

Behavioral Health (BH)

Behavioral Health is a term that is used to refer to both mental health and substance use – covering the full range of our emotional, psychological, and social well-being. Behavioral health is important in every stage of life and influences a person’s ability to maintain physical wellness. Illnesses such as depression and anxiety may affect people’s ability to participate in health-promoting behaviors. Conversely, problems with physical health, such as chronic diseases, may impact mental health and decrease a person’s ability to participate in treatment and recovery.

This section outlines the **Behavioral Health Objectives** which will be monitored over time by HSMP in order to measure local health improvement as well as examples of evidence-based strategies that can be or are currently being implemented to improve behavioral health outcomes for St. Mary’s County residents.

Behavioral Health Objectives

BH 1: Reduce emergency department (ED) visits related to behavioral health conditions.

	County Baseline	County 2026 Target
Rate of ED visits related to mental health conditions for adolescents under the age of 18 (per 1,000 age group population)*	20.4	18.4
Rate of ED visits related to mental health conditions for adults ages 18-64 (per 1,000 age group population)*	119.4	107.5
Rate of ED visits related to mental health conditions for adults 65 and over (per 1,000 age group population)*	57.9	52.1
Rate of inpatient visits for mental health conditions (per 100,000 population)**	3,062.3	2,756.1
Rate of ED visits for addictions related conditions (per 100,000 population)***	1,471.3	1,324.2

*Source: CRISP, 2019 (Please note: The baseline and target for these data points were updated in 2024 to reflect a rate change from per 100,000 population to per 1,000 population due to the size of each age group population.)

**Source: CRISP, 2019

***Source: HSCRC Research Level Statewide Outpatient Data Files, MD SHIP, 2017

BH 2: (Developmental) Reduce the long-term effects of the COVID-19 pandemic on mental health.

BH 3: (Developmental) Increase access to telehealth behavioral health services.

BH 4: Reduce misuse of drugs and alcohol.

	County Baseline	County 2026 Target
Marijuana use (one or more times during life) among high school students*	29.3%	26.4%
Misuse of prescription painkillers (one or more times during life) among high school students*	14.8%	13.3%
Percentage of adults who engaged in binge-drinking in the past 30 days**	13.4%	12.1%
Number of deaths due to overdose***	31	28

*Source: Youth Risk Behavior Survey (YRBS), 2018

**Source: Behavioral Risk Factor Surveillance System (BRFSS), 2018

***Source: Maryland Office of the Chief Medical Examiner, 2019

BH 5: Reduce the number of emergency petitions (EPs) that need to be made by the St. Mary's County Sheriff's Office (SMCSO).

	County Baseline	County 2026 Target
Number of EPs made by SMCSO	901	811
Number of individuals (calculated each month) who have multiple EPs by SMCSO within the same calendar year	230	207

Source: St. Mary's County Sheriff's Office, 2020

BH 6: (Developmental) Monitor those with a behavioral health condition that utilize social services.

BH 7: (Developmental) Reduce the number of individuals who are scheduled for behavioral health services with local clinicians but never engage.

BH 8: (Developmental) Reduce health inequities related to behavioral health conditions and treatment.

Behavioral Health Strategies

Action Team Strategies

- Promote healthy coping mechanisms and preventative care and screenings for mental health.
- Increase awareness of local behavioral health resources and programs.
- Conduct asset mapping and gap analysis of local behavioral health services.
- Collect qualitative input and conduct analysis on the impacts of the COVID-19 pandemic on mental health.
- Support targeted case management for priority populations within social services.
- Increase peer support in the community.
- Identify local baseline for those who are scheduled for services but do not engage.
- Decrease stigma associated with behavioral health through communications campaigns, public outreach, and anti-stigma training.
- Provide cultural competency training for clinicians.
- Support education around language disparities, health literacy, and health equity.

Organization-Specific Strategies

- Increase availability of diversion & crisis management programs (e.g., ED, mobile crisis unit, ACT team, police department/parole/probation). *(SMCHD, MSMH, SMCSO, Emergency Services)*
- Increase the number of primary care practices implementing integrated care models that include substance misuse and mental health screenings. *(Primary Care Clinicians, SMCHD)*
- Expand local care coordination programs and staffing. *(Clinicians, SMCHD)*
- Develop a mental health infrastructure throughout the community to expand trauma-informed care and the use of data systems to promote collaboration and service planning. *(SMCHD, MSMH, Clinicians, SMCSO, Emergency Services)*
- Expand hotspot and cell phone rental programs for telehealth behavioral health services. *(Clinicians, SMCHD)*
- Increase the number of youth participating in community-based or school-based life skills training/mentoring. *(SMCHD, SMCPs, Youth Mentoring Programs)*
- Expand utilization of prescription drug take-back activities. *(SMCHD, SMCSO)*
- Expand local Harm Reduction services. *(SMCHD)*
- Increase availability of diversion programming for youth at risk of incarceration. *(SMCSO, DJS, MSP)*
- Expand capacity for same-day services. *(SMCHD, Clinicians, MSMH)*
- Increase the number of individuals in the community trained and equipped to administer naloxone. *(SMCHD)*

- Expand transportation options to out-of-county treatment programs. *(Clinicians, SMCHD)*
- Develop classification/coding for wellness checks to indicate a mental health purpose and develop a continuity of care model. *(SMCSO, SMCHD)*
- Expand reminders for appointments and provide incentives for attending. *(Clinicians)*
- Promote inTransition program to local active-duty service members, National Guard members, reservists, veterans, and retirees. *(NAS Patuxent River, Naval Health Clinic Patuxent River, Veteran's Affairs)*
- Increase the number of DATA-2000 waived primary care clinicians offering buprenorphine treatment for opioid use disorder. *(SMCHD, Clinicians)*

Community Member Strategies

- Advocate for the expansion of telehealth behavioral health services.
- Advocate that current programs are adequately funded.
- Support utilization of prescription drug take-back activities.
- Participate in training and become equipped to administer naloxone.
- Advocate for recovery community centers to be able to lease vehicles.
- Advocate for funding for transportation to behavioral health services.
- Advocate for equity across policies and programs.