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Maura J. Rossman, M.D., Health Officer

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January 14, 2026

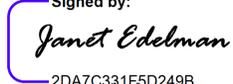
Office of the County Executive  
George Howard Building  
Attention: Howard County Executive  
3430 Court House Drive  
Ellicott City, MD 21043

**Re: Howard County Local Behavioral Health Advisory (HCLBHA) Board  
Calendar Year 2025 Annual Report**

Dr. Deb Jung,

As required by authorizing legislation, the Howard County Local Behavioral Health Advisory (HCLBHA) Board here submits its 2025 calendar year report on its activities and outcomes.

Sincerely,

Signed by:  
  
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Janet Edelman  
Board Chairperson  
1/14/2026

## Howard County Local Behavioral Health Advisory Board Calendar Year 2025 Report

Approved December 10, 2025

As required by statute, this report is submitted to the Director of the Howard County Board of Health, the Howard County Executive, and the Howard County Council – covering calendar year 2025.

### Executive Summary

Howard County's Local Behavioral Health Advisory Board is proud to submit a synopsis of the work accomplished over the past year. As you read through the full report, we hope you will take special note of a few key items:

- Reviewed and approved the FY27-FY29 Behavioral Health 3-Yr Strategic Plan. This plan will focus on addressing key issues affecting equitable access to behavioral health care for residents of Howard County.
  - Goal 1: Increase the Howard County community's awareness of Health Department services and community resources to address behavioral health needs.
  - Goal 2: Increase the number of diverse and integrated providers in the Howard County community that offer behavioral health and psychiatric services.
  - Goal 3: Support the implementation of court-ordered behavioral health initiatives such as Assisted Outpatient Treatment (AOT), Mental Health Court and the Stepping Up framework.
- In September 2024, The LBHAB voted to ask the Bureau of Behavioral Health and the Howard County Health Department to explore both Mental Health Court and the Stepping Up initiatives to determine if they are worthy of deeper examination and consideration for Howard County interagency collaboration.

This year the Board is pleased that Howard County is looking into both initiatives. In 2025, the Howard County Executive, Dr. Calvin Ball, proposed adding two positions in his FY25-26 Budget to propel this initiative forward. These positions will be housed in the Howard County Department of Health, under the Bureau of Behavioral Health.

In addition to this success, the Chief Justice of the Supreme Court of Maryland, Matthew Fadar, has emphasized the importance of understanding, examining and addressing the needs of individuals with behavioral and mental health issues that intersect with the justice system. In May 2025, members of the Howard County Courts, law enforcement agencies, partners in the justice system, and community service providers, attended a Behavioral Health Summit offered by the Maryland Judiciary, the Governor's Office of Crime Prevention and Policy (GOCP), and the Maryland Department of Health. Since the summit, the group has expanded into a Summit

Group, continuing to meet and focus on addressing priorities identified at the Summit; such as establishing a Mental Health Court in Howard County that meets the needs specific to Howard County. This workgroup meets monthly and includes a wide array of members from the Judiciary, State's Attorney's Office, County Government, Johns Hopkins Howard County Medical Center, Sheppard Pratt, Grassroots and an advocate from the LBHAB.

The Summit Group also determined that performing a Sequential Intercept Model (SIM) Mapping exercise would be beneficial to identify gaps in services and inefficiencies in the continuum of care for individuals with behavioral health needs who intersect with the justice system. The SIM Mapping exercise, which is conducted by the GOCPP, is scheduled for February 2, 2026.

- Assisted Outpatient Treatment (AOT), mandates mental health services for a small number of individuals who have difficulty engaging in rehabilitation and who pose a risk to themselves or others in the community.

In 2024, the State of Maryland passed a bill that authorizes AOT, (SB453) [https://mgaleg.maryland.gov/2024RS/chapters\\_noln/Ch\\_704\\_sb0453T.pdf](https://mgaleg.maryland.gov/2024RS/chapters_noln/Ch_704_sb0453T.pdf). Per the law, the Maryland Department of Health will establish an AOT program by July 1, 2026 in each county that opted not to establish its own program. Howard County, along with the other counties, opted not to establish its own program, so the state will implement an AOT program that will serve Howard County.

The Director-Assisted Outpatient Treatment Program for Maryland has organized a series of observations of AOT Courts in other states over Zoom for interested members of the counties. Members of our committee have attended the first few sessions. The Maryland Department of Health has recently issued draft regulations which the committee is reviewing for comment.

- Members of our Board see the lack of housing as an impediment to helping individuals with mental illnesses stay out of detention or limit their time in detention. At the Behavioral Health Summit, the group identified housing as an area of need for Howard County. Short-term housing, something for more than 24 hours lasting up to a week, is needed to provide a short-term stay before a longer-term treatment bed is available. Currently Grassroots is the main provider in Howard County. According to Grassroots Executive Director, the crisis center offers two rooms for housing and/or substance use disorder crisis and the maximum time is 23 hours. The agency also has an emergency shelter and length of stay is up to six months, but due to client circumstances, the average length of stay is three to five months.
- The Bureau of Behavioral Health, Howard County Health Department won 2 National Association of Counties (NACo) awards. These awards demonstrate the value of our work not just locally but nationally. This recognition indicates the level of commitment, accountability, and the impact our programs have in the community.
  - o Family Options Program Expansion
  - o Crisis Intercept Mapping, (CIM), for Service Members, Veterans, and their Families.

## Background

Until July 1, 2018, oversight of mental health and substance use services for Howard County citizens was managed by two different entities: The Howard County Mental Health Authority (an independent, quasi-governmental agency) and the Alcohol and Drug Abuse Advisory Board (within the Howard County Health Department). At that time, under direction of the Maryland Department of Health (MDH) and Behavioral Health Administration (BHA), Howard County (and all other jurisdictions in Maryland) was required to choose a method of operations to unify oversight of mental health and substance use efforts to ensure effective provision of such services for both individual and co-occurring disorders, as defined by MD Health-Gen Code, Section 10-1212 (2017). During an extensive community review of available options, Howard County elected to ensure effective unified oversight by the creation of a single entity, the Howard County Local Behavioral Health Advisory Board (LBHAB). This formulation was enacted by Howard County, MD Code of Ordinances, Section 12.1000 – Local Behavioral Health Advisory Board on July 1, 2019.

The implementation of this advisory entity required appointment of 28 Board members. Ten members were Ex-Officio members designated by the County Executive, representing the:

- Department of Social Services
- District Public Defender
- Department of Community Resources and Services
- Office of the State’s Attorney
- Division of Parole and Probation
- Department of Corrections
- Howard County Police Department
- Administrative Judge, Circuit Court
- Howard County Public School System
- Department of Juvenile Services

In addition, 18 members were to be appointed from community applicants by the County Executive and County Council. Qualifications for appointed positions included:

- Seven members who were family of consumers of services,
- Seven who were direct consumers of services,
- Two who were advocates or behavioral health professionals, and
- Two who were at-large members of the general public who evidenced an interest in behavioral health.

Also, each of the appointed classes was to be divided between substance use and mental health experience. All appointees were required to live or work in Howard County and be at least 18 years of age.

By September 2018, each of the 10 Ex-Officio members and 13 of the community appointed members had been approved for Advisory Board positions. An LBHAB Director and Administrative Assistant were named by the Howard County Health Officer. The first meeting of the LBHAB was held on September 13, 2018.

### **Duties and Responsibilities**

The LBHAB is charged by Howard County Code and its own By-Laws with responsibility to plan, manage, and monitor behavioral health programs and services for Howard County residents.

Specifically, the Advisory Board will:

- 1) Serve as advocates for clients/consumers/family members in need of short- or long-term care in the local behavioral health community;
- 2) Coordinate with and support the efforts of individuals and community organizations on behavioral health;
- 3) Make recommendations as needed to the County Health Officer and County Executive concerning behavioral health topics, including:
  - a) Best in-class services and facilities,
  - b) Education and treatment, and
  - c) Strengths and weaknesses of new or existing opportunities to provide Howard County residents with behavioral health and related resources and services;
- 4) Proactively, at the direction of the County Executive, or by resolution of the County Council, review and make recommendations on any matter related to local behavioral health needs;
- 5) Prepare an annual report submitted to the County Health Officer, County Executive, and the County Council on the local behavioral health needs and resources available in the community;
- 6) Serve as Howard County's Local Drug and Alcohol Council; and
- 7) Carry out any other duty of responsibility assigned by law.

### **Organization and Activities**

The Board has remained meeting remotely via Webex each month since 2020.

The Board approved the FY27-FY29 Behavioral Health 3-Yr Strategic Plan. The three goals for the plan are:

- Increase the Howard County community's **awareness** of Health Department services and community resources to address behavioral health needs.
- Increase the number of **diverse and integrated providers** in the Howard County community that offer behavioral health and psychiatric services.

- Support the **implementation of court-ordered** behavioral health initiatives such as Assisted Outpatient Treatment (AOT) and Mental Health Court and the Stepping Up framework

### **Board Development Committee**

In May of 2025, the Board Development Committee began the annual task of preparing a slate of candidates for the Executive Committee Election. Given the need to develop more candidates for the three positions that make up the Executive Committee, the option to “shadow” any position was put forward. Therefore, anyone who is not ready to take on a particular position could choose to shadow the elected person with the intention of being considered in the next year(s) slate of candidates. After discussions over two meetings a slate was finalized. The position of secretary had two candidates; after the vote it was determined that one person would shadow for Executive Committee election. Three members were voted into their roles with one shadowing the secretary.

Four board members were identified as having reached the end or near end of their 3-year term in the coming months. The Board Development Committee spoke to each of these members and all four expressed their intent to continue serving on the Board. All four members were reappointed.

We had candidates apply for the Community Member Mental Health (MH) position and one for Community Member for Substance Use Disorder (SUD). The candidate for Community Mental Health was approved and forwarded to County Executive’s office. The candidate for Family Member for SUD was unqualified.

Open positions include three positions for Consumer/SUD, one for Family/SUD and one for Professional/MH. These five positions remain unfilled at this time. Active recruitment continues for these positions. Overall, we are experiencing a shortage of potential candidates. While there is a lot of interest expressed, it is a time of workplace uncertainty and instability in Maryland and beyond.

### **Program Development & Strategic Planning Committee**

In 2025, the Program Development and Strategic Planning (PD&SP) Committee continued its task of reviewing the current mental health and substance use disorder systems in place within Howard County. The goal was to identify any gaps that our committee, with the support of the Board, can report to the County and offer suggestions on.

In 2025 the PD&SP focused on two specific initiatives that, if implemented, have the potential to address the needs of some people with mental health disorders in community-based settings, rather than restrictive placements like psychiatric hospitals or detention centers. Those initiatives are as follows:

1. Assisted Outpatient Treatment (AOT), mandates mental health services for a small number of individuals who have difficulty engaging in rehabilitation and who pose a risk to themselves or others in the community.

In 2024, the State of Maryland passed a bill that authorizes AOT, (SB453) [https://mgaleg.maryland.gov/2024RS/chapters\\_noln/Ch\\_704\\_sb0453T.pdf](https://mgaleg.maryland.gov/2024RS/chapters_noln/Ch_704_sb0453T.pdf). Per the law, the Maryland Department of Health will establish an AOT program by July 1, 2026 in each county that opted not to establish its own program. Howard County, along with the other counties, opted not to establish its own program, so the state will implement an AOT program that will serve Howard County.

The Director- Assisted Outpatient Treatment Program for Maryland has organized a series of observations of AOT Courts in other states over Zoom for interested members of the counties. Members of our committee have attended the first few sessions. The Maryland Department of Health has recently issued draft regulations which the committee is reviewing for comment.

2. Mental Health Court, which seeks to place offenders who may be incarcerated or placed on 'traditional probation', into a treatment-oriented court focused on long-term, community-based treatment. The court relies on mental health assessments, individualized treatment plans, and ongoing judicial monitoring to address both the mental health needs of offenders and public safety concerns in communities.

- In 2025, at the urging of this Board, Howard County Executive Dr. Calvin Ball proposed adding two new positions in his FY25–26 Budget to advance this initiative. These positions will be housed within the Howard County Health Department's Bureau of Behavioral Health.

The Post-Summit Group, discussed above, has identified the development of a mental health court as a priority. Members of the group have been collecting data and information in advance of submitting the application for approval of the Mental Health Court. Members have identified that individuals who are not competent to stand trial and are not dangerous are an area of significant need (these individuals remain in the community while awaiting a trial which cannot occur until they have attained competency).

*The Stepping Up Initiative*, a national model supported by the Council of State Governments, provides a comprehensive framework for developing programs such as mental health courts. This initiative guides communities in designing and implementing processes that better address the intersection of mental health and the justice system. Several Maryland counties, including Anne Arundel, Calvert, Harford, Montgomery, and Prince George's, have already adopted the Stepping Up framework in their efforts to establish mental health courts. The PD&SP committee strongly believes that the

Stepping Up model would serve as a valuable framework for the committee tasked with developing strategies to establish a mental health court in Howard County.

3. Strategic Plan Update: Every three years, the State of Maryland requires local behavioral health agencies to develop a strategic plan outlining priorities and goals for the next three-year period. The Local Behavioral Health Advisory Board (LBHAB) has collaborated closely with the Health Department to assess community needs and identify strategic goals to guide future efforts. The Howard County Health Department will submit its next plan in January 2026, with implementation scheduled for Fiscal Years 2027–2029. This plan will focus on addressing key issues affecting equitable access to behavioral health care for residents of Howard County.

- Goal 1: Increase the Howard County community’s awareness of Health Department services and community resources to address behavioral health needs.
- Goal 2: Increase the number of diverse and integrated providers in the Howard County community that offer behavioral health and psychiatric services.
- Goal 3: Support the implementation of court-ordered behavioral health initiatives such as Assisted Outpatient Treatment (AOT), Mental Health Court and the Stepping Up framework.

### **Proposal Review Committee**

Each year, the Health Department allocates the LBHAB a defined amount of funding to support proposals from entities focused on enhancing behavioral health services for Howard County citizens. This committee evaluates and scores each application provided by the Health Department to ensure the funds are allocated to the applicant with the most suitable and well-organized plan that meets those requirements. Additionally, the Proposal Review Committee ensures that funds are awarded annually in accordance with the defined policies and procedures.

The committee uses a scoring system to assess the clarity of an application and verify that the stated objectives and goals are clearly outlined and fall within the scope of the LBHAB and Health Department requirements for fund spending. The Proposal Review Committee meets to review the scoring results, then presents the highest-scoring proposal to the full Board for approval of fund disbursement during a regularly scheduled meeting.

FY25 funds were shared with two submitted proposals: Tuerk House and HC DrugFree. Tuerk House used the funds to provide Gardening for Health, which gave the women in their program exposure to plants and green space by teaching them how to plan, build, and maintain a garden. HC DrugFree funds provided medication storage boxes with combination locks to the community.

At the December 2025 Board meeting, the Board approved awarding FY26 grants to The Healthy Church to fund a Mental Health First Aid training class and to Connecting the Dots to provide professional behavioral health workshops.

### **Critical Indicators Committee**

The Critical Indicators Committee is dormant. It was dependent on data preparation by a staff member of the Bureau of Behavioral Health. That position is vacant or has been reorganized out, so there is no analysis for the committee to review.

In previous years the Critical Indicators Committee met quarterly, using the Chesapeake Regional Information System for our Patients (CRISP) dashboard to review high-level data. This data provides valuable insights into substance use disorders (SUD), mental health, and healthcare utilization trends among Howard County residents. The dashboard also includes data on overdose deaths within the county. The LBHAB committee reviews this information to identify potential areas of concern and formulate insights and recommendations.

### **Ongoing Board Education**

The Local Behavioral Health Advisory Board was composed by combining Howard County employees selected by the County Executive (Ex-Officio members) with volunteer citizens from the community (Appointed members). By authorizing legislation, each member is required to have interests in and experience with either/both substance use and mental health services.

To ensure that these advisory members would be able to share common knowledge and act coherently with regard to the advocacy for, planning, conduct, and assessment of coordinated behavioral services in the County, the Board continued its effort to provide education at regular Board meetings about current behavioral health information offered by federal, state, and local authorities that were needed for the Board to develop operational expertise.

The Board heard presentations from community leaders on the following:

#### **January – LUMA Presentation – Jen Barnhart**

Jen Barnhart gave a presentation on the information that will be included in Bureau of Behavioral Health (BBH) FY26 Updated 3-Year Strategic Plan.

Ms. Barnhart acknowledged the efforts of the BBH Leadership, Director, Dr. Roe Rodgers Bonaccorsy and Deputy Director, Shereen Cabrera-Bentley, and noted the Bureau's strength of their forty-one staff members. The Maryland Department of Health's new guidelines require all Maryland Local Behavioral Health Authorities (LBHA) to create three-year strategic plans, with the final update due on February 14th.

Ms. Barnhart also gave an overview of the health landscape in Howard County, highlighting a 14% increase in suicides in 2022 and a significant demand for crisis services, evidenced by 44,000 hotline calls in FY24. Strategic goals were outlined to raise awareness of behavioral health services, increase provider diversity, and integrate these services into primary care. Notable achievements included outreach programs targeting military veterans and Spanish-speaking populations, as well as efforts to address social drivers of health and enhance cultural competency among providers.

Concerns were raised regarding the tracking of overdose definitions and the recent decrease in overdose rates, with discussions on the impact of harm reduction resources.

Ms. Janet Edelman questioned whether a decrease of three suicides is statistically significant. Ms. Alice Shur, LUMA Health, clarified that LUMA did not evaluate for statistical significance, as the focus is on tracking trends. In addition, Ms. Shur mentioned the challenges of conducting significance testing due to privacy issues and indicated she compared Howard County's data with similar counties in Maryland for context.

Definition used in the Q1 2024 Maryland Vital Statistics Unintentional Drug- and Alcohol-Related Intoxication Deaths in Maryland, 2024.

[https://health.maryland.gov/vsa/Documents/Overdose/Quarterly%20Reports/2024\\_Q1\\_IntoxReport.pdf](https://health.maryland.gov/vsa/Documents/Overdose/Quarterly%20Reports/2024_Q1_IntoxReport.pdf)

Ms. Barbara Allen highlighted the potential link between rising cannabis use among teenagers and increased suicidality, particularly in young males. Ms. Barnhart is also initiating a project with the

Community Health Group Bureau to investigate the public health implications of cannabis, with insights anticipated later this fiscal year. Dr. Rodgers Bonaccorsy added that Maryland has a cannabis dashboard from the Maryland Department of Health could also provide relevant data. MD Cannabis dashboard <https://cannabis.maryland.gov/Pages/Data-Dashboard.aspx>

Ms. Cabrera-Bentley outlined the process for distributing the draft plan and collecting feedback by January 22nd, with the goal of finalizing it before the next LBHA Board meeting scheduled on February 12, 2025.

The presentation slides will be emailed along with the meeting minutes to Board members, please contact Shereen Cabrera-Bentley, [scabrera@howardcountymd.gov](mailto:scabrera@howardcountymd.gov), for questions.

## **February – Harm Reduction Presentation**

Dillon McManus, Bureau of Behavioral Health (BBH) Recovery Support & Harm Reduction Programs Supervisor

Dillon defines modern Harm Reduction as a movement built by and for people who use drugs (PWUD) as an approach to public health rooted in autonomy and self-determination, which utilizes practical interventions to reduce risks associated with drug usage.

Here in Howard County, we offer a variety of Syringe Services Programs (SSP, Needle Exchanges) and Harm Reduction services spanning across street outreach, mobile services, and fixed location services. These services provide the supplies needed for safer sex, drug use, and wound care.

These Harm Reduction practices and SSPs are proven and effective based upon decades of research showing they are safe, effective, cost-saving, and do not increase illegal drug use or crime. Fiscal year 2024 showed a significant increase in public use of harm reduction services such as distributions of supplies and returns of syringes.

These efforts are significantly augmented by peer support workers who have been successful in their own recovery processes and are trained to help others experiencing similar situations. Peer support services extend the reach of treatment beyond a clinical setting, offering a community-based support line, resource navigation, staffing for SSP and harm reduction events, and many other tools while acting as the primary providers of these services.

- Presentation slides will be emailed alongside meeting minutes to Board members
- Contact Dillon McManus, [dmcmanus@howardcountymd.gov](mailto:dmcmanus@howardcountymd.gov), for questions.

### **March – Cultural Responsiveness Presentation**

Marnetta Sanders-Ennis, BSHAP, OWDS, APC; HCHD Workforce Development Manager

Marnetta discussed that:

- Cultural responsiveness is the ability to recognize, understand and effectively respond to the diverse backgrounds, experiences, and needs of individuals. It is meeting someone where they culturally stand to create a more effective service based on an individual's specific needs
- Culture is a person's unique collection of life experiences which creates a diverse set of issues and needs in their life.
- Characteristics of cultural responsiveness:
  - Opening up to ideas and values that might conflict with one's own
  - Moving along the continuum from tolerance, past acceptance, to welcoming
  - Embracing alternative views as equal to those that one holds
  - Celebrating those aspects that make people unique

- Presentation slides will be emailed alongside meeting minutes to Board members
- Contact Marnetta Sanders-Ennis, [msandersennis@howardcountymd.gov](mailto:msandersennis@howardcountymd.gov), for questions.

### **April – HCDC Behavioral Mental Health Unit**

- Margaret Chippendale, Director of Corrections, Howard County Department of Corrections

Margaret discussed the newly installed and populated Behavioral Mental Health Unit (BMHU), the people it serves, and the ways this unit can affect positive change.

Common Mental Illness diagnoses amongst the incarcerated population include depressive disorders, anxiety, PTSD, Schizophrenia or other psychotic disorders, bipolar disorders and

personality disorders. If a patient is functioning appropriately in general population, it is best to keep them in this environment unless they begin to present with acute distress or decompensation.

The behavioral mental health unit (BMHU) has been designed to keep some of the more acute patients in a unit that allows for them to still have a sense of general population while incarcerated. A smaller group of individuals in the unit will allow these patients to feel less vulnerable. The BMHU will allow for the most vulnerable individuals to be housed appropriately within the facility as they await their court proceedings. This unit is designed to be least restrictive and provide a positive environment for patients who may suffer from mental illness.

The BMHU will operate as a general population unit. Patients in this unit will be able to move freely amongst the unit per custody regulations. This is not an administrative segregation unit, and patients will have the opportunity to utilize the dayroom, phone, and any activities available in unit as they may choose if they are not on any sort of precaution status.

- Presentation slides will be emailed alongside meeting minutes to Board members
- Contact Margaret Chippendale, [mchippendale@howardcountymd.gov](mailto:mchippendale@howardcountymd.gov), for questions

#### **May – LUMA Health Consulting, Youth Cannabis Planning Grant Presentation —**

- Jen Barnhart, President, LUMA Health Consulting

LUMA Health Consulting has been contracted by the Health Department to work on the Howard County Health Department Cannabis Planning Grant.

#### Fast facts:

- Recent research estimated that approximately 3 in 10 people who use cannabis have cannabis use disorder.
- The risk of developing cannabis use disorder is even greater for people who begin to use it before age 18.
- Cannabis use directly affects the parts of the brain responsible for memory, learning, attention, decision-making, coordination, emotion, and reaction time.
- Infants, children, and teens (who still have developing brains) are especially susceptible to the adverse effects of cannabis.

*Source: Centers for Disease Control & Prevention, Cannabis & Public Health, March 2025*

As more U.S. states legalize cannabis use and more adults are exposed to the health risks associated with it, the need for scientific research into the potential benefits and harms of cannabis use has also increased, according to a new supplement from the Centers for Disease Control and Prevention on Cannabis Research and Surveillance in the [American Journal of Public Health](#).

Scientific understanding of the public health impacts of cannabis use is far behind current cannabis policy in the U.S., and more resources are needed for research.

It is critical for public health to focus efforts and resources to identify gaps in research, as well as pressing and emerging issues related to cannabis use. This timely supplement includes articles and editorials from many players interested in the public health effects of cannabis, including perspectives from those in nonprofit agencies, governmental agencies and academia.

- MDH has released funding for LHDs planning and implementation of cannabis prevention and control programs. This funding aims to increase the capacity of LHDs to implement programs and strategies that address public health impacts related to adult-use cannabis legalization utilizing a community-based approach rooted in health equity. LHDs across Maryland are either planning their programmatic work or implementing. Howard County is currently in the Planning Phase (Jan 1, 2025-June 30, 2025).
- Youth Focus
  - Emergency room visits related to cannabis use among 10–29-year-olds nearly doubled from 2022 to 2023 (per MDH Dashboard).
  - The highest rates of cannabis-related emergency room visits in 2023 were in residents 10 to 19 years old (185.5 per 100,000) and 20 to 29 years old (187.2 per 100,000). This is an increase from 2022 with rates of 103.5 and 119.1, respectively.
  - Poison Control Center calls related to cannabis increased by 30.8% from 2021–2023, with half of 2023 calls involving 15–19-year-olds (17 out of 34 calls in this age group).
  - Qualitative data from focus groups revealed normalization of marijuana use in schools, lack of consistent health messaging, and educators’ need for training and resources.

Based on the data, the implementation work will be focused on interventions to decrease cannabis use among specific priority populations including youth and young adults. Implementation strategies through community partnerships will focus on: Training & Capacity Building, Outreach & Health Communications, and Partnership Development.

Presentation slides are attached alongside meeting minutes.

- Contact Jen Barnhart, [jennifer@lumahealthconsulting.com](mailto:jennifer@lumahealthconsulting.com), for questions.

### **June- Mental Health Advisory Council (MHCAC) Presentation —**

- Cynthia Schulmeyer; Psychological Services and Behavioral Health Coordinator, Howard County Public School System

The Mental Health Community Advisory Council (MHCAC) began in 2018. The Steering Committee joined together following multiple mental health summits and task forces to create MHCAC, a grassroots group of mental health professionals and other volunteers who are passionate about improving youth and adolescent mental health in Howard County.

The following is the mission of the MHCAC:

“Through a community-wide collaboration, we seek to promote behavioral health and social emotional well-being through community awareness and stigma reduction, increasing access to

early identification, intervention services, and education to ensure all children, youth and families have access to behavioral health and social emotional resources.”

The MHCAC membership consists of approximately 70 Howard County organizations interested in the well-being of Howard County children, youth and families.

Presentation slides are attached alongside meeting minutes.

- Contact Cynthia Schulmeyer, [Cynthia\\_Schulmeyer@hcpss.org](mailto:Cynthia_Schulmeyer@hcpss.org), for questions.

## **July – No meeting**

### **August – CHADIS Presentation —**

- Barbara Howard, MD. President of CHADIS, Inc.,

Dr. Howard is a developmental-behavioral pediatrician trained at Harvard University. She is an Assistant Professor at The Johns Hopkins University School of Medicine, past president of the international Society for Developmental and Behavioral Pediatrics and contributing author for Bright Futures, DSM-PC and Bright Futures in Practice, key standards documents and an AAP national committee member.

She discussed Pediatric Trends 2011-2 vs 2023, with a chart showing significant increases in behavioral health issues tracked. The U.S. had much higher child mortality rates than 18 comparator high-income nations from the Organisation for Economic Co-operation and Development. Most of the increased mortality is from firearms.

CHADIS is a digital health platform for pediatric screening, clinician support and patient education/resources for mental health, developmental, and behavioral conditions. The adult or teen enters data outside visit time, the results inform the visit, and the clinician writes a note, then automated patient-specific education/resources are made available. CHADIS is used in 48 states and 10 countries by more than 4,500 clinicians.

Dr. Howard shared sample CHADIS forms, reports and research results concerning depression and suicide risk assessment.

- Presentation slides are attached alongside meeting minutes.

- Contact her at [bhoward@chadis.com](mailto:bhoward@chadis.com) for questions.

### **September – Nutritional Psychiatry Presentation —**

- Dr. Andre’a Watkins

Dr. Watkins gave a presentation on an integrated approach to treatment of psychiatric disorders. Poor nutrition increases the risk of depression, dementia and cognitive disorders. Changes in

Western diets cause the rise of non-communicable diseases such as diabetes. Persistent inflammation leads to disease in the body.

She said that there is a complicated relationship between the gut and the brain. 80-90% of serotonin in the body is in the gut. The gut is the enteric nervous system. The vagus nerve and the spinal nerve form direct communication between the gut and your brain.

The food you consume selects what bacteria thrive in your gut. A balanced diet is good to support bacteria in the gut. Traditional diets protect the body. She will be part of a ketogenic diet study at the Maryland Psychiatric Research Center. She is studying food options to heal mental health.

- Presentation slides are proprietary material and will not be shared alongside the minutes.
- Please contact Dr. Watkins at [msandywat@gmail.com](mailto:msandywat@gmail.com) for further information and questions.

### **October –Upcoming Changes to Medicaid —**

- Deborah Steinberg, Senior Health Policy Attorney, Legal Action Center  
HR1 (OBBBA) Impacts on Substance Use & Mental Health

HR1 “The Big Beautiful Bill Act” is now law but Medicaid changes are not yet in effect. States are starting to prepare, to anticipate cuts. There is variation at the state level. Some things are still unknown. Critical Medicaid rights and protections still exist.

She reviewed the timeline for Medicaid Provisions of the bill, including limited immigrant eligibility for Medicaid and CHIP, limited retroactive coverage, expansion population redeterminations will be two times per year, other changes to the expansion population coverage and provider taxes.

Work reporting requirements go into effect January 1, 2027.

Medicaid is the largest source of federal funding for states. Most behavioral health benefits are optional, so they are at risk.

The Legal Action Center has one-page documents on their website. They are working with NAMI on documents and presentations.

- Presentation slides are proprietary material and will not be shared alongside the minutes.
- Please contact Deb Steinberg at [dsteinberg@lac.org](mailto:dsteinberg@lac.org) for further information and questions.

### **November – Howard County Provider Forum**

- Mariana Izraelson, Executive Director, Grassroots Crisis Intervention Center, Inc.

The HC Provider Forum (HCPF) is a committee established by the Howard County Executive composed of healthcare providers, community partners, and local leaders to improve access, coordination, and outcomes in healthcare across Howard County.

The HCPF has both specific and broad aims:

- Specific Aims:
  - Policy monitoring; Monitor ongoing evolution of federal policy, the potential adoption of the AHEAD model in Maryland, and assess their potential impacts on Howard County.
  - Certificate of Need; Determine the need for a second hospital in Howard County based on policy and local data.
- Broad Aims:
  - Improve access, continuity of care, and patient outcomes as well as stability of institutional health care while reducing unnecessary use of Emergency Departments and lowering their wait times.
- A steering group has been established to guide and manage the other teams, which address subtopics like Behavioral Health, Access and Navigation, SDOH, Workforce, Emergency and Acute Care Utilization, Chronic Care Integration, and Certificate of Need & Policy Monitoring.
  - The forum and its teams were established in August 2025, and will follow a phased approach through December 2026, consisting of an Ideation Phase, four Learning Cycles, followed by the Finalization Phase. Throughout these phases, the focus groups will identify specific goals and envision the future of Howard County at 1 year, 5 year, and 50 year intervals.

-Presentation slides will be shared alongside the minutes.

-Please contact Mariana at [mariana@grassrootscrisis.org](mailto:mariana@grassrootscrisis.org), or Matthew Castner at [mcastne2@jhmi.edu](mailto:mcastne2@jhmi.edu) for further information and questions on the HC Provider Forum.

### **December - Three Year Strategic Plan FY27-FY29 of HCHD, Bureau of Behavioral Health —**

- Alice Bauman, LUMA Health Consulting, LLC.
- Alice provided a jurisdictional data update including:
  - 28 suicides in 2023, up from 25 in 2022, though the Howard County rate remains below the Maryland average.
  - Fatal overdoses decreased 41% and non-fatal overdoses decreased 17% from FY24 to FY25, with emergency department visits at their lowest since 2018.
  - Approximately 800 calls to crisis lines at a 95% answer rate, supporting diversion from emergency departments; data on texts to crisis lines will be investigated.

- Howard County’s mental health provider ratio improved to 220:1, surpassing the state average of 250:1, with an average of 20% of Howard County residents being enrolled in Medicaid.

- Alice also provided a FY25 Update, highlighting:

- Howard County Bureau of Behavioral Health received two NACo (National Association of Counties) Awards in 2025 for Crisis Intercept Mapping (CIM) and the expansion of the Family OPTIONS program.
- Expanded suicide prevention programs like Collaborative Assessment and Management of Suicidality (CAMS) and Sources of Strength programs, increasing our impact on the community through events, a suicide prevention PSA, “Signs of Hope” installed at high-risk sites.
- Behavioral Health Navigation improvements which include expansion of resource linkage and care coordination in immigrant BH services and medication support as well as incorporation of the CAREAPP to navigation services.
- Opioid Prevention and Harm Reduction programs saw a 12% increase in naloxone trainings and 7% increase in naloxone kits distributed compared to FY24, while the Syringe Services Program saw a 36% increase in new sign-ups and a 63% increase in overall engagement.

- Alice introduced the Bureau of Behavioral Health’s strategic goals for FY27-FY29:

1. Increase the Howard County community’s awareness of Health Department services and community resources to address behavioral health needs.
2. Increase the number of diverse and integrated providers in the Howard County community that offer behavioral health and psychiatric services.
3. Support the implementation of court-ordered behavioral health initiatives such as Assisted Outpatient Treatment (AOT), Mental Health Court, and the Stepping Up Framework.

- The FY27-FY29 Strategic Plan is due to MDH by January 5th, 2026. Any feedback, recommendations, or edits should be provided to Shereen and Alice to be considered for inclusion in future versions of this document.

- Presentation slides will be shared alongside the minutes.

- Please contact Shereen at [scabrera@howardcountymd.gov](mailto:scabrera@howardcountymd.gov) or Alice at [alice.abconsulting@gmail.com](mailto:alice.abconsulting@gmail.com) for further information and questions on the HCHD BBH Three Year Strategic Plan FY27-FY29.

## Monthly Updates from the Director of the Bureau of Behavioral Health

The LBHAB receives monthly updates by the Director of the Bureau of Behavioral Health on behavioral health initiatives serving Howard County citizens and Maryland state actions that affect Howard County behavioral health programs. For example,

- Effective January 1, 2025, the Administrative Services Organization (ASO) for the Maryland Public Behavioral Health System transitioned from Optum Maryland to Caelon Behavioral Health. As the ASO is the administrative partner to the Maryland Department of Health (MDH), providers should be already familiar with the regulations, policies, and processes under the Public Behavioral Health System (PBHS).
- Planning underway to purchase and install Harm Reduction vending machines: two locations for indoor machines and one location for an outdoor machine. Secured funding from single source, DCRS from the Opioid Restitution Fund. Machines are to include naloxone and harm reduction supplies. Funding for this project comes from two funding sources, one of which is from the Opioid Restitution Fund which is managed by the DCRS. Machines are to include naloxone and harm reduction supplies. A survey was sent out to gather feedback on the project.
- Maryland Department of Health implements new behavioral health licensing process. A new application is required for all community behavioral health providers. The Maryland Department of Health announced a new online application for all behavioral health licenses, effective February 10, 2025. The new system will replace the paper-based application process, making it easier for providers to apply and stay in compliance. This step is one of many concrete, system-wide changes the Department is implementing to modernize, digitize and centralize the process for behavioral healthcare professionals — as well as to reduce fraud and waste — as part of the State’s overall effort to improve mental health and substance use disorder care for Marylanders.
- Planning to create and install suicide prevention signs for parking garages, bridges, and overpasses. This will include a campaign for the community to share awareness and prevention information. Hoping to have this completed by June 30th, though the funding for this can be carried over into FY26.
- Planning to conduct an environmental scan on substance misuse including focus groups and key informant interviews through a contract with Palm Public Consultations
- Planning overdose prevention messaging at the mall and on buses in the county
- BBH has recently lost federal funds from American Rescue Planned Act (ARPA), which impacts four different budgets and five projects. This funding will be completely unavailable starting FY26.
- In-home intervention services funds for a sub-vendor were approved by BHA to convert funds for internal staff at the BBH for our Child and Adolescent Coordinator’s position to educate and outreach on targeted case management and 1915(i) services.

- The Bureau of Behavioral Health, Howard County Health Department won 2 National Association of Counties (NACo) awards. These awards demonstrate the value of our work not just locally but nationally. This recognition indicates the level of commitment, accountability, and the impact our programs have in the community.
  - Family Options Program Expansion
  - Crisis Intercept Mapping, (CIM), for Service Members, Veterans, and their Families.
- Harm Reduction and Peer Support Unit is launching an innovative partnership with Howard County Library System -  
This embeds Certified Peer Recovery Specialists (CPRS) on-site at each of the branches of the library throughout the community. This initiative provides a welcoming, low-barrier space where youth and other community members can connect directly with Peers for support, information, and linkage to services. The effort aims to increase early engagement, normalize conversations around substance use and what concerns to consider. Reduced stigma around seeking help, and provide visible, accessible pathways to recovery and harm reduction resources within trusted community spaces.
- In collaboration with the Howard County Library System, Howard County Police Department, and the Veteran’s Administration, we are providing free gun locks to residents in an effort to prevent firearm-related suicides.  
- <https://www.howardcountymd.gov/health/resource/gun-lock-program>

The Executive Committee and Director of the Bureau of Behavioral Health envision that presentations from community members and Board members will continue throughout the coming years to ensure development of Board expertise in all facets of behavioral health programming and afford the best possible implementation of LBHAB planning, conduct, and assessment of these services.

### **Howard County Behavioral Health Activities**

Over the term of this report, the LBHAB and its members have received information about processes initiated by other entities that are associated with its mandate for behavioral health. A number have had input from members of the LBHAB as participants. During Board meetings, the Director of the Bureau of Behavioral Health and Board members have routinely shared all available information on the planning for and conduct of community events, trainings, budgetary issues, federal and state initiatives, and legislation related to behavioral and other health matters affecting and afforded to members, providers, advocates, and Howard County citizens.

### **Immediate Considerations for the Upcoming Year**

Issues of major importance for the LBHAB efforts at the start of the upcoming year:

- Work with the BBH staff to support the Howard County group looking at the intersection of behavioral health and criminal justice and continue to advocate for a Mental Health Court and the Stepping Up Initiative.

- Advise the Director of BBH on decisions regarding implementation of Assisted Outpatient Treatment in Howard County.
- Continue to Highlight the 988 initiatives to help with awareness and provide the resources available for Howard County residents in need.
- Continue to promote other urgent care facilities such as Sheppard Pratt, Grassroots Crisis Intervention Center, etc., for individuals seeking help for mental health care.
- Establish a Housing Committee within the LBHA Board to investigate housing needs and recommendations for those dealing with behavioral health disorders. This includes those suffering from mental health and substance use disorders whether they are justice involved or moving along the continuum of care.

This report was approved by the Howard County Local Behavioral Health Advisory Board on December 10, 2025.

Respectfully submitted,

Signed by:

*Janet Edelman*

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Janet Edelman  
2025-26 Chairperson  
Local Behavioral Health Advisory Board

1/14/2026