

BH 1 Reduce the rate of emergency department visits related to behavioral health conditions (per 100,000 population) from 7,027.1 to less than 6,675.7 as measured by the Maryland Health Services Cost Review Commission (HSCRC)

- Increase the number of licensed behavioral health providers
- Increase the number of physicians that are trained in substance misuse Screening, Brief Intervention, and Referral to Treatment (SBIRT)
- Increase the number of primary care practices implementing integrated care models that include substance misuse screening and treatment
- Increase availability of diversion & crisis management programs (e.g., ER, mobile crisis unit, Assertive Community Treatment (ACT) team, police department parole and probation)
- Advocate that current programs are adequately funded
- Support anti-stigma efforts related to behavioral health
- Identify disparities in behavioral health data in order to target specific populations
- Assist with impact on consumers (co-pays etc.) resulting from the shift to a fee for service model
- Advocate for parity for substance abuse and mental health treatment funding
- Increase the availability of local insurance options
- Increase the number of staff and counselors in the local school system that are trained in SBIRT
- Conduct an assessment of a Random Student Drug Testing (RSDT) school policy to identify the legal and financial feasibility and potential health impact
- Increase availability of diversion programming for youth at risk of incarceration (e.g., through drug courts, courts counselor, etc.)

BH 2 [Developmental] Increase the percentage of adults with behavioral health conditions who receive treatment services as measured by the National Survey on Drug Use and Health (NSDUH)

- Identify local baseline or develop a measurement tool for data collection
- Decrease social stigma associated with mental illness through communications campaigns, public outreach, and anti-stigma training
- Increase the number of SMC residents who are trained in mental health first aid
- Increase the number of licensed behavioral health providers in SMC
- Increase clinic-based depression care management for adults over age 60
- Increase home-based depression care management for adults over age 60
- Increase collaborative care models for management of depressive disorders in adults
- Increase the number of adults receiving mental health case management support
- Support the implementation of an electronic database of local behavioral health resources and other behavioral health resources/tools
- Increase the availability of local treatment services for specialty disorders (e.g., eating disorders, gambling related disorders, etc.)
- Advocate for adequate funding for specialty treatment services
- Increase availability of diversion & crisis management programs (e.g., ER, mobile crisis unit, ACT team, police department/parole/probation)
- Increase availability of funded treatment services for adults at risk of incarceration (e.g., through drug courts, courts counselor, etc.)

BH 3 [Developmental] Increase the percentage of children with mental health conditions who receive treatment services

- Identify local baseline or develop a measurement tool for data collection
- Decrease social stigma associated with mental illness through communications campaigns, public outreach, and anti-stigma training
- Increase the number of SMC residents that are trained in youth mental health first aid

- Increase the number licensed behavioral health providers who work with pediatric patients in SMC
- Increase the number of health care providers who are trained in SBIRT
- Increase the number of staff and counselors in the local school system that are trained in SBIRT
- Support local community based support services, increase awareness of available programming (e.g., National Alliance on Mental Illness (NAMI), Guiding Good Choices, Tri-County Youth Services Bureau, etc.)

BH 4 [Developmental] Increase the proportion of incarcerated adults with access to substance abuse treatment services as measured by the Corrections Division of the St. Mary's County Maryland Sheriff's Office

- Increase availability of Correctional Level 2.1 Intensive Outpatient services for detention center inmates
- Advocate with policy-makers for local funding and support for detention center improvements to increase on-site space for substance abuse treatment services
- Raise awareness of issue with local elected officials

BH 5 [Developmental] Increase the proportion adults with behavioral health conditions who report having stable housing

- Identify local baseline or develop a measurement tool for data collection
- Increase utilization of behavioral health treatment services by residents who lack stable housing
- Support stable, drug-free housing opportunities for those committed to recovery from substance abuse
- Develop a measurement tool to assess the burden of behavioral health conditions in homeless residents

BH 6 Decrease the suicide rate (per 100,000 population) from 12.3 to less than 11.7 as measured by Maryland DHMH Vital Statistics Administration

- Increase Suicide Means Restriction Education (injury prevention education plus action to reduce means for suicide) for caregivers/family members of residents at risk of suicide (e.g., in crisis situations, ED post suicide attempt, crisis calls, through community-based outreach)
- Increase public awareness of the risks, signs, and symptoms
- Support anti-stigma campaigns
- Increase coordination across organizations to promote easier access to mental health professionals for individuals at risk
- Monitor trends in rates of emergency department patients with status post suicide attempt, reporting suicidal ideation

BH 7 Reduce the percentage of high school students that seriously considered attempting suicide during the past 12 months from 16.1 to less than 15.3 as measured by the Youth Risk Behavior Survey (YRBS)

BH 7.1 Reduce the percentage of high school students that made a plan about how they would attempt suicide during the past 12 months from 12.5 to less than 11.9 as measured by the YRBS

- Increase Suicide Means Restriction Education (injury prevention education plus action to reduce means for suicide) for caregivers/family members of residents at risk of suicide (e.g., in crisis situations, ED post suicide attempt, crisis calls, through community-based outreach)
- Support Anti-Bullying campaigns and programs in local schools

- Develop a measurement tool for data collection to assess health disparities among youth who identify themselves as LGBTQ (Lesbian, Gay, Bisexual, Trans, or Questioning)
- Support anti-stigma campaigns
- Develop a measurement tool for data collection to assess the relation between suicidal ideation/attempt with comorbid substance use/trauma/mental illness
- Support Suicide Prevention Programming and training offered to students, staff, and administration in the local school system
- Support the inclusion of the youth suicide hotline number on student identification cards in the local school system
- Support the implementation of targeted outreach and support to high risk youth (e.g., identified substance use, previous attempt or ideation, etc.)
- Develop and support the implementation of an organizational policy/protocol requiring a lethality assessment (or comparable suicide screening) on youth with identified substance use in the local school system

BH 8 Reduce drug-induced death rate (per 100,000 population) from 9.5 to less than 9.0 as measured by Maryland DHMH Vital Statistics Administration

- Increase resident knowledge on signs and symptoms of drug overdose
- Increase resident skills for responding to suspected drug overdose
- Increase the number of law enforcement officials trained and equipped to administer naloxone
- Increase the number of community members trained and equipped to administer naloxone
- Promote opportunities for anonymous reporting of suspected drug use and overdose (e.g., SMCPS youth hotline, SMCSO tip line, etc.)
- Increase awareness of good Samaritan Law
- Increase the number of health care providers that are trained in SBIRT
- Increase the number of primary care practices implementing integrated care models that include substance abuse screening and treatment
- Increase availability of diversion & crisis management programs (e.g., ER, mobile crisis unit, ACT team, police department parole and probation)
- Advocate for parity for substance abuse and mental health treatment funding

BH 9 [Developmental] Decrease illicit drug use by youth as measured by the YRBS

BH 9.1 Decrease the percentage of students who report using heroin once or more during life from 4.5 to less than 4.2 as measured by the YRBS

BH 9.2 Decrease the percentage of students who report using prescription drugs without a prescription one or more times during life from 16.6 to less than 15.8 as measured by the YRBS

BH 9.3 Decrease the percentage of students who report using prescription drugs without prescription at least once in the past 30 days from 9.2 to less than 8.7 as measured by the YRBS

BH 9.4 Decrease the percentage of students who report using steroid pills or shots without a prescription one or more times during life from 4.8 to less than 4.5 as measured by the YRBS

- Identify local baseline for overall illicit drug use by youth by compiling aggregate data for BH 9 sub-measures (9.1-9.4)
- Enhance education and awareness among youth and parents
- Expand communications & marketing through the Smart Medicine Campaign

- Increase availability and utilization of “Reconnecting Youth: A Peer Group Approach to Building Life Skills”
- Support youth-focused “drug summits” and opportunities for peer-peer engagement around substance use prevention
- Increase youth involvement in drug-free after-school and community activities
- Increase the number of youth participating in community-based or school-based life skills training/mentoring
- Increase the number of schools in St. Mary’s County offering life skills training to youth within formal curriculum
- Expand utilization of prescription drug take back activities
- Increase number of local health care providers participating in local continuing education opportunities on opioid prescribing and monitoring
- Increase the number of local health care provider trained and utilizing PDMP
- Increase the number of health care providers that are trained in SBIRT
- Increase the number of staff and counselors in the local school system that are trained in SBIRT

BH 10 Reduce underage alcohol use and binge drinking in St. Mary’s County

BH 10.1 Decrease the percentage of students who had at least one drink of alcohol on one or more of the past 30 days from 34.0 to less than 32.3 as measured by the YRBS

BH 10.2 Decrease the percentage of students who had five or more drinks of alcohol in a row, that is, within a couple of hours, on one or more of the past 30 days from 19.2 to less than 18.2 as measured by the YRBS

- Increase the number of youth participating in community-based or school-based life skills training/mentoring
- Increase the number of schools in St. Mary’s County offering life skills training to youth within formal curriculum
- Support Maryland Strategic Prevention Framework (MSPF) and Communities Mobilizing for Change on Alcohol (CMCA) initiatives (e.g., survey and data collection on underage alcohol use and binge drinking, and education and awareness efforts targeted to youth, parents, and local businesses)
- Enhance enforcement of laws prohibiting sales to minors
- Increase the number of health care providers that are trained in SBIRT
- Increase the number of staff and counselors in local schools that are trained in SBIRT

BH 10.3 Reduce the percentage of adults who report excessive drinking from 19.0 to less than 18.1 as measured by the Maryland Behavioral Risk Factor Surveillance System (BRFSS)

- Support MSPF initiatives (e.g., education and awareness efforts targeted to young adults, college campuses, and local businesses)
- Support legislative changes for alcohol retailers targeted toward prevention of excessive consumption (e.g., dram shop liability, maintaining limits on days and hours of sale, regulation of alcohol outlet density, etc.)
- Support Responsible Alcohol Service Training for alcohol retailers
- Increase the number of health care providers that are trained in SBIRT

BH 11 [Developmental] Increase the percentage of adults with serious mental illness who are employed

- Identify local baseline or develop a measurement tool to assess employment rates for individuals with serious mental illness

- Support employment and education programming for individuals with serious mental illness

BH 12 Decrease the child maltreatment rate (per 1,000 population) 5.8 to less than 5.5 as measured by the Maryland Department of Human Resources (DHR)

- Implement the Healthy Families model in St. Mary's County
- Ensure coordinating efforts across agencies when addressing needs of children in drug affected households
- Maintain multi-disciplinary coordination to address the needs of vulnerable families
- Increase availability and utilization of parenting trainings/classes (e.g., Guiding Good Choices)

AC 18/BH 13 [Developmental] Increase recruitment and retention of primary care providers, behavioral health providers, and dental providers.

- Identify reliable and current data source for describing provider: population ratio of primary care providers, behavioral health providers, and dental providers in St. Mary's County
- Establish Area Health Education Center model dedicated to Southern Maryland for improving the pipeline of southern Maryland residents going into health care professional fields and for increasing the number of health care provider students visiting southern Maryland for training opportunities
- Tax incentives to encourage primary care providers, behavioral health providers, and dental providers to locate and maintain practices in St. Mary's County
- Promote student loan relief opportunities for primary care providers, behavioral health providers, and dental providers practicing in St. Mary's County
- Support development of a family medicine residency program in Southern Maryland
- Support community jobs diversity needed to attract the family members of health care providers to St. Mary's County
- Support vibrant community development (recreational opportunities, strong schools, affordable housing, and SMART growth) to attract health care providers and their families to St. Mary's County