatric hospitalizations, emphasizing the need for improved transition services from pediatric to adult care.

Cultural and Linguistic Response

Persons with Hearing Impairment:

The SMCHD has a policy on using UbiDuo Communication Device for Persons with Hearing Impairment. The policy provides guidance to employees regarding the provision and use of an UbiDuo communication device, in accordance with the American Disabilities Act Title 2 28 CFR Part 35, and Title 3 28 CFR Part 36 will take appropriate steps to ensure that:

- Persons with disabilities, and specifically relating to this policy, those who are deaf, have difficulty hearing, or who have related auditory impairments, have an equal opportunity to participate in SMCHD's services, activities, and programs;
- Team members can effectively communicate with patients, clients, and customers involving their medical conditions, treatment, services and benefits; and
- Team members that may have direct contact with individuals with disabilities will be trained in effective communication techniques, including the effective use of electronic communication devices such as an UbiDuo.

Language access service:

The SMCHD has a policy on Working with Limited English proficient (LEP) Individuals. The policy provides employees to effectively communicate with individuals with Limited English Proficiency (LEP) in his or her own language, including but not limited to:

- Assessing the language needs of the population served and providing language services such as interpretation, interviewing, and translation support
- Ensuring meaningful communication among individuals with LEP and their authorized representatives involving their medical conditions and treatment
- Training of SMCHD staff in LEP program requirements
- Ensuring individuals with LEP receive equal access to services and are treated fairly

By adopting this policy, SMCHD will enhance the quality and efficacy of the services provided to persons with LEP.

In addition, the SMCHD's Language Services team provides interpretation and interviewing support for Spanish-speaking customers, clients, and patients. The Language Services team also provides Spanish translation services and oversight for Limited English Proficiency (LEP) reporting for the agency. Language Services Team has been able to connect the Spanish-speaking community with the health department's programs, including the SBHC & Health Hub counseling programs, and provide interpretation support for these services to increase accessibility. Learn more here.

Despite this, services for Spanish-speaking clients are still limited, especially outside of the Health Department as many organizations do not have internal interpretation services and are hesitant to use phone interpretation services. Front desk staff are not familiar with the process so clients are lost after they initially attempt to make contact.

Culturally appropriate communication:
Our Equity & Outreach Team has regularly promoted local resources and health topics and referred community members as needed/requested to SMCHD BH programs/services. This team has also been conducting blood pressure and body composition screenings in the community this year. Communications regularly shares content related to a variety of behavioral health topics and health department programming across social media. We conducted paid ads for the Health Hub with a heavy focus this past year on promoting the walk-in counseling services.

Developments
The St. Mary's County Health Department, St. Mary's County Libraries, and the Healthy St. Mary's Partnership opened 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 healthcare visits. 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. Reservations to use the telehealth booths for virtual appointments can be made by calling or visiting the Lexington Park or Charlotte Hall libraries. For hours, directions, and contact information, please visit: stmalib.org. The telehealth booths continue to be a valuable resource. Over the past year, the booths were used 266 times in Charlotte Hall and 293 times in Lexington Park, reflecting an increase in utilization compared to previous years.

4. **TARGETED CASE MANAGEMENT**

St. Mary's has two providers for Targeted Case Management. Center for Children services our adolescents (contract dates November 5, 2024 - November 4, 2029) and Cornerstone Montgomery, Inc., DBA Cornerstone Southern Maryland services our Adult population (contract dates October 25, 2024 - October 24, 2029).

***DATA for PHBS not available at this time**

Center for Children (CFC)
Center for Children's Targeted Case Management for Adolescents, also known as Care Coordination, CCO, served 6 adolescents and TCM + served 2. There were no 1915i clients served during this reporting period. These low numbers are difficult to understand based on the number of children seen in our clinic and their identified needs. CFC hired a new Coordinator for Community Support Programs in late August 2025. CFC experienced several successes and challenges throughout the year. The successes include but are not limited to the new Coordinator of Community Support Programs learning the program as well as learning about resources and other stakeholders in SMC. Workforce challenges continue due to Care Coordinator Position pay rates being stagnant for several years and the inability to compete with pay rates where bachelor's degree level staff are making more than what the current rates allow. CFC is unable to compete with the pay rates of other programs for the same targeted population.

Cornerstone Southern Maryland
In Fiscal Year 2025, from July 1, 2024 through June 30, 2025, St. Mary's TCM served 193 participants, reflecting a 17 percent increase from the previous year. The team completed 3,502 billable services, a 16 percent increase over FY24, demonstrating strong engagement, efficient service delivery, and the continued value of person centered care in the community. For Calendar Year 2025, with reporting collected as of early December, our program has already supported 208 participants. This surpasses last year's full calendar year total of 161 people served, with several weeks still remaining. This growth speaks to both the increasing need in the community and the trust placed in our team to deliver consistent, high quality support. In FY25, the program received 40 referrals and facilitated 68 discharges, many of which reflected participants achieving the stability and self sufficiency required to transition successfully from TCM services. Each discharge represents meaningful progress in recovery, community integration, and independence.

This year brought continued growth under the steady leadership of Program Supervisor Kelvin, whose approach reflects the core values of Cornerstone. He prioritized participant needs, balances fiscal and clinical responsibilities, and fostered optimism even in challenging circumstances. His leadership strengthened team cohesion, supported professional development, and sustained a culture grounded in hope, presence, and practical problem solving. We also welcomed Zoe Flournoy, LMSW, as Program Supervisor in May 2025. Her arrival introduced a Licensed Master Social Worker to the department, expanding the team's clinical

oversight and overall professional capacity. The St. Mary's TCM team now includes four dedicated case managers who provide mobile, flexible, hands on support across the county. Their work reaches participants wherever they feel safe, whether at home, in the community, or at partnering agencies. Together, they help individuals navigate housing stability, benefits, healthcare access, crisis intervention, transportation, and essential daily living resources.

While we continue to make measurable progress, several systemic challenges persist. Affordable housing remains one of the most significant barriers. Many participants face long waitlists, limited unit availability, and rising rental costs that outpace fixed incomes. Transportation limitations continue to affect appointment attendance, access to resources, and crisis follow up. Provider shortages across behavioral health, primary care, and specialty care delay access to treatment and prolong instability. Resource gaps, including utility assistance and emergency financial support, remain insufficient to meet the level of community need. Workforce retention also remains a challenge statewide, with compensation and workload contributing to staff turnover across behavioral health services.These challenges underscore the essential role of Targeted Case Management in bridging gaps, preventing crises, and sustaining progress.

5. LOCAL SYSTEM MANAGEMENT INTEGRATION

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:

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.
Management: To assess, plan, design, and manage needed BH programs and services for the PBHS at the local level and support BHA as needed to carry out statewide initiatives.
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.
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.

6. LOCAL PLANNING AND MANAGEMENT-SUB GRANTEE MONITORING

In SFY25, the BH Division created a System Management Team to oversee Grant and Contract Management. The team consists of the Grant Manager, Contract Monitor, Budget Specialist, and Administrative Assistant. The Division Assistant Director and Division Director lead the System Management Team and are also active team members.

The St. Mary's County Local Behavioral Health Authority (SMCLBHA) monitors each of its sub-grantees to ensure their compliance with the Conditions of Award (COA). Each program that receives funds from the SMCLBHA is required to have a contract, which is updated and signed each fiscal year. Program monitoring addresses both program compliance and any of the programs' needs for technical assistance. Program monitoring entails both regular reporting and site visits. SMCLBHA reviews progress reports, fiscal reports, and audit reports to ensure proper monitoring of providers. Starting in FY 2025, SMCLBHA began utilizing the BHA Universal Reporting Form (URF) for each of the programs that it oversees. The URF provides a simplified reporting aspect by combining programmatic and fiscal reporting in a singular uniform reporting template. Each program contract also details deliverables and outlines corrective actions to be taken if services are not delivered in full compliance with the contract. Each program that receives grant funding through SMCLBHA provides both program and fiscal monitoring through the URF. The reports are tracked and recorded by SMCLBHA staff. The URF has streamlined reporting by requiring all programs to report both programmatic and financial reports in one document which is the same for each program. In addition to reporting, SMCLBHA also conducts visits to each site at least once per year. The on-site monitoring includes observation of the program's facility, review of consumer charts, and technical assistance as requested. Site visits are conducted during the year-end monitoring and during the time contracts are finalized for the upcoming fiscal year. Within two weeks of the visit, the program monitor from SMCLBHA will provide written correspondence to the provider listing any necessary areas of improvement, if applicable. If an area of improvement has been noted, the site monitor will request a Program Improvement Plan (PIP). The provider is then responsible for submitting a complete PIP to the SMCLBHA within 30 days of the site visit. Additionally, SMCLBHA will immediately report any suspected fraud or abuse to the Maryland Behavioral Health Administration (BHA) Project Director for the program being sited.

All programs are required to complete reports providing their individualized goals and performance measures. Data and reporting elements are reviewed by SMCLBHA staff monthly, quarterly, or semi- annually, as outlined in contract deliverables. The SMCLBHA works with all providers subcontracted for services to obtain reports and data needed to maintain requirements set by the SMCLBHA and Maryland BHA. Working directly with the MD BHA, grant

funded services provided by the LBHA will have targeted performance measures leading to targeted improvements with services provided to the population(s) being served through the grant.

In addition to site visits and program monitoring, the SMCLBHA also conducts monthly fiscal monitoring as well as progress reports. The providers' fiscal reports, budgets, and invoices are reviewed monthly to quarterly by the SMCLBHA Accountant. Review of provider progress reports are conducted quarterly by the SMCLBHA Adult Services Coordinator, SMCLBHA Director, and SMCLBHA Accountant.

Reviews of Provider Audit Reports are conducted as soon as an Audit Report is received. Meetings are conducted with staff in the event that deliverables are not being met. During these meetings, discussions pertaining to potential interferences are discussed as well as the next steps to resolve any issues. All providers are instructed to contact SMCLBHA staff if any problems or issues are recognized by the provider. Any inability to fulfill a contract is to be made known to GCLBHA staff immediately.

Providers are informed of this policy upon signing their contract(s).

The programs that receive payment via fee-for-service are monitored in collaboration with the Administrative Service Organization (ASO). Providers that are monitored are forwarded to the SMCLBHA for review. The ASO will notify the agency to be monitored of the time and date the monitoring will be conducted. Written monitoring results are provided to the agency being reviewed and forwarded to the Office of Health Care Quality (OHCQ). SMCLBHA provides ongoing follow-up as well to ensure the agency is following the PIP and following proper billing procedures.

Contracts also detail steps to be taken when program deliverables are unmet. When programs are non- compliant with their program reporting or contract deliverables, payment is withheld until all documentation is received. If the contractor continues to be in breach of contract, the following policies apply:

Breach of Contract If the Contractor fails to fulfill its obligations under this contract properly and on time, or otherwise violates any provisions of the contract, SMCLBHA may terminate the contract by written notice to the Contractor. The notice shall specify the acts of omissions relied upon as cause for termination. All finished or unfinished services provided by the Contractor shall, at SMCLBHA's option, become the State's property. The Department shall pay the Contractor fair and equitable compensation for satisfactory performance prior to receipt of notice of termination, less the amount of damage caused by the Contractor's breach. If the damages are more than the compensation payable to the Contractor, the Contractor will remain liable after termination and the Department can affirmatively collect damages.

Contract Severability The performance of work under this contract may be terminated by the SMCLBHA in accordance with this clause as a whole, or from time to time in part, whenever the Procurement Officer shall determine that such termination is in the best interest of the State. The Department will pay all reasonable costs associated with this contract that the Contractor

has incurred up to the date of termination and all reasonable costs associated with the termination of the contract. However, the Contractor shall not be reimbursed for any anticipatory profits that have not been earned up to the date of termination.

Termination for Necessity If it becomes necessary for the Contractor to terminate this contract prior to the termination date, the Contractor agrees to provide the Department with at least ninety (60) days advance notice in writing

The Agency Grant Specialist and Contract Monitor's main responsibilities are to coordinate grant tasking and administrative aspects as well as monitor the progress of the grant and program. They are the main points of contact for grant agreements/contracts and program reporting. They work closely alongside the Budget Specialist who is fully dedicated to the BH Division. The Budget Specialist is the main point of contact for budgets, budget-related tasks and fiscal reporting to include sub grantee invoice submission, review, and approval. 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 Carelon.

Program and fiscal 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 Carelon audits, at minimum the entry and exit meetings to learn of any improvements that need to be made. Lastly, SMCHD performs annual or semi-annual audits (on-site/virtual/hybrid) to ensure compliance. Audit forms used are based on BHA audit and monitoring forms which helps ensure standards are consistent with BHA and that the providers know what is expected of them.

Combined, the System Management Team monitors both programmatic and fiscal aspects of the grant and program to include performance measures and goals through monthly, quarterly, and annual reporting. The System Management Team coordinates all grant and program aspects between the funder and subvendor to ensure program success. St. Mary's County Local Behavioral Health Authority (SMCLBHA) follows SMCHD Internal procurement and contracting policies and procedures.

7. DATA COLLECTION AND PLANNING

See Appendix A

8. ATTACHMENTS/ADDENDUMS

APPENDIX A: DATA COLLECTION AND PLANNING
APPENDIX B: STRATEGIC PLAN, GOALS, OBJECTIVES, STRATEGIES

APPENDIX C: SYSTEMS MANAGEMENT INTEGRATION REPORT
APPENDIX D: PLAN APPROVAL LETTER
APPENDIX E: ALL HAZARD REPORT
APPENDIX F: LBHA ORGANIZATION CHART
APPENDIX G: LOCAL BEHAVIORAL HEALTH ADVISORY COUNCIL
APPENDIX H: ACROYMNS

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Appendix A: DATA & PLANNING

NOTE: UPDATED MENTAL HEALTH & SUBSTANCE USE DISORDER PBHS UTILIZATION DATA IS CURRENTLY UNAVAILABLE

Mental Health (MH) Data Section

From 2022 to 2023, there was a 23% decrease in suicide as a percentage of total deaths (Figure 1). This decrease could be potentially attributed to HUB services that provide mental health, substance use & crisis evaluation as well as treatment.

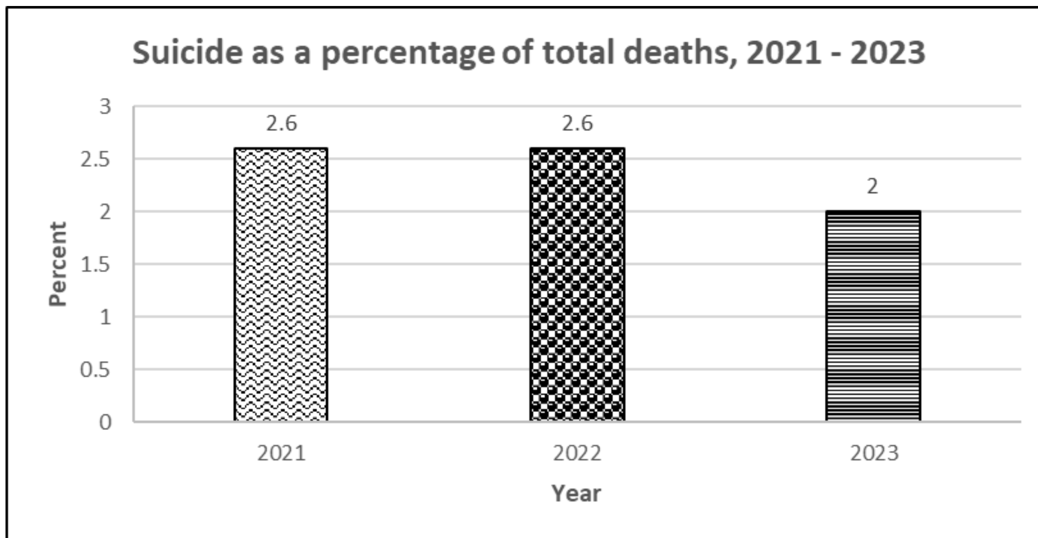


Figure 1: Suicide as a percentage of total deaths, 2021-2023. *Source: CDC Wide-ranging Online Data for Epidemiological Research (WONDER) based on data through 12/31/2023.*

From 2023 to 2024, there was a 16% increase in suicide ideation (Figure 2). Based on 2025 data, it is likely that there will be a decrease in suicide ideation from 2024. This decrease could be potentially attributed to increased usage in the Health Hub Services.

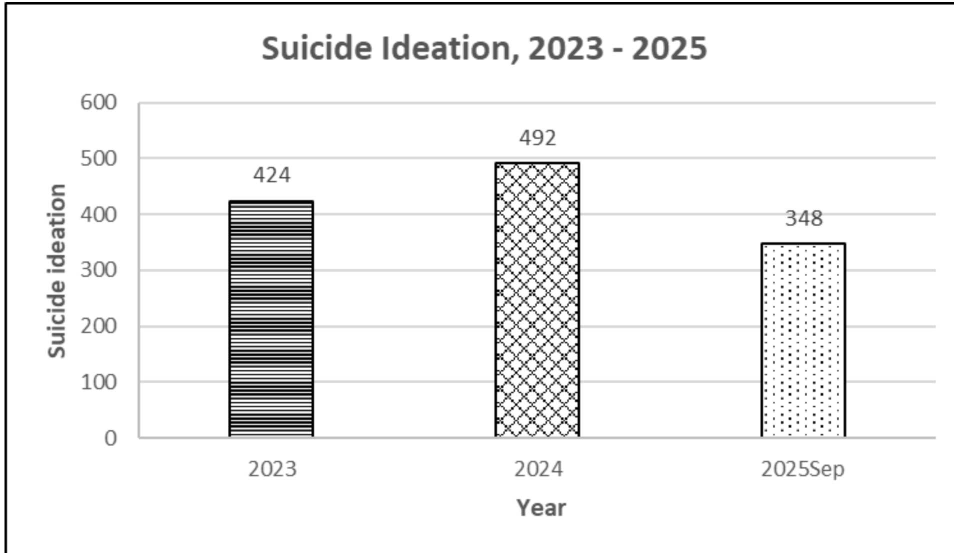


Figure 2: Suicide Ideation, 2023-2025. *Source: Maryland Chesapeake Regional Information System for our Patients (CRISP) based on data through 9/30/25.*

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).

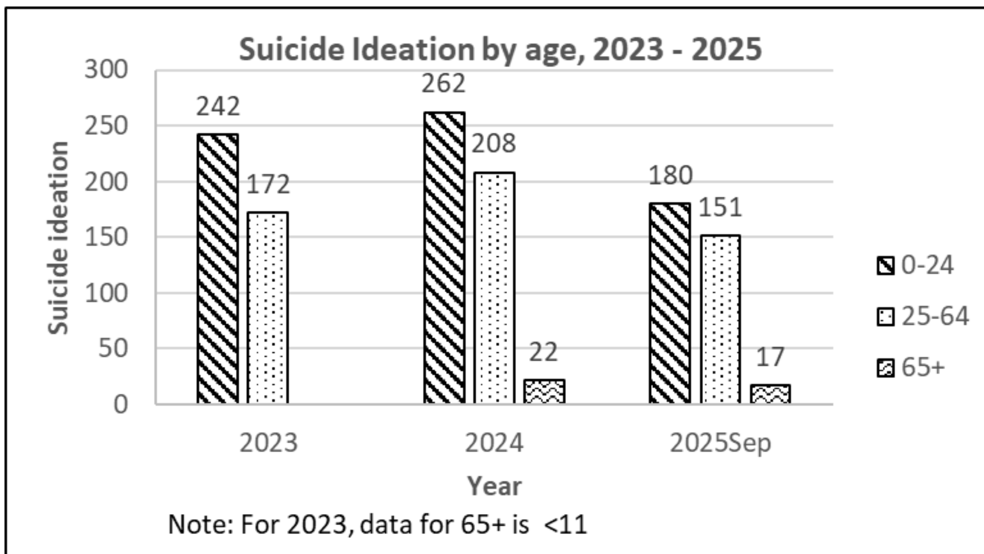


Figure 3: Suicide Ideation by age, 2023-2025. *Source: Maryland Chesapeake Regional Information System for our Patients (CRISP) based on data through 9/30/25.*

In 2023 & 2024, females had a slightly higher number of ED utilization for suicide ideation as compared to males. In 2025, females & males had similar ED utilization for suicide ideation (Figure 4).

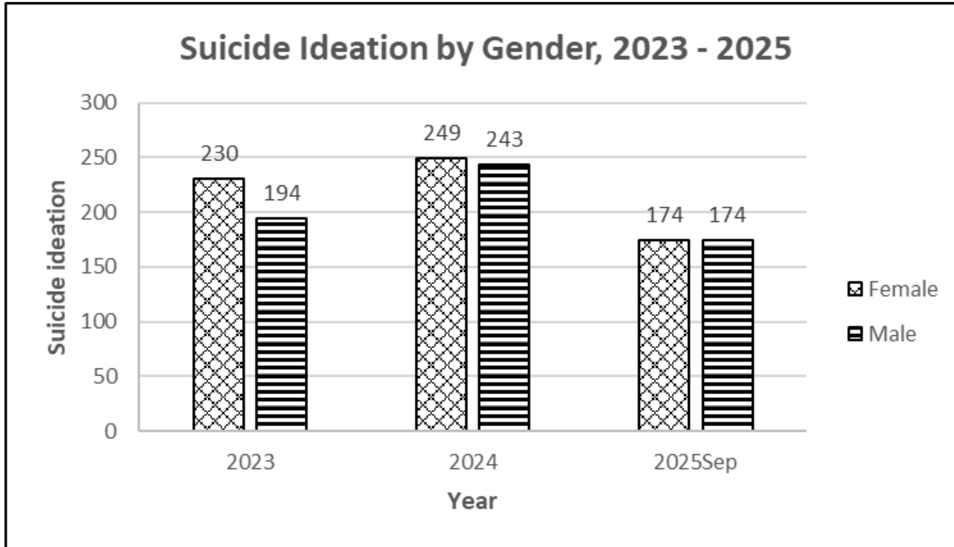


Figure 4: Suicide Ideation by gender, 2023-2025. *Source: Maryland Chesapeake Regional Information System for our Patients (CRISP) based on data through 9/30/25.*

In St. Mary's County, White/Caucasian make up the majority of the population (78.5%). Blacks make up 17% of the population, Asians make up 3.4% & multiracial make up 1%. American Indian/Alaska Natives and Native Hawaiian/Pacific Islanders each make up less than one percent of the population (U.S Census Bureau, 2023 ACS 1-year estimates).
In 2025, White/Caucasian had the highest number of ED utilization for suicide ideation. This trend was also evident in 2024 and 2023 (Figure 5).

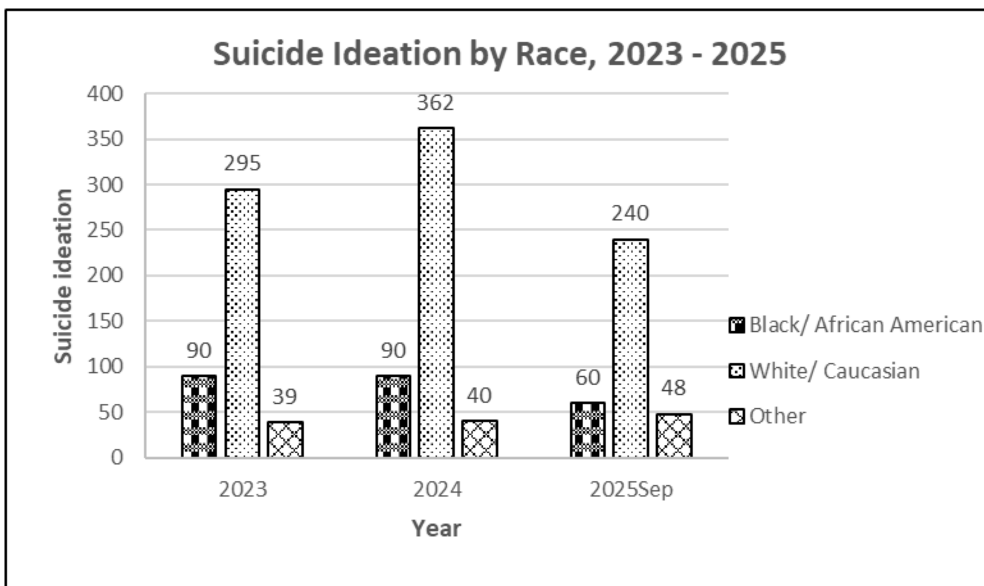


Figure 5: Suicide Ideation by race, 2023-2025. *Source: Maryland Chesapeake Regional Information System for our Patients (CRISP) based on data through 9/30/25.*

There was a slight increase of 3.6% in Medicaid enrollment from 2022 to 2023. However, from 2023 to 2024, there was a slight decrease of 3.3% in Medicaid enrollment (Figure 6).

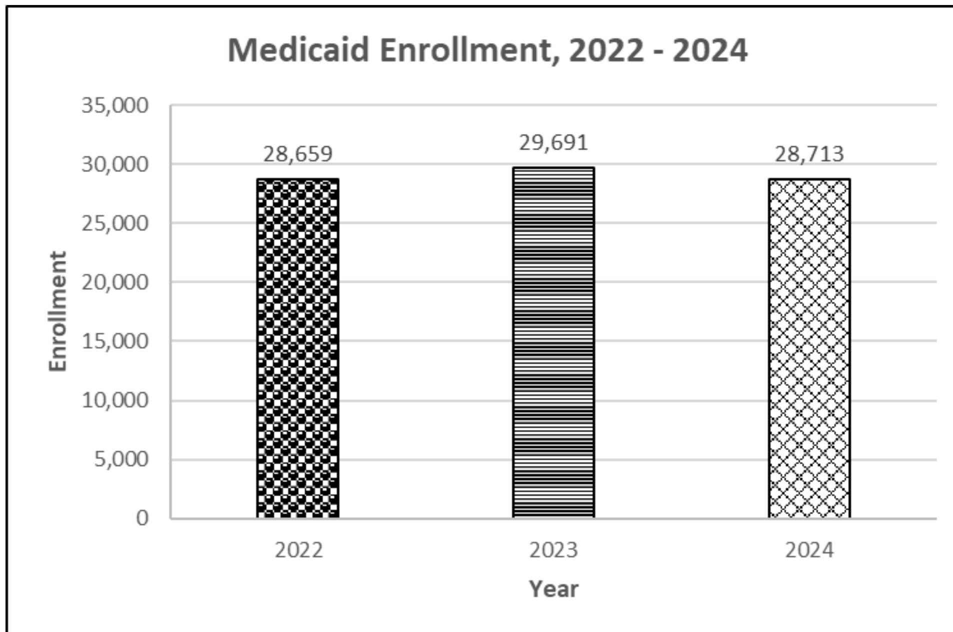


Figure 6: Medicaid enrollment, 2022 - 2024. *Source: The Hilltop Institute at UMBC based on data through 12/31/2024.*

Fiscal year	Services	Medicaid Penetration rate
FY23	Mental health	8.7

Table 1: Medicaid penetration rate for mental health services, FY23. *Source: Maryland Department of health based on data through 10/31/23.*

St. Mary's County has a population of 114,877. Based on FY23, 23.5% of the population is Medicaid eligible (U.S Census Bureau- American Community Survey, Population 2022).

In 2023, 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 2022 to 2023, St. Mary's county experienced a slight increase (3.1%) in the number of all people in poverty. Additionally, there was a substantial increase (84%) in the number of children (0-17) in poverty.

St. Mary's	**9,431**	**8.4**	**2,841**	**10.5**
Statewide	585,097	9.7	149,906	11.3

Table 2: People in poverty, 2023. *Source: U.S Census Bureau, based on data through 12/31/23.*

In 2022, St. Mary's County reported a lower percent of people in poverty as compared to Maryland. The percentage of children 0-17 in poverty for St. Mary's County was lower than that of Maryland (Table 3).

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
St. Mary's	9,144	8.1	1,544	5.8
Statewide	581,748	9.6	154,512	11.6

Table 3: People in poverty, 2022. *Source U.S Census Bureau- Small Area Income and Poverty Estimates (SAIPE) based on data through 12/31/22.*

In 2025, July & August recorded the highest unemployment rate while January recorded the lowest unemployment rate. The average unemployment rate for 2025 was higher (3.0) as compared to 2024 (2.7) (Figure 7).

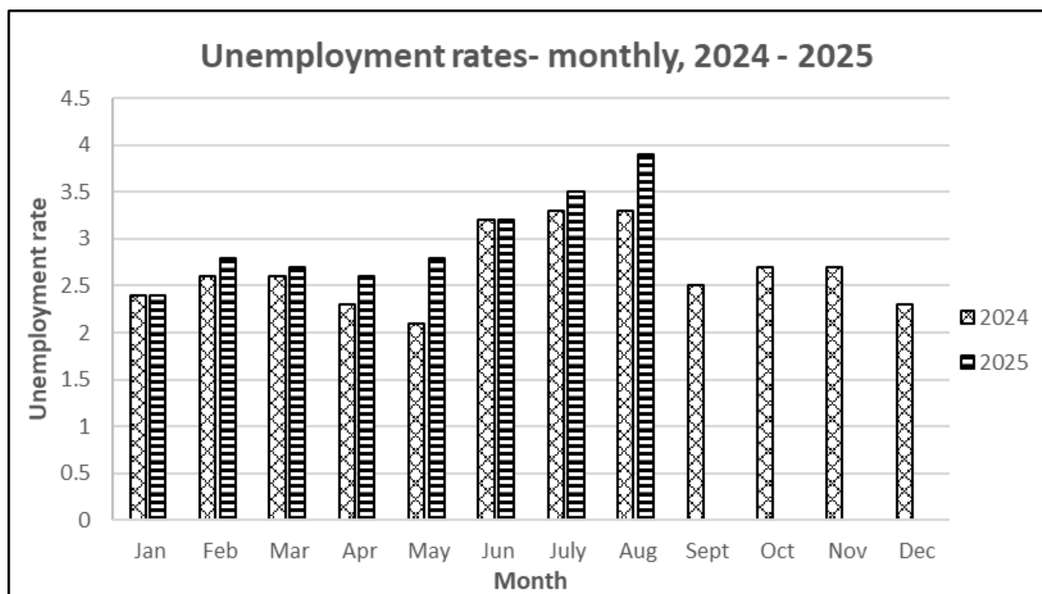


Figure 7: Monthly unemployment rates, 2024 - 2025. *Source: Bureau of Labor Statistics (BLS) based on data through 8/31/25.*

Substance Related Disorder (SRD) Data Section

Overdose deaths for all substances have been showing a downward trend. From 2023 to 2024, there was a 30% decrease. Based on available 2025 data, it is likely that 2025 overdose deaths for all substances will be lower compared to 2024 (Figure 8).

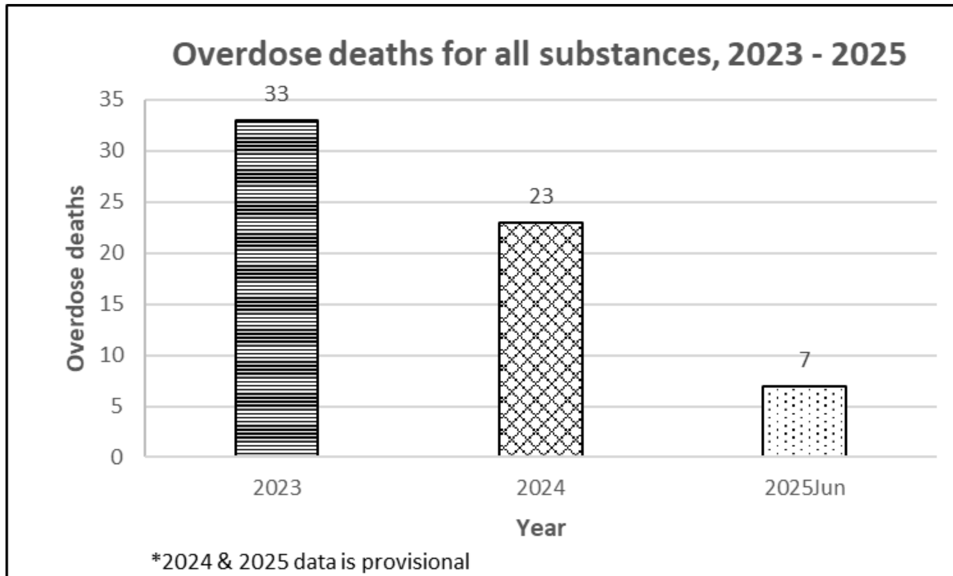


Figure 8: Overdose deaths for all substances, 2023 – 2025. *Sources: Maryland 2023 Annual Drug Intoxication Report. Quarterly Unintentional Drug & Alcohol Intoxication Deaths in Maryland Report updated through 6/30/25.*

From 2023 to 2024, there was a decrease (36%) in overdose deaths for opioids. Based on available 2025 data, it is likely that 2025 overdose deaths for opioids will be lower compared to 2024 (Figure 9).

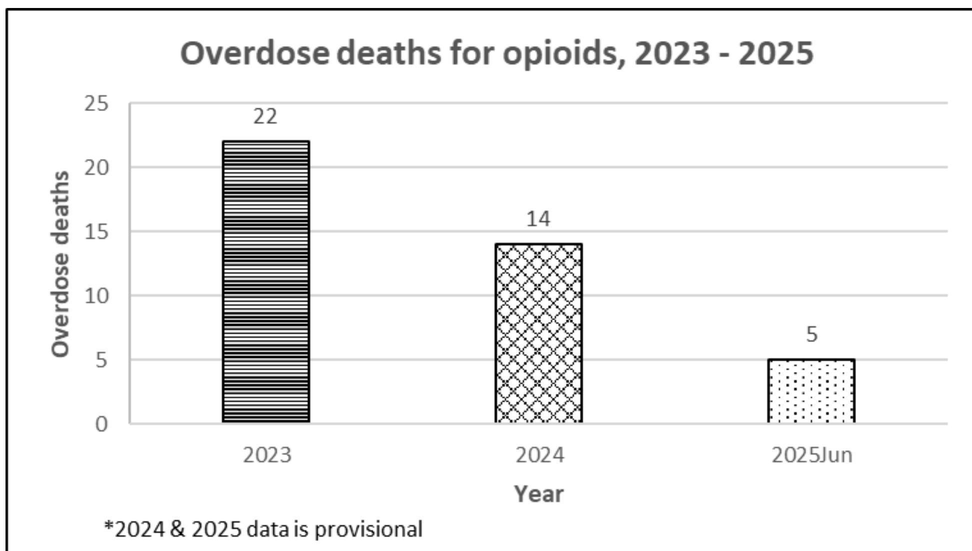


Figure 9: Overdose deaths for opioids, 2023 - 2025. *Sources: Maryland 2023 Annual Drug Intoxication Report. Quarterly Unintentional Drug & Alcohol Intoxication Deaths in Maryland Report updated through 6/30/25.*

There was a decrease (26%) in non-fatal overdoses from 2023 to 2024. From the available 2025 data, it is likely that 2025 non-fatal overdoses will be lower than that of 2024 (Figure 10).

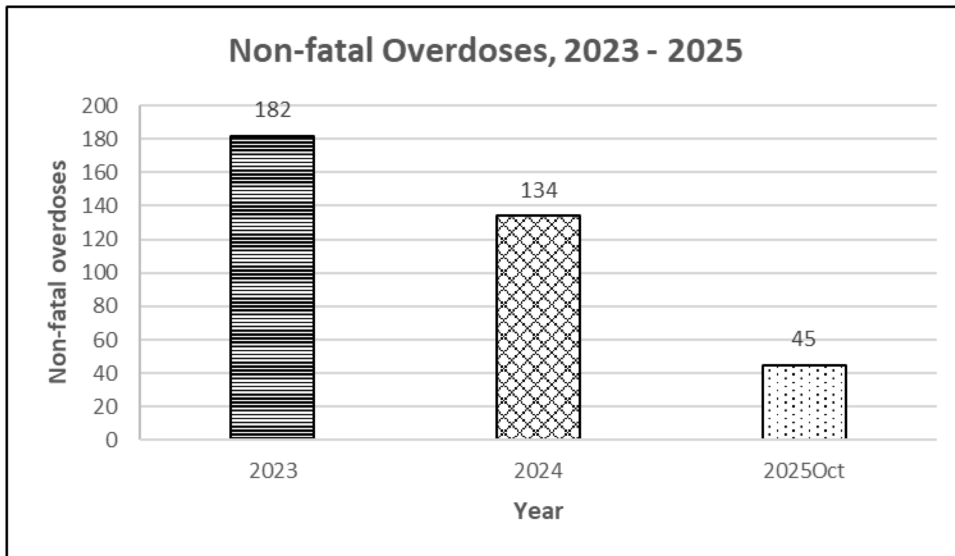


Figure 10: Non-fatal overdoses, 2023 –2025. *Source: St. Mary's County Sheriff's Office based on data through 10/31/25.*

Overdose related hospital events for all substances slightly decreased (12%) from 2023 to 2024. However, based on the available 2025 data, there is likely to be a slight increase from 2024 to 2025 (Figure 11)

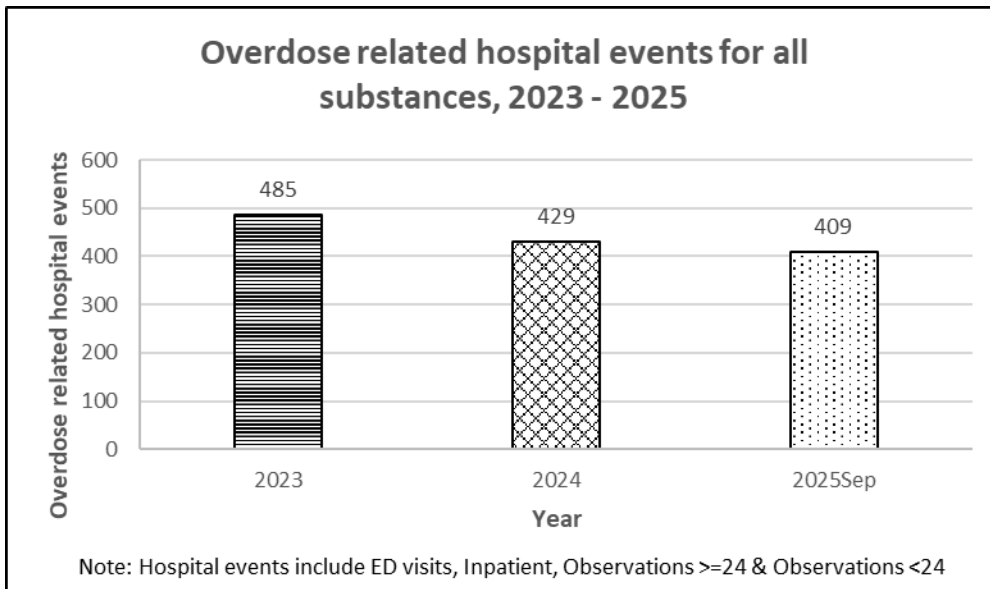


Figure 11: Overdose related hospital events for all substances, 2023 - 2025. *Source: Maryland Overdose Hospital Events Program based on data through 9/30/25. Maryland Department of Health. Accessed via CRISP Drug-Related Indicators Dashboards.*

Overdose related hospital events for any opioid have been showing a downward trend. From 2023 to 2024, there was a 37% decrease. Based on available 2025 data, it is likely that there will be no significant change from 2024 (Figure 12).

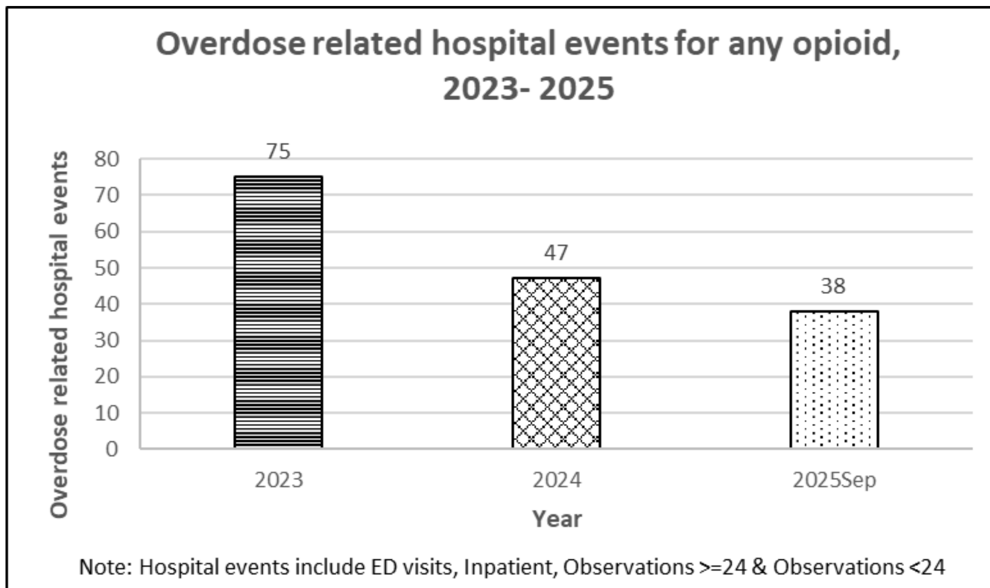


Figure 12: Overdose related hospital events for any opioid, 2023 - 2025. *Source: Maryland Overdose Hospital Events Program based on data through 9/30/25. Maryland Department of Health. Accessed via CRISP Drug-Related Indicators Dashboards.*

For 2024 & 2025, males & females reported similar overdose related hospital events for all substances. In 2023, females reported higher overdose related hospital events for all substances as compared to males (Figure 13).

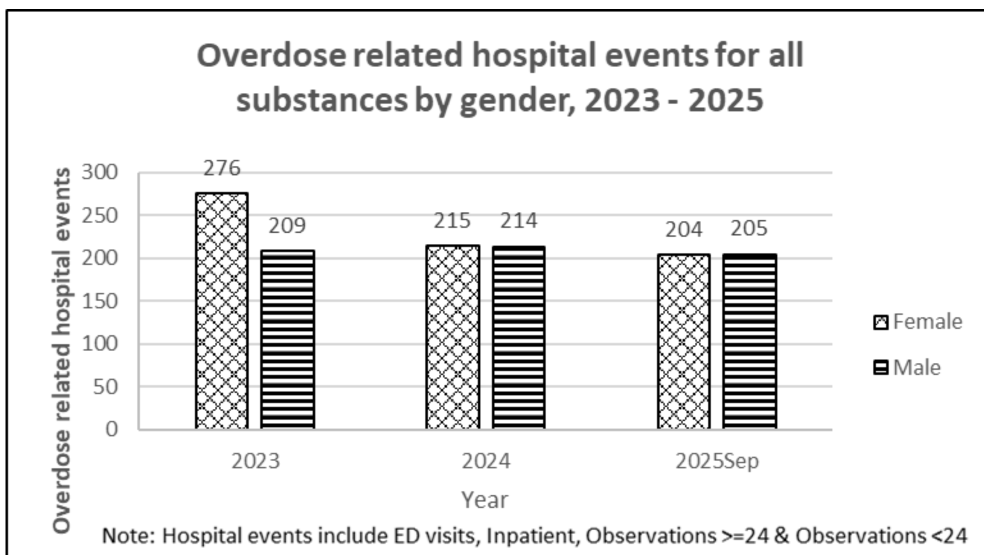


Figure 13: Overdose related hospital events for all substances by gender, 2023 - 2025. *Source: Maryland Overdose Hospital Events Program based on data through 9/30/25. Maryland Department of Health. Accessed via CRISP Drug-Related Indicators Dashboards.*

For all 3 years, males reported higher overdose related hospital events for any opioid as compared to females (Figure 14).

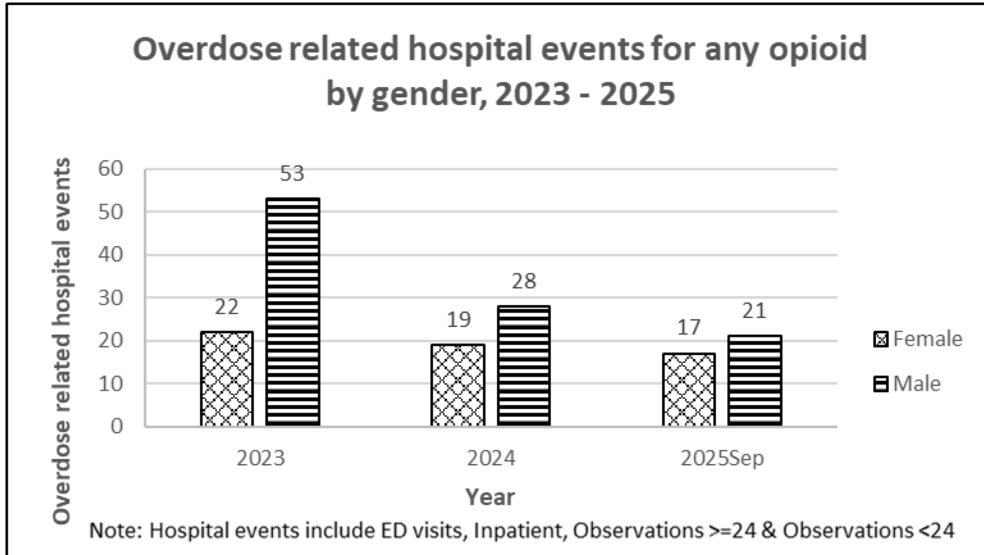


Figure 14: Overdose related hospital events for any opioid by gender, 2023 – 2025. *Source: Maryland Overdose Hospital Events Program based on data through 9/30/25. Maryland Department of Health. Accessed via CRISP Drug-Related Indicators Dashboards.*

From 2023 to 2024, there was a 50% decrease in opioid presentations. Based on the available 2025 data, it is likely that there will be higher opioid overdose presentations as compared to 2024 (Figure 15).

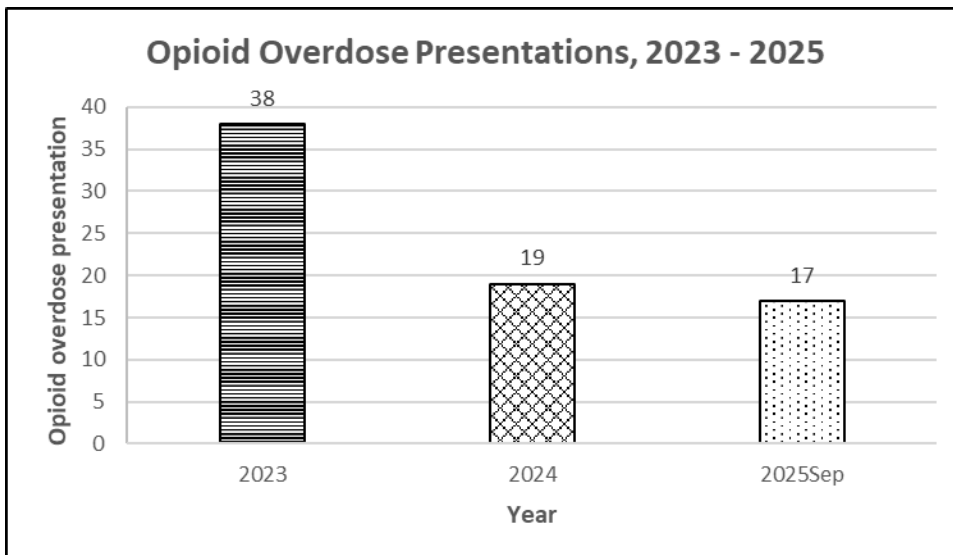


Figure 15: Opioid overdose presentations, 2023 - 2025. *Source: Maryland Chesapeake Regional Information System for our Patients (CRISP) based on data through 9/30/25.*

In 2023 & 2024, 25-64 age group recorded the highest number of opioid overdose presentations (Figure 16).

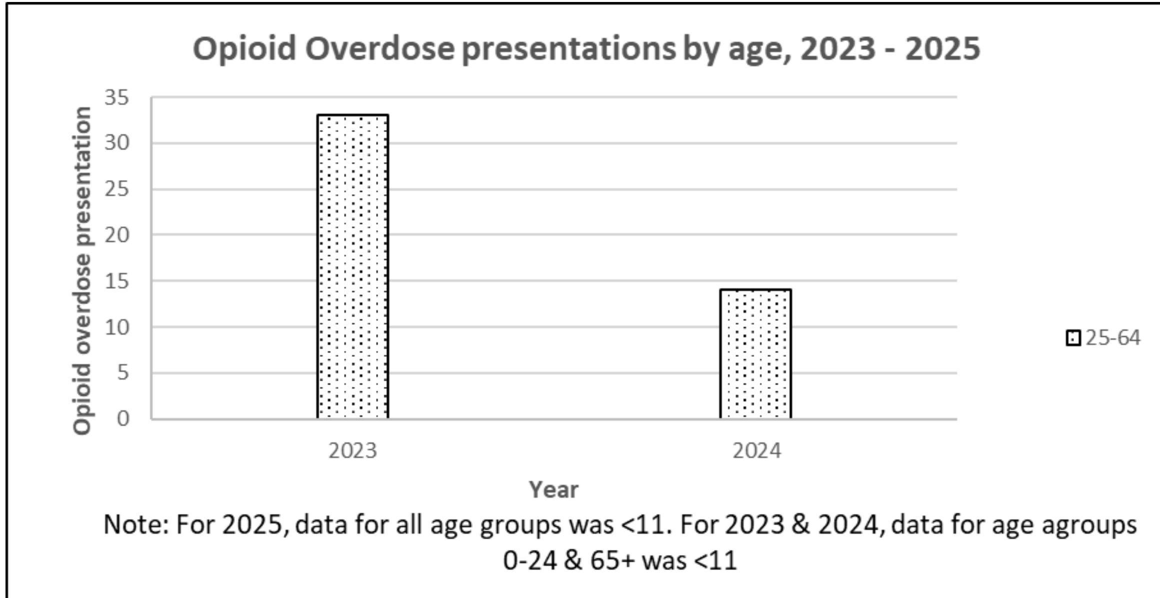


Figure 16: Opioid overdose presentations by age, 2023 – 2025. *Source: Maryland Chesapeake Regional Information System for our Patients (CRISP) based on data through 9/30/25.*

In 2023, males reported higher opioid overdose presentations as compared to females (Figure 17).

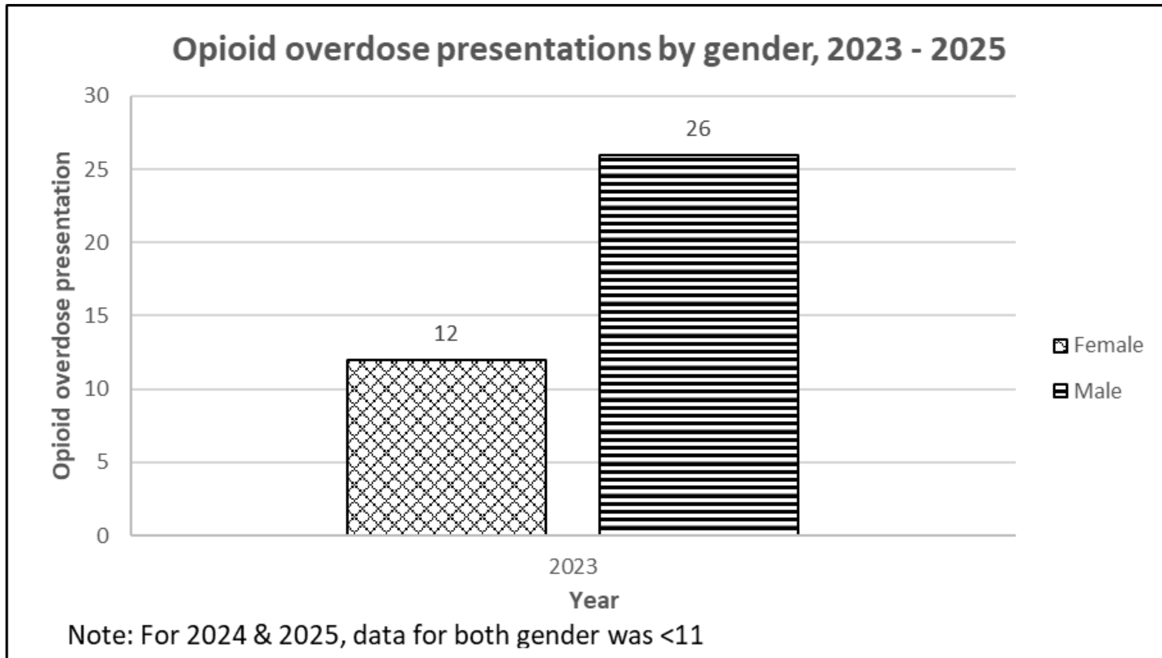


Figure 17: Opioid overdose presentations by gender, 2023 – 2025. *Source: Maryland Chesapeake Regional Information System for our Patients (CRISP) based on data through 9/30/25.*

In 2023 & 2025, White/Caucasian reported the highest number of opioid overdose presentations (Figure 18).

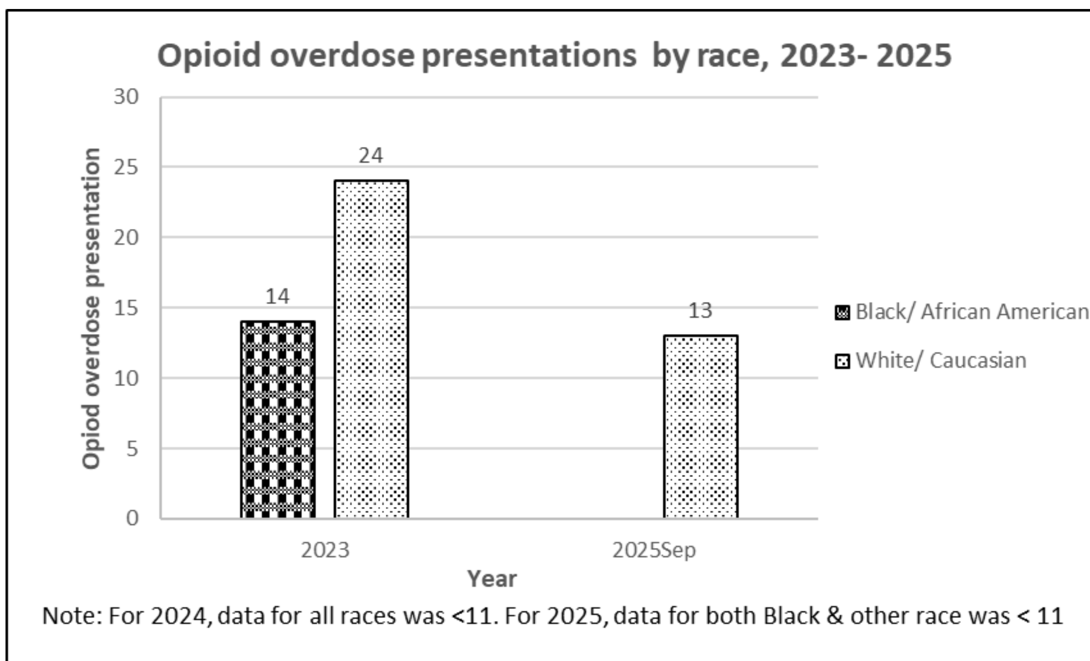


Figure 18: Opioid overdose presentations by race, 2023 – 2025. *Source: Maryland Chesapeake Regional Information System for our Patients (CRISP) based on data through 9/30/25.*

Fiscal year	Services	Medication Penetration rate
FY23	Substance abuse	8.2

Table 4: Medicaid penetration rate for substance abuse services, FY23. *Source: Maryland Department of health based on data through 10/31/23.*

Student Behavioral Health

From school year 2021-2022 to school year 2022-2023, there was a slight increase of 3.8% in the percentage of high school students that felt sad or hopeless. From school year 2018-2019 to school year 2021-2022, there was a slight increase of 12.5% in the percentage of high school students that felt sad or hopeless (Figure 19).

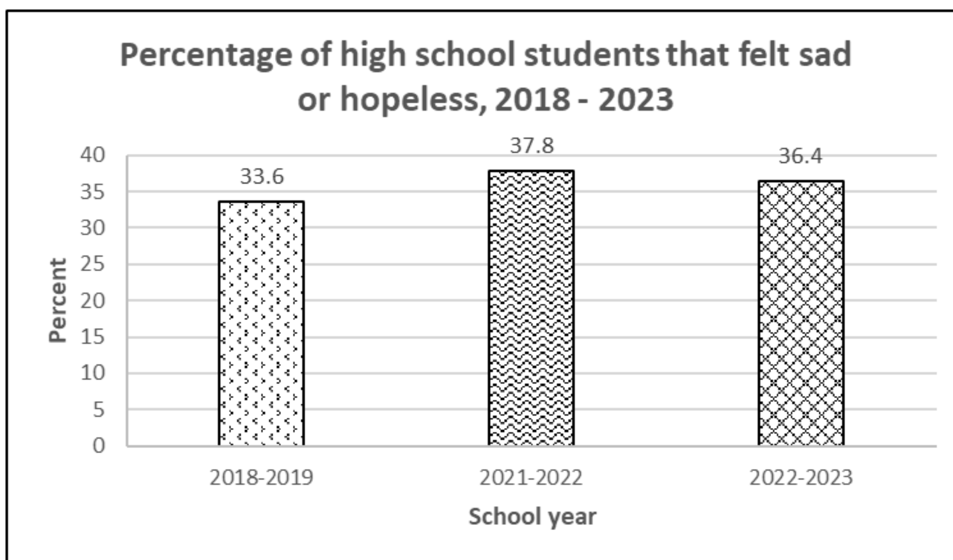


Figure 19: Percentage of high school students that felt sad or hopeless, 2018 - 2023. *Source: Youth Risk Behavior Survey (YRBS) based on data through 2022-2023 school year.*

The percentage of high school students that seriously considered suicide has seen a slight downward trend . From school year 2021-2022 to school year 2022-2023, there was a slight decrease of 4.9% (Figure 20).

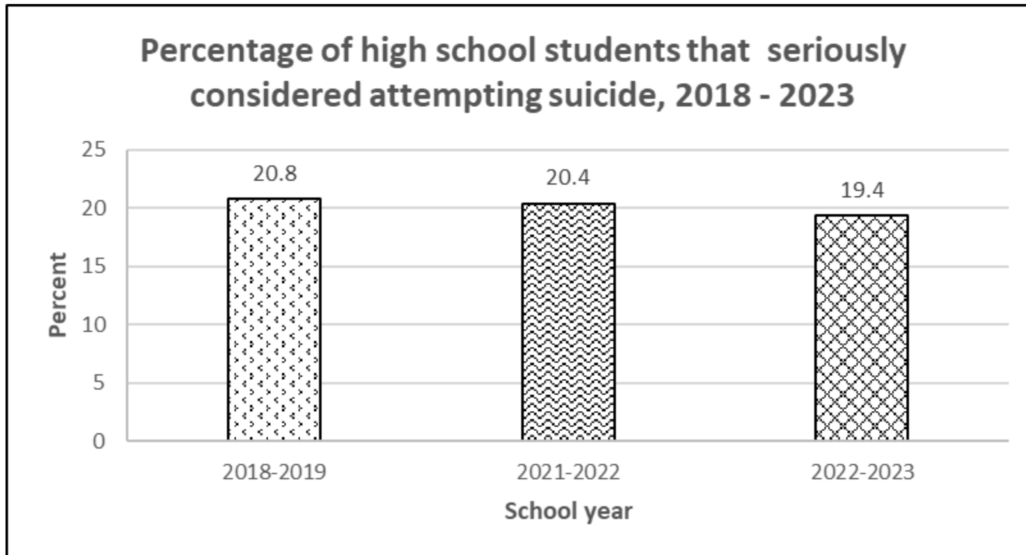


Figure 20: Percentage of high school students that seriously considered attempting suicide, 2018 - 2023. *Source: Youth Risk Behavior Survey (YRBS) based on data through 2022-2023 school year.*

From school year 2021-2022 to school year 2022-2023, there was a slight increase of 7.3% in the percentage of high school students that made a plan about how they would attempt suicide (Figure 21).

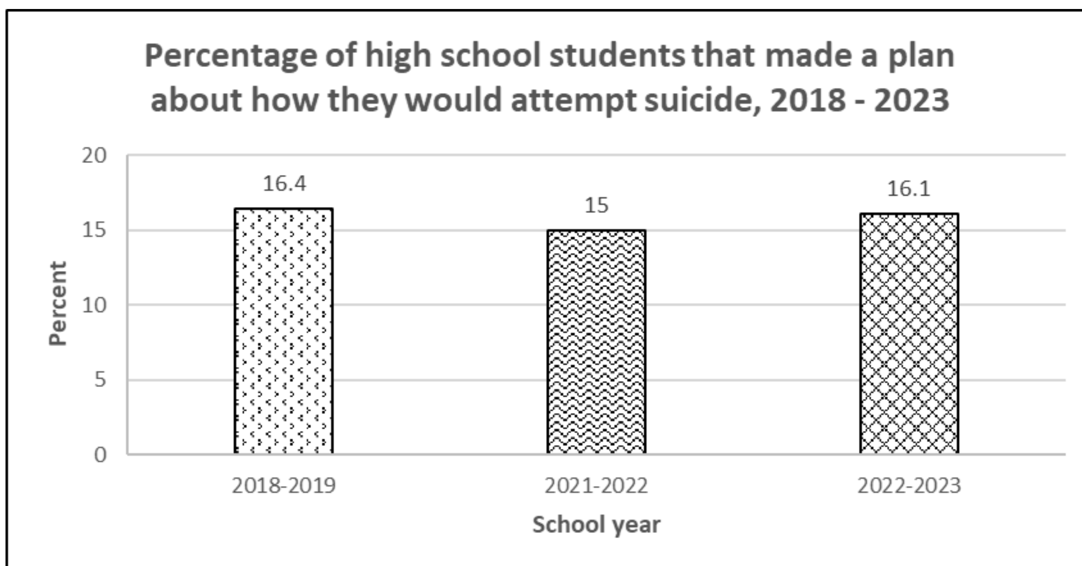


Figure 21: Percentage of high school students that made a plan about how they would attempt suicide, 2018 - 2023. *Source: Youth Risk Behavior Survey (YRBS) based on data through 2022-2023 school year.*

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).

<u>Mental Health & Substance Use Disorder PBHS Utilization</u>

In St. Mary's County, outpatient, psychiatric rehabilitation and supported employment services had the highest consumer counts for mental health in FY24. These three services also had the highest consumer counts for mental health in FY22 & FY23 (Figure 22).

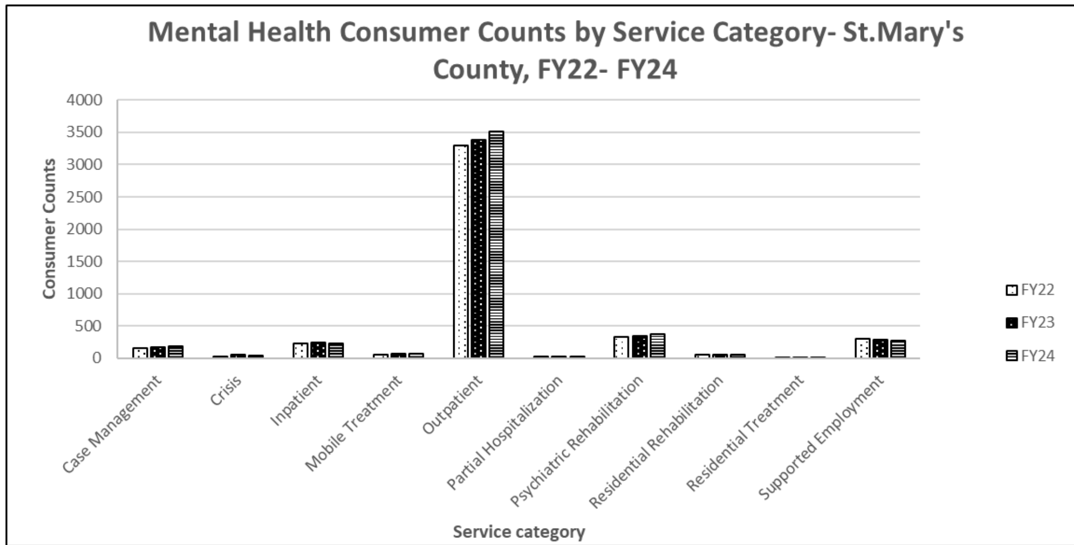


Figure 22: Mental health consumer counts by service category, St. Mary's County FY22 - FY24.
Source: Maryland Department of health based on data through 9/30/24.

In Maryland, outpatient, psychiatric rehabilitation and inpatient services had the highest consumer counts for mental health for FY24. These three services also had the highest consumer counts for mental health in FY22 & FY23 (Figure 23).

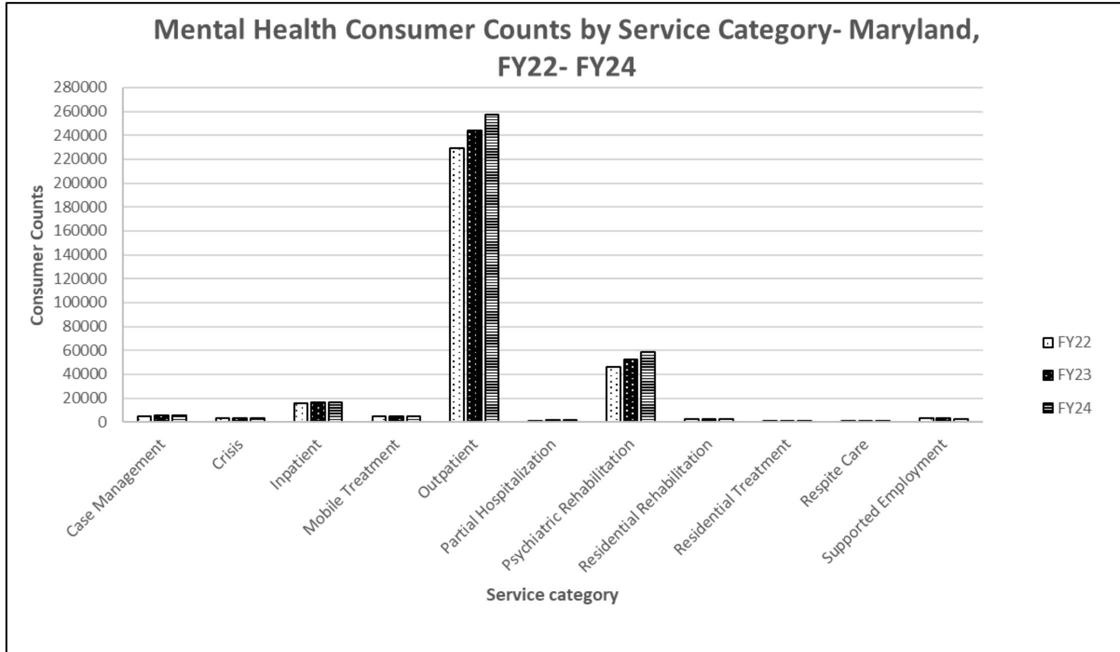


Figure 23: Mental health consumer counts by service category, Maryland FY22 - FY24. *Source: Maryland Department of health based on data through 9/30/24.*

In St. Mary's County, outpatient, psychiatric rehabilitation and inpatient services had the highest consumer expenditure for mental health in FY24. These three services also had the highest mental health consumer expenditure in FY22 & FY23 (Figure 24).

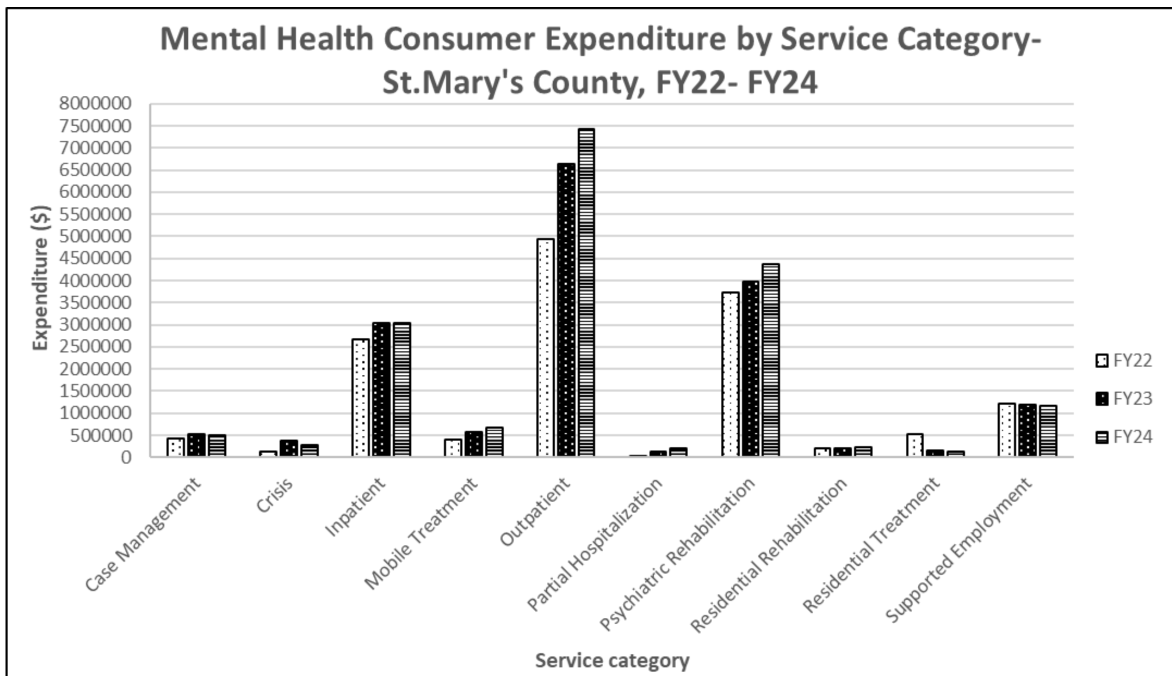


Figure 24: Mental health consumer expenditure by service category, St. Mary's County FY22 - FY24. *Source: Maryland Department of health based on data through 9/30/24.*

Similarly, in Maryland, outpatient, psychiatric rehabilitation and inpatient services had the highest consumer expenditure for mental health for FY24. These three services also had the highest mental health consumer expenditure in FY22 & FY23 (Figure 25).

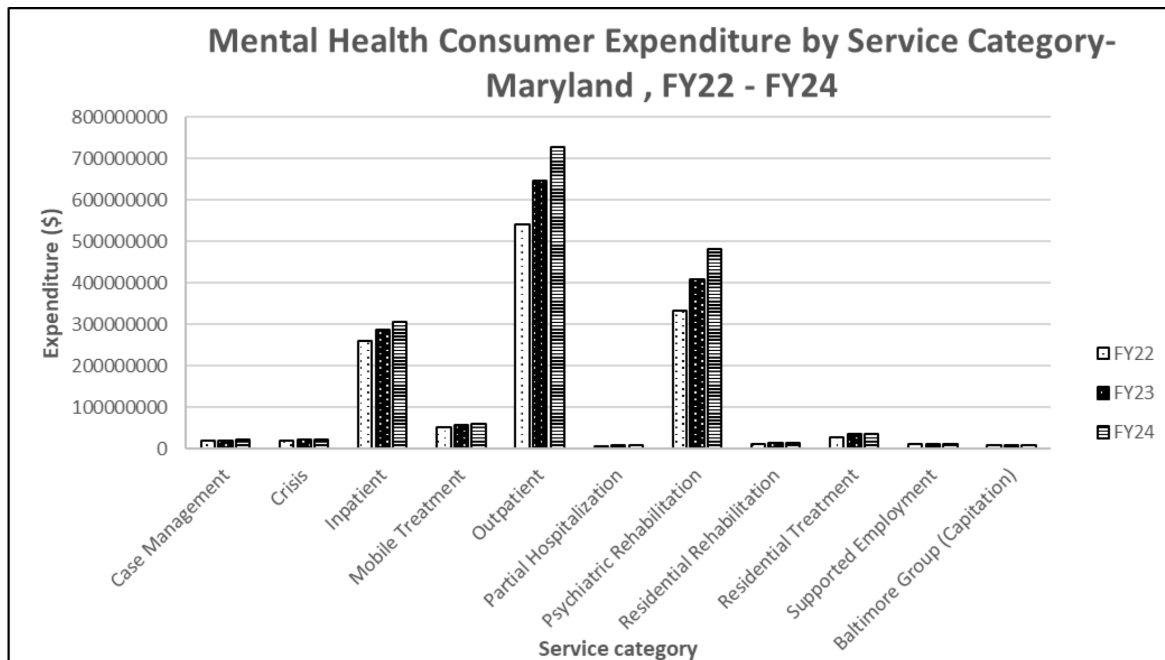


Figure 25: Mental health consumer expenditure by service category, Maryland FY22 - FY24.
Source: Maryland Department of health based on data through 9/30/24.

In FY24, 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 26).

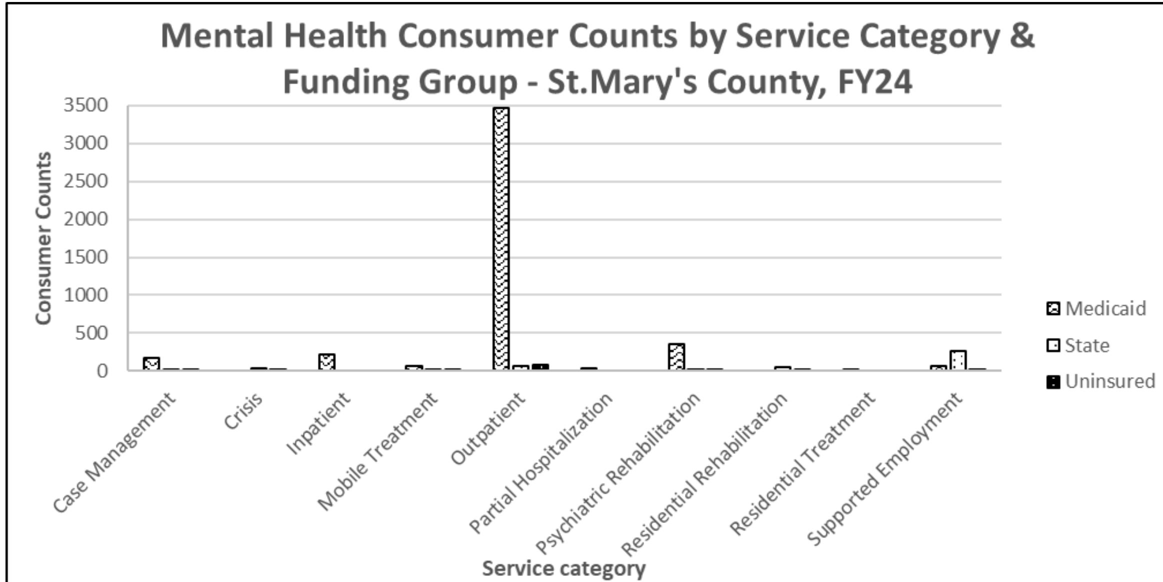


Figure 26: Mental health consumer counts by service category & funding group, St. Mary's County FY24. *Source: Maryland Department of health based on data through 9/30/24.*

Similarly, in FY24, 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 27).

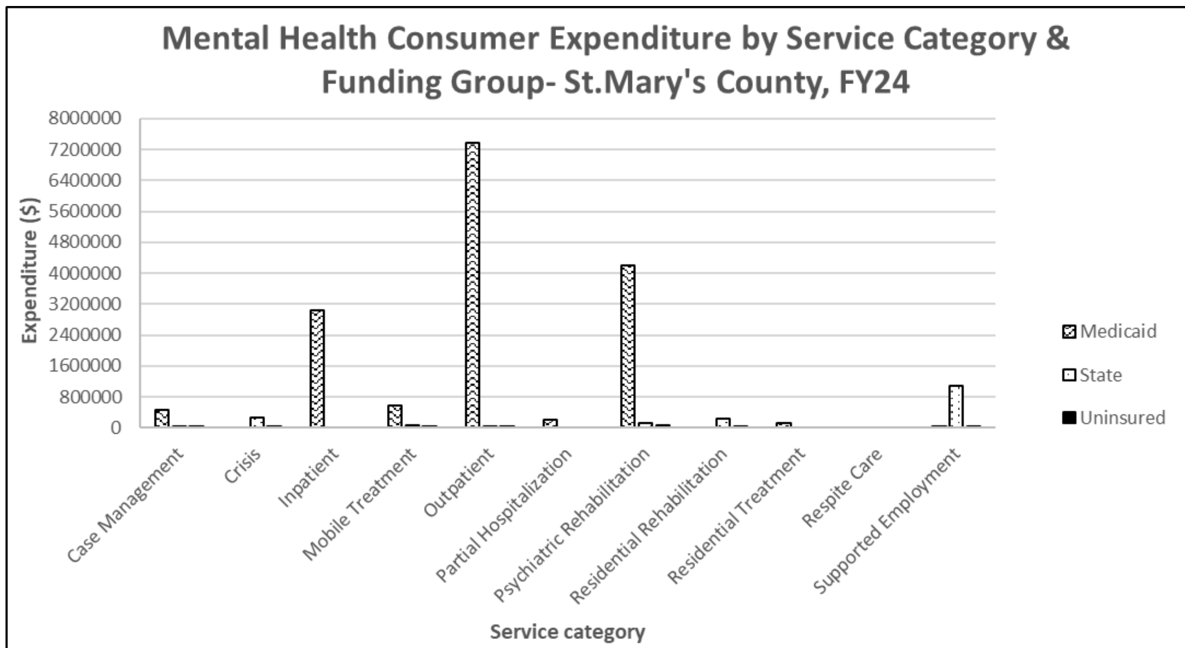


Figure 27: Mental health consumer expenditure by funding group, St. Mary's County FY24. *Source: Maryland Department of health based on data through 9/30/24.*

For all 3 years, adults (age group 22-64) had the highest mental health consumer counts. Early children (age group 0-5) & geriatric (age group 65+) have had low mental health consumer counts over the years (Figure 28).

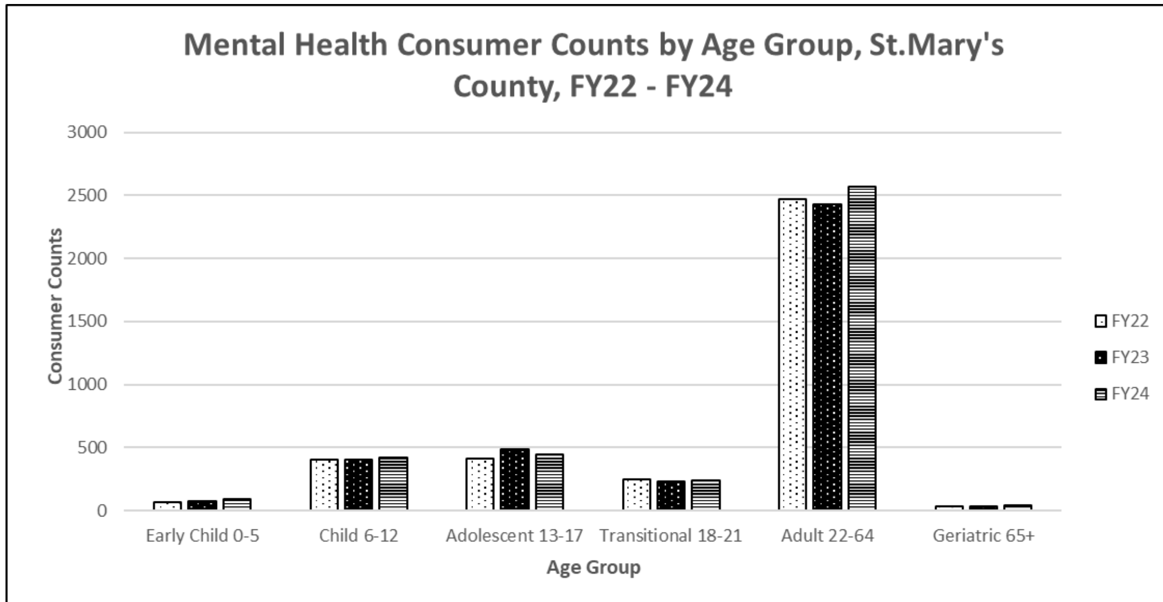


Figure 28: Mental health consumer counts by age group, St. Mary's County FY22 – FY24.
Source: Maryland Department of health based on data through 9/30/24.

In St. Mary's County, SUD labs, SUD outpatient and SUD opioid maintenance treatment services had the highest consumer counts for substance use in FY24. Likewise, in FY22 & FY23, SUD labs, SUD outpatient and SUD opioid maintenance treatment had the highest consumer counts for substance use (Figure 29).

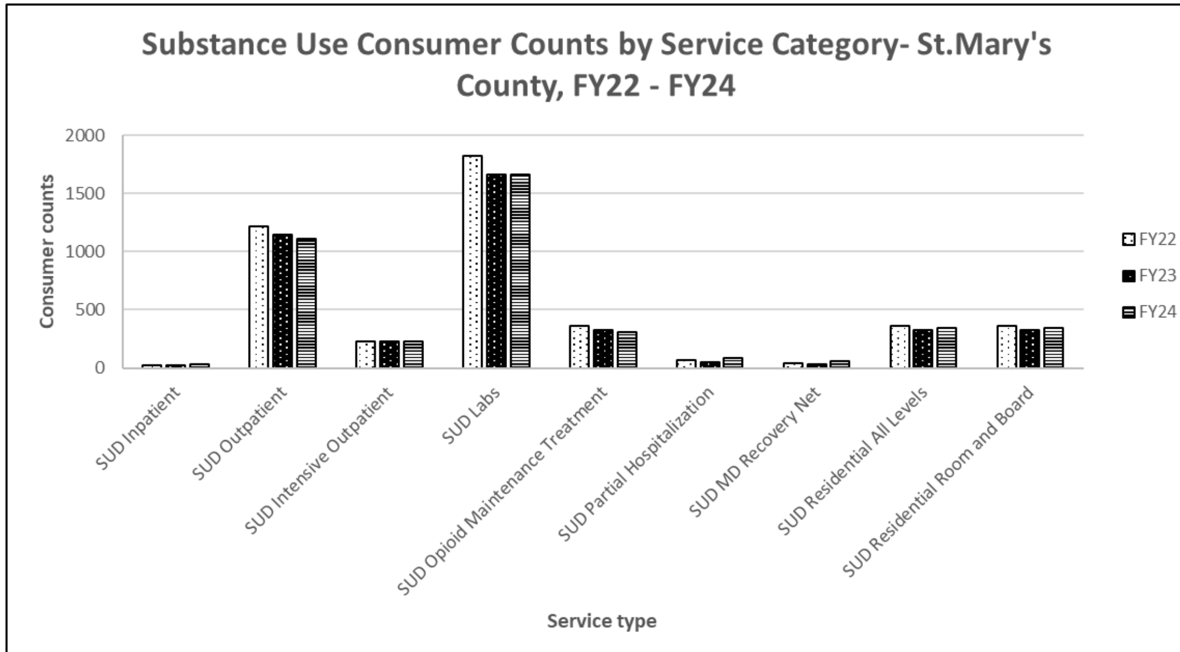


Figure 29: Substance use consumer counts by service category, St. Mary's County FY22 - FY24. *Source: Maryland Department of health based on data through 9/30/24.*

Similarly, in Maryland, SUD labs, SUD outpatient and SUD opioid maintenance treatment services had the highest consumer counts for substance use for FY24. These three services also had the highest consumer counts for substance use in FY22 & FY23 (Figure 30).

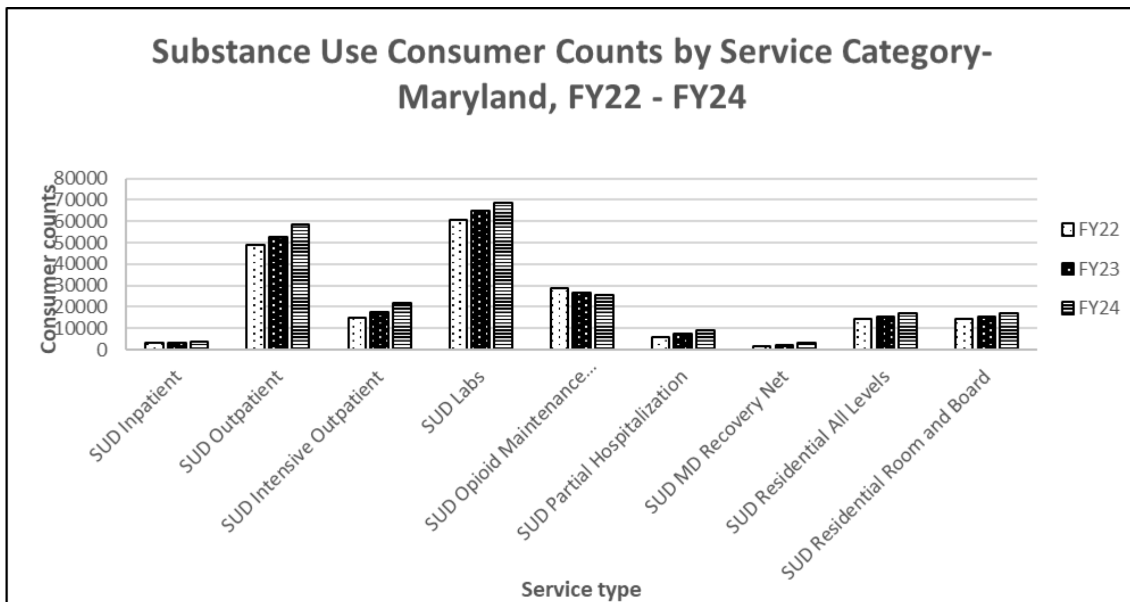


Figure 30: Substance use consumer counts by service category, Maryland FY22 - FY24. *Source: Maryland Department of health based on data through 9/30/24.*

In St. Mary’s County, SUD residential all levels, SUD outpatient and SUD opioid maintenance treatment had the highest consumer expenditure for substance use in FY24. Likewise, in FY22 & FY23, SUD residential all levels, SUD outpatient and SUD opioid maintenance had the highest consumer expenditure for substance use (Figure 31).

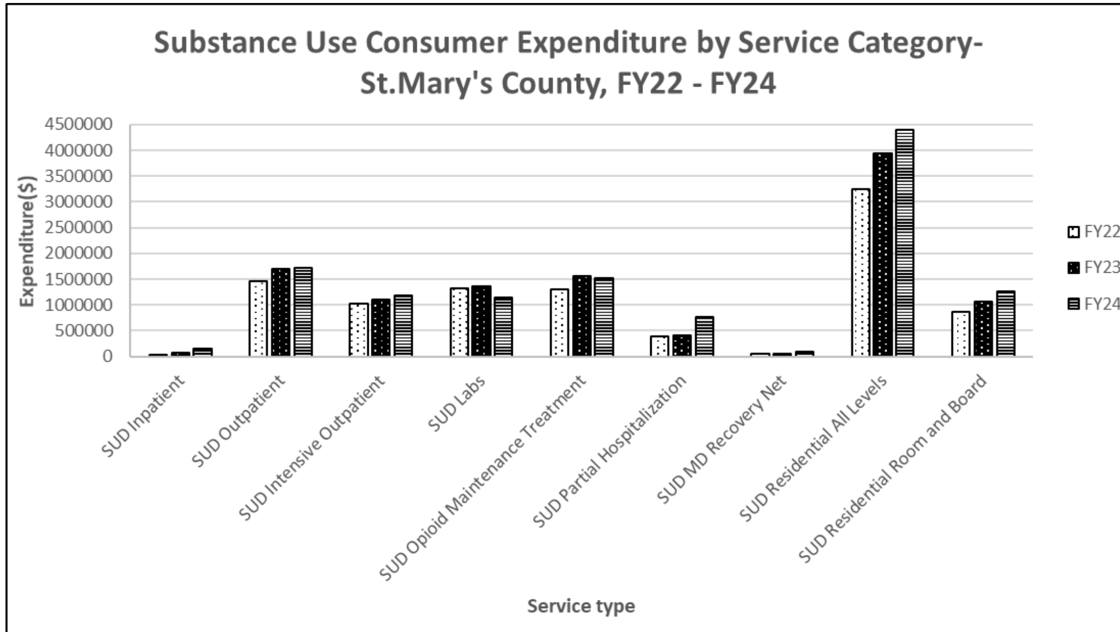


Figure 31: Substance use consumer expenditure by service type, St. Mary’s County FY22-FY24. *Source: Maryland Department of health based on data through 9/30/24.*

In Maryland, SUD residential all levels, SUD intensive outpatient and SUD opioid maintenance treatment had the highest consumer expenditure for substance use in FY24. Likewise, in FY22 & FY23, SUD residential all levels, SUD intensive outpatient and SUD opioid maintenance had the highest consumer expenditure for substance use (Figure 32).

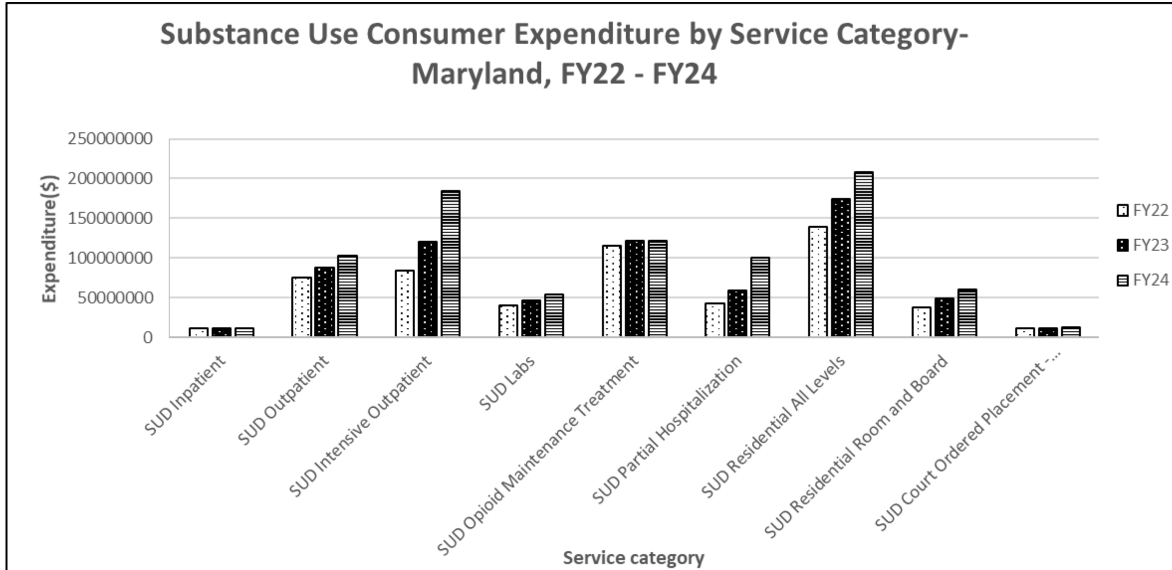


Figure 32: Substance use consumer expenditure by service type, Maryland FY22-FY24. *Source: Maryland Department of health based on data through 9/30/24.*

In FY24, for most of the service category by consumer counts (excluding SUD MD recovery net, SUD residential room & board, SUD residential room & board- court ordered placement and SUD residential room and board - women with children/pregnancy), Medicaid was the highest funding group. For SUD MD recovery net, SUD residential room & board, SUD residential room & board- court ordered placement and SUD residential room and board - women with children/pregnancy, state was the highest funding group (Figure 33).

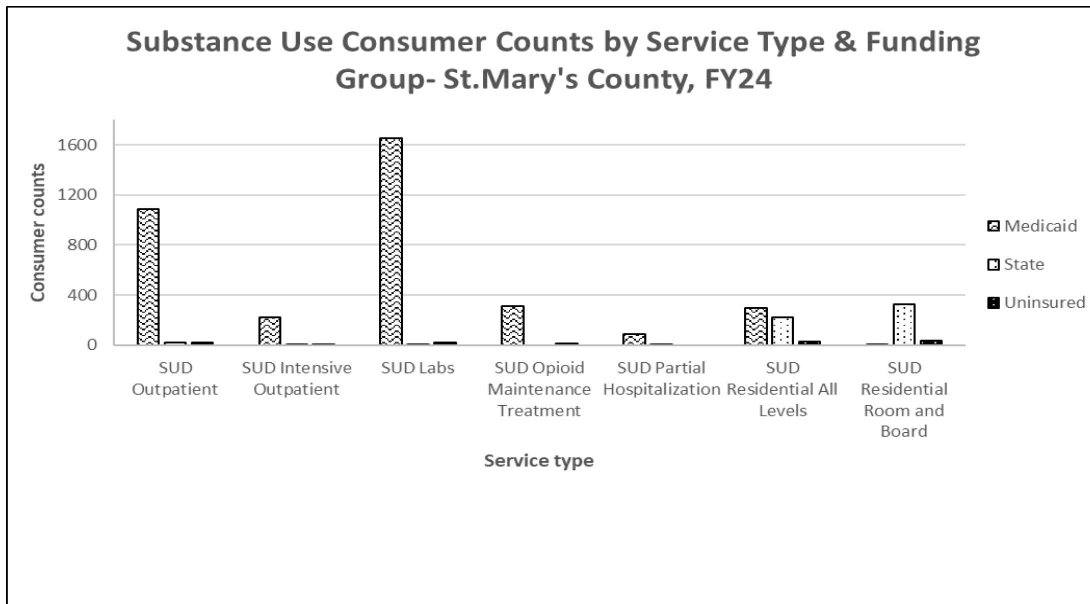


Figure 33: Substance use consumer counts by service type & funding group, St. Mary's County, FY24. *Source: Maryland Department of health based on data through 9/30/24.*

Similarly, in FY24, for most of the service category by consumer expenditure (excluding SUD MD recovery net, SUD residential room & board, SUD residential room & board- court ordered placement and SUD residential room and board - women with children/pregnancy), Medicaid was the highest funding group. For SUD MD recovery net, SUD residential room & board, SUD residential room & board- court ordered placement and SUD residential room and board - women with children/pregnancy, state was the highest funding group (Figure 34).

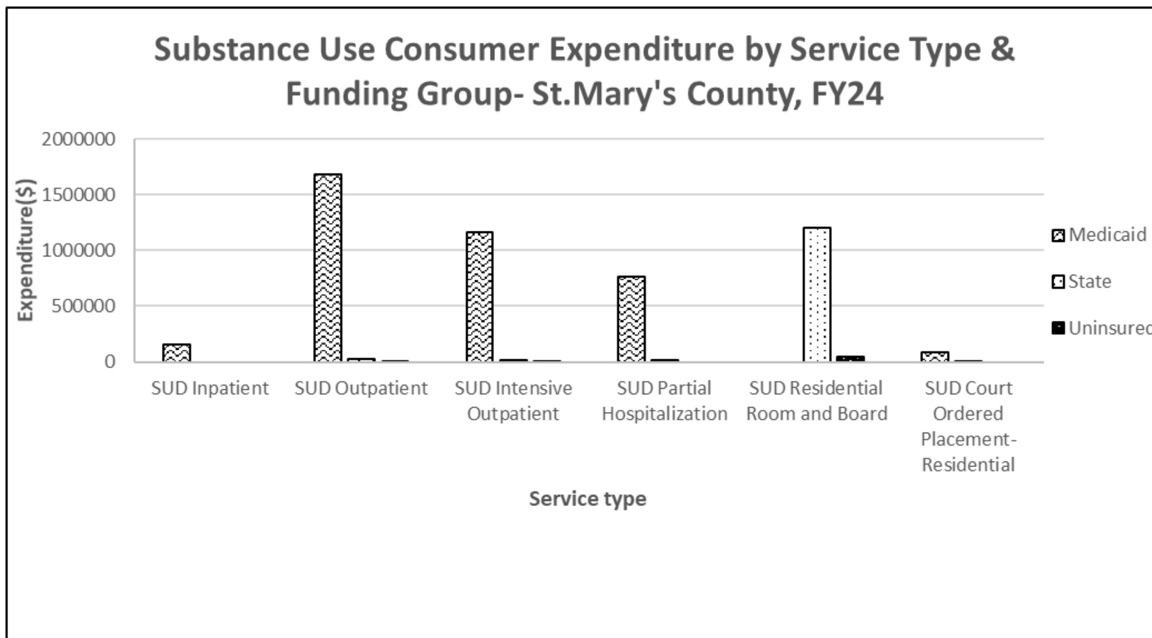


Figure 34: Substance use consumer expenditure by service type & funding group, St. Mary's County, FY24. *Source: Maryland Department of health based on data through 9/30/24.*

Adults (age group 22-64) had the highest substance use consumer counts for all three years. Geriatric (age group 65+) had the lowest substance use consumer counts for all three years (Figure 35).

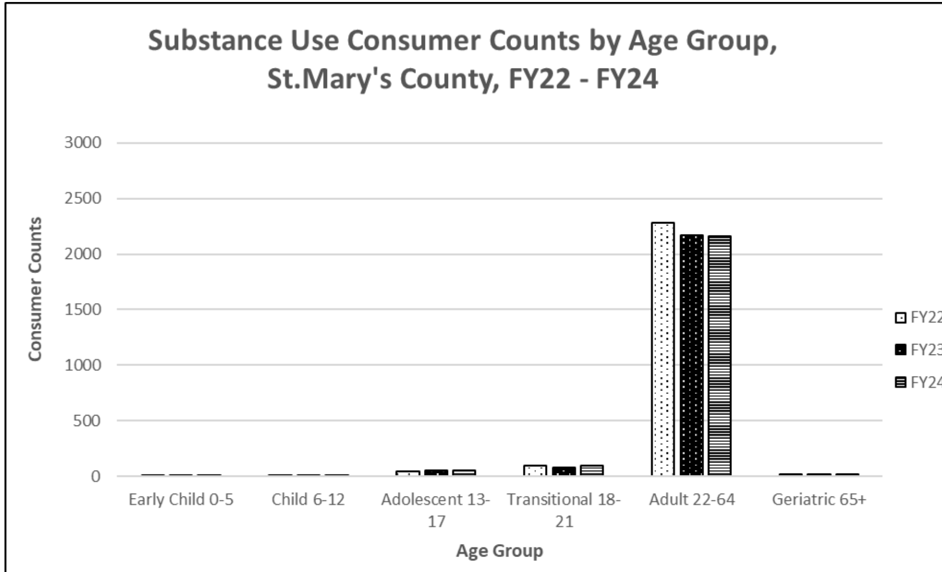


Figure 35: Substance use consumer counts by age group, St. Mary's County FY22 – FY24.
Source: Maryland Department of health based on data through 9/30/24.

Age group 18+ had a higher number of individuals receiving TCM in FY21 & FY22 as compared to the 0-17 age group (Figure 36).

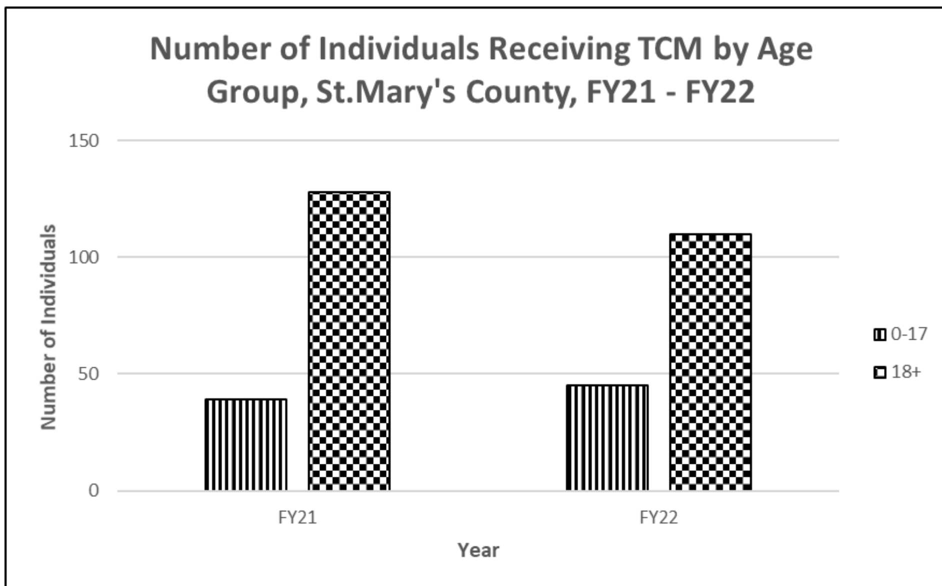


Figure 36: Number of individuals receiving TCM by age group, St. Mary's County FY21 – FY22.
Source: Maryland Department of health based on data through 10/31/22.

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 37).

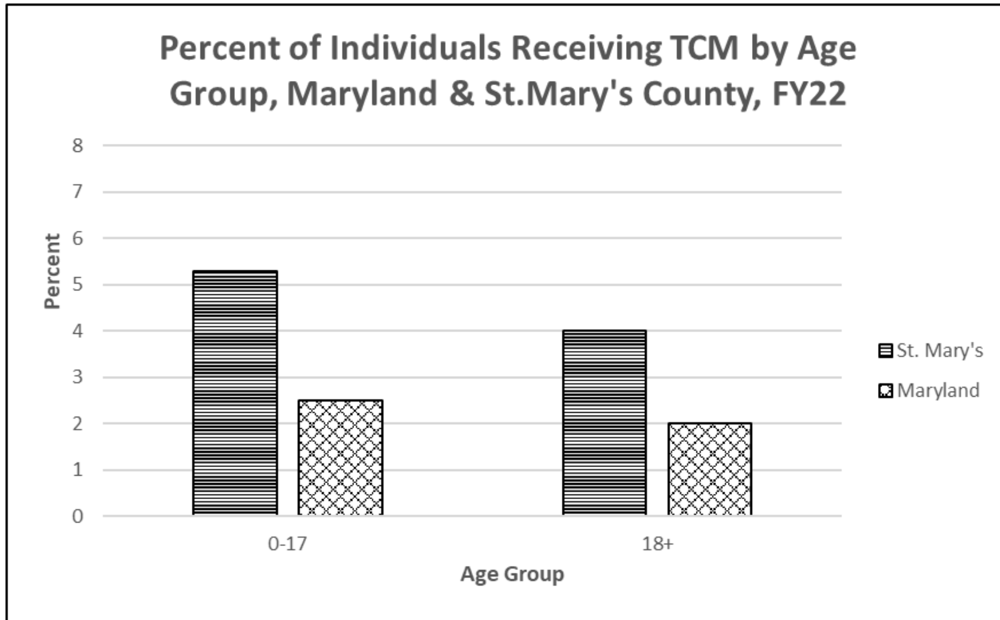


Figure 37: Percent of individuals receiving TCM by age group, Maryland & St. Mary's County, FY22. *Source: Maryland Department of health based on data through 10/31/22.*

There were more helpline (988) calls in FY23 as compared to FY22, From FY22 to FY23, there was a 115% increase in the number of helpline(988) calls (Figure 38).

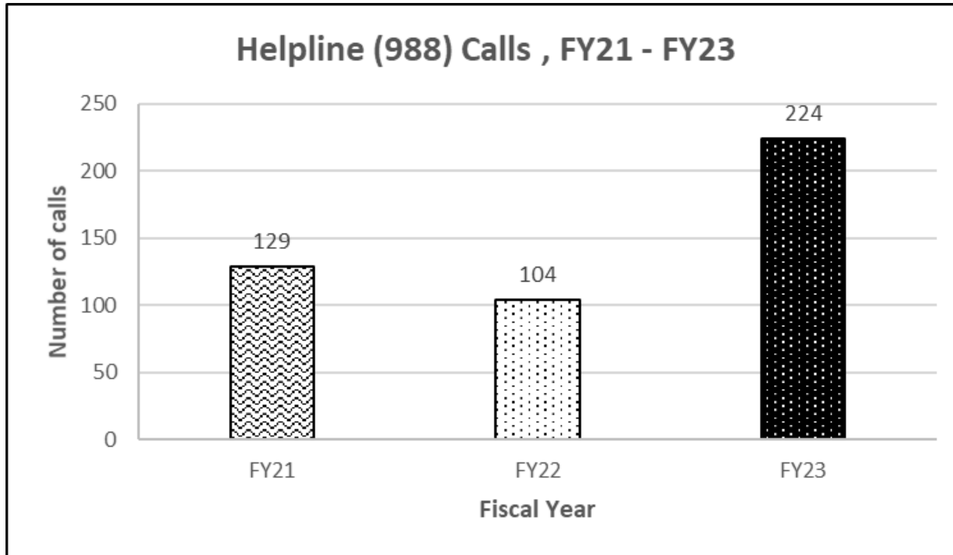


Figure 38: Number of Helpline (988) Calls, St. Mary's County FY21 – FY23. *Source: Maryland Department of health based on data through 6/30/23.*

So far in FY24, August recorded the highest number of helpline (988) calls whiles October recorded the lowest number of helpline (988) calls (Figure 39).

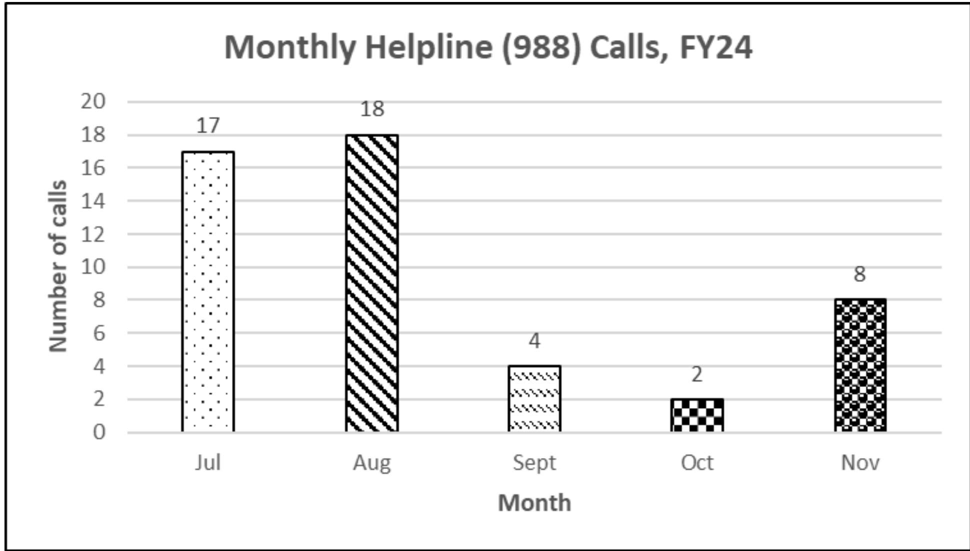


Figure 39: Number of Helpline (988) Calls - monthly, St. Mary's County FY24. *Source: Maryland Department of health based on data through 11/30/23.*

There has been a continuous decrease in the number of opioid prescriptions fills from 2023 to 2025. From 2023 to 2024, there was a slight decrease of 5% in the number of opioid prescription fills (Figure 40).

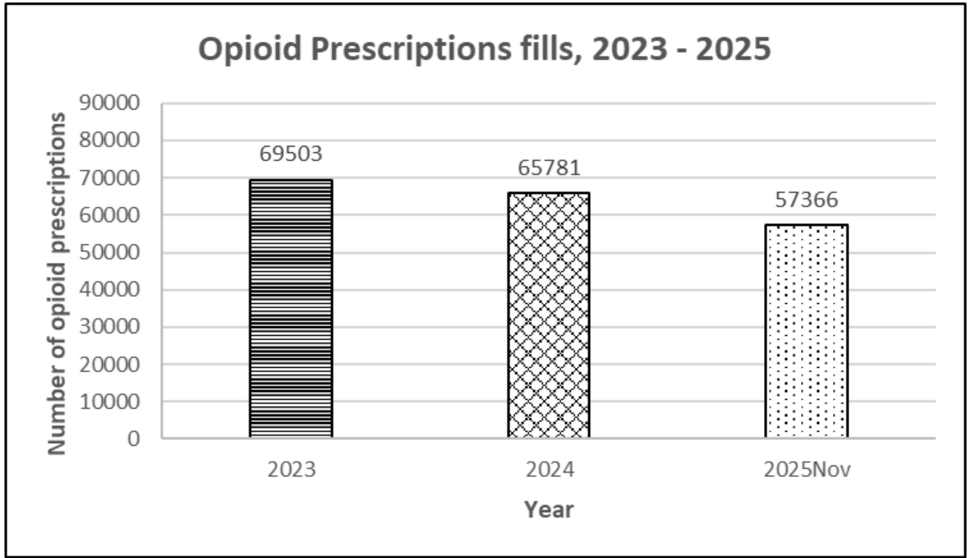


Figure 40: Opioid Prescription fills, 2023-2025. *Source: Maryland Prescription Drug Monitoring Program (PDMP)based on data through 11/30/25.*

There has been an upward trend in the number of 211 requests. From 2024 to 2025, there was a 45% increase in 211 requests (Figure 41).

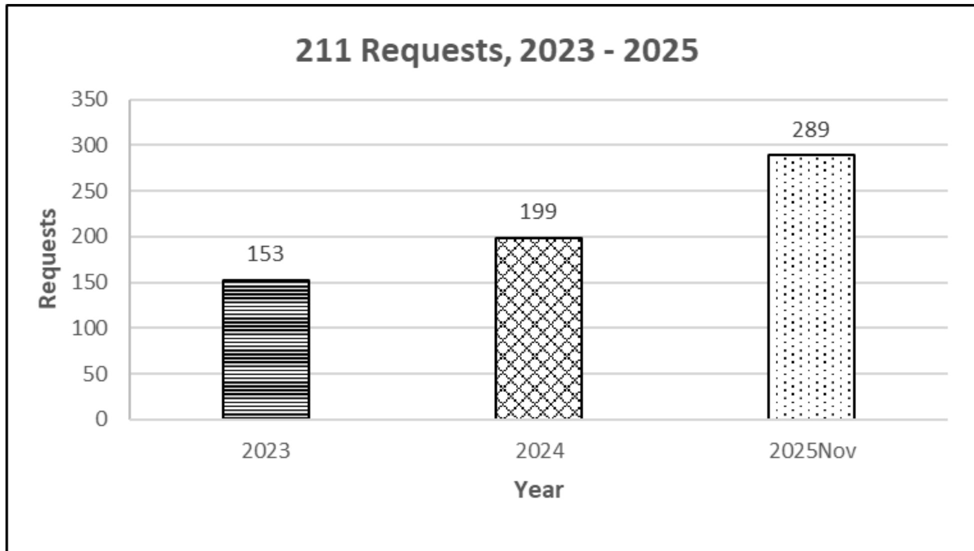


Figure 41: 211 Requests, 2023-2025. *Source: Health Communication Research Laboratory based on data through 11/30/25.*

From 2022-2024, other categories (including help with general information & referral complaints, government community enrichment, volunteering, donations & support, advocacy & special population services) had the highest percentage of 211 requests. Housing & shelter, mental health & addictions, utilities, healthcare & COVID-19 also had high percentages of 211 requests.

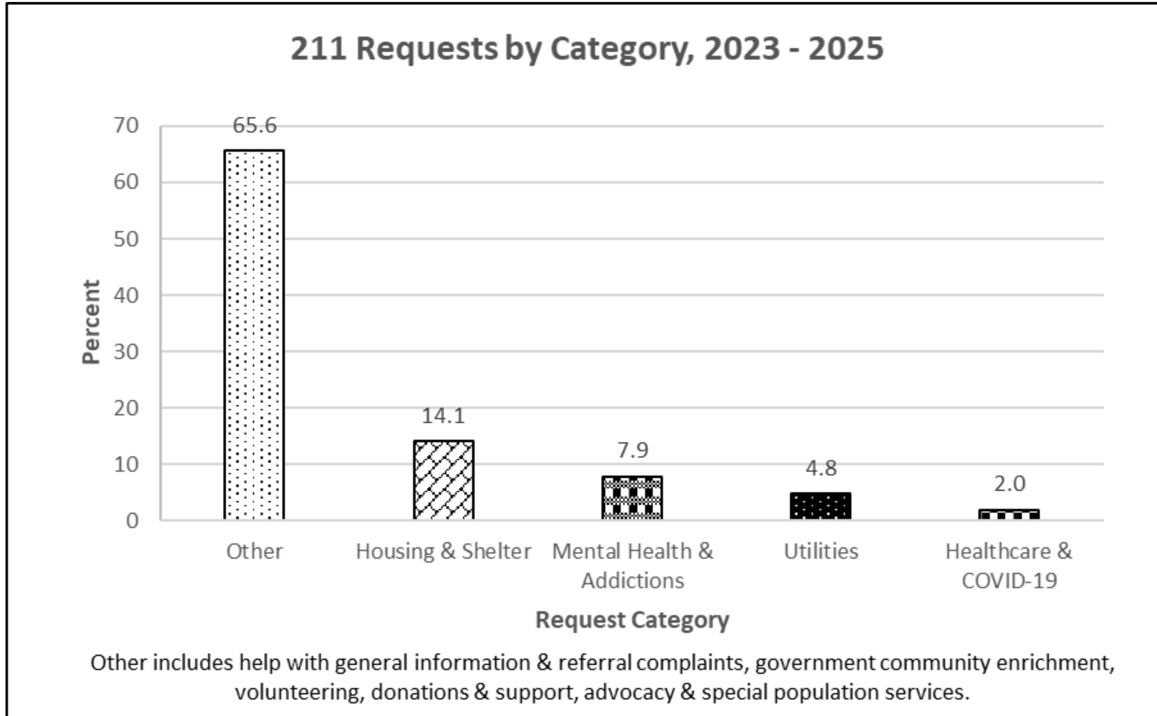


Figure 42: 211 Requests by Category, 2023-2025. *Source: Health Communication Research Laboratory based on data through 11/30/25.*

EMS Naloxone administration has been showing an upward trend. From 2023 to 2024, there was a 28% increase in the number of EMS naloxone applications. From the available 2025 data, it is likely that there will be an increase from 2024 to 2025 (Figure 43).

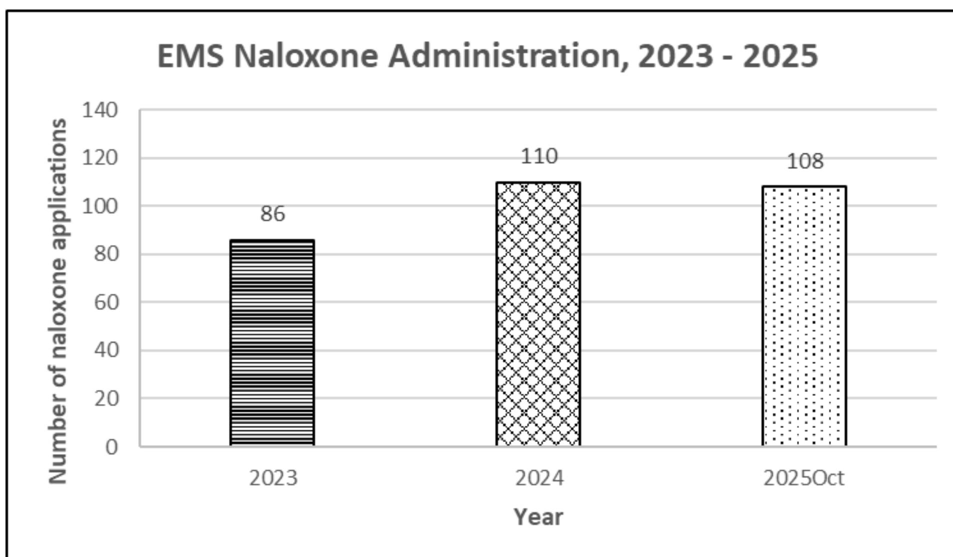


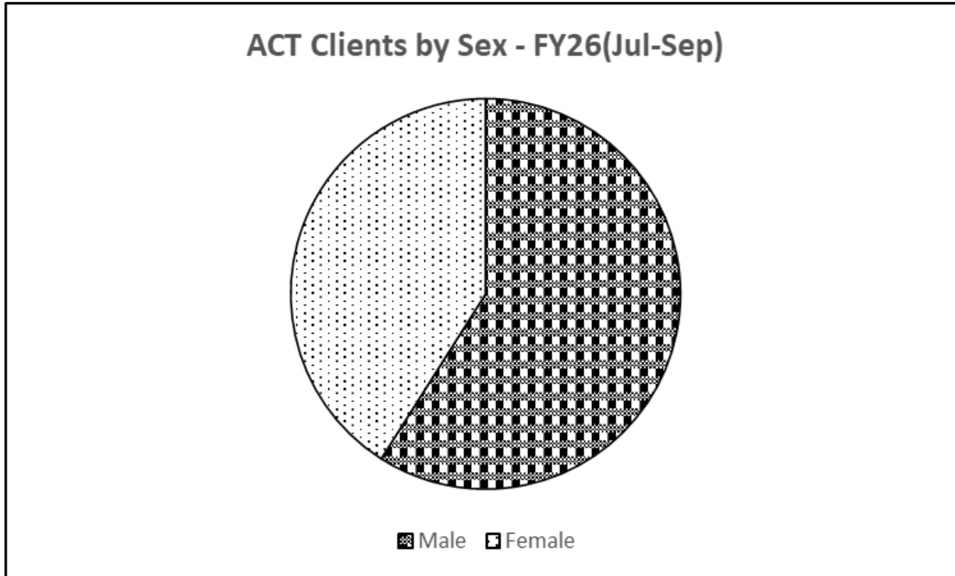
Figure 43: EMS Naloxone Administration, 2023-2025. *Source: Maryland Department of Health – Overdose Data Portal based on data through 10/31/25.*

In the Southern region, data for FY26(Jul-Sep) shows St. Mary's county having the highest number of ACT clients. Calvert county recorded the lowest number of ACT clients (Figure 44).

Figure 44: ACT Clients by Jurisdiction of Residence, FY26(Jul-Sep). *Source: Maryland Department of Health –ACT Data Dashboard based on data through 09/30/25.*

In the Southern region, for FY25(Jul-Sep), there were more male clients as compared to female clients (Figure 45).

Figure 45: ACT Clients by Sex, FY26(Jul-Sep). *Source: Maryland Department of Health –ACT Data Dashboard based on data through 09/30/25.*



In the Southern region, for FY26(Jul-Sep), the majority of ACT clients were white (Figure 45).

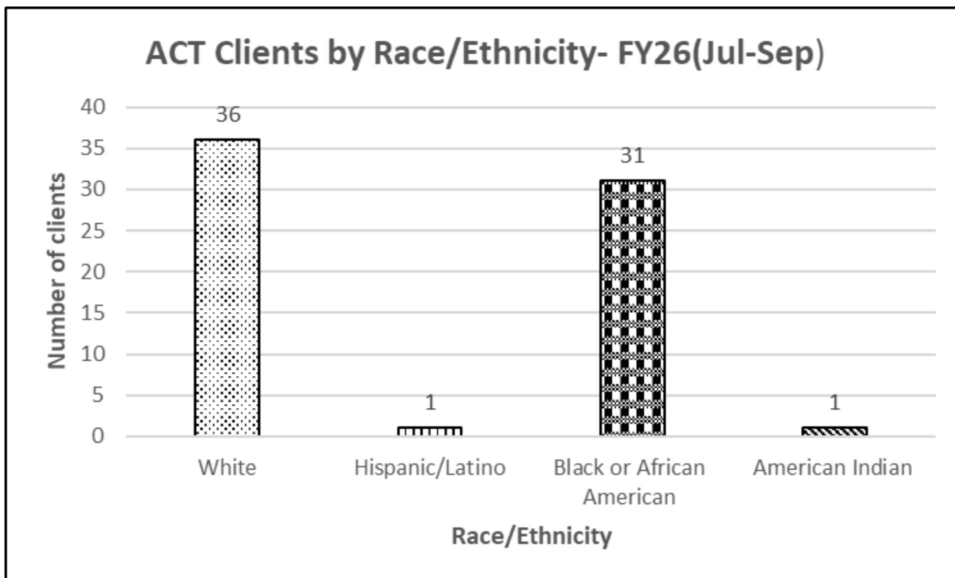


Figure 46: ACT Clients by Race/Ethnicity, FY26(Jul-Sep). *Source: Maryland Department of Health –ACT Data Dashboard based on data through 09/30/25.*

In FY26(Jul-Sep), the top 5 referral sources for ACT clients included legal/forensic, , institution-general/private hospital, BH provider- PRP/RRP, BH provider- outpatient mental health & informal/self-referral (Figure 47).

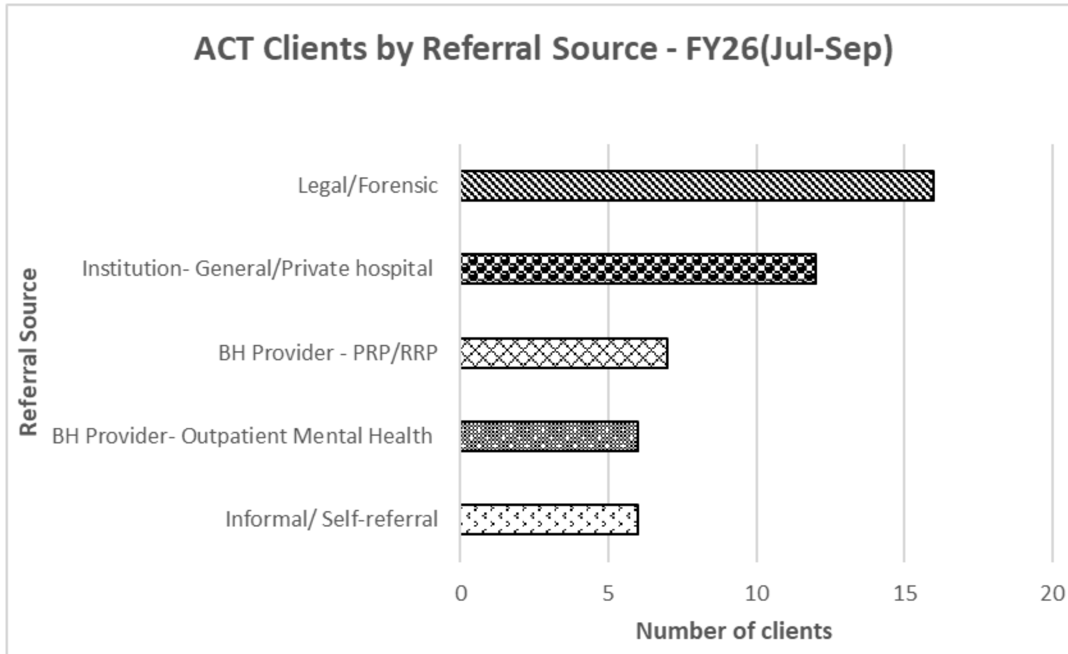


Figure 47: ACT Clients by Referral Source, FY26(Jul-Sep). *Source: Maryland Department of Health –ACT Data Dashboard based on data through 09/30/25.*

Appendix

Mental Health Consumer Expenditure by Service Category-Maryland, FY22 - FY24

Service Category	FY22	FY23	FY24
Case Management	$17,942,944.55	$19,693,359.00	$22,930,947.00
Crisis	$18,334,444.06	$21,197,597.00	$20,538,396.00
Inpatient	$258,922,172.44	$287,362,633.00	$305,122,445.00
Mobile Treatment	$52,263,223.29	$56,755,227.00	$59,824,939.00
Outpatient	$539,380,055.19	$646,960,571.00	$725,950,999.00
Partial Hospitalization	$4,823,369.54	$7,417,206.00	$8,370,999.00
Psychiatric Rehabilitation	$333,495,371.46	$407,580,140.00	$480,779,443.00
Residential Rehabilitation	$12,060,932.26	$12,810,337.00	$14,079,072.00
Residential Treatment	$28,280,938.26	$33,977,475.00	$35,600,258.00
Respite Care	$566,328.30	$541,728.00	$387,962.00
Supported Employment	$10,183,513.73	$10,370,605.00	$10,933,951.00
Baltimore Group (Capitation	$9,011,551.00	$8,687,089.00	$9,449,292.00
Emergency Petition	$69,045.71	$84,538.00	$59,727.00
Purchase of Care	$35,304.42	$11,827.00	$0.00
1915(i) Waiver	$133,272.11	$45,925.00	$31,313.00
Total	$1,285,502,466.32	$1,498,832,661.79	$1,694,059,742.00

Mental Health Consumer Expenditure by Service Category- St. Mary's County, FY22- FY24

Service Category	FY22	FY23	FY24
Case Management	$417,454.00	$520,891.02	$493,955.44
Crisis	$130,910.00	$375,538.82	$279,579.65
Inpatient	$2,671,137.00	$3,038,523.25	$3,036,532.08
Mobile Treatment	$408,918.00	$565,539.55	$675,400.81
Outpatient	$4,945,113.00	$6,627,102.04	$7,425,712.74
Partial Hospitalization	$40,438.00	$129,877.54	$203,541.83
Psychiatric Rehabilitation	$3,728,490.00	$3,970,278.61	$4,373,446.88
Residential Rehabilitation	$214,553.00	$214,034.19	$229,670.58
Residential Treatment	$515,122.00	$161,001.63	$122,822.28
Supported Employment	$1,215,460.00	$1,186,173.04	$1,173,073.08
Baltimore Group (Capitation	$0.00	$0.00	$11,086.00
Total	$14,287,595.00	$16,788,959.69	$18,024,821.37

Mental Health Consumer Expenditure by Service Category & Funding Group- St. Mary's County, FY24

		FY24	
Service Category	Medicaid	State	Uninsured
Case Management	$474,489.08	$11,271.30	$8,195.06
Crisis	$0.00	$273,892.90	$5,686.75
Inpatient	$3,036,532.08	$0.00	$0.00
Mobile Treatment	$572,051.03	$78,299.64	$25,050.14
Outpatient	$7,363,625.27	$15,617.48	$46,469.99
Partial Hospitalization	$203,541.83	$0.00	$0.00
Psychiatric Rehabilitation	$4,198,937.05	$122,088.71	$52,421.12
Residential Rehabilitation	$0.00	$227,780.25	$1,890.33
Residential Treatment	$122,822.28	$0.00	$0.00
Respite Care	$0.00	$0.00	$0.00
Supported Employment	$46,208.04	$1,086,220.06	$40,644.98
Baltimore Group (Capitation)	$0.00	$0.00	$0.00
Total	$3,649,586.00	$488,178.00	$21,539.00

Substance Use Consumer Expenditure by Service Category- Maryland, FY22 - FY24

Service Category	FY22	FY23	FY24
SUD Inpatient	$11,575,164.57	$11,383,791.00	$12,098,795.00
SUD Outpatient	$75,820,456.40	$88,117,820.00	$102,722,629.00
SUD Intensive Outpatient	$83,541,888.35	$119,925,805.00	$184,174,279.00
SUD Labs	$40,145,340.74	$45,927,853.00	$54,164,470.00
SUD Opioid Maintenance Treatment	$115,986,349.56	$121,199,761.00	$121,358,127.00
SUD Partial Hospitalization	$42,369,687.07	$59,090,554.00	$100,920,121.00
SUD Gambling	$127,703.40	$202,386.00	$285,383.00
SUD MD Recovery Net	$2,747,137.55	$3,419,298.00	$5,779,554.00
SUD Residential ICFA	$116,969.36	$172,769.00	$223,047.00
SUD Residential All Levels	$139,802,397.57	$173,877,803.00	$208,127,341.00
SUD Residential Room and Board	$37,579,542.02	$48,882,736.00	$60,546,461.00
SUD Court Ordered Placement - Residential	$11,705,468.77	$11,926,104.00	$12,310,937.00
SUD Residential Room and Board Court Ordered Placement	$4,200,097.23	$4,012,650.00	$4,618,898.00
SUD Women with Children/Pregnancy - Residential	$1,984,483.10	$2,193,372.00	$2,759,944.00
SUD Residential Room and Board Pregnant Women/Women with Children	$1,905,446.85	$1,930,981.00	$1,951,205.00
Total	$569,608,132.54	$692,263,683.00	$872,041,192.00

Substance Use Consumer Expenditure by Service Category- St. Mary's County, FY22 - FY24

Service Category	FY22	FY23	FY24
SUD Inpatient	$36,974.00	$72,946.37	$152,028.07
SUD Outpatient	$1,458,733.00	$1,704,007.05	$1,713,734.98
SUD Intensive Outpatient	$1,017,517.00	$1,094,748.11	$1,187,920.82
SUD Labs	$1,323,555.00	$1,360,434.02	$1,144,464.70
SUD Opioid Maintenance Treatment	$1,296,544.00	$1,559,882.08	$1,529,317.40
SUD Partial Hospitalization	$383,301.00	$402,076.82	$773,518.51
SUD Gambling	$513.00	$0.00	$1,908.86
SUD MD Recovery Net	$51,445.00	$54,180.00	$89,952.62
SUD Residential ICFA	$0.00	$0.00	$0.00
SUD Residential All Levels	$3,241,241.00	$3,934,170.57	$4,399,443.25
SUD Residential Room and Board	$864,271.00	$1,071,171.26	$1,254,465.86
SUD Court Ordered Placement- Residential	$17,861.00	$153,265.77	$97,685.66
SUD Residential Room and Board - Court Ordered Placement	$6,284.00	$60,932.05	$30,929.15
SUD Women with Children/Pregnancy - Residential	$4,107.00	$0.00	$1,865.12
SUD Residential Room and Board - Women with Children/Pregnancy	$3,546.00	$20,791.92	$1,044.64
Total	$9,705,891.00	$11,488,606.02	$12,378,279.64

Substance Use Consumer Expenditure by Service Type & Funding Group- St. Mary's County, FY24

	FY24		
Service Category	Medicaid	State	Uninsured
SUD Inpatient	$152,028.07	$0.00	$0.00
SUD Outpatient	$1,676,476.12	$27,904.02	$9,354.84
SUD Intensive Outpatient	$1,165,543.98	$12,222.05	$10,154.79
SUD Labs	$1,139,743.48	-$759.03	$5,480.25
SUD Opioid Maintenance Treatment	$1,522,548.48	-$2,440.01	$9,208.93
SUD Partial Hospitalization	$761,209.69	$12,308.82	$0.00
SUD Gambling	$359.39	$1,549.47	$0.00
SUD MD Recovery Net	$0.00	$89,952.62	$0.00
SUD Residential ICFA	$0.00	$0.00	$0.00
SUD Residential All Levels	$2,850,824.84	$1,348,113.62	$200,504.79
SUD Residential Room and Board	$0.00	$1,204,162.72	$50,303.14
SUD Court Ordered Placement- Residential	$88,593.20	$9,092.46	$0.00
SUD Residential Room and Board - Court Ordered Placement	$0.00	$30,929.15	$0.00
SUD Women with Children/Pregnancy - Residential	$1,865.12	$0.00	$0.00
SUD Residential Room and Board - Women with Children/Pregnancy	$0.00	$1,044.64	$0.00
Total	$9,359,192.37	$2,734,080.53	$285,006.74

Appendix B: Strategic Plan, Goals, Objectives, Strategies

Priority 1: Increase Access
Goal 1: Increase the abilities of participants (children, adolescents, young adults, adults and older adults) with behavioral health disorders to live successfully in the community.

Objective 1.1: Maintain Health Hub; activate all main Health Hub programs and BH crisis services to community members by January 2029.

Objective Measures 1.1
1. Percentage of necessary staff hired (90%)
2. Percentage of hired staff trained (100%)
3. Percentage of organizational policies reviewed annually and approved (100%)
4. Percentage of completed MOAs and/or MOUs with community partners addressing SDOH (100%)
5. Percentage of referrals to SMCHD programs based on SDOH and participant collaboration (75%)
6. Percentage of referrals to community partners/providers based on SDOH and participant collaboration (75%)
7. Reduce emergency department visits related to BH Crisis

Objective 1.2: Maintain BH mobile crisis response services within St. Mary's County with collaboration between SMCHD and local providers by June 2029.

Objective Measures 1.2
1. The Mobile Crisis Team services will operate 24 hours daily, 7 days weekly, including MRSS, to be billable services by June 2027
2. To increase the percentage of referrals (30%)
3. Percentage of Sheriff Office and Maryland State Police referrals to Mobile Crisis Team (30%)
4. Diversion of 911 calls to 988 to connect to the Mobile Crisis Team services by June 2029
5. % of final mobile response and stabilization services dispositions to the ED (broken out by reason, e.g. somatic or voluntary behavioral health) <5%
6. # of individuals Served - adults
7. # of individuals served - children
8. % of mobile responses and stabilization services resolved in the community (75%)

Objective 1.3: Research Crisis Stabilization Center opportunities

Objective Measures 1.3
1. To identify funding sources to support the development of a Crisis Stabilization Center.
2. To identify a location to support a Crisis Stabilization Center in St. Mary's County.

Objective 1.4: Maintain behavioral health community support programs for school aged children

Objective Measures 1.4

1. # of students served
2. # of students served who completed pre-assessment
3. # of Students served who completed interventions

Priority 2: Reduce Disparities

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 2029

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 (259)

6. Number of plans developed to address service gaps (1)
7. Percentage of clients offered a satisfaction survey (100%)
8. Percentage of satisfaction surveys completed (40%)

Objective 2.2: Reduce Health Disparities 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 2029.

Objective Measures 2.2

1. Percentage of Peer Recovery Specialists working with community partners (10%)
2. Number of new Certified Peer Recovery Specialists (5)
3. Number of educational, EB, culturally sensitive trainings provided (4)
4. Percentage of SMCHD/BH staff trained in cultural sensitivity (100%)
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 suicide awareness events within SMC (#)
8. Percentage of SDOH assessments completed (75%)

9. Number of SUD education and outreach sober activities for ages 17-24.
10. Outreach education to prescribers related to buprenorphine treatment (#)
11. Reduce overdose occurrences through the education of medication safe storage and disposal (#)
12. Educate community on safe disposal locations throughout the county (#).

Objective 2.3: Increase, in subsequent years, the number of individuals in behavioral health services to meet with peer support services to both adults and adolescents by June 2029.

Objective Measures 2.3

1. Percent change in participation of Mentoring programs (%)
2. Percent change in participation of Mediation & Conflict Resolution (%)
3. Percent change in the number of support group/trainings held for adults (+%)
4. Percent change in the number of support groups/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 unhoused individuals in SMC by June 2029.

Objective Measures 2.4

1. Number of partner and/or community meetings related to unhoused individuals
2. Percent increase of individuals and access points served through the PATH program (%)
3. Percent increase of number of disability claims using SOAR process (%)
4. Number of participants enrolled in WARM and provided care coordination resources and support.

Objective 2.5: Actively monitor local system changes and develop integrated plans to address community needs accordingly by June 2029.

Objective Measures 2.5

1. Number of strategies in alignment with the County Health Plan (5)
2. Number of LBHAC representatives in SMC meetings (#)
3. Percent of Healthy St. Mary's Partnership meetings attended by BH Staff (%)
4. Percent of families with access to technical assistance, educational resources and training for Local Care Teams. (100%)
5. Percentage of Local Management Board meetings attended by BH staff (%)

Priority 3: Increase Programs Promoting Wellbeing

Goal 3: Expand and enhance the behavioral health continuum of care focused on adolescent and adult offenders by June 2029.

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. Percent of pre-trial and adjudicated offenders who screen positive for substance use referred for behavioral health assessment (100%)
3. Percent of adjudicated offenders who are assessed as needing treatment will be referred to community or jail-based programming (100%)
4. 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%)
4. Percentage of Peer support to justice involved participants (%)

Objective 3.3: LEAD is to give individuals that commit law violations driven by unmet BH the tools and support to maximize their opportunity for behavioral change.

Objective Measures 3.3

1. Reduce opioid overdose deaths in designated project implementation areas;
2. Reduce recidivism of LEAD participants;
3. Reduce calls for service for drug-related activity in SMC;
4. Reduce criminal justice costs incurred by LEAD participants allowing effective use of resources;
5. Increase LEAD participants' access to fulfill everyday needs such as permanent housing;
6. Increase LEAD participants' average income;
7. Improve community perceptions of police;
8. Improve police understanding and response to addiction and MH issues.

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)

ATTACHMENT D: PLAN APPROVAL REQUIREMENTS

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

December 31, 2026

Office of Planning
Behavioral Health Administration
55 Wade Avenue
Catonsville, MD 21228

RE: FY27 Annual Report LBHAC Approval

To Whom It May Concern:

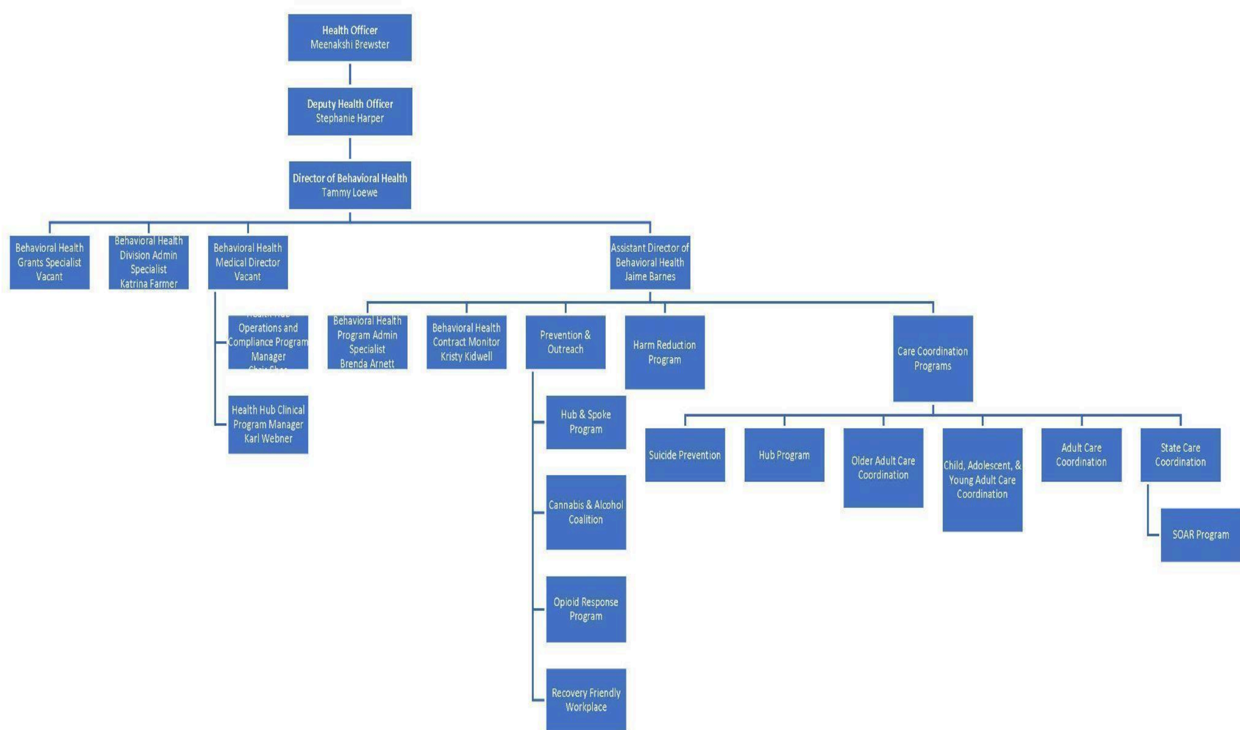
In an effort to plan and address the behavioral health needs of the community less than one entity, the St. Mary's County Local Behavioral Health Advisory Council (LBHAC) will meet on (January 5, 2026). During the meeting we reviewed the FY27 Annual Report and were able to provide feedback. In addition 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.

Tammy Loewe, LCSW-C
Acting Chair of the Local Behavioral Health Advisory Council

21580 Peabody Street, P.O. Box 316, Leonardtown, MD 20650
www.SMCHD.org | Facebook.com/SMCHealthDepartment | Twitter: @SMCHD_gov

ATTACHMENT E: LBHA Organizational Chart



- Director of Behavioral Health – Tammy Loewe
  - Assistant Director of Behavioral Health – Jaime Barnes
    - Prevention & Promotion Program Manager – Theron Hudson
      - CHOW – Amber Helton
      - Hub & Spoke Coordinator – Mickenzie Smiroldo
      - Prevention & Promotion Care Coordinator – Vacant
      - Opioid Prevention Supervisor – Taylor Nickerson
        - Overdose Prevention Coordinator – Lenore Williams
        - Recovery Friendly Workplace Advisor – Malik Mines

Director of Behavioral Health
Tammy Loewe

Assistant Director of Behavioral Health
Jaime Barnes

Harm Reduction Manager
Carmen Flagg

Admin Specialist
Alicia Barnes

Nurse Practitioner
Vacant

Peer Recovery Specialist
Vacant

Peer Recovery Specialist
Vacant

Peer Supervisor
Zuriel Savoy

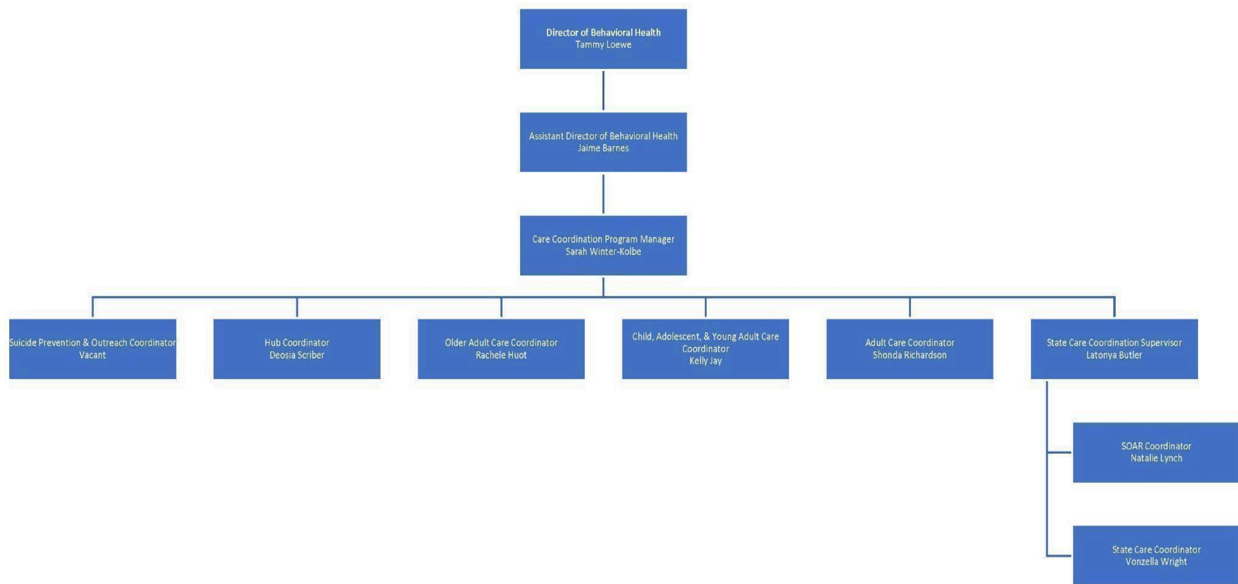
Peer Recovery Specialist
Anthony Forbes

Certified Peer Recovery Specialist
Nicole Barrows

Peer Recovery Specialist
Christin Villa

Peer Recovery Specialist
Michael Barnes

ST. MARY'S COUNTY
HEALTH DEPARTMENT
Heart. Science. Service.


Director of Behavioral Health
Tammy Loewe
Assistant Director of Behavioral Health
Jaime Barnes
Care Coordination Program Manager
Sarah Winter-Kolbe
Suicide Prevention & Outreach Coordinator
Vacant
Hub Coordinator
Deosia Scriber
Older Adult Care Coordinator
Rachele Huot
Child, Adolescent, & Young Adult Care Coordinator
Kelly Jay
Adult Care Coordinator
Shonda Richardson
State Care Coordination Supervisor
Latonya Butler
SOAR Coordinator
Natalie Lynch
State Care Coordinator
Vonzella Wright

ATTACHMENT F: Local Behavioral Health Advisory Council

Local Behavioral Health Advisory Council, LBHAC

Tammy Loewe	St. Mary’s County Health Department - Bh Division
Jaime Barnes	St. Mary’s County Health Department - Bh Division
Taylor Nickerson	St. Mary’s County Health Department - BH Division
Karl Webner	St. Mary’s County Health Department - BH Division
Sarah Winter-Kolbe	St. Mary’s County Detention Center- Waden
Theron Hudson	St. Mary’s County Sheriff's Office- MH Liaison
MaryAnn Thompson	St. Mary’s County Government - LMB
Alexis Higdon	St. Mary’s County Government
Amanda Meatyard	Center for Children - CEO
Cynthia Brown	Center for Children- Clinical Director
Cathy Meyers	Cornerstone Montgomery
Aaron Burchett	Cornerstone Montgomery
Rebecca Sweeney	Cornerstone Montgomery
Janeen Colinson	Cornerstone Montgomery
Cari Guthrie	St. Mary’s County- DHS - Director
Sierra Ringly	St. Mary’s County - DHS- Deputy Director
Alexis Zoss	St. Mary’s County - DHS - Supervisor
Jennifer Neff	St. Mary’s County States Attorney’s Office
Emma Nowak	St. Mary’s County DJS
Jessika Hall	St. Mary’s County Circuit Court - Drug Court
Anne-Marie Combs	Lifestyles of Maryland
Linda Spates	Parents Place of Maryland
Corae Young	Med Star St. Mary’s Hospital
Amy Young	Med Star St. Mary’s Hospital
Lori Werrell	On Our Own of Southern Maryland
Robert Elrod	Mem Scepter Home and Behavioral Health
Danielle Johnson	Outlook Recovery
Kaitlynn Zacher	St. Mary’s County Parole & Probation
Gena McCaskill	St. Mary’s County Parole & Probation
Damita Lewis	Pathways Inc.
Jason Dubard	Project Chesapeake
Brigit Locklear	Adam Hilton
R. Francis	P. Bollinger
St. Mary’s County Health Department - BH Division	Millie Richmond
St. Mary’s County Health Department - BH Division	Valencia Lewis

Alicia Dalton	QCI Behavioral Health
Shiretta Warren	QCI Behavioral Health
Michael Todd	Sante Group - Rock Creek Foundation
Britt Mobely	Sante Group - Rock Creek Foundation
Tina Marie Brown	Sante Group
Michelle Grigsby	Sante Group
Donny Williams	Serving Together
Natasha Abbott	Step Up Empowerment
Liana Stewart	Step Up Empowerment
Lean Mandely	The Mentor Network
Sasha Seenath	Three Oaks Center
Steven Gorozdos	Vesta

Pyramid Healthcare
QCI Behavioral Health
QCI Behavioral Health
QCI Behavioral Health

ATTACHMENT G: ACRONYMS

A-CRA: Adolescent Community Reinforcement Approach
AA: Alcoholics Anonymous
ACE's: Adverse Childhood Experiences
ADA: American with Disabilities Act
ADL: Activities of Daily Living
Adult IDT: Adult Interdisciplinary Meeting
ARC: Adult Interdisciplinary Meeting
ASAM: Adult Interdisciplinary Meeting
ASL: American Sign Language
ASO: Administrative Service Organization
BCBS: Blue Cross Blue Shield
BH: Behavioral Health
BHA: Behavioral Health Administration
BHAT: BH Action Team
CAC: Community Alcohol Coalition
CARF: Commission on Accreditation of Rehabilitation Facilities
CASA: Court Appoint Special Advocates
CAYA: Child, Adolescent and Young Adult
CHBL: Community BH Liaison
CBT: Cognitive Behavioral Therapy
CCAR: Recovery Coach Academy
CCO: Care Coordination Organization for Children, Youth and Families
CDBG: Community Development Block Grant
CDC: Center for Disease Control
CFC: Center for Children
CHA: Community Health Assessment
CHIP: Community Health Improvement Plan
CHRC: Maryland Community Health Resource Commission
CIM: Crisis Intercept Mapping
CINA: Child In Need of Assistance
CIT: Crisis Intervention Team
CoC: Continuum of Care Program
COMAR: Code of Maryland Regulations
COVID-19: Coronavirus 2019
CPP: Child-Parent Psychotherapy
CPRS: Certified Peer Recovery Specialist
CRAFT Recovery: Community Reinforcement and Family Training
CRF: Cigarette Restitution Fund
CRP: Crisis Response Program
CSA: Core Service Agencies
DJS: Department of Juvenile Services
DOJ: Department of Justice
DRC: Detention and Rehabilitation Center
DRM: Disabilities Rights of Maryland
DSS: Department of Social Services
EAP: Employee Assistance Program
EHR: Electronic Health Record
EMDR: Eye Movement Desensitization and Reprocessing
EMS: Emergency Medical Services
EP: Emergency Petition
EYBC: Empowering Youth and Bridging Communities
FCC: Family Connection Court
FFT: Family Functional Therapy
FSS: Family Self-Sufficiency Program
FUP: Family Unification Program
GA: Gamblers Anonymous
GOCCP: Governor's Office of Crime Control & Prevention
GVI: Group Violence Intervention
HASMC: Housing Authority of St. Mary's County
HEAL: Healthy Eating and Active Living
HIDTA: High Intensity Drug Trafficking Area Program
HPSA: Health Professional Shortage Area
HRP: Harm Reduction Program
HSMP: Healthy St. Mary's Partnership
HUD: Housing and Urban Development
IATS: International Association for Trauma Professionals
IFS: Internal Family Systems Theory
IHIP-A: In-Home Intervention Program for Adults
IHIP-C: In-Home Intervention for Children and Youth

IHIP: In-Home intervention Program
IMR: Illness Management and Recovery
IOP: Intensive Outpatient
IPS: Individual Placement and Support
ITC: Integration Transition Committee
LAA: Local Authority Association
LBHA: Local BH Authority
LBHAC: Local BH Advisory Council
LCT: Local Care Team
LEAD: Law Enforcement Assisted Diversion
LEOs: Leading Empowered Organizations
LMB: Local Management Boards
MA: Medicaid
MABHA: Maryland Association of BH Authorities
MAHT: Maryland Affordable Housing Trust
MARS: Medication Assisted Recovery Support
MAT: Medication-Assisted Treatment
MCF: Maryland Coalition of Families
MCT: Mobile Crisis Team
MDH: Maryland Department of Health
MCORR: Maryland Certification of Recovery Residence
MDRN: Maryland Recovery Net
MEEHA-EmPOWER: Multifamily Energy Efficiency and Housing Affordability Program
MH: Mental Health
MOA: Memorandum of Agreement
MOSAIC: Community Services Outpatient Clinic in Maryland
MOU: Memorandum of Understanding
MSBA: Maryland State Bar Association
MUA: Medically Underserved Area
NA: Narcotics Anonymous
NAACP: National Association for the Advancement of Colored People
NAMI: National Alliance on Mental Illness
NAS: Naval Air Systems
NAVAIR: U.S Naval Air Systems Command
NAWCAD: Naval Air Warfare Center Aircraft Division
NP: Nurse Practitioner
NPP: Nurturing Parenting Program
NRP: Nicotine replacement therapy
OD2A: Overdose to Action
OHQC: Office of Health Care Quality
OIT: Opioid Intervention Team
OMHC: Outpatient Mental Health Clinic
OMPP: Opioid Misuse Prevention Program
OOCC: Opioid Operation Command Center
OOOSMC: On Our Own of St. Mary's County
OP: Outpatient Program
OPT: Overdose Prevention Team
ORD: Overdose Response Program
OSOP: Overdose Survivors Outreach Program
OUD: Opioid Use Disorder
PABA: Parents Affected by Addiction
PATH: Projects for Assistance in Transition from Homelessness
PBHS: Public BH System
PCIT: Parent-Child Interaction Therapy
PFLAG: Parents, Families, and Friends of Lesbians and Gays
PHP: Partial Hospitalization Program
PIP: Performance Improvement Plan
PM: Performance Measure
PMHS: Public Mental Health System
PRP: Psychiatric Rehabilitation Program
PRS: Peer Recovery Specialist
PSB: Problematic Sexual Behavior Therapy
PTSD: Post-Traumatic Stress Disorder
QC: Quality Council
RCC: Recovery Community Center
RFP: Request for Proposal
RPR: Relevant Persons Representative
RRP: Residential Rehabilitation Program
RTC: Residential Treatment Center
SAIPE: Small Area Income and Poverty
SAMHSA: Substance Abuse and Mental Health Services Administration
SARC: Substance Abuse Recovery Court
SASSI II: Substance Abuse Subtle Screening Inventory II
SCC: State Care Coordination

SBIRT: Screening, Brief Intervention and Referral to Treatment
SED: Supported Employment Demonstration grant
SEN: Substance Exposed Newborns
SMART: Self-Management and Recovery Training
SMC: St. Mary's County
SMCRDC: St. Mary's County Detention and Rehabilitation Center
SMCHD: St. Mary's County Health Department
SMCN: Southern Maryland Community Network
SMCPS: St. Mary's County Public Schools
SMCSO: St. Mary's County Sheriff's Office
SMVF: Service Members, Veterans, and their Families
SNAP: Supplemental Nutrition Assistance Program
SOAR: SSI/SSDI Outreach Access and Recovery
SOGS: South Oaks Gambling Screening
SoMD: Southern Maryland
SPG: Senior Policy Group
SRD: Substance Related Disorder
SSDI: Social Security Disability Income
SSI: Supplement Security Income
SUD: Substance Use Disorder
SWOT: Strengths, Weaknesses, Opportunities, Threats
TCA: Temporary Cash Assistance
TCM: Target Case Management
TFCBT: Trauma Focused Cognitive Behavioral Therapy
TFL: Tobacco Free Living
TOC: Three Oaks Center
TREM: Trauma Recovery and Empowerment
UHC: United HealthCare/Medicaid
VASH: Veterans Affairs Supportive Housing
VIT: Violence, Injury, Trauma
W-FAN: Walden's Friends and Alumni Network
Walden: Pyramid-Walden
WARM: Wrapping Arms Around Many
WM: Withdrawal Management
WRAP: Wellness Recovery Action Plan

ATTACHMENT H: ALL HAZARD PLAN