WORCESTER COUNTY
BEHAVIORAL HEALTH AUTHORITY

FY2025
BEHAVIORAL HEALTH
ANNUAL REPORT

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A. INTRODUCTION

Executive Summary

The FY 2025 Behavioral Health Annual report is submitted by the Worcester County Local Behavioral Health Authority (WCLBHA) as mandated by The Annotated Code of Maryland, Health General, Title 10, Section 10-1202(d)(1), and in accordance with the Behavioral Health Administration (BHA) guidelines, issued in October 2023. The WCLBHA serves as the core service agency and the local addictions authority for Worcester County. The annual report's purpose is to present accomplishments, highlights and progress on priority goals and objectives identified in our local jurisdiction.

The first part of this document is providing an overview of the highlights, accomplishments, and challenges relating to behavioral health services in Worcester County. The section that follows contains a report on progress made with identified goals and objectives. The next section of the report is a presentation and analysis of data, followed by plan approval requirements are also reviewed.

Self-assessments and associated plans are included next. The Local Systems Management Integration Self-Assessment, the Culturally and Linguistically Appropriate Service (CLAS) self-assessment and implementation plan of the National Standards for Culturally and Linguistically Appropriate Service in Health and Health Care are provided.

Next, the financial review of budgets of the programs funded through the WCLBHA and the associated conditions of awards are outlined.

The final section is the appendices, containing data resources and a list of abbreviations.

The FY 2025 Financial Plan will be submitted separately.

This is a working document.

Agency and Jurisdiction Overview

The Worcester County Local Behavioral Health Authority (WCLBHA) provides leadership and accountability in Worcester County for the establishment of a diverse, comprehensive, and accessible array of quality behavioral health services responsive to the needs and desires of citizens with behavioral health disorders, their families, and service providers. A core function of the WCLBHA is to identify trends and service needs and to promote prevention, outreach, education, referral, advocacy, and service delivery through collaboration with the community and partners.

Worcester County is the easternmost county in Maryland. The year round population is approximately 53,866 people, which grows to over 350,000 with people visiting Ocean City and the coastal parks during the summer (U.S. Census Bureau, 2022; 2020 Worcester County Hazard Mitigation & Resilience Plan, 2020). As such, programs in Worcester County must provide year round services to our residents, but also be fully prepared to serve the visitors from neighboring states/counties when crises occur and/or behavioral health issues arise.

Many of the local residents are employed in farming, fishing, or hospitality trades. The wage scale and circumstances surrounding employment often means in the summer people work long hours at low wages and have higher rents whereas in the spring, fall, and winter seasons there is no steady employment. In general, the household income generally drops the further south you travel within the county. The median household income in the county is $76,689, but the per capita income is only 48,769 (U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates, 2018-2022).

Poverty in Worcester County affects families with school age children, African Americans, and women, more than the population as a whole, Caucasian individuals and men. In 2019, 9.9% of the total Worcester population were living in poverty, slightly higher than the state average (9.1%) (Worcester County Community Health Assessment (CHA), 2021). 14% of school age children (ages 5-17) lived in poor families, compared to 11.9% overall in MD. About 1 in 5 (21.1%) African Americans lived below poverty level, compared with 7.2% of whites. In 2015-2019, 8.6% of men, and 9.5% of women were below poverty level.

The majority of Worcester County is Caucasian (80%) followed by African Americans (12.7%), Hispanic individuals (3.7%), Asian individuals (1.5%), and individuals identifying as other (2.0%). Worcester is the second oldest county in MD with 28.2% of the total population aged 65 and older. Worcester County's median age (50.4) is higher than the state of Maryland's (38.7) and the median age in the US (38.1) (Worcester County CHA, 2021). These statistics show some of the unique characteristics of Worcester County's population as well as associated challenges to ensuring accessible, appropriate, affordable services for all.

Organizational Structure

The WCLBHA is housed within the Worcester County Health Department, and has been within the Health Department since it was created, as the CSA, in 1998. The provided organizational chart for the WCLBHA (Appendix 1) shows the Agency's organizational structure. Although the WCLBHA is a health department-based LBHA, it has a history of avoiding conflicts of interest and maintaining a firewall. The WCLBHA offices are a separate suite within one of the health department's sites. Files are triple-locked and accessible only to WCLBHA staff. The WCLBHA currently operates with a team of 3.2 Full Time Equivalent (FTE) positions.

The WCLBHA serves as the local authority for behavioral health services in Worcester County. Originally responsible for overseeing and monitoring the delivery of services to mental health consumers in Worcester County, the WCLBHA's duties have extended to include consumers receiving treatment for substance use disorders. In the Spring of 2011 the Worcester County Core Service Agency assumed the functions of the Local Addictions Authority to formally become the Worcester County Local Behavioral Health Authority.

The WCLBHA is responsible for local system planning to include preparing and monitoring contracted behavioral health services, complaint investigations, identification of needs and service gaps, managing uninsured exception requests, completing reports requested by BHA, and planning for a full continuum of services to be available to the jurisdiction. The WCLBHA will continue to work closely with the Worcester County Health Department, BHA and other local behavioral health providers to continue moving forward as integration continues across Maryland.

The WCLBHA actively participates in a variety of local and state level workgroups and councils. The Director of the LBHA is also the Director of Worcester County's Initiative to Preserve Families, the jurisdiction's Local Management Board. In addition, the WCLBHA actively participates in Local Care Team meetings to assist with the exploration of resources available to support children and families in crisis. The Worcester County LBHA shares information with the Mental Health Advisory Committee as well as the local Drug and Alcohol Council to seek input and guidance on identifying strengths, needs, gaps, barriers, and opportunities for constituents in need of prevention, treatment, and recovery support.

Councils and Committees

As of December 2023, the Worcester County Mental Health Advisory Committee (MHAC) consists of twelve members. The county health officer, a representative from the Eastern Shore Hospital Center, the director of the county behavioral health clinic, and the director of the Local Behavioral Health Authority are non-voting *ex-officio* members. There are representatives from the local hospital, the Department of Social Services, Maryland Coalition of Families, and Worcester County's Initiative to Preserve Families (the Local Management Board). There are

representatives from the local consumer wellness and recovery center, and local mental health service providers.

The Worcester County Drug and Alcohol Council (DAC) consists of twenty-eight members. There are nine At-Large members, twelve *ex-officio* members, and seven Advisory members. There are representatives from the local hospital, law enforcement, the Department of Social Services, Health Department, Local Behavioral Health Authority, the Board of Education, members of the recovery community, a representative from the local community college, representatives from clergy, and other sectors of the community. The chairperson is a community member from the Sheriff's Office.

Systems Management

The WCLBHA is the local authority responsible for planning, managing, and monitoring public behavioral health services at the local level. The WCLBHA exists under the authority of the Secretary of the Maryland Department of Health and also are agents of the county government, which approve their organizational structure.

The functions of local behavioral health authorities are to assess, plan, develop, and manage a full range of treatment and rehabilitation services for persons with serious mental illness, substance use disorders, or co-occurring disorders in their jurisdiction as stipulated by the Health General Article, 10-10-1203, Annotated Code of Maryland. In addition to planning and developing a robust behavioral health system, the WCLBHA also responds to complaint investigations and monitoring of behavioral health services to assure quality services are being provided in Worcester County.

The WCLBHA continues to assist with coordination of care to high risk and high cost patients identified by the ASO through utilization of local resources available. The WCLBHA will continue to outreach to identified individuals to assist with linking to peer recovery services, MDRN supports as appropriate, and assistance to become involved with treatment providers available to provide the most appropriate level of care. In addition, the WCLBHA has been working with local area partners to promote a single-point-of-entry for resources through the Maryland 2-1-1 hotline. In FY23, the WCLBHA continued to work with partners to promote 9-8-8, the National Suicide Prevention hotline that went into effect on July 16, 2022. Both of these hotlines will connect individuals with a live person to speak with 24 hours a day.

The integration of behavioral health services is very important to Worcester County and the WCLBHA. The WCLBHA continues to work on local integration efforts within the local systems management (see more specifics about local efforts in Appendix 3). The key barriers to full integration locally are outside of the purview of the WCLBHA, most notably the state administrative functions and funding streams. Members of the DAC and MHAC discussed

concerns about the myriad budgets the WCLBHA has to manage and strongly recommend streamlining funding in order to better serve our community in an integrated and comprehensive manner to best meet the needs of our community.

B. HIGHLIGHTS, ACHIEVEMENTS, NEW DEVELOPMENTS and CHALLENGES

Highlights:

Buprenorphine Initiative

Worcester County continued efforts to expand the availability of Buprenorphine services in the jurisdiction during FY 2023. In FY2023, the following accomplishments occurred:

- The Worcester County Health Department provided Buprenorphine services to 90 individuals
- 3 prescriptions were made available for uninsured or underinsured
- 22 outreach and education opportunities occurred throughout the community regarding the Buprenorphine program and initiative in Worcester County

Continuum of Care

The lower shore Tri-County Continuum of Care (CoC) consists of Somerset, Wicomico, and Worcester Counties. In FY2023 the CoC received a total of $1,409,721.00 for seven (7) permanent supportive housing projects. The expansion of programs is critical because according to the Homeless Management Information System (HMIS), Worcester County had 386 individuals who were homeless in FY 2023. Of those homeless 24% had mental illness and 9% had substance abuse issues.

Crisis Intervention Team (CIT)

The Crisis Intervention Team (CIT) program provides comprehensive training designed to develop the knowledge and skills needed to guide first responders when interacting with individuals in behavioral health crises. Worcester County has a part-time CIT coordinator who works to connect local law enforcement, first responders, correctional officers, and parole & probation to 40-hour training modules. These modules include evidence-based components such as Mental Health First Aid, Self-Care and Hearing Distressing Voices.

In FY 2023 the following accomplishments occurred:

- Six (6) trainings were offered to Worcester County first responders. This included three (4) 40 hour CIT instruction classes, one (1) Dispatcher class, and one (1) Train the Trainer Class.
- 24 first responders from local law enforcement and other public safety entities were trained in CIT.
- The CIT team also was able to support an Integrating Communication Assessment and Tactics (ICAT) course for officers ready for the next step in de-escalation training after CIT.

- CIT Coordinator partnered with the Worcester Crisis Response Team (CRT) and the Law Enforcement Diversion (LEAD) staff to create a Crisis Advisory Board for Worcester County. This board includes members for law enforcement and other crisis services including the walk in crisis center.

Crisis Response Team (CRT)

Worcester County is the only jurisdiction on Maryland's Eastern Shore that has a 24/7 operating crisis response team. During FY2023, the Crisis Response Team continued to operate by providing outreach to various agencies and responding to crisis calls in the community along with law enforcement partners. Since September 2011, CRT continues its partnership with the Jesse Klump Memorial Fund to provide a monthly support group to those who lost loved ones to suicide.

In FY2023, the following CRT accomplishments occurred:

- CRT responded to 633 calls
- 352 calls by Law Enforcement Agencies
- 97 calls by Atlantic General Hospital
- 300 suicide-related calls
- 541 calls involved persons with Chronic Mental Illness
- 42 calls involved homeless individuals
- 271 Hospital Diversions

Early Childhood Intervention Program

In FY 2023, the Early Intervention Program provided consultation to the Head Start teachers and directors as well as parents of the children served. The program Coordinator provided outreach and education to the early childcare providers of Worcester County through various community events. The Early Intervention coordinator provided intake packets, brochures, and postcards to behavioral health providers, pediatric offices, and early learning centers during FY2023. Due to Board of Education changes and expansion of the preschool program, the primary location of early learners aged 3 to 5 years old is in a classroom setting. The Program Coordinator built a presence within each of the 5 elementary schools in Worcester County. During FY2023 the program served 22 children.

Joan Jenkins-Atlantic Club

In FY2023 the Atlantic Club employed 11 uncertified Peers, 3 Peers in certification training and 1 Registered Peer Supervisor (RPS). The Atlantic Club is a Recovery Community Club which operates 24/7 to help people in recovery. It hosts activities such as Trivia Movie nights, Shorebirds baseball games, holiday parties and has a recovery garden for members to work in. In FY2023 the Atlantic Club had contact with 3197 people and hosted 338 recovery groups such

as AA and NA. Additional highlights of activities offered at the Atlantic Club through community partnerships included:

- Tobacco Cessation Program, a multi-session program designed to help tobacco users develop, implement and maintain quit plans
- Worcester Goes Purple activities in September and throughout the year.
- Family events and activities

Maryland Community Criminal Justice Treatment Program (MCCJTP)

In FY 2023, the MCCJTP budget continued to support both mental health treatment in the detention center, as well as care coordination, to provide re-entry services. The mental health services provided in the Worcester County Detention Center are supplemented by the Worcester County Local Behavioral Health Authority and Worcester County Commissioners. Well Path staff continued to provide individual therapy sessions, psychiatric services, and coordinate aftercare referrals to the Worcester County Health Department's Re-Entry Program. Staff of the re-entry program completed the GAINS assessment on all inmates who were referred for and agreed to participate in aftercare, or re-entry, services. GAINS (**G**athering information, **assessing** what works, **I**nterpreting, integrating the facts, **N**etworking, **stimulating** change) is a SAMHSA initiative that is a best practice approach for co-occurring inmates who will be re-entering the community from a jail. In FY2023 the program served 117 individuals.

Mental Health Case Management (MHCM)

The Worcester County Health Department (WoCHD) provided comprehensive case management services to its residents who endure mental health disorders and struggle to maintain basic needs throughout the recovery process. Over the years, the program has continued to grow in both consumers served and the number of case managers who provide services.

The MHCM program serves residents of two counties, Worcester and Somerset. In FY 2023, a total of 186 unduplicated clients were involved in MHCM services and the program received 106 new referrals. With experienced staffing in place, the program was able to meet the demand of
the community and continue to serve new clients. This demonstrates how important MHCM is to the counties' residents, the need that exists, and how well the case management staff continues to provide exceptional service.

The breakdown of demographic statistics upon admission into the MHCM program for FY2023 are as follows:

- 61% of consumer referred in FY2023 were female
- 62% were between the ages of 35 and 64
- Caucasian recipients comprised 75% of new referrals with African Americans at 25%

- 56% of referrals had a primary diagnosis of a mood disorder
- 63% of program participants were identified as street homeless, temporarily living with a friend or family member, or living in a shelter

Mental Health First Aid (MHFA)/Youth Mental Health First Aid (YMHFA)

In FY2023, Worcester County maintained four (4) certified instructors of MHFA and YMHFA. This included three (3) instructors certified to train YMHFA, four (4) instructors certified to train MHFA, and three (3) instructors who are certified to train in both MHFA and YMHFA. In FY2023 there were four trainings scheduled for YMHFA resulting in 67 people becoming certified. There were six MHFA trainings held resulting in 95 people becoming certified.

Peer Support

In FY2023 Peer Support activities continued in Worcester County. Peer support is valuable to others seeking recovery. The Peer Support specialists in Worcester County outreach to those referred to assist with connection to treatment, housing, recovery support activities, and other needs identified by individuals served. In FY2023 the Peer Support project supported three (3) peer support specialists who served 131 individuals.

Respite Program

Children's Choice of Maryland, Inc. is licensed by the State of Maryland Department of Human Services to provide in-home and out-of-home respite services. Additionally, all homes providing respite services have been certified as treatment level foster parent homes. These services are offered and provided to eligible children and families in Somerset, Wicomico, and Worcester Counties.

In FY2023, the Respite Program had the following accomplishments:

- The Respite program served a total of 33 families. Out of the 33 families served, 10 were new families and the remaining 23 were returning families to the program.
- 16 families received out-of-home services
- 3 families received in-home services
- 7 families received in/out of home services
- 7 families received parent advocate services

During FY2023, the Respite Program was able to support client activities which included game night baskets, movie tickets, Frontier Town tickets and Global Fun tickets.

State Care Coordination

State Care Coordination (SCC) provides case management services to ensure an individual's ability to access services needed to establish recovery in their community. It is the job of the State Care Coordinator to promote continuity of care by helping individuals transition from one

level of care to another, improve recovery outcomes for individuals and the health care system, introduce individuals to the Recovery Community and resources available within the community, and refer individuals to resources in their community. The program follows up with participants served through the SCC program at least twice a month for six months after enrollment into the SCC program. As a part of SCC individuals can be enrolled in Maryland Recovery Net (MDRN) to obtain funding for housing, clothing, vital records, transportation, medical and gap services.

In FY 2023 the SCC program staff continue to work to receive referrals from the Worcester County Health Department and the Worcester County Jail. The SCC program staff make referrals to various programs and resources such as Targeted Case Management, Mental Health treatment, Substance Use Disorder treatment, Department of Human Resources, and other appropriate community programs as needed for each individual. The SCC program staff continues to network and identify resources that will be useful for the success of the individuals served by the program. The SCC program staff participate in weekly team meetings to review cases and program developments.

The following are program highlights accomplished in FY2023:

- The SCC program staff continues to work with Worcester County Health Department and the Worcester County Jail, to receive referrals to the SCC program. The program served 78 participants.
- 50 people had an intake completed FY2023 for State Care Coordination services.
- 52 people were referred to the State Care Coordination Program.
- The SCC program staff continues to network and identify resources that will be useful for the success of the individuals served by the program.

Substance Abuse Treatment Outcome Partnership (S.T.O.P.)

In FY2023 the Worcester County Health Department (WCHD) received STOP funding to support three projects. These projects include Level I Outpatient Substance Use services in the jail setting, Court Assessments for DWI, and Addiction In the Workplace.

The provided jail based-addiction services resulted in the WCHD employing two (2) licensed Drug and Alcohol Counselors that provide drug and alcohol specific treatment to those individuals incarcerated at the Worcester County Detention Center. Specialty services are also provided and include a women's specific group and a dual diagnosis group each of which is held weekly at the detention center. The women's specific group is focused on addressing the specific needs of women in treatment which includes, but is not limited to, skills related to improving the quality of relationships, communication, trauma, stress management, assertiveness, problem solving, and parenting.

The WCHD currently has a part time DWI Court Screener for pre-adjudicated individuals at the District Court. This Screener works directly with the Worcester District Court System to provide a DWI Court Screener during court hearings. The Screener meets with the offender(s) charged with DWI and completes a Rapid Screen Assessment prior to the offender leaving the court. The Screener makes education or treatment recommendations based on the results of the screening.

The goal of the Addictions in the Workplace program (AIW) is to raise awareness about the signs and symptoms of addictions and local resources available to help community residents with treatment and recovery. The program targets worksites, technical schools, and higher education learning institutes for education including strategies for prevention of substance abuse.

Highlights of FY2023 STOP projects:

- 66 people were provided level I outpatient services within the Worcester County Jail
- 18 individuals were served by the DWI Court Screener
- The Addiction in the Workplace project was able to provide education about signs and symptoms of addiction to 1,516 individuals employed by 53 different businesses
- There were 404,356 Social Media campaign/PSA impressions for the AIW project
- 0 individuals were referred to behavioral health treatment and recovery services
- 47 students were educated about prevention strategies

Transitional Age Youth (TAY)

During FY 2023, the Worcester County Health Department (WCHD) coordinated with BHA and the University of Maryland Training Center to support training of WCHD's Psychiatric Rehabilitation Program (PRP) staff around effective strategies for enhancing care for the TAY population. This population is youth between the ages of 16 and 24 who are receiving PRP services through the Public Behavioral Health System. In FY 2023, the WCHD served fifteen (15) transitional-aged youth. The program partnered with the Lower Shore Workforce Alliance to support TAY program participants as appropriate for additional employment training support or getting people linked with higher education options.

Worcester County Local Care Team

Worcester County's Local Care Team (LCT) is composed of representatives from the jurisdictions' child serving agencies including the LBHA, LMB, Department of Human Services, Department of Juvenile Services, Board of Education, Developmental Disabilities Administration, and the Health Department. The purpose of the LCT is to meet with families in a safe, supportive environment to gain a clear understanding of the challenges they face, educate families on resources within the community that fit their special needs, assist with linking families to new community services, and manage existing services provided. The LCT

supports family preservation to reduce the risk of out of home, and out of state placements for children. In FY2023 there were 26 LCT meetings scheduled with eighteen (18) youth referred and fifteen (15) cases reviewed by the team. In FY2023 there were zero (0) cases referred for out of state placement.

Youth Care Coordination (YCC)

In FY2023 Worcester County LBHA went through the procurement process for selection of a Care Coordination Organization in accordance with the Code of Maryland Annotated Regulations (COMAR) 10.09.89-90. Through Worcester County's local procurement process Wraparound Maryland, Inc. was the selected vendor to provide youth mental health case management services. The following highlights are from FY2023 concerning Youth Care Coordination/case management services:

- Wraparound Maryland, Inc Number of youth enrolled: 27
- Wraparound Maryland, Inc Number of youth discharged: 7
- Wraparound Maryland, Inc Number of new youth enrolled: 6

Harm Reduction activities

Training

From January 24, 2023 through May 23, 2023, the Worcester County Health Department in partnership with Maryland Reinforcing Overdose Prevention through Training and Advocacy (MDROPTA) held a five part series in Worcester County in response to the Opioid Operational Command Center's Youth Trauma Expansion Project. Further information regarding the training series is available in the program report.

Narcan training and distribution

In FY2023 there were partners who facilitated to assure Narcan kits were made available to anyone wanting it. In FY2023 were 1,519 people who were trained on how to dispense Narcan and 865 Narcan kits distributed. In addition, the jurisdiction worked to establish a Narcan leave behind program.

NEW DEVELOPMENTS:

Teen Intervene:

Teen Intervene is a new program available to Worcester County teens. This is a free bi-monthly program with activities in addition to education at the Oscar Purnell House. This has provided significant prevention work for groups of teens to reduce their risk of developing severe substance use disorder.

Residential Rehabilitation Program (RRP) Expansion:

Worcester County LBHA has been informed they are approved to expand RRP services by two general level beds. This will result in a total of six (6) intensive level beds, and six (6) general

level beds being available in Worcester County. The Worcester County LBHA has selected Lower Shore Clinic, the sole RRP provider on the lower Eastern Shore, to be the provider of these two new beds. This was completed using a sole source procurement process. Lower Shore Clinic is working diligently to have the new general level beds available for use by February 2024.

Problem Solving Court Expansion:
Lower Shore Clinic is partnering with the Worcester County Circuit & District Courts as they expand their problem-solving court programs in 2024. The Wellness Treatment Court will offer a diversion to incarceration by providing intensive treatment and supervision for individuals who have been diagnosed with a severe mental illness where such illness contributed to their involvement with the criminal justice system. The program seeks to increase accountability, independence, and stability, ultimately decreasing interactions with the criminal justice system and improving overall quality of life.

Lower Shore Clinic:
The Lower Shore Clinic is expanding their assertive community treatment (ACT) teams. The new ACT East team will serve Worcester and Somerset counties. This is an amazing new resource for the community and an opportunity for new agency partnerships.

Service Availability Expansion:
Beginning January 2, 2024 the Lower Shore Clinic will expand their service delivery by adding a weekend team for both Psychiatric Rehabilitation and Assertive Community Treatment. The Weekend Services Team will help to combat loneliness; there will be food, fun and recreational activities like bowling, movies, visits to parks and festivals, bingo, Ocean City trips and so much more. Additionally, this will support the Organization's mission to utilize a 4-day work week, creating more opportunities for happiness for both clients and staff.

Worcester County Rapid Response Team:
In FY2023 Diakonia, one of Worcester County's Emergency Shelters, piloted the Rapid Response Team (RRT) in Worcester County. RRT is the first point of contact for those experiencing homelessness in Worcester County. The Rapid Response Team (RRT) will receive calls from the police departments, fire departments, and referring organizations. The goal is to be able to respond to calls within one hour, Monday through Friday 8:00-4:00. In some cases, up until 6:00 pm. The Rapid Response Team will triage the situation and make appropriate referrals. In addition, the team will collect information (if the subject is willing to do a coordinated assessment) and upload it into the Homeless Outreach Team's (HOT) database. A follow-up email will be sent to the HOT team in real time and make them aware of contact with the new client. Since beginning RRT in April 2023 the RRT has been able to assist with the following:

- Help connect individuals to the Homeless Outreach Team (HOT)
- Make referrals for available services including Food Stamps (SNAP), emergency shelter

availability, clothing vouchers, and assistance with residential substance use treatment.

CHALLENGES:

Transportation

Public transportation continues to be a barrier across the jurisdiction. There is a lack of affordable public transportation. Shore Transit, serving the lower Eastern Shore (Somerset, Wicomico, and Worcester Counties), connects the towns of Berlin, Ocean City, Pocomoke, Salisbury, and Snow Hill, but schedules are limited and often not convenient for medical appointments. This transportation service can be very costly to individuals utilizing the service, costing individuals a minimum of $6 for a round trip. Transportation costs could be higher than this if individuals utilizing the service need to transition between bus routes so they can get to their appropriate destination.

Housing

Affordable housing remains a critical need. In the north end of the county, where most of the county's population, jobs, and services are located, rent is also the highest. Seasonal variations in rents are common, where properties with affordable rent in the off-season become exorbitant during the tourist season. Worcester County would benefit from more permanent supportive housing subsidies for individuals and families to maintain year round housing.

C. FY2023 REPORT ON GOALS, OBJECTIVES, AND STRATEGIES

GOAL 1: IMPROVE ACCESS TO QUALITY BEHAVIORAL HEALTH CARE SERVICES

OBJECTIVE 1.1: Develop a Tri-County Crisis Stabilization Center

STRATEGY 1.1: Provide immediate access to individuals requiring behavioral health assessment and intervention across the lifespan and including individuals who are deaf and hard of hearing or have limited English proficiency

ACTION PLAN 1.1:

- Expand hours of Crisis Stabilization Center in Worcester County to include evening and weekend availability by 9/30/22
- Recruit, hire, and train staff for crisis center services by 12/31/2022
- Develop and implement a communications media campaign for community awareness and education of the crisis center by 6/30/2022.

PROGRESS: Atlantic General Health Systems, a local hospital in Worcester County, opened the first crisis stabilization center in the jurisdiction. The crisis center opened on January 31, 2022 Monday-Friday from 8:00am-4:00pm. Atlantic General Health Systems operated the

crisis stabilization center until May 31, 2023. On June 1, 2023 Chesapeake Health Care began operating the crisis stabilization center in Worcester County. In addition, TidalHealth opened a crisis center in Wicomico County. The center initially opened from August 1, 2022-December 3, 2022 Monday-Thursday with operating hours of 8:00am-6:00pm. Beginning December 4, 2022 TidalHealth expanded services to seven (7) days per week from 8:00am-8:00pm.

OBJECTIVE 1.2: Develop and build a telehealth resource guide for behavioral health care

STRATEGY 1.2: In collaboration with local partners, research telehealth opportunities available to recipients of Maryland's PBHS

ACTION PLAN 1.2:

- WCLBHA will collaborate with local partners to explore telehealth opportunities available to Worcester County constituents by 9/30/2022.
- WCLBHA will include a list of behavioral health telehealth opportunities on resource tab of its website by 12/31/2022.
- WCLBHA will advocate for inclusion of this document to be a part of the Tri-County Behavioral Health resource guide in 2023.

PROGRESS: During FY2023 the Tri-County Behavioral Health resource guide included a statement for telehealth and telepsychiatry for providers offering this service. There was not a telehealth only resource guide developed during FY2023.

OBJECTIVE 1.3: Increase mental health/behavioral health professionals available in the workforce

STRATEGY 1.3: In collaboration with local partners conduct a workforce study for behavioral health workforce shortages

ACTION PLAN 1.3:

- Identify a workgroup to assist with workforce study
- Identify a funding source to assist with workforce study and consulting work as needed/available
- Explore options to hire a workforce recruitment coordinator
- Exploration of opportunities in behavioral health for students enrolled in health and human service educational tracks with higher education institution(s)
- Advocate for the implementation of internships offered by local higher education institution(s)
- Collaboration with behavioral health providers to expand learning opportunities of

those enrolled in health and human service educational tracks with higher education institution(s)

PROGRESS: In FY2023 the Worcester County LBHA secured funding to support a workforce campaign in Worcester County in conjunction with local government partners. Unfortunately, there were local challenges moving forward with an implementation plan within the timelines the project needed to be completed.

OBJECTIVE 1.4: Offer culturally competent behavioral health services to individuals across the lifespan in Worcester County

STRATEGY 1.4: Partner with providers to offer culturally competent behavioral health services to individuals across the lifespan (children, young adults, adults, older adults) including those who are deaf and hard of hearing or have limited English proficiency.

ACTION PLAN 1.4:

- Assess Worcester County Providers
- Support trainings for providers and individuals receiving services from the PBHS

PROGRESS: In FY2023 the Worcester County LBHA requested feedback from providers regarding culturally competent behavioral health services. The survey sent out from the Worcester County LBHA resulted in responses from three (3) organizations. Providers responding offer interpretive services through a combination of American Sign Language (ASL) interpretation, language line services, or through bilingual staff. In addition the three (3) organizations also offer translated materials in Spanish, Haitian-Creole, and Arabic.

GOAL 2: INCREASE PUBLIC AWARENESS AND EDUCATION FOR IMPROVED HEALTH AND WELLNESS (BEHAVIORAL AND SOMATIC HEALTH)

OBJECTIVE 2.1: WCLBHA, with support of community partners will continue to provide awareness and education to the behavioral health community through training opportunities, educational activities, outreach events, and information related to behavioral health disorders.

STRATEGY 2.1.A: Expand educational opportunities and training for mental health awareness and suicide prevention with support of partners in FY2023. Offer harm reduction outreach programs in FY2023 with support of partners.

ACTION PLAN 2.1.A:

- Collaborate with partners to conduct a minimum of two Youth Mental Health First Aid

(YMHFA) trainings and a minimum of two core MHFA trainings to community members, teachers, families, faith-based community, Office on Aging, Department of Social Services, shelter workers, higher education, state employees, judges, public health, parole and probation, Department of Juvenile Services, and Emergency Medical Service personnel

- Collaborate with partners to plan training topics with regional partners for community members including but not limited to Anti-Stigma, Wellness and Recovery Action Plans (WRAP), Applied Suicide Intervention Skills Training (ASIST), American Society of Addiction Medicine (ASAM), SBIRT, motivational interviewing, person centered planning, Trauma Informed Care, ACEs (Adverse Childhood Experiences)

PROGRESS MHFA/YMHFA: In FY2023, Worcester County maintained four (4) certified instructors of MHFA and YMHFA. This included three (3) instructors certified to train YMHFA, four (4) instructors certified to train MHFA, and three (3) instructors who are certified to train in both MHFA and YMHFA. In FY2023 there were four trainings scheduled for YMHFA resulting in 67 people becoming certified. There were six MHFA trainings held resulting in 95 people becoming certified.

PROGRESS HARM REDUCTION TRAINING: From January 24, 2023 through May 23, 2023, the Worcester County Health Department in partnership with Maryland Reinforcing Overdose Prevention through Training and Advocacy (MDROPTA) held a five part series in Worcester County in response to the Opioid Operational Command Center's Youth Trauma Expansion Project.

Part one of the training, *Stages of Change*, explored how to understand intentional behavior change happens, how to support people through the process of change, and the importance of providing interventions that are appropriate for the stage each person is in. A total of 34 people attended this training.

Part two of the training, *Adverse Childhood Experiences*, examined how to recognize toxic stress alters the physiology of early brain development, contributing to the relationship between trauma and substance use, as well as the role of protective factors and community resilience. A total of 40 people attended this training.

Part three of the training, *Social Determinants of Health*, explored the effects of stigma on health while looking at harm reduction strategies, infectious disease prevention, and how to implement a drug user health framework in your community. A total of 33 people attended this training.

Part four of the training, *Medications for Addiction Treatment (MAT) as Overdose Prevention*,

examined the data behind medication assisted treatment (MAT) for those with opioid use disorders and learned how it can decrease stigma and numbers of overdose deaths. A total of 28 people attended this training.

Part five of the training, *Comprehensive Health Framework for People Who Use Drugs*, explored the effects of stigma on health while looking at harm reduction strategies, infectious disease prevention, and how to implement a drug user health framework in your community. A total of 25 people attended this training.

STRATEGY 2.1.B: Expand overdose prevention and harm reduction strategies in FY2023 with support of partners.

ACTION PLAN 2.1.B:

- Collaborate with partners to provide naloxone training to a minimum of 200 community members in FY23.
- Collaborate with partners to provide a minimum of 200 naloxone kits to community members in FY23.
- Collaborate with partners to dispense deterra bags to the community through a minimum of three outreach events in FY23.
- Implement “one Pill Can Kill” national campaign at schools and town hall in FY2023.
- Educated parents and caregivers in Evidence Based Programs using curriculum including: Parenting Wisely, Guiding Good Choices, Nurturing Parents.

PROGRESS: In FY2023 there were 1,519 people who were trained on how to dispense Narcan and 865 Narcan kits distributed. 20 parents participated in evidence based parenting skill courses. In FY2023 Worcester County Goes Purple completed the implementation of “One Pill Can Kill” campaign. In addition, the Mega Brain and Mega Lung substance use prevention projects were implemented in 5 middle schools and 5 high schools in the county.

OBJECTIVE 2.2: WCLBHA, with partners, will conduct a resource analysis in Worcester County to inform partners and community members.

STRATEGY 2.2: Develop a workgroup to conduct a resource analysis in FY23.

ACTION PLAN 2.2:

- Identify partners to join a workgroup for resource analysis in Worcester County by 9/30/22.
- Host meetings a minimum of bi-monthly to identify strengths, needs, threats, opportunities of community based services and resources available in Worcester County.

PROGRESS: The Worcester County Homeless Board has a sub-committee looking at outreach opportunities. In FY2023 the group began planning to provide Community Resource Days. Community Resource Days have a goal of bringing different resources into pockets of the community based on needs being seen as needed. In FY2023 the Homeless Board sub-committee met four times, and hosted two community resource days. These are expected to continue in FY2024.

D. FY 2024-2026 GOALS

The WCLBHA's plan is informed and supported by other local plans such as the Worcester County Community Health Improvement Plan (CHIP) and the Worcester County Opioid Response Plan. These local plans were considered when the WCLBHA FY2024-FY2026 strategic plan was developed.

The Worcester County Mental Health Advisory Committee provided input and feedback on BHA's strategic priorities. Based on this feedback and consideration of local plans and activities, the WCLBHA selected to focus on the following priorities:

1. Improve quality of care in the public behavioral health system (PBHS) through increased availability and use of evidence-informed and promising practices, training and workforce development and quality assurance, and continuous performance improvement practices.
2. Increase behavioral health programs that promote mental health, reduce ACEs and toxic stress, and prevent substance abuse, suicide, and related behaviors.

These goals, objectives and performance measures selected for Worcester County, remain a priority for Worcester County. Reporting on progress in these goal areas will be reported in future annual reports to BHA, including a statement of progress for each goal area.

E. MONITORING

It is the policy of the WCLBHA to monitor all MDH/BHA licensed programs to ensure compliance with the applicable COMAR regulations and to provide technical assistance. The WCLBHA also monitors private providers participating in the PBHS and providers of grant-funded services contracted with the WCLBHA.

Programs receiving grant funding from WCLBHA are required to enter into a written contract with the WCLBHA. As part of the contractual agreement the WCLBHA has included elements from the conditions of award to be included in written reports as well as elements to be

reviewed during site visits. Each program contracted through grant funding receives a site visit at a minimum of once per year.

Sub-grantees with cost-reimbursement contracts submit requests for payment in the form of invoices, usually quarterly, along with documentation of their expenditures. Documentation may include, but is not limited to receipts, timesheets, and the MDH 438 Interim Report of Actual Expenses, Receipts, and Performance Measures form. Actual expenditures are compared with budgeted amounts. When discrepancies or anomalies are noted, additional information is requested and reviewed. Sub-grantees may also be required to submit an MDH 440 Annual Report form, listing expenditures by line item for the entire fiscal year.

On-site monitoring visits include observing the program facility, reviewing patient charts, and providing technical assistance. Within thirty (30) business days of the monitoring visit, the program monitor will send written documentation of the findings to the provider with recommendations for improvement where applicable. If the WCLBHA identifies areas needing correction, a plan of correction will be requested. Providers are responsible for submitting the plan of correction to the WCLBHA thirty (30) days after the monitoring visit. WCLBHA will immediately report findings of suspected or confirmed fraud, abuse, or waste to the BHA Project Director identified for the specific population where services are contracted.

All sub-grantees are required to complete reports containing specific information pertaining to their program and population. Most contracts are based on contract reimbursement, meaning services are provided and payment is requested at the end of each quarter. Data and reporting elements are reviewed monthly, quarterly, or semi-annually depending on the mandates of contract deliverables. The WCLBHA works with all vendors subcontracted for services to obtain reports and data needed by the WCLBHA as well as BHA. When sub-grantees are not in compliance with program reports or meeting contract deliverables, payment may be withheld until documentation is received, or program performance opportunities are presented to the WCLBHA for review. Sub-grantee failure to fulfill contract deliverables and program performance could also result in contract termination.

When sub-grantees fail to fulfill contracted obligations properly and on time, or otherwise violate any provision of their agreed contract terms, the LBHA may terminate the contract by providing written notice to the sub-grantee. The notice shall specify the acts of omission relied on as cause for termination. The LBHA shall pay the sub-grantee fair and equitable compensation for satisfactory performance prior to receipt of notice of termination, less the agreement of damages caused by sub-grantee’s breach.

Programs contracted to receive payment through the fee for service structure are monitored in partnership with the Administrative Service Organization (ASO). Currently, providers needing to

be monitored are forwarded to the WCLBHA for review. The WCLBHA will notify the ASO to confirm time, date, and location of the monitoring visit to be conducted. As a result of the monitoring visit, the WCLBHA and the ASO review the preliminary monitoring findings with agency staff. Monitoring results are written by the ASO and forwarded to the BHA licensing unit. The WCLBHA provides ongoing follow up on behalf of the BHA licensing unit as well as the ASO to ensure the agency is following the plan of correction and that proper billing procedures are followed.

In addition to site visits and program monitoring, the WCLBHA also completes fiscal monitoring. Each cost reimbursement contract is required to submit a Program Budget DHMH 432 form (for private sub-contractors) or a DHMH 4542 form (for a local health department) to the Worcester County Local Behavioral Health Authority. The form is reviewed by the Director of Local Behavioral Health Authority Director and compared to DHMH 438 (Interim Report of Actual Expenses, Receipts and Performance Measures), and DHMH 440 (Annual Report) forms.
To verify that expenditure is in line with the budget, vendors are required to include a DHMH 437 (Request for Payment) and DHMH 438 along with any invoice. The LBHA Director reviews invoices for proper amounts, reviews contract monitoring documentation to determine if vendors have met with terms of contract, reviews budget for changes in expenditure that would require a budget modification, and reviews documentation including payroll and receipts of expenditures. If vendors are in compliance, it is noted on invoices, which are signed and dated to authorize payments. If vendors are not in compliance or the contract performance is in question, the Director will withhold payment and will arrange a meeting with vendor(s) to determine if there are differences or issues requiring resolution.

F. FINANCIAL

REVIEW OF FUNDING/BUDGETS
The Worcester County Mental Health Advisory Committee (MHAC) reviewed and discussed the WCLBHA's FY2025 Behavioral Health Financial Plan at its December 12, 2023 meeting.

COA'S DEVELOPED/UPDATED
Conditions of Award (COA) and financial plan documents will be submitted to the Behavioral Health Administration separately.

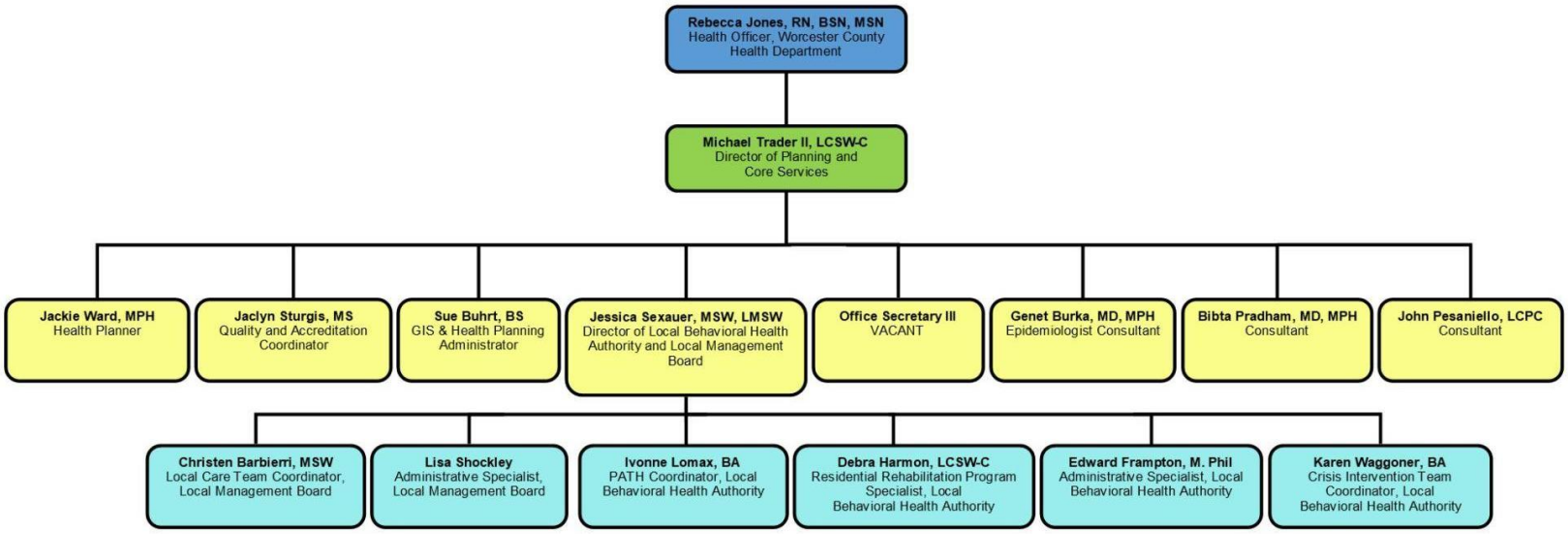
G. PLAN APPROVAL
The Worcester County Local Mental Health Advisory Committee (MHAC) reviewed and discussed the WCLBHA's Behavioral Health Program Plan Annual Report for FY2025 as well as the FY2025 Behavioral Health budgets at its December 12, 2023 meeting. The council voted unanimously to approve the FY2025 LBHA Plan Update and FY25 budgets plan as presented. The letter of support and approval from the MHAC can be found in Appendix 2.

APPENDICES

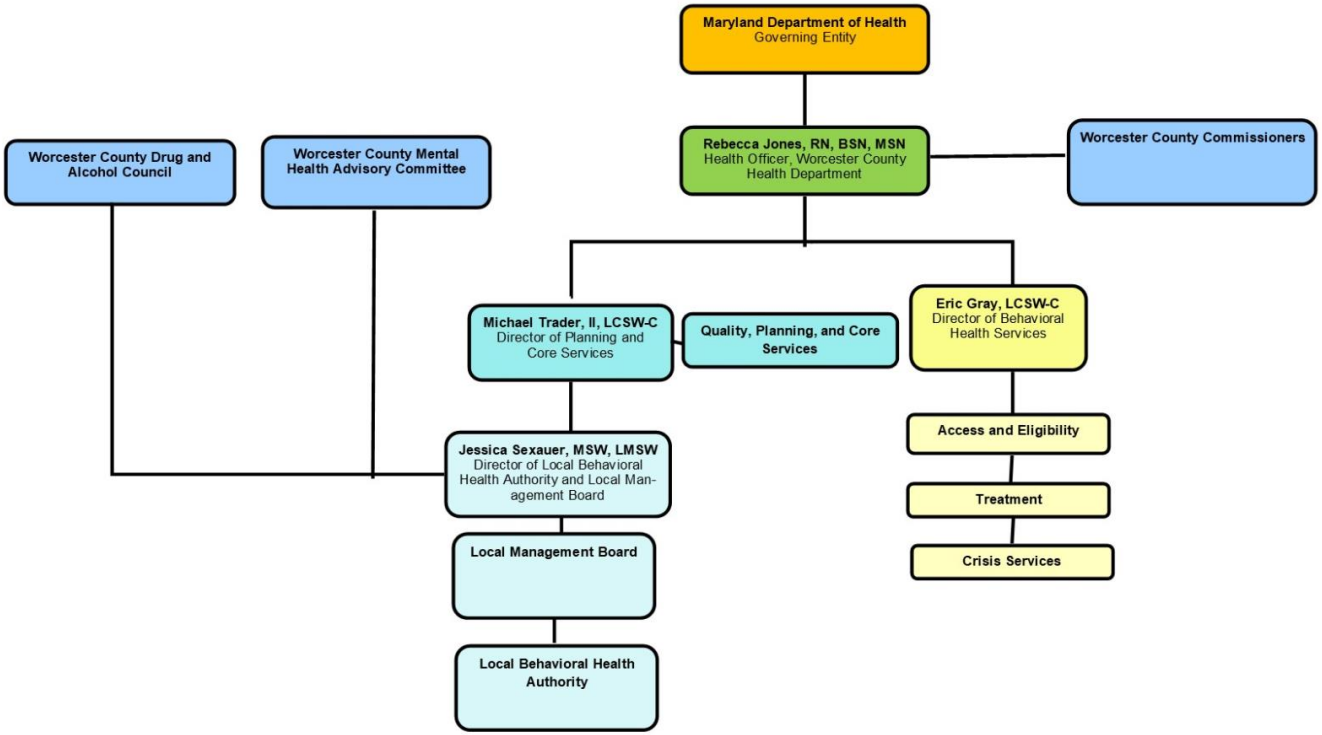
Appendix 1
Organizational Charts

1A: Worcester County LBHA

Planning, Local Management Board and Local Behavioral Health Authority Organizational Chart



Worcester County Health Department
1B: LBHA vs. Clinical Service



Appendix 2
Letter of Approval - Letter from Worcester DAC/MHAC

Worcester County

Drug and Alcohol Council & Mental Health Advisory Committee
P.O. Box 249 · Snow Hill, MD 21863-0249
Office: 410-632-1100 · Fax: 410-632-0080

December 13, 2023

Behavioral Health Administration
ATTN: System Management
55 Wade Avenue, Mitchell Building
Catonsville, MD 21228

To Whom it May Concern:

The Worcester County FY2025 Behavioral Health Plan Annual Report and FY2025 budgets were presented to the Worcester County Mental Health Advisory Committee on December 1, 2023. Participants in the meeting attended the meeting virtually via google meets. The presentation of the FY2025 Behavioral Health Plan Annual Report and FY2025v preliminary budgets were presented by Jessica Sexauer, Director of the Local Behavioral Health Authority, with assistance from LBHA staff.

Members who were present from the Worcester County Mental Health Advisory Committee voted unanimously to approve the plan and budgets as presented. It was discussed during the meeting that copies of the FY2025 LBHA Annual Report are available upon request.

Sincerely,

Douglas Dods

Chair, Worcester County Mental Health Advisory Committee

APPENDIX 3. LOCAL SYSTEMS MANAGEMENT INTEGRATION SELF ASSESSMENT TOOL

TOPIC	Score
1: One Integrated Behavioral Health Plan for the Local Jurisdiction / Region	3
2: Integrated Local Behavioral Health Advisory Council	4
3: Budget that Supports Integrated Operations	3
4: Integration of Behavioral Health Approach Among Providers	4
5: Integrated Behavioral Health Messaging and Outreach	3
6: Integrated Approach to Behavioral Health for Staff	2
TOTAL INTEGRATION STATUS SCORE (0-24)	19

1: One Integrated Behavioral Health Plan for the Local Jurisdiction / Region *(builds on prior domains: Leadership and Governance; Planning and Data Driven Decision-Making)*

- ☑ 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.
- ☑ The local plan describes a shared vision and strategic priorities that include a focus on integrated system planning and management
- ☐ 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
- ☑ All elements of the local plan consider both mental health and substance use disorders

TOTAL NUMBER OF BOXES CHECKED (0 to 4): 3 *(insert score in table above)*

2: Integrated Local Behavioral Health Advisory Council *(builds on prior domains: Leadership and Governance)*

- ☑ 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
- ☑ The local Advisory Council(s) includes community members who have lived experiences with mental health, substance use, and co-occurring disorders
- ☑ The local Advisory Council(s) includes providers with clinical and service expertise in mental health, substance use, and co-occurring disorders

☑ 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)*

☑ 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

☑ 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

☑ 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

☐ 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: 3 *(insert score in table above)*

4: Integration of Behavioral Health Approach Among Providers *(builds on prior domains: Quality; Stakeholder Collaboration)*

☑ There is a local understanding of the meaning of integrated behavioral health services Local meetings are regularly held with providers of mental health, substance use, and co-occurring disorder services to jointly discuss integrated behavioral health approaches

☑ 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

☑ 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 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

- ☑ 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
- ☑ 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
- ☑ 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: 3 *(insert score in table above)*

6: Integrated Approach to Behavioral Health for Staff *(builds on prior domains: Workforce; Stakeholder Collaboration)*

- ☑ 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
- ☑ The LBHA, or CSA and LAA, organizational structure formally connects staff with substance use disorder and mental health expertise to support and encourage collaboration
- ☐ Cross training opportunities are provided to LBHA, or CSA and LAA, staff
- ☐ 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: 2 *(insert score in table above)*

Appendix 4

CULTURAL AND LINGUISTIC SELF ASSESSMENT, COMPETENCY PLAN, AND UPDATE

(a) Name of Agency/Organization: Worcester County Local Behavioral Health Authority

(b) Address: 6040 Public Landing Road; Snow Hill, MD 21863

(c) Region (MDH/BHA designated region): Worcester County

(d) Name of contact person (Agency/Organization Lead or Designee): Mike Trader, LCSW-C
E-mail: Michael.Trader@maryland.gov
Telephone #: 410-632-3366

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

The Worcester County Local Behavioral Health Authority (WCLBHA) provides leadership and accountability in Worcester County for the establishment of a diverse, comprehensive, and accessible array of quality behavioral health services responsive to the needs and desires of citizens with behavioral health disorders, their families, and service providers. A core function of the WCLBHA is to identify trends, service needs and to promote prevention, outreach, education, referral, advocacy, and service delivery through collaboration with the community and partners.

(e) Agency/organization mission statement:

The mission of the Worcester County Local Behavioral Health Authority is to ensure that people of all ages experiencing behavioral health conditions can better manage their illness; achieve their personal goals; and live, work, and participate in their community.

(f) Agency/organization vision statement:

To have a comprehensive, effective and responsive service delivery system that assists consumers in achieving optimum wellness and recovery.

NATIONAL CLAS STANDARDS SELF-ASSESSMENT TOOL Key: 0- no competency 2-medium/moderate level competency 1- low level competency 3-high level confidence		LEVEL			
		0	1	2	3
GOAL 1: ESTABLISH AND MAINTAIN CULTURALLY AND LINGUISTICALLY COMPETENT BEHAVIORAL HEALTH SERVICES					
1	Our Mission and Vision statements reflect organizational commitment to cultural and linguistic competence. (Standard 1)			✓	
2	We have established culturally and linguistically appropriate goals, management accountability, and infused them throughout the organization's planning and operations. (Standard 9)			✓	
3	Our organizational governance and leadership promote and use CLAS standards in policies, practices and allocation of resources. (Standard 2)			✓	
4	We have created conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints. (Standard 14)			✓	
5	We communicate our organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public. (Standard 15)			✓	
GOAL 2: ELIMINATE CULTURAL AND LINGUISTIC BARRIERS TO ACCESS OF BEHAVIORAL HEALTH SERVICES					
1	We offer language assistance to individuals who have limited English proficiency and/or other communication needs including individuals who use American Sign Language, at no cost to them, to facilitate timely access to behavioral health services. (Standard 5)			✓	
2	We inform individuals of the availability of verbal, signing and written professional language assistance services in their preferred language or form of communication. (Standard 6)			✓	
3	We ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided. (Standard 7)			✓	

4	We provide easy-to-understand print and multimedia materials and signage in the languages commonly used by individuals in our community. (Standard 8)			✓	
NATIONAL CLAS STANDARDS SELF-ASSESSMENT TOOL Key: 0- no competency 2-medium/moderate level competency 1- low level competency 3-high level confidence		LEVEL			
		0	1	2	3
GOAL 3: CREATE A SYSTEM OF DATA DRIVEN DECISION MAKING PROCESSES THAT RESULT IN THE FORMATION OF CULTURALLY AND LINGUISTICALLY COMPETENT POLICIES AND PRACTICES					
1	We conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of the community we serve. (Standard 12)			✓	
2	We collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery. (Standard 11)			✓	
GOAL 4: SUPPORT THE USAGE OF EVIDENCE-BASED PRACTICES TO ADDRESS THE UNIQUE NEEDS OF INDIVIDUALS SERVED IN MARYLAND'S PBHS					
1	We conduct ongoing assessments of our organization's CLAS-related activities and integrate CLAS-related quality improvement and accountability measures into program activities. (Standard 10)			✓	
2	We partner with the community to design, implement and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness. (Standard 13)			✓	
GOAL 5: ADVOCATE FOR AND INSTITUTE ONGOING WORKFORCE DEVELOPMENT PROGRAMS IN CULTURAL AND LINGUISTIC COMPETENCE REFLECTIVE OF MARYLAND'S DIVERSE POPULATION					
1	We recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the community we serve. (Standard 3)			✓	
2	We provide orientation and training to new and existing members of our governing body, leadership and staff on culturally and linguistically		✓		

	appropriate policies and practices on a regular basis. (Standard 4)				

Cultural and Linguistic Competency Plan

GOAL 1: ESTABLISH AND MAINTAIN CULTURALLY AND LINGUISTICALLY COMPETENT BEHAVIORAL HEALTH SERVICES
Selected a standard for priority focus *(What is the standard selected; include language for the standard as stated in the CLAS Self-Assessment Tool):* Mission and Vision statements reflect organizational commitment to cultural and linguistic competence (Standard 1).
Strategies to build competency *(What tasks and activities will be implemented to build competency for the prioritized standard):* Update Mission and Vision statements for the Worcester County Local Behavioral Health Authority to reflect and convey the organization's commitment to cultural and linguistic competence through a workgroup developed with LBHA staff, members of MHAC, members of Worcester County LDAC, and with the support of the Lower Shore Health Equity Coalition.
Performance Measures *(How will success be measured):* 1. Approval of updated WCLBHA Vision and Mission statements from Worcester County Drug and Alcohol Council 2. Approval of updated WCLBHA Vision and Mission statements from Worcester County Mental Health Advisory Committee
Intended impact *(What is the intended impact for addressing the prioritized/selected Standard):* To promote a behavioral health system that is effective, equitable, understandable, and offers respectful quality services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs are met.

GOAL 2: ELIMINATE CULTURAL AND LINGUISTIC BARRIERS TO ACCESS BEHAVIORAL HEALTH SERVICES
Selected standard for priority focus *(What is the standard selected; include language for the standard as stated in the CLAS Self-Assessment Tool):* Provide easy to understand print and multimedia materials and signage in the languages commonly used by individuals in our community (Standard 8).
Strategies to build competency *(What tasks and activities will be implemented to build competency for the prioritized standard):*

WCLBHA will work with partners to identify the most common languages used by individuals in Worcester County in order to support providers with offering multimedia materials and written materials to community members. This will be completed through a survey that will be sent out to behavioral health providers, schools, medical providers, input from local detention centers, and other human service agencies.

Performance Measures *(How will success be measured):*

1. Written materials promoting services and resources available in most commonly used languages in Worcester County from WCLBHA and contracted providers. This will include brochures and rack cards to use for promotion of recovery, treatment, and wellness activities available in Worcester County.
2. Exploration to convert Tri-County Behavioral Health Resource Guide into other common languages identified through the survey process with providers and partners.

Intended impact *(What is the intended impact for addressing the prioritized/selected Standard):*
Improve behavioral health literacy in Worcester County by reducing cultural and linguistic barriers.

GOAL 3: CREATE A SYSTEM OF DATA DRIVEN DECISION MAKING PROCESSES THAT RESULT IN THE FORMATION OF CULTURALLY AND LINGUISTICALLY COMPETENT POLICIES AND PRACTICES

Selected standard for priority focus *(What is the standard selected; include language for the standard as stated in the CLAS Self-Assessment Tool):*
Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery (Standard 11).

Strategies to build competency *(What tasks and activities will be implemented to build competency for the prioritized standard):*
Collect accurate and reliable demographic data from community members, partners, and stakeholders to inform or improve cultural and linguistically competent policies and service delivery in Worcester County. Sources to collect data will include: US Census data information, English Learning Programs supported through education.

Performance Measures *(How will success be measured):*

1. Demographics of Worcester County shared during the Community Health Assessment process. (COMPLETE)
2. Data used from satisfaction surveys for training opportunities offered to community, partners and stakeholders that improve culturally and linguistically competent behavioral health services.

Intended impact *(What is the intended impact for addressing the prioritized/selected Standard):*
Increased awareness of cultural and linguistic needs in Worcester County. Increased culturally and linguistically competent behavioral health providers, community organizations, civic groups, and faith based support in Worcester County.

GOAL 4: SUPPORT THE USAGE OF EVIDENCE-BASED PRACTICES TO ADDRESS THE UNIQUE NEEDS OF INDIVIDUALS IN MARYLAND'S PUBLIC BEHAVIORAL HEALTH SYSTEM

Selected standard for priority focus *(What is the standard selected; include language for the standard as stated in the CLAS Self-Assessment Tool):*
Conduct ongoing assessments of our organization's CLAS-related activities and integrate CLAS-related quality improvement and accountability measures into program activities (Standard 10).

Strategies to build competency *(What tasks and activities will be implemented to build competency for the prioritized standard):*
Complete CLAS self-assessment with WCLBHA staff a minimum of annually to track improvement or changes for goal updates; assess community behavioral health providers annually using CLAS self-assessment tool to track improvement of cultural and linguistic competency in Worcester County. Include language in vendor contracts to include their responsibility of addressing cultural competencies.

Performance Measures *(How will success be measured):*
1. WCLBHA staff will complete a self-assessment tool a minimum of annually.
2. WCLBHA will send an annual CLAS self-assessment to behavioral health providers in Worcester County a minimum of annually.
3. WCLBHA will explore cultural and linguistic training opportunities based on the result of community surveys and training surveys identifying interest and training that would be helpful to provide education around. Using this information with WCLBHA will collaborate with others to plan and support a minimum of one training in the Worcester County or Tri-County area.

Intended impact *(What is the intended impact for addressing the prioritized/selected Standard):*
Availability of culturally competent behavioral health providers and services in Worcester County known to the WCLBHA. Support activities to promote increased knowledge and better understanding of cultural differences across social-economic classes, communities, and ethnic groups.

GOAL 5: ADVOCATE FOR AND INSTITUTE ONGOING WORKFORCE DEVELOPMENT PROGRAMS IN CULTURAL AND LINGUISTIC COMPETENCE REFLECTIVE OF MARYLAND'S DIVERSE POPULATION
Selected standard for priority focus *(What is the standard selected; include language for the standard as stated in the CLAS Self-Assessment Tool):* Provide orientation and training to new and existing members of our governing body, leadership and staff on culturally and linguistically appropriate policies and practices on a regular basis (Standard 4).
Strategies to build competency *(What tasks and activities will be implemented to build competency for the prioritized standard):* Support staff to attend and participate in cultural and linguistic training opportunities (including but not limited to Implicit Bias, and community conversation opportunities); collaborate with partners to bring culturally and linguistically diverse training and educational programs to Worcester County.
Performance Measures *(How will success be measured):* 1. Number of culturally and linguistically diverse trainings attended by WCLBHA staff 2. Number of culturally and linguistically diverse training opportunities available to partners, stakeholders from Worcester County 3. Percentage of overall satisfied participants per training offered
Intended impact *(What is the intended impact for addressing the prioritized/selected Standard):* To diversify workforce knowledge and awareness of the cultural and linguistic needs in Worcester County. For behavioral health workforce to be culturally and linguistically sensitive to diverse populations.

Cumulative Assessment of Progress to Date

1. *What has been accomplished?*
    - WCLBHA became a key stakeholder in developing the Lower Shore Health Equity Coalition (LSHEC).
    - Worked with partners to establish a resource index printed in multiple languages (Spanish, Haitian/Creole, and Mandarin/Chinese). Exploration to update the resource index to include other languages to be completed in FY2024.
    - Participate in the Lower Shore Vulnerable Taskforce to offer resources on the lower shore.
    - The Worcester County Health Department website includes translation services.
    - Community Health Assessment includes county demographics to health equity

promotion when developing the Community Health Improvement Plan.

- Sponsored community wide training opportunities promoting health equity, cultural and linguistic competencies, and other inequities. Trainings included:
  - A three part series "Education, Conversation, and Application: Racial Stressors and Cultural Strengths among Youth and Families of Color" and two sessions of "LGBTQ Health Disparities and Best Practices in Welcoming and Affirming Health Care."
  - Hosted a virtual Factuality seminar on June 22, 2023 for community members and stakeholders. Factuality is a 90 minute facilitated dialogue, crash course, and interactive experience, that simulates structural inequality, in America. Factuality evokes empathy, increases cultural competence, & enhances self-awareness.
  - Partnered with the WCLMB to host two Bridges out of Poverty trainings. The first training focused on how to shift poverty lenses at the individual level, and the second training focused on focusing on poverty through an organizational lens.

2. *What has been the impact?*
   - The Lower Shore Health Equity Coalition has established a mission, vision, and goals to accomplish as a committee, which meets monthly.
   - Availability of behavioral health resources in multiple languages.
   - Health resources, food resources, behavioral health resources, financial literacy and resources made available in the community during outreach events.
   - Three health equity trainings offered to more than 100 stakeholders, including professionals and community members resulting in 100% satisfaction with trainings.
   - Factualtity seminar offered to more than 51 stakeholders, resulting in 100% satisfaction with the seminar.
   - Through all the work accomplished, cultural and linguistic awareness and responsiveness is increasing and improving throughout the County.

3. *What has not been accomplished and why?*
   - Updating LBHA Mission and Vision due to forming other workgroups, collaboratives, and community activities being supported through LBHA and partners.

4. *What still needs to be addressed and why?*
   - Continue exploring training opportunities to support cultural and linguistic competencies due to this being an ongoing task.
   - Assessing behavioral health providers using the CLAS self assessment tool.

5. *How will it be addressed relative to the 2024-2026 CLCSP?*
   - WCLBHA will continue to work with providers and stakeholders to maintain culturally and linguistically competent behavioral health services through assessing providers and stakeholders with a gaps analysis.

Appendix 5
Data Analysis

County Demographics
According to the 2022 Census Bureau estimate, Worcester County has a total population of 53,866, a 2.7% increase from 2020. More than one in four residents were 65 years and older (29.0%), ranking second highest out of 24 Maryland jurisdictions. Worcester County population is less diverse than the state (Table 1). Non-Hispanic white account for 80 percent of the county population compared to 48 percent in the state.

In 2021, life expectancy at birth for Worcester County's population was 79.2 years, higher than the average for the state of Maryland (78.2 years). Life expectancy for Black people was only 74.2 years compared to 79.3 years for White people. The difference in life expectancy between male and female was 4.3 years (77 and 81.3 years respectively). Source: MD VSA

Social Determinants of Health
Social determinants of health Worcester County had the highest unemployment rate in the state at 5.0 percent, compared to a state rate of 3.2 percent. The unemployment rate in Worcester peaked in 2020 at 10.9% and is now 5.9 percentage points lower. The median household income for Worcester County is $71,262. This is lower than the median household income for Maryland which is $91,431.

Based on 2021 U.S. Census Small Area Income & Poverty Estimate (SAIPE), 10.3% of the county population was below the poverty level, that was a decline by 12% from 2020 rate. Meanwhile the state's poverty rate increased by 14%, from 9.0% to 10.3%. 16.2% of school age children (ages 5-17) lived in poor families, compared to 13.3% overall in MD (Table 1).

Approximately 75% of Worcester County's total population were 25 years of age or older and of those, 93% had at least graduated from high school and 30.6% had a bachelor's degree or higher, compared to 41.6% overall in MD. The poverty rate declines as educational attainment increases. For residents 25 and older, the poverty rate for individuals with less than high school education was 16.9%, while the rate for people with bachelor's degree or higher was 4 times lower (4.8%) (Worcester County CHA, 2021).

TABLE 1. Demographic characteristics

	Worcester	Maryland
Population	53,866	6,177,213
Age		
Under 5 years	3.9%	5.7%
Under 18 years	16.9%	21.8%
65 years and over	29.0%	16.9%
Race/Ethnicity		
Non-Hispanic White	80.1%	48.3%
Non-Hispanic Black	12.5%	31.7%
Hispanic or Latino origin	3.9%	11.5%
Asian	1.7%	7.1%
Other	1.8%	1.4%
Education		
High school graduate or higher	92.8%	90.3%
Bachelor's degree or higher	30.6%	41.6%
Poverty* & Income		
Median household income	$71,262	$91,431
All age in poverty	10.3%	10.3%
Under age 18 in poverty	14.0%	16.5%
Ages 5-17 in families in poverty	16.2%	13.3%
Employment		
Total population 16+ in civilian labor force	58.8%	66.8%
Unemployment (2022) **	5.0%	3.2%

SOURCE: U.S. CENSUS BUREAU 2022 POPULATION ESTIMATE, * SMALL AREA INCOME & POVERTY ESTIMATE (SAIPE, **MD MANUAL ON-LINE)

Healthcare Access

In Worcester, 52.2% of the population had employer-sponsored coverage compared to 61.5% overall in MD, followed by Medicare (28.8%), Medicaid (21,6%), direct purchase (19.3%), and military coverage (3.0%).

Table 2. Health Insurance Coverage*, Worcester, 2017-2021

	Worcester	MD
Employer based	52.2%	61.5%
Medicare	28.8%	16.5%
Medicaid	21.6%	18.6%
Direct Purchase	19.3%	13.2%
TRICARE/Military health care	3.0%	3.9%
VA health care	2.6%	1.9%

*Source: 2021 ACS-5 Year Estimates * alone or in combination*

While Worcester County is a health provider shortage area and a medically underserved area, health insurance rates have improved and maintained progress for the past several years. The number of people in Worcester without health insurance significantly declined during the last decade. The uninsured rate among persons under 65 declined by 43%, from 13.3% in 2012 to 7.6% in 2021 (Source: SAIPE).

The uninsured rate increased as age groups grew older. The rate was the highest among those aged 19-25 (16.3%) and 26-34 (11.9%). The uninsured rate then dropped almost to zero after age 64. Adults aged 65 and over had the lowest rate due to Medicare coverage. There was a disparity in insurance coverage between whites and other racial/ethnic groups. The Hispanic uninsured rate was over 4 times higher than the rate for whites. Blacks had the largest percentage point decrease in their uninsured rate, which fell from 12.2% in 2013-2017 to 3.5% in 2017-2021 (2021 ACS-5 Year Estimates).

In 2022, an estimated 15,276 (28% of Worcester population) were enrolled in Medicaid. That is a 38% increase from 2013. Of this total, 7% of enrollees were dually eligible and enrolled in both Medicaid and Medicare (source: Maryland Medicaid DataPort, The Hilltop Institute at UMB). The number of Medicare enrollees also increased by 18%, from 13,580 to 16,035, that is 30% of Worcester's population (Source: CMS.Gov).

In 2022 Medicaid and Medicare were the primary expected source of payment for 69% of all hospital visits and for 66% of ED visits. The percentage of hospital visits covered by commercial insurance was 28% and 30% respectively. In the 2023 County Health Rankings, Worcester County ranked 10th out of 24 MD counties for Clinical Care. The ranking is based on a summary composite score calculated from the following measures: uninsured, primary care physicians,

mental health providers, dentists, preventable hospital stays, mammography screening and flu vaccinations.

The entire County of Worcester is both HPSA and MUA designated. The ratio of the Worcester County population to mental health providers is higher than the state and the neighboring counties (Table 3).

Table 3. Ratio of Population to Medical Providers

County	Primary Care Physicians	Mental Health Providers	Dentists
Worcester	1,190:1	370:1	1,610:1
Wicomico	1,730:1	260:1	1,240:1
Somerset	3,180:1	320:1	460:1
Maryland	1,130:1	310:1	1,260:1

Source: 2023 County Health Rankings

Behavioral Health Conditions
Behavioral health conditions encompass both mental health and substance use related conditions.

Mental Health
In 2020-2021, more than half (55%) of Worcester adults rated their health status as "excellent" or "very good" and 14.2% adults reported being in poor/fair health, slightly higher than state average (13.3%). 16.2 percent of Worcester adults who reported their mental health was not good on eight or more days in the past 30 days were slightly lower than state average (17.5%). Female, white and those under 45 were more likely to report that their mental health was not good 8+ days in the past 30 days (Table 4).

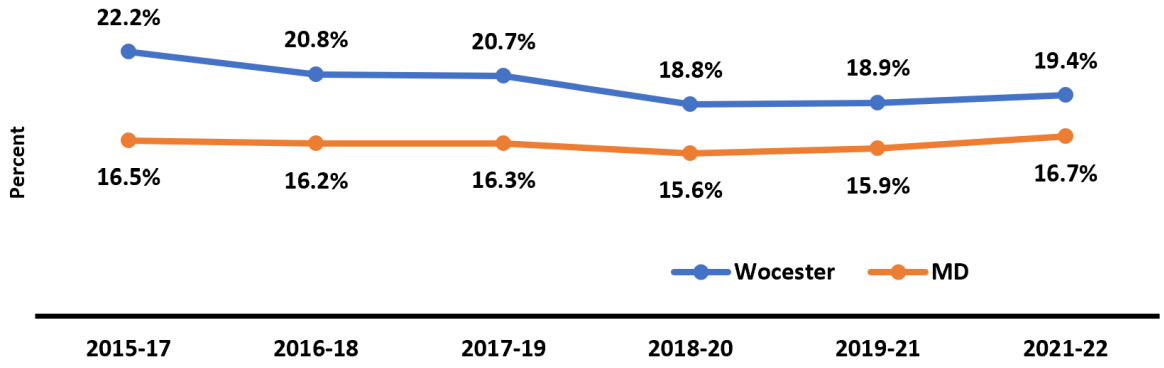
Table 4: Adults Reporting 8+ Poor Health, Worcester, 2020-2022

	8+ Days Poor Mental Health	8+ Days Poor Physical Health
Gender		
Male	10.7%	12.1%
Female	21.2%	13.4%
Age Group		
<45 Years	26.0%	11.5%
45-64 Years	14.7%	12.3%
65+ Years	10.9%	14.1%
Race		
Black	14.3%	12.1%
White	16.5%	13.4%

Source: MD BRFSS

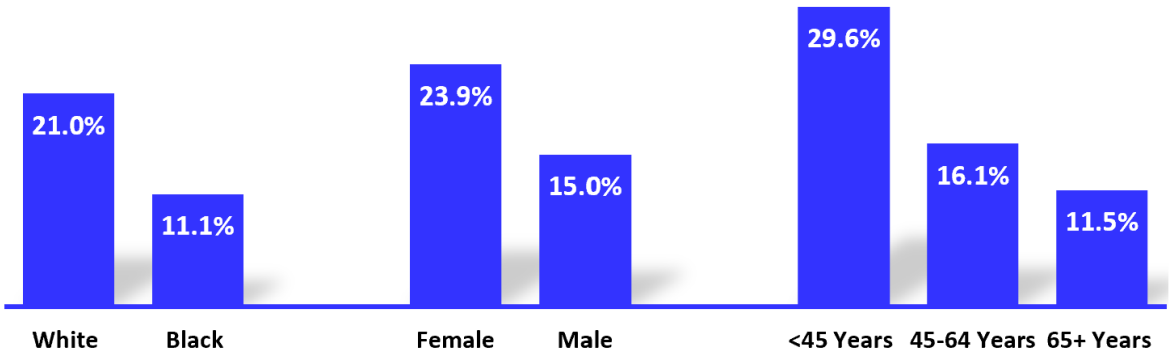
The percentage of Worcester adults who report having been diagnosed with depression at some point in their lifetime has been declining since 2015. During 2020-2022, approximately one in five (19.4%) Worcester adults reported they had been told by a doctor that they had a depressive disorder (lifetime diagnosis of depression), higher than the state rate of 16.7% (Figure 1).

Figure 1. Lifetime Depression Rates, Worcester and MD, 2015-2022 (Three-Year Moving Average)



Source: MD BRFSS

Figure 2. Lifetime Depression Rates by Age Group, Sex and Race, Worcester, 2020-2022



Source: MD BRFSS

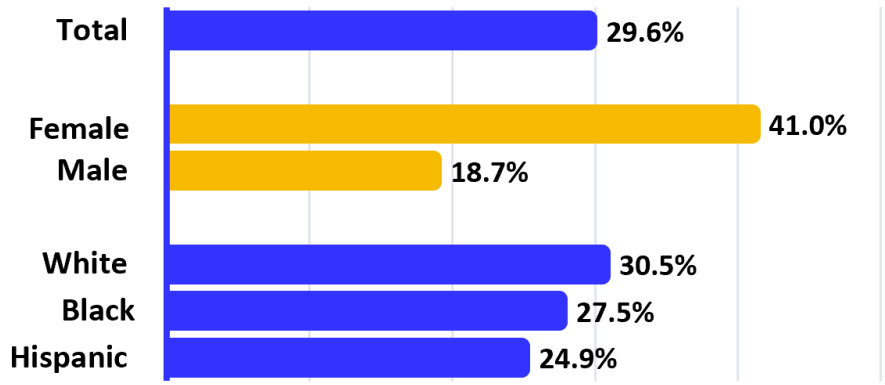
Women and white were more likely to have a lifetime diagnosis of depression compared to men and black, respectively. Also, adults under 45 years of age reported more lifetime. diagnosis of depression than those 45 and older.

Youth

Mental health is measured in the YRBS with one question addressing persistent feelings of sadness or hopelessness that affect students' abilities to participate in their daily activities and another question assessing poor mental health during the past 30 days.

In 2021, 29.6% of high school students and 23% of middle school students reported that their mental health was not good most of the time or always during the past 30 days. Female students were more likely than male students to experience poor mental health. More than forty percent female students experienced poor mental health compared to just 18% of male students. Hispanic students were less likely than Whites and Blacks students to experience poor mental health (Figure 3).

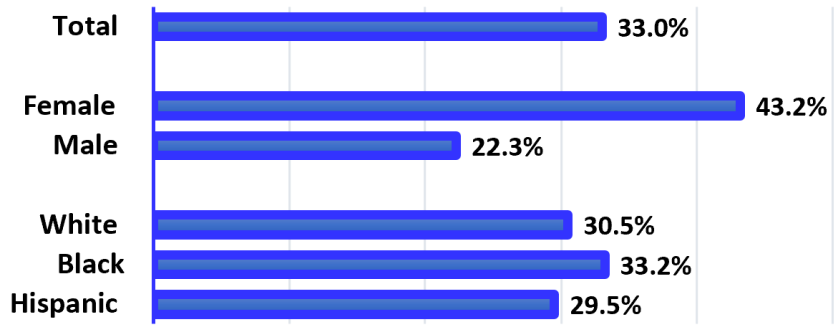
Figure 3. High School Students who Experienced Poor Mental by Sex and Race, Worcester, 2021



Source: MD YRBS

One-third of Worcester middle (32.8%) and high school (33.2%) students reported feeling sad or hopeless for at least two weeks or more within the past year. Female students were significantly more likely to report feeling sad or hopeless compared to male students (43.2% and 22.3% respectively). Overall statewide, over half of female students experienced persistent feelings of sadness or hopelessness (Figure 4).

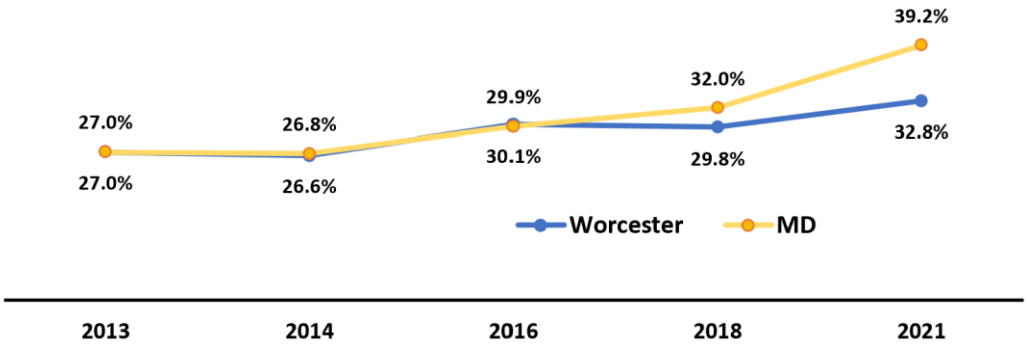
Figure 4. High School Students who Experienced Persistent feeling of Sadness and Hopelessness, by Sex and Race, Worcester, 2021



Source: MD YRBS

Between 2014 and 2021, reports of feeling sad or hopeless increased by 23% among Worcester high school students, while the overall state rate increased by 46% (Figure 5).

Figure 5. High School students who Experienced Perssistent Feeling Sadness and Hopelessness, Worcester and MD, 2013-2021



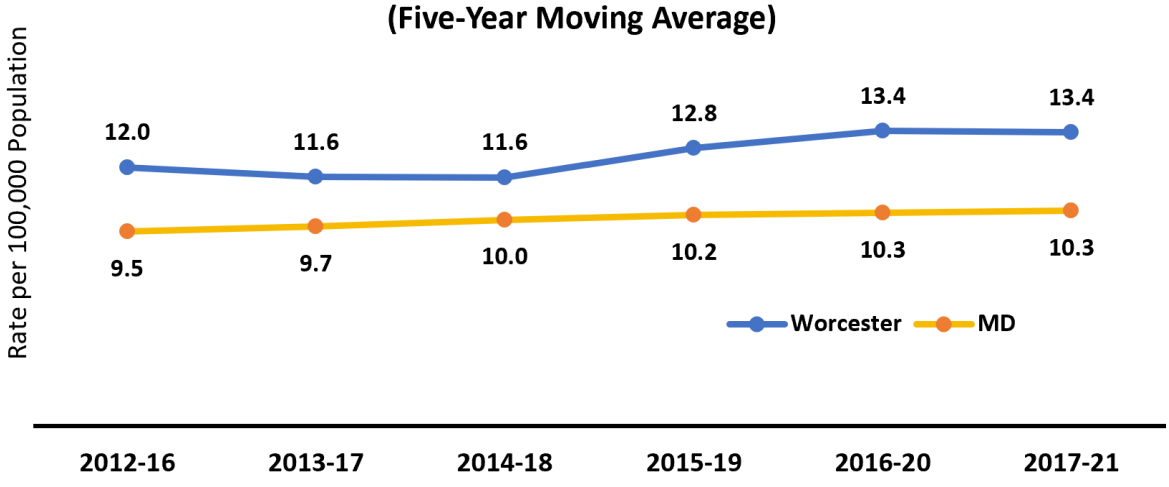
Source: MD YRBS

Suicide

In 2020-2021 suicide was the 13th leading cause of death in Worcester, no change from 2017-2019. During 2012-2021, a total of 66 Worcester residents died of suicide, and firearms were the common method used. The majority of individuals who died by suicide were whites and males. The age group with the most deaths from suicide was 45-64 years old, accounting for 49.4% of suicides in Worcester from 2008-2019. From 2008-2019, 59.3% of the suicides recorded in Worcester were among people who had a high school education or less (Worcester County CHA, 2021)

In 2017-2021, the suicide rate, five-year moving average among Worcester residents was 13.4 per 100,000 population, 15% higher than 2014-2018, but the same as 2016-2020 rate. Worcester suicide rate has been consistently higher than the state rate (Figure 6)

Figure 6. Crude Suicide Rates, Worcester and MD, 2012-2021 (Five-Year Moving Average)



Source: MD VSA

Suicidal Behaviors

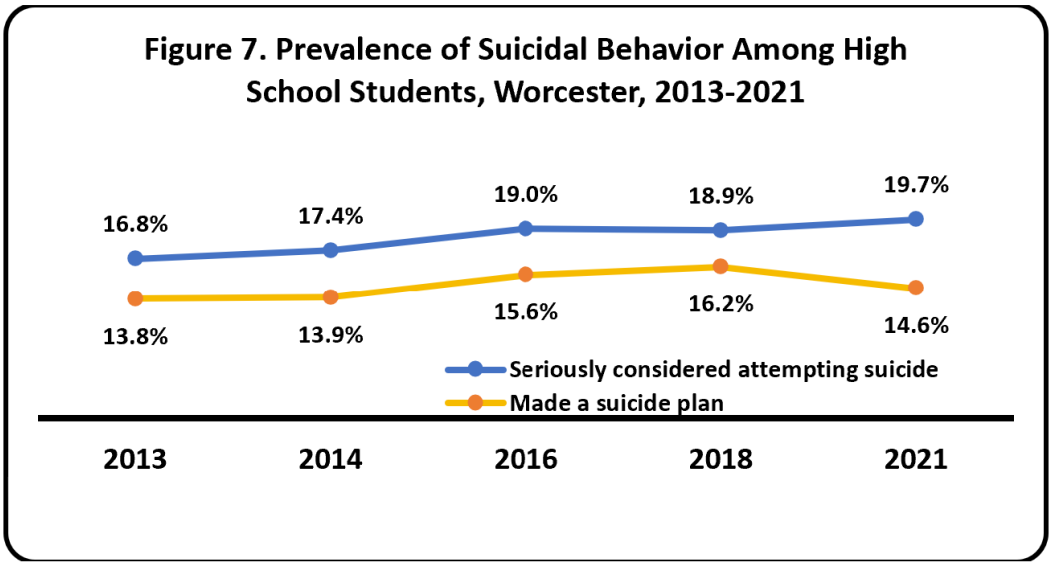
In 2021, 19.7% of Worcester high school students reported seriously considered attempting suicide (prevalence was higher among female,(27.9% than male [12%] students), and 14.6% of students had made a plan about how they would attempt suicide (prevalence was higher among female [19.9%] than male [9.5%] students), and 17% of students had attempted suicide ≥1 time (prevalence was higher among female [18.8%] than male [15.2%] students) (Table 5).

Table 5. Prevalence of Suicidal Behavior Among High School Students by Sex and Race Worcester, 2021

	Total	SEX		Race/Ethnicity		
High School Students Who:		Female	Male	White	Black	Hispanic
Seriously considered attempting suicide	19.7%	27.9%	12.0%	19.6%	19.3%	22.7%
Made a suicide plan	14.6%	19.9%	9.5%	13.9%	16.6%	17.4%
Attempted suicide	17.0%	18.8%	15.2%	15.1%	20.0%	22.6%

Source: MD YRBS

Between 2013 -2021, the percentage of students who seriously considered attempting suicide increased by 17%, from 16.8% to 19.7%. The percentage of students who made a suicide plan also increased by 17% from 13.8% in 2013 to 16.8% in 2018 but in 2021 the rate fell by 10% (Figure 7).



Source: MD YRBS

Overall Worcester experienced a slightly lower percentage of high school students exhibiting suicidal behavior (i.e., suicidal thoughts, plans, and attempts) than the state average (Table 6).

Table 6. Prevalence of Suicidal Behavior, Worcester and MD, 2021

	Worcester	MD
Seriously considered attempting suicide	19,7%	20.6%
Made a suicide plan	14.6%	15.4%
Attempted suicide	17.0%	17.3%

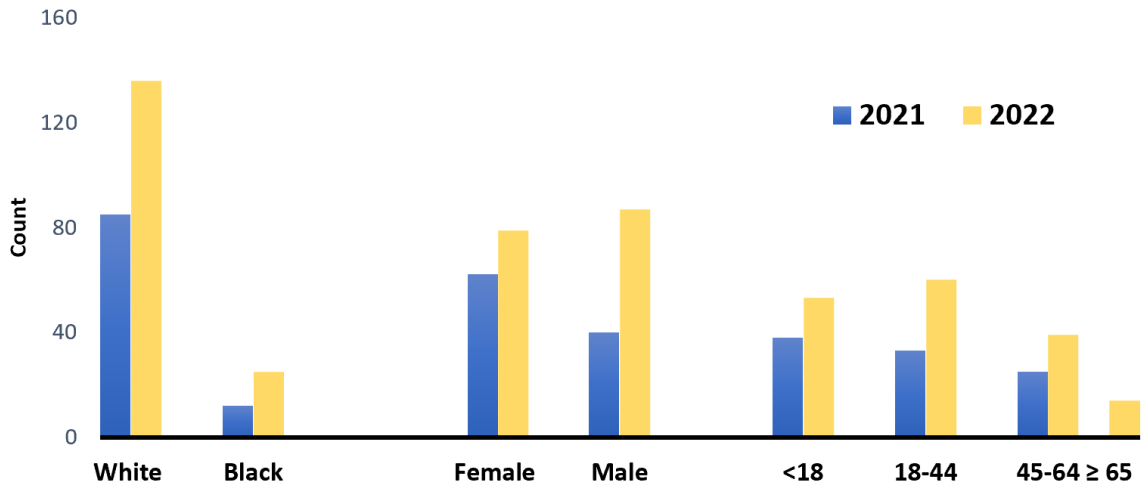
Source: MD YRBS

There was a significant decline in the number of ED visits related to suicide and intentional self-harm in Worcester between 2018 and 2021, dropping by 28% from 142 to 102. However, there was a notable increase in 2022, reaching 166. This suggests a fluctuation in the trend over the specified years (Table 7).

Table 7. ED Visits Related to Suicide and Intentional Self-Harm, Worcester, 2018-2022			
Year	**Total ED Visits**	**Visits related to suicide and intentional self-harm**	
	Number	Number (%)	% Change
2018	21987	142 (0.6)	
2019	21623	125 (0.6)	-12.0
2020	15909	112 (0.7)	-10.4
2021	17572	102 (0.6)	-8.9
2022	18717	166 (0.9)	62.7

Source: CRISP

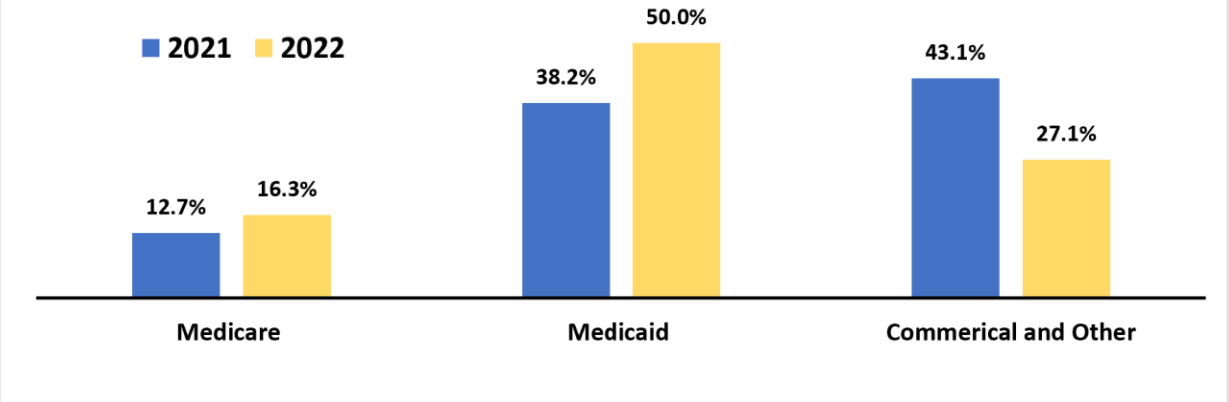
Figure 8. Number of ED Visits Related to Suicide and Intentional Self-Harm by Race, Gender and Age Group, Worcester, 2021-2022



Source: CRISP

In 2022 the number of ED visits increased across all races, genders, and age groups. The most significant increase was observed among the male and back populations, where their numbers more than doubled from 2021. Because of small counts the 2021 data for 65+ age group is not shown (Figure 8).

Figure 9. Percent of ED visits Related to Suicide and Intentional Self-Harm by Type of Expected Payer, Worcester, 2021-2022



Source: CRISP

There was a significant shift in the expected payer for ED visits related to suicide and intentional self-harm, with the proportion covered by commercial insurance decreasing from 43% in 2021 to 27% in 2022. In contrast, there was an increase in the proportion covered by Medicaid and Medicare during the same period (Figure 9).

There are many agencies across Worcester County and in the tri-county area that work together to address suicide. Tactics to address suicide include suicide prevention, suicide intervention, and suicide postvention. The information below provides detailed and contextual information about Worcester County's response to suicide. Some of the programs and activities address more than one tactic in suicide response and will be denoted with an asterisk * and a note.

Suicide Prevention Coalition (SPC) serving the Lower Eastern Shore - SPC was started in 2016. Worcester County is a health professional shortage area (HPSA) and specifically a mental health HPSA. Since we are a rural area, collaborations across agencies and sectors have been key for a long time to maximize resources, reduce duplications of efforts, and improve impacts. We have to be creative, flexible and adaptive in our approaches because as a rural county that is also a tourist destination, we have unique challenges with subpopulations like farmers and hospitality workers, but also need to be able to respond to behavioral health needs and crises that arise from visitors. There are major population changes during the tourism season (from ~53,000 people in general to over 350,000 in the summer and peak tourist seasons) and there are related seasonal unemployment issues and other social determinants of health (e.g. housing affordability and availability, especially in the summer months) that provide additional

challenges and stressors to agencies and community members. Many of the initiatives and partners listed throughout have been a part of and involved with this coalition.

Youth and Adult *Mental Health First Aid** - provides education and tools to support prevention and intervention in a behavioral health crisis. Participants learn risk factors and warning signs for mental health and addiction concerns, strategies for how to help someone in both crisis and non-crisis situations, and where to turn for help. Trainings have been hosted locally for more than 7 years. In the past few years, local trainers have started offering trainings focused on special populations such as our aging community and first responders. *suicide prevention and intervention

*Out of the Darkness Walk and Celebration of Life** - The annual tri-county Out of the Darkness Walk (OODW) for suicide prevention and awareness has been held in Worcester since 2012. This event was adapted during the pandemic to virtual with many ways to have remote support and interactions. The associated evening of reflection event/celebration of life is hosted by the WCHD and partners was started 6 years ago as a more intimate, calm event the night before the Walk, which is large and intense, as a way to promote sharing, healing, and solidarity. These events are not only about prevention, but supporting those who have lost someone to suicide and those in recovery. *suicide prevention and postvention

Jesse's Paddle - Jesse Klump Memorial Fund (JKMF) is a local grassroots suicide prevention non-profit hosts an annual fundraiser called Jesse's Paddle. They sponsor and spearhead population specific outreach and provide scholarships to local high school students and mental health professionals as well.

Local Care Team (LCT) - the Local Care Team (LCT) provides care coordination to help assist youth with complex behavioral health needs and their families to connect them with appropriate care and keep them in the least restrictive services as possible if appropriate.

*Signs of Suicide (SOS) school curriculum** - the Suicide Prevention Coalition (SPC) serving the Lower Eastern Shore received a grant, which allowed for the piloting of the SOS curriculum in a Worcester County Middle School in FY2017. The trainings have been incorporated into 8th grade classes since the pilot. It teaches youth to identify signs, how to communicate care and tell a trusted adult to get additional support. *suicide prevention and intervention

Save a Shore Farmer education campaign - The JKMF with support from the Worcester County Health Department (WCHD) created a campaign to educate farmers and other agriculture workers and people who interact with farmers and other agriculture workers about the risks specific to this population, signs and symptoms and local resources for help. Many presentations have been given on this campaign in person and virtually over the years and the

materials developed have been provided widely to other counties and other states with blank templates so others can create their own campaigns. This started in FY2019. Suicide Intervention

*Crisis Response Team (CRT)** - The Worcester County Health Department houses the local Crisis Response Team (CRT) that is on call to respond to behavioral health emergencies 24/7. This program is well established and has strong partnerships with law enforcement and has a good reputation among partners. CRT follows up with individuals within 48 hours of their interaction. *suicide intervention and postvention

*Crisis Intervention Team (CIT)** - The LBHA, which is housed in the WCHD, provides Crisis Intervention Training (CIT) to law enforcement, correctional officers, and related professionals like dispatchers on how to identify, handle and de-escalate behavioral health crises they may encounter. The skills they learn can help them either de-escalate a situation and/or get appropriate help from CRT. *suicide prevention and intervention

*TRIBE (Tri-County Behavioral Health Engagement) ** - a behavioral health urgent care center which is part of a regional project called TRIBE (Tri-County Behavioral Health Engagement) was opened at the local hospital, Atlantic General Hospital (AGH) on January 26, 2022. Now the center is run by the Chesapeake Health Care in Berlin, a leading non-profit health care organization since June 2023. This center enhances the access to care and triage crises appropriately. *suicide prevention and intervention

*Life Crisis Center (LCC)** - The Life Crisis Center, our local crisis center, responds to many national hotlines such as the national suicide hotline as well as the state MD 211 hotline and will be participating in the national rollout of 988 and they also participate in warm handoffs to providers and other agencies to improve timely connections between callers and services. *suicide prevention and intervention

Suicide Postvention Survivors of Suicide Support Group - WCHD and JKMF partner to host a survivor of suicide group that meets monthly. This group is to support families and friends who have lost a loved one to suicide.

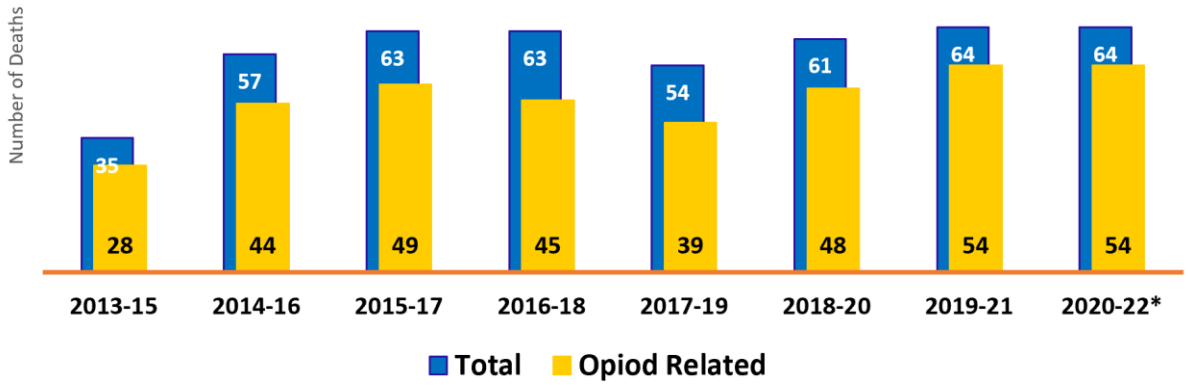
International Survivors of Suicide Loss Day - JKMF tends to host an event for survivors of suicide loss in November.

Overdose Deaths

The Maryland Vital Statistics Administration 2022 preliminary data indicates overdose deaths in Worcester have held steady between 2021 to 2022 with 19 deaths each year after a 26% decline from 2020. In 2021, 89.5% of people who died of a drug overdose were White, 79% were male and 84% were 35 years old and older.

Opioids, most notably fentanyl, continue to be the most common substance in alcohol and drug-related intoxication deaths in Worcester County. Between 2019-2022, 84% of all intoxication deaths that occurred in Worcester were opioid-related. [heroin, prescription opioids, and fentanyl] (Figure 10). The number of heroin-related deaths has decreased while the number of cocaine-related deaths has increased.

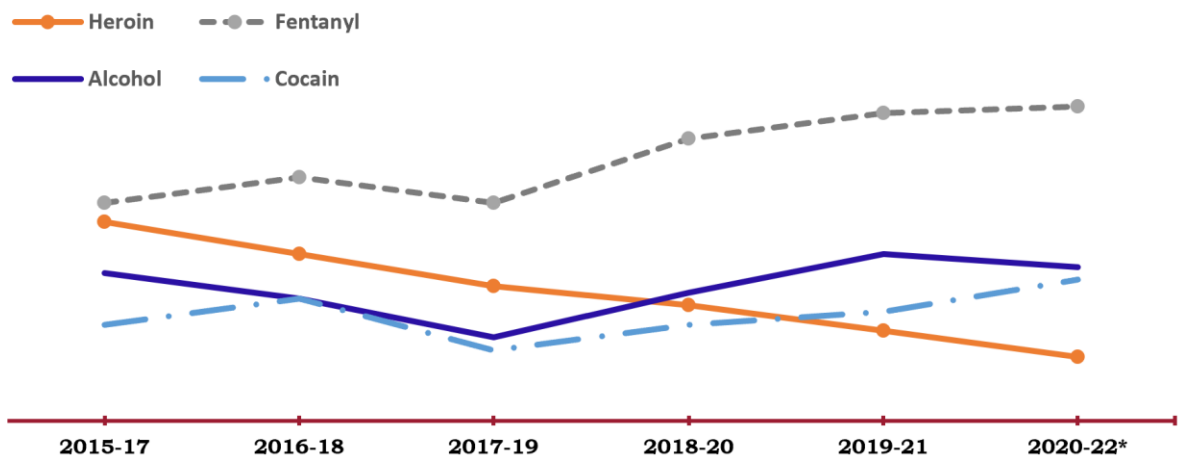
Figure 10. Number of Drug and Alcohol Intoxication Deaths Occurring in Worcester, 2013-2022 (Three-Year Moving Average)



Source: MD VSA

The three-year moving average drug overdose deaths involving cocaine, alcohol and fentanyl increased from 2017-2019 to 2020-2022 by 100%, 84% and 44% respectively while heroin involved deaths decreased by 52% (Figure 11).

Figure 11. Number of Drug and Alcohol Intoxication Deaths by Selected Substances, Worcester, 2015-2022 (Three- Year Moving Average)



Source: MD VSA

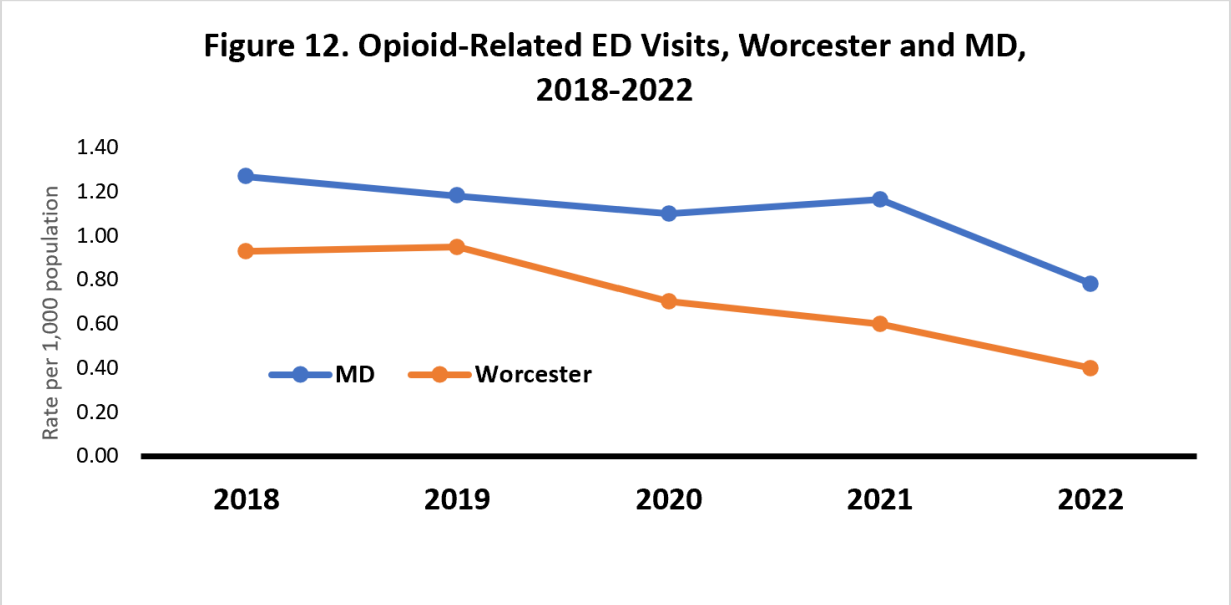
In 2019-2021, Worcester County's age-adjusted mortality rate for deaths related to unintentional drug and alcohol-related intoxication was slightly higher than the overall MD rate (42.9 vs 41.4 per 100,000 population). Worcester ranked 10th lowest in 2019-2021 for the rate drug overdose deaths.

There was a 21% increase in the number of ED visits related to drug overdose in Worcester from 2018 to 2019, peaking at 165 visits. However, the trend reversed in the following years with a decline to 115 visits in 2022 (Table 8).

Table 8. ED Visits Related to Any Drug Overdose, Worcester, 2018-2022

Year	Total ED Visits	Visits Related to Any Drug Overdose	
	Number	Number (%)	% Change
2018	21987	136 (0.6)	
2019	21623	165 (0.8)	21.3
2020	15909	120 (0.8)	-27.3
2021	17572	121 (0.7)	-0.8
2022	18717	115 (0.6)	-5.0

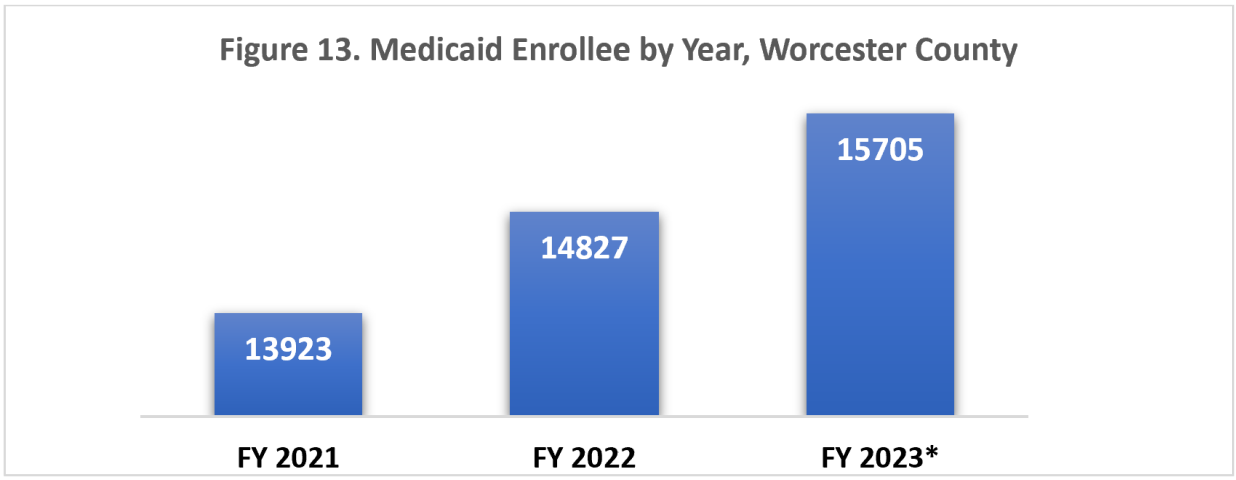
Source: CRISP



Source: CRISP

Medicaid Enrollment and Penetration

Medicaid enrollment in Worcester grew from 13,923 in FY 2021 to 15,705 in FY 2023. In 2023, Medicaid covers 29.2 percent of Worcester population, that was a 5.9% increase from FY 2022 (Figure 13).



Source: The Hilltop Institute at UMBC *as of the end of October 2023

The PBHS MA penetration is the percentage of individuals with Medicaid who receive services from the Maryland Public Behavioral Health System (PBHS).

Public Behavioral Health System (PBHS) Service Utilization Data

Mental Health PBHS Service Utilization

In 2023, approximately 3,141 Worcester County residents received mental health service through the Public Behavioral Health System (PBHS), 97.9% (3074) of whom were participants in the Medicaid program.

In FY 2023 the penetration rate for individuals with Medicaid who received mental health (MH) services was 19.6%. The rate declined continuously in both 2022 and 2023 (Table 9). The statewide 2023 Medicaid penetration rate for mental health services was 14.7%, which was lower than Worcester's rate.

Table 9. Medicaid Penetration for PBHS/MH Services, Worcester 2021-2023

FY	Medicaid Eligible Population	Individual served	Penetration Rate	% Change
		Mental Health	Mental Health	Mental Health
FY 21	13923	2968	21.3%	
FY 22	14827	3012	20.3%	-4.7%
FY 23*	15705	3074	19.6%	-3.6%

Source: Source: The Hilltop Institute at UMBC *as of the end of October 2023; Optum ASO claims data paid through 10/31/2023

In FY 2023, the unduplicated total number of Worcester County residents who received PBHS mental health services was 3,141, slightly higher than in FY 2022 (3,083). The number includes individuals whose services were covered by one or more funding sources: Medicaid, state-funded medical assistance, and those who were uninsured. 98% of Worcester consumers who accessed PBHS services had Medicaid insurance. The number of consumers who accessed PBHS with state funds declined from 8.3% in FY 2021 to 6.9% in FY 2023.

Table 10. Number and Percentage of PBHS/ MH Service Consumers by Coverage Type, Worcester, FY2021-FY2024

	FY 2021	FY 2022	FY 2023	FY2024
Medicaid	**2,968 (96.5%)**	**3,012 (97.7%)**	**3,074 (97.9%)**	**2,338**
State	256 (8.3%)	229 (7.4%)	216 (6.9%)	79
Uninsured	54 (1.8%)	28 (0.9%)	44 (1.4%)	42
TOTAL	**3,075**	**3,083**	**3,141**	**2,503**

Data Source: Optum ASO claims data paid through 10/31/2023. *Data for FY 2023/24 are not complete as providers have 12 months from time of service in which to submit a claim for payment, however, based on this data run approximately 90% of all FY 2023 claims have been processed.

Adults (22-64) utilized more mental health services than all other age groups, representing 54.1% of all served. Children (6-12 years) were the second highest category (18%) followed by adolescents (15%). The distribution of consumers by age group was fairly constant over the last three years (Table 11).

Table 11. Number and Percentage of PBHS/MH Service Consumers by Age group, Worcester County, FY2021-FY2024

Age group	FY 2021 # (%)	FY 2022 # (%)	FY 2023 # (%)	FY 2024
0-5 years	83 (2.7%)	71(2.3%)	93(3%)	51
6-12 years	559(18.2%)	583(18.9%)	555(17.7%)	447
13-17 years	473(15.4%)	484(15.7%)	474(15.1%)	412
18-21 years	215(7%)	201(6.5%)	216(6.9%)	163
22-64 years	1707(55.5%)	1713(55.6%)	1767(56.3%)	1396
65+ year	38(1.2%)	31(1%)	36(1.1%)	34
Total	**3075**	**3083**	**3141**	**2503**

Data Source: Optum ASO claims data paid through 10/31/2023. * Data for FY 2023/24 are not complete as providers have 12 months from time of service in which to submit a claim for payment, however, based on this data run approximately 90% of all FY 2023 claims have been processed.

Table 12. Number and Percentage of PBHS/MH Service Consumers by Service Type, Worcester County, FY2021-FY2024

Service Category	FY 2021	FY 2022	FY 2023*	FY2024*
	# (%)	# (%)	# (%)	# (%)
1915(i) Waiver	<11	<11	<11	<11
Baltimore Group (Capitation)	<11	<11	<11	<11
Case Management	**178 (5.8%)**	**165 (5.4%)**	**156 (5%)**	**102**
Crisis	15 (0.5%)	16 (0.5%)	22 (0.7%)	9
Emergency Petition	<11	<11	<11	<11
Inpatient	142 (4.6%)	109 (3.5%)	134 (4.3%)	64
Mobile Treatment	27 (0.9%)	25 (0.8%)	23 (0.7%)	14
Outpatient	**2918 (94.9%)**	**2956 (95.9%)**	**3009 (95.8%)**	**2379**
Partial Hospitalization	12 (0.4%)	13 (0.4%)	26 (0.8%)	<11
Psychiatric Rehabilitation	**352 (11.5%)**	**352 (11.4%)**	**380 (12.1%)**	**299**
Residential Rehabilitation	12 (0.4%)	13 (0.4%)	12 (0.4%)	10
Residential Treatment	<11	<11	<11	<11
Respite Care	<11	<11	<11	<11
Supported Employment	**46 (1.5%)**	**41 (1.3%)**	**47 (1.5%)**	**32**
TOTAL	**3075**	**3083**	**3141**	**2503**

Data Source: Optum ASO claims data paid through 10/31/2023. * Data for FY 2023/24 are not complete as providers have 12 months from time of service in which to submit a claim for payment, however, based on this data run approximately 90% of all FY 2023 claims have been processed.

As in the past, a much higher percentage of Worcester County PBHS consumers received case management services than the state as a whole. In FY 2023, 5% of Worcester's consumers received case management services, and 2.0% of Maryland consumers received the service. As percentage of total expenditure, the cost of case management services was 4.6% for Worcester County and 1.3% statewide.

Although Worcester had a much higher percentage of consumers receiving case management services than statewide, the opposite was the case for psychiatric rehabilitation program (PRP) services. In FY 2023, 20.1% of all PBHS consumers statewide received PRP services, accounting for 27.1% of total expenditure. In Worcester County, the percentage of consumers receiving PRP services was 12%, which is 8 percentage points lower than the state. Also, the share of the total expenditure was 22.2%, which is 5 percentage points lower than the state, which stands at 27% (Table 13.).

Table13. Percentage Distribution of MH Service Consumer and Expenditure by Service Category, Worcester and Maryland, FY 2023

	Consumer Percent		Expenditure Percent	
MH Service Category	**Worcester**	**Maryland**	**Worcester**	**Maryland**
Case Management	**5.0%**	**2.0%**	**4.6%**	**1.3%**
Crisis	**0.7%**	**1.2%**	**0.8%**	**1.4%**
Emergency Petition	0	0	0	0
Inpatient	**4.3%**	**6.3%**	**10.9%**	**18.8%**
Mobile Treatment	**0.7%**	**1.8**	**1.5%**	**3.8%**
Outpatient	**95.8%**	**93.4%**	**56.6%**	**42.8%**
Partial Hospitalization	**0.8%**	**0.5%**	**1.0%**	**0.5%**
Psychiatric Rehabilitation	**12.1%**	**20.1%**	**22.2%**	**27.1%**
Residential Rehabilitation	**0.4%**	**1%**	**0.4%**	**0.9%**
Residential Treatment	0	0.1%	0.9%	2.2%
Respite Care	0.1%	0.1%	0	0
Supported Employment	**1.5%**	**1.1%**	**1.0%**	**0.7%**

Data Source: Optum ASO claims data paid through 10/31/2023.

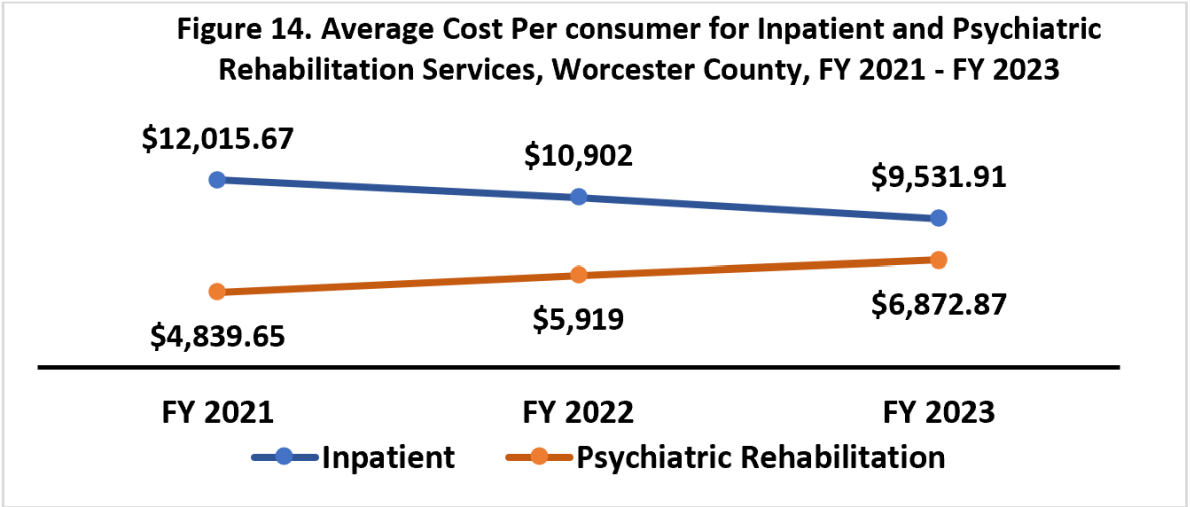
A total of $11,747,108 million in expenditures was reported for the treatment of mental disorders in FY 2023. A major share of this expenditure, 57%, was spent on outpatient service. This was followed by about 22% spent on psychiatric rehabilitation and 11% for inpatient services. Expenditures for all other types of services comprised the remainder (10%) of the total expenditures. Tables 13 and 14 provide a breakdown of expenditure by service type, year, and coverage type.

Table 14. Number and Percentage of Expenditure by MH service type, Worcester County, FY2021-FY2024				
Service Category	**FY 2021**	**FY2022**	**FY 2023***	**FY2024***
	# (%)	# (%)	# (%)	# (%)
1915(i) Waiver	$5,685 (0.1%)	$5,538 (0.1%)	$0	$276
Case Management	$519,397 (5.4%)	$516,105 (5.1%)	$535,666 (4.6%)	$168,685
Crisis	$95,711 (1%)	$104,062 (1%)	$93,098 (0.8%)	$45,344
Emergency Petition	$2,410 (0.02%)	$1,919 (0.01%)	$0	$203
Inpatient	$1,706,226 (17.7%)	$1,188,326 (11.7%)	$1,277,276 (10.9%)	$464,376
Mobile Treatment	$176,658 (1.8%)	$121,628 (1.2%)	$179,567 (1.5%)	$66,852
Outpatient	$5,168,389 (53.7%)	$5,843,201 (57.6%)	$6,651,413 (56.6%)	$2,597,520
Partial Hospitalization	$66,177 (0.7%)	$47,406 (0.5%)	$122,620 (1%)	$43,030
Psychiatric Rehabilitation	$1,703,555 (17.7%)	$2,083,517 (20.5%)	$2,611,692 (22.2%)	$786,268
Residential Rehabilitation	$33,617 (0.3%)	$33,316 (0.3%)	$42,813 (0.4%)	$14,920
Residential Treatment	$37,619 (0.4%)	$64,522 (0.6%)	$109,757 (0.9%)	$99,290
Respite Care	$1,445 (0.02%)	$2,912 (0.02%)	$2,527 (0.02%)	$1,053
Supported Employment	$111,355 (1.2%)	$129,984 (1.3%)	$120,678 (1%)	$34,757
TOTAL	**$9,628,244**	**$10,142,435**	**$11,747,108**	**$4,322,573**

Data Source: Optum ASO claims data paid through 10/31/2023. * Data for FY 2023/24 are not complete as providers have 12 months from time of service in which to submit a claim for payment, however, based on this data run approximately 90% of all FY 2023 claims have been processed

Over the last three fiscal years, there has been a noticeable decline in inpatient spending, decreasing from 17.7% in FY2021 to 10.9% in FY 2023 of the total expenditure. In contrast, spending on psychiatric rehabilitation has seen an increase, rising from 17.7% to 22.2% of the total spending during the same period (Figure 14).

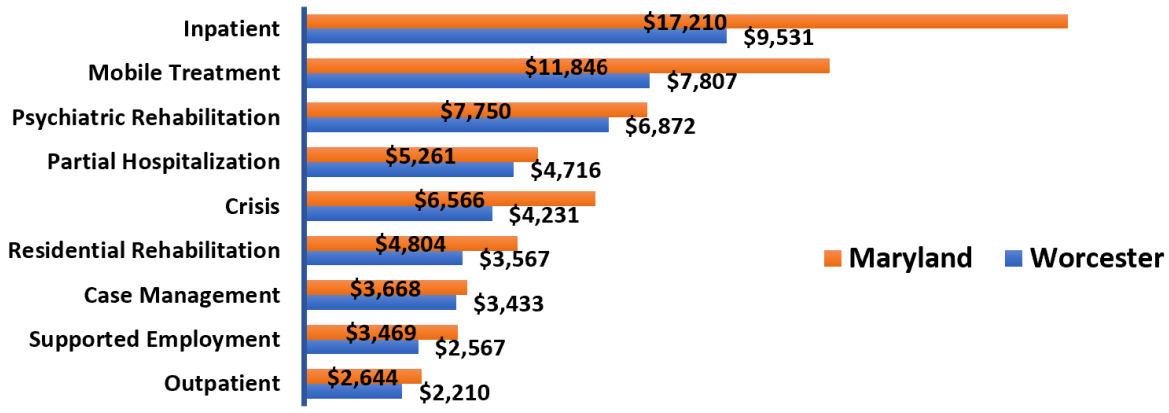
Figure 14. Average Cost Per consumer for Inpatient and Psychiatric Rehabilitation Services, Worcester County, FY 2021 - FY 2023



Data Source: Optum ASO claims data paid through 10/31/2023.

In 2023, the most expensive mental health service type per person in Worcester County was inpatient service, with spending $9,531 per average person, followed by mobile treatment ($7,807 per person). However, this per person expenditure is approximately half of the state average (Figure 15). Table 15 shows cost per person by year for Worcester.

Figure 15. Average Expenditure Per Person by MH Service Type, Worcester and MD, FY 2023



Data Source: Optum ASO claims data paid through 10/31/2023.

Table 15. MH Services Cost per person, Worcester County, FY 2021-2023			
Service Category	**FY 2021**	**FY 2022**	**FY 2023**
1915(i) Waiver	$5,685.36	$5,538	$0.00
Case Management	$2,917.96	$3,128	$3,433.76
Crisis	$6,380.72	$6,504	$4,231.71
Emergency Petition	$602.40	$384	$0.00
Inpatient	$12,015.67	$10,902	$9,531.91
Mobile Treatment	$6,542.89	$4,865	$7,807.28
Outpatient	$1,771.21	$1,977	$2,210.51
Partial Hospitalization	$5,514.79	$3,647	$4,716.17
Psychiatric Rehabilitation	$4,839.65	$5,919	$6,872.87
Residential Rehabilitation	$2,801.38	$2,563	$3,567.73
Residential Treatment	$37,618.96	$64,522	$109,757.46
Respite Care	$240.90	$2,912	$1,263.64
Supported Employment	$2,420.76	$3,170	$2,567.61
TOTAL	**$3,131.14**	**$3,290**	**$3,739.93**

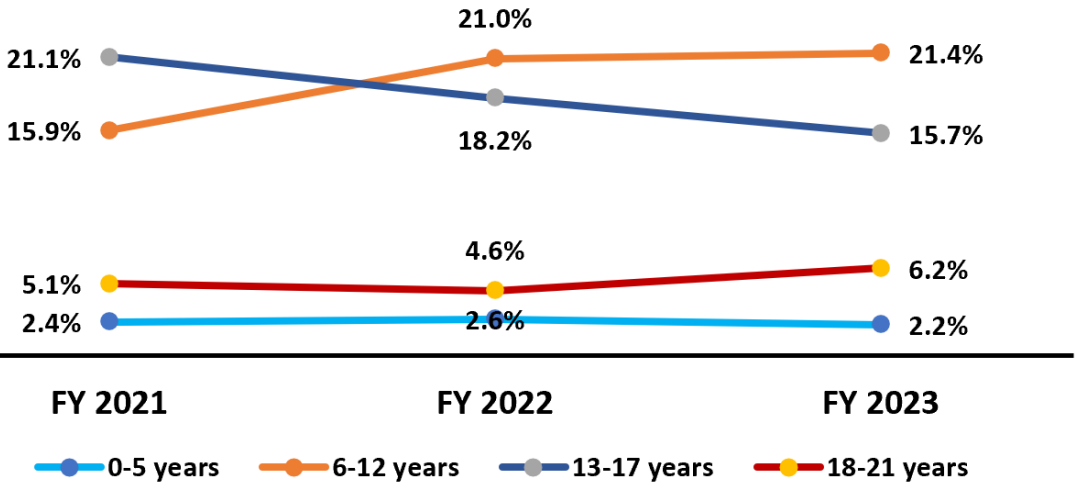
Data Source: Optum ASO claims data paid through 10/31/2023.

In FY 2023 over half of the total expenditure, $6,105.929, was spent on care for adults between the age of 22-64 years, while only $286,483 was spent on treatment for adults ages 65 and older. The expenditure for the 6-12 years age group increased by 34% from 2021 to 2023, while the expenditure for the 13-17 years age group declined by 25% (Table 16 and Figure 16).

Table 16. MH Expenses by Age group, Worcester County, FY2021-FY2023			
Age Group	**FY 2021 #(%)**	**FY 2022 #(%)**	**FY 2023 #(%)**
0-5 years	$227,935 (2.4%)	$261,589(2.6%)	$259,628(2.2%)
6-12 years	$1,533,515(15.9%)	$2,130,723(21%)	$2,519,745(21.4%)
13-17 years	$2,029,002(21.1%)	$1,850,980(18.2%)	$1,845,357(15.7%)
18-21 years	$490,072(5.1%)	$469,451(4.6%)	$729,966(6.2%)
22-64 years	$5,075,571(52.7%)	$5,195,157(51.2%)	$6,105,929(52%)
65+ year	$272,148(2.8%)	$234,536(2.3%)	$286,483(2.4%)
Total	**$9,628,244**	**$10,142,435**	**$11,747,108**

Data Source: Optum ASO claims data paid through 10/31/2023.

Figure 16. Percentage Distribution of MH Service Expenditure by Age Group (0-21 years), Worcester County, 2021-2023



Data Source: Optum ASO claims data paid through 10/31/2023.

The Medicaid share of expenditure for mental health services increased from 88% in 2021 to 93% in 2023 indicating significant growth. Meanwhile, expenditure from state funds and uninsured sources decreased during the same period (Table 17).

Table 17. Number and Percentage of MH Service Expenditure by Coverage Type, Worcester, FY2021-FY2024*

	FY 2021	FY 2022	FY 2023	FY2024
Medicaid	$8,516,896 (88.5%)	$9,316,738 (91.9%)	$10,939,541 (93.1%)	$3,309,124
State	$864,345 (9%)	$636,543 (6.3%)	$522,916 (4.5%)	$144,402
Uninsured	$231,286 (2.4%)	$171,433 (1.7%)	$202,913 (1.7%)	$53,762
TOTAL	**$9,628,244**	**$10,142,435**	**$11,747,108**	**$4,322,573**

Data Source: Optum ASO claims data paid through 10/31/2023. * Data for FY 2023/24 are not complete as providers have 12 months from time of service in which to submit a claim for payment, however, based on this data run approximately 90% of all FY 2023 claims have been processed

Substance Use Disorder PBHS Service Utilization

In 2023, approximately 1,282 Worcester County residents received substance use disorder (SUD) services through the Public Behavioral Health System (PBHS), 93.1% (1194) of whom were participants in the Medicaid program.

In FY 2023 the penetration rate for individuals with Medicaid who received SUD services was 7.6%. The rate declined continuously in both 2022 and 2023 (Table 18). The statewide 2023 Medicaid penetration rate for substance use disorder services was 6.0%, which was lower than Worcester's rate.

Table 18. Medicaid Penetration for PBHS/SUD Services, Worcester 2021-2023

FY	Medicaid Eligible Population	Individual served	Penetration Rate	% Change
		SUD	SUD	SUD
FY 21	13923	1155	8.3%	
FY 22	14827	1175	7.9%	-4.5%
FY 23*	15705	1194	7.6%	-4.1%

Source: The Hilltop Institute at UMBC *as of the end of October 2023; Optum ASO claims data paid through 10/31/2023

In FY 2023, the unduplicated total number of Worcester County residents who received PBHS SUD services was 1,282, slightly higher than in FY 2022 (1,246). The number includes individuals whose services were covered by one or more funding sources: Medicaid, state-funded medical assistance, and those who were uninsured. 93% of Worcester consumers who accessed PBHS services had Medicaid insurance. There was an increase in the number of consumers with state funding, rising from 24.7% in FY 2021 to 34.1% in FY 2023. The percentage of uninsured consumers also increased, moving from 2.5% in 2021 to 4.8% in 2023.

Table 19. SUD/PBHS Service Utilization Consumer by Coverage Type, Worcester, 2021-2024				
	FY 2021	FY 2022	FY 2023	FY2024
Medicaid	1,155 (94.7%)	1175 (94.3%)	1194 (93.1%)	702
State	301 (24.7%)	430 (34.5%)	437 (34.1%)	191
Uninsured	30 (2.5%)	34 (2.7%)	61 (4.8%)	28
TOTAL	1219	1246	1282	811

Data Source: Optum ASO claims data paid through 10/31/2023.
* Data for FY 2023/24 are not complete as providers have 12 months from time of service in which to submit a claim For payment, however, based on this data run approximately 90% of all FY 2023 claims have been processed

The distribution of SUD service consumers by age group was fairly constant over the last three years. The number of consumers for all age groups increased from FY 2022 to FY 2023. Adults (22-64) utilized SUD services more than all other age groups, representing 88.8% of all served. Adolescents (13-17 years) were the second highest category (5.2%) (Table 20).

Table 20. Number and Percentage of SUD Service Consumers by Age group, Worcester County, FY2021-FY2024				
Age Group	**FY 2021 # (%)**	**FY 2022 # (%)**	**FY 2023 # (%)**	**FY 2024**
0-5 years	<11	<11	<11	<11
6-12 years	<11	<11	<11	<11
13-17 years	57(4.7%)	56(4.5%)	67(5.2%)	20
18-21 years	44(3.6%)	48(3.9%)	51(4%)	29
22-64 years	**1099(90.2%)**	**1124(90.2%)**	**1139(88.8%)**	**752**
65+ year	11(0.9%)	13(1%)	18(1.4%)	9
Total	**1219**	**1246**	**1282**	**811**

Data Source: Optum ASO claims data paid through 10/31/2023. * Data for FY 2023/24 are not complete as providers have 12 months from time of service in which to submit a claim for payment, however, based on this data run approximately 90% of all FY 2023 claims have been processed

In 2023, consumers receiving SUD labs services represented 61% of the total number of consumers, with SUD outpatient service being the second largest group. However, there was a decline in the number of consumers for SUD inpatient services between 2021 and 2023 (Table 21).

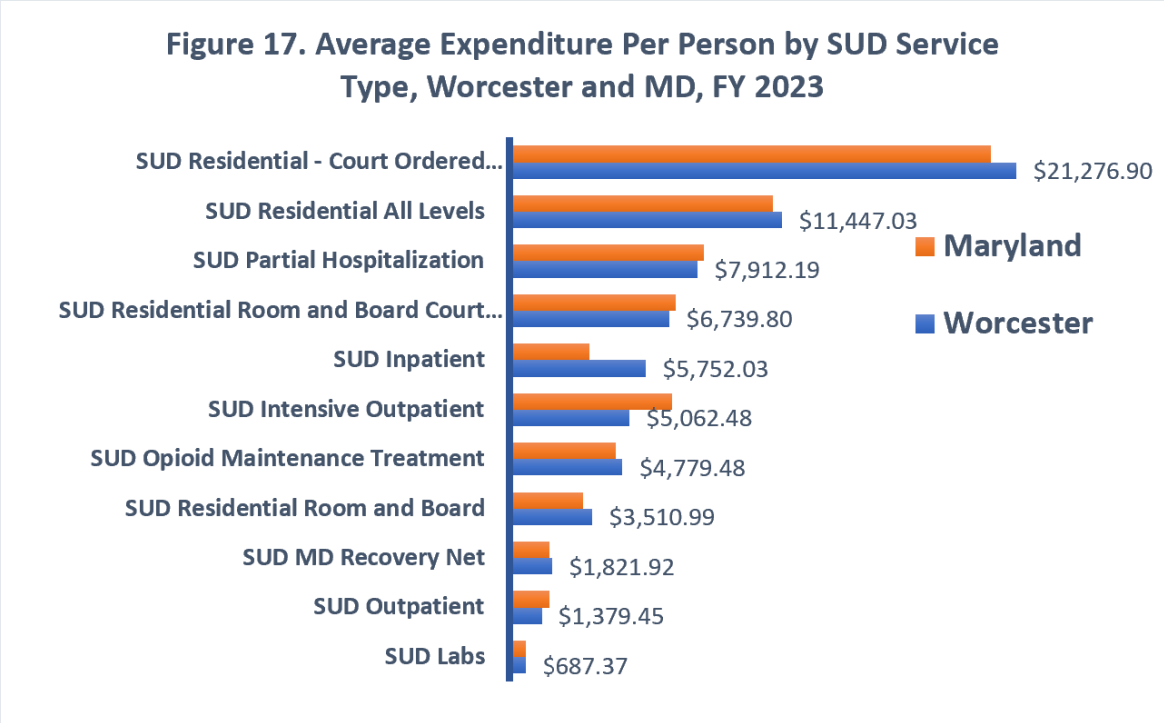
Table 21. Number and Percentage of PBHS/SUD Service Consumers by Service Type, Worcester County, FY2021-FY2024				
Service Category	**FY 2021**	**FY 2022**	**FY 2023***	**FY 2024***
Gambling	<11	<11	<11	<11
SUD Inpatient	56 (4.6%)	50 (4%)	46 (3.6%)	20
SUD Intensive Outpatient	118 (9.7%)	111 (8.9%)	149 (11.6%)	85
SUD Labs	**695 (57%)**	**749 (60.1%)**	**782 (61%)**	**468**
SUD MD Recovery Net	34 (2.8%)	38 (3%)	26 (2%)	19
SUD Opioid Maintenance Treatment	**270 (22.1%)**	**261 (20.9%)**	**252 (19.7%)**	**164**
SUD Outpatient	**727 (59.6%)**	**763 (61.2%)**	**737 (57.5%)**	**462**
SUD Partial Hospitalization	28 (2.3%)	49 (3.9%)	50 (3.9%)	31
SUD Residential - Court Ordered Placement	<11	<11	<11	<11
SUD Residential - Women with Children/Pregnancy	<11	<11	<11	<11
SUD Residential All Levels	130 (10.7%)	160 (12.8%)	206 (16.1%)	105
SUD Residential ICFA	<11	<11	<11	<11
SUD Residential Room and Board	128 (10.5%)	161 (12.9%)	203 (15.8%)	106
SUD Residential Room and Board - Court Ordered Placement	<11	<11	<11	<11
SUD Residential Room and Board - Women with Children/Pregnancy	<11	<11	<11	<11
TOTAL	**1219**	**1246**	**1282**	**811**

Data Source: Optum ASO claims data paid through 10/31/2023. * Data for FY 2023/24 are not complete as providers have 12 months from time of service in which to submit a claim for payment, however, based on this data run approximately 90% of all FY 2023 claims have been processed

Table 22. Number and Percentage of Expenditure by SUD service type, Worcester County, FY2021-FY2024				
Service Category	**FY 2021**	**FY 2022**	**FY 2023***	**FY 2024***
	# (%)	# (%)	# (%)	#
Gambling	$488 (0.01%)	$1,579(0.02%)	$626(0.01%)	$0
SUD Inpatient	$278,176 (6.3%)	$253,539(4.8%)	$264,593(3.5%)	$97,201
SUD Intensive Outpatient	$468,426 (10.6%)	$466,637(8.8%)	$754,310(10%)	$354,730
SUD Labs	$338,143 (7.6%)	$456,823(8.6%)	$537,527(7.1%)	$174,015
SUD MD Recovery Net	$35,975 (0.8%)	$61,195(1.2%)	$47,370(0.6%)	$30,055
SUD Opioid Maintenance Treatment	$860,034 (19.4%)	$839,864(15.9%)	$1,204,430(15.9%)	$390,563
SUD Outpatient	$958,418 (21.6%)	$944,216(17.9%)	$1,016,654(13.4%)	$414,459
SUD Partial Hospitalization	$156,234 (3.5%)	$349,544(6.6%)	$395,610(5.2%)	$261,618
SUD Residential - Court Ordered Placement	$5,408(0.1%)	$98,982(1.9%)	$212,769(2.8%)	$34,738
SUD Residential - Women with Children/Pregnancy	$2,273(0.1%)	$8,428(0.2%)	$0	$0
SUD Residential All Levels	$1,045,293(23.6%)	$1,389,839(26.3%)	$2,358,088(31.1%)	$891,029
SUD Residential ICFA	$0	$0	$0	$0
SUD Residential Room and Board	$268,864(6.1%)	$370,053(7%)	$712,731(9.4%)	$277,678
SUD Residential Room and Board - Court Ordered Placement	$7,464(0.2%)	$32,021(0.6%)	$67,398(0.9%)	$10,930
SUD Residential Room and Board - Women with Children/Pregnancy	$2,837(0.1%)	$10,521(0.2%)	$0	$0
TOTAL	**$4,428,034**	**$5,283,240**	**$7,572,105**	**$2,937,015**

Data Source: Optum ASO claims data paid through 10/31/2023. * Data for FY 2023/24 are not complete as providers have 12 months from time of service in which to submit a claim for payment, however, based on this data run approximately 90% of all FY 2023 claims have been processed

In Worcester County, SUD residential all levels had the largest share of total expenditure for SUD services followed by SUD outpatient, and SUD opioid maintenance. The trends in expenditure per person for SUD services from FY 2021 to FY 2023 is increasing across the board, except for gambling. The top three most costly services were SUD Residential - Court Ordered Placement residential, SUD Residential all Levels and SUD Partial Hospitalization, compared to the State, the per-consumer cost of court ordered placement and SUD Residential all Levels is 5% and 3% higher than the State's average (Figure 17). Table 24 shows cost per person by year for Worcester.



Data Source: Optum ASO claims data paid through 10/31/2023

The Medicaid share of expenditure for SUD services declined from 83.2% in FY 2021 to 76.5% in FY 2023. Meanwhile, expenditure from state funds increased from 14.8% in 2021 to 22.1% in 2023 indicating significant growth (Table 23).

Table 23. Number and Percentage of Expenditure by Coverage Type, Worcester County, FY2021-FY2024

	FY 2021	FY 2022	FY 2023*	FY2024*
Medicaid	**$3,682,940 (83.2%)**	**$4,302,404(81.4%)**	**$5,791,358(76.5%)**	**$1,797,699**
State	$655,188 (14.8%)	$872,384(16.5%)	$1,670,204(22.1%)	$493,322
Uninsured	$104,258(2.4%)	$111,456(2.1%)	$208,403(2.8%)	$70,257
TOTAL	**$4,428,034**	**$5,283,240**	**$7,572,105**	**$2,937,015**

Data Source: Optum ASO claims data paid through 10/31/2023. * Data for FY 2023/24 are not complete as providers have 12 months from time of service in which to submit a claim for payment, however, based on this data run approximately 90% of all FY 2023 claims have been processed

Table 24. SUD Services Cost per person, Worcester County, FY 2021-2023			
Service Category	**FY 2021**	**FY 2022**	**FY 2023**
Gambling	$488.40	$1,578.79	$313.25
SUD Inpatient	$4,967.43	$5,070.78	$5,752.03
SUD Intensive Outpatient	$3,969.71	$4,203.93	$5,062.48
SUD Labs	$486.54	$609.91	$687.37
SUD MD Recovery Net	$1,058.10	$1,610.40	$1,821.92
SUD Opioid Maintenance Treatment	$3,185.31	$3,217.87	$4,779.48
SUD Outpatient	$1,318.32	$1,237.50	$1,379.45
SUD Partial Hospitalization	$5,579.78	$7,133.55	$7,912.19
SUD Residential - Court Ordered Placement	$1,802.69	$12,372.81	$21,276.90
SUD Residential - Women with Children/Pregnancy	$2,272.80	$8,428.30	$0.00
SUD Residential All Levels	$8,040.72	$8,686.49	$11,447.03
SUD Residential ICFA	$0.00	$0.00	$0.00
SUD Residential Room and Board	$2,100.50	$2,298.46	$3,510.99
SUD Residential Room and Board - Court Ordered Placement	$1,866.00	$3,557.91	$6,739.80
SUD Residential Room and Board - Women with Children/Pregnancy	$2,837.04	$10,520.69	$0.00
TOTAL	$3,632.51	$4,240.16	$5,906.48

Data Source: Optum ASO claims data paid through 10/31/2023.

The trends in expenditure per person for SUD services from FY 2021 to FY 2023 is increasing across the board, except for gambling.

Targeted Case Management (TCM)

Capacity Analysis - Adults
The Adult TCM provider selection in Worcester County is in the fourth year of the maximum five-year cycle. The last Adult TCM Request for Proposals (RFP) was released on 2/4/2020 and due by 4/27/2020 with the contract dates of 7/1/2020-6/30/2025. The next Adult TCM RFP cycle is scheduled to start around January 2025 with the new contract dates beginning 7/1/2025.

The strengths of the Worcester County Adult TCM program are the established partnerships between agencies. The challenges for the Worcester County Adult TCM program are issues related to staffing shortages, struggles to hire staff at a competitive salary due to it being a state program. The Worcester County Adult TCM program consistently has higher utilization when compared to the statewide average. See Tables 25 and 26 below comparing Worcester County's Adult TCM utilization compared to the state's average (BHA, 2023).

Table 25: Fiscal Year 2022 comparison of Worcester County and the State of Maryland Individuals 18+ receiving TCM and Individuals 18+ enrolled in the PBHS

Jurisdiction	Individuals Age 18+ Receiving TCM within the PBHS	All Individuals across the lifespan Enrolled in the PBHS	% of Individuals Receiving TCM to total enrolled the PBHS
State	3327	245564	1.35%
Worcester	125	3083	4.05%

Data Source: Optum ASO claims data paid through 10/31/2023

Table 26: Fiscal Year 2023 comparison of Worcester County and the State of Maryland Individuals 18+ receiving TCM and Individuals 18+ enrolled in the PBHS

Jurisdiction	Individuals Age 18+ Receiving TCM within the PBHS	All Individuals across the lifespan Enrolled in the PBHS	% of Individuals Receiving TCM to total enrolled the PBHS
State	3,336	2,59,699	1.28%
Worcester	114	3,141	3.63%

Data Source: Optum ASO claims data paid through 10/30/2023

Capacity Analysis - Youth
The Youth TCM provider selection in Worcester County is in the third year of the minimum five-year cycle. The last Youth TCM Request for Proposals (RFP) was released on 11/5/2019 and due by 12/9/2019 with the contract dates of 2/1/2020-6/30/2024. The next Youth TCM RFP cycle is scheduled to start around January 2024 with the new contract dates beginning 7/1/2024.

The strengths of the Worcester County Youth TCM (Youth Care Coordination) program are the established partnerships between agencies. The challenges for the Worcester County Youth TCM program are issues related to staffing shortages, struggles to hire staff at a competitive salary due to it being a state program. The Worcester County Youth TCM program consistently has higher utilization when compared to the statewide average. See Tables 27 and 28 below comparing Worcester County's Youth TCM utilization compared to the state's average (BHA, 2023).

Table 27: Fiscal Year 2022 comparison of Worcester County and the State of Maryland Individuals Age 0-17 receiving TCM and Individuals Age 0-17 enrolled in the PBHS

Jurisdiction	Individuals Age 0-17 Receiving TCM within the PBHS	Total Individuals across the lifespan enrolled in the PBHS	% of Individuals Receiving TCM to total enrolled in the PBHS
State	1893	245564	0.77%
Worcester	40	3083	1.30%

Data Source: Optum ASO claims data paid through 10/31/2023

Table 28: Fiscal Year 2023 comparison of Worcester County and the State of Maryland Individuals Age 0-17 receiving TCM and Individuals Age 0-17 enrolled in the PBHS

Jurisdiction	Individuals Age 0-17 Receiving TCM within the PBHS	Total Individuals across the lifespan enrolled in the PBHS	% of Individuals Receiving TCM to total enrolled in the PBHS
State	1,973	2,59,699	0.76%
Worcester	42	3,141	1.34%

Data Source: Optum ASO claims data paid through 10/31/2023

Appendix 6
Abbreviations

ACEs	Adverse Childhood Experiences
ACS	American Community Survey
ACT	Assertive Care Team
AGH	Atlantic General Hospital
ASIST	Applied Suicide Intervention Skills Training
BH	Behavioral Health
BHA	Behavioral Health Administration
CAT	Crisis Assessment Tool
CC	Care Coordination
CCBHC	Certified Community Behavioral Health Center
CHIP	Community Health Improvement Plan
CIT	Crisis Intervention Team
CLAS	Culturally and Linguistically Appropriate Service
CLC	Cultural and Linguistical Competence
CRT	Crisis Response Team
CPRS	Certified Peer Recovery Specialists
DAC	Drug and Alcohol Council
FY	Fiscal Year
MDH	Maryland Department of Health
MH	Mental Health
MHAC	Mental Health Advisory Committee
MHFA	Mental Health First Aid
MRSS	Mobile Response and Stabilization Services
OMHC	Outpatient Mental Health Center
OOCC	Opioid Operational Command Center
PBHS	Public Behavioral Health System
PII	Personally Identifiable Information
RFP	Request for Proposals
SAMHSA	Substance Abuse and Mental Health Services Administration
SUD	Substance Use Disorder
TCM	Targeted Case Management
TIC	Trauma Informed Care
TIOA	Trauma Informed Organizational Assessment
YMHFA	Youth Mental Health First Aid
WCLBHA	Worcester County Local Behavioral Health Authority