

Strategies and Recommendations to Maximize the Behavioral Health System in Cecil County

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Executive Summary

In spring 2024, the Cecil County Health Department engaged health and human services consulting firm Advocates for Human Potential, Inc. (AHP), to assess the behavioral health system in Cecil County to identify successes and assets, clarify gaps in service availability and delivery, and develop strategies and recommendations based on best and evidence-based practices. This work was intended to build upon a number of recent existing assessments and plans, including a 2022 community health needs assessment, the Community Health Improvement Plan (CHIP), and the *Cecil County Department of Health Annual Report*.

AHP collected data from primary and secondary data sources to assess the behavioral health system in Cecil County. This included a comparison and analysis of the demands on the system and the supply of providers and services available to meet those demands. The AHP research team reviewed state and national reports and documents and other data resources. They conducted key informant interviews (KIIs) and focus groups with community stakeholders, and attended local workgroup and advisory group meetings to gain deeper understanding of community needs and resources. (A full summary of qualitative and quantitative data sources can be found in [Appendix A.](#))

AHP’s research and analysis closely match the findings of the existing reports and plans: specifically, that the county has put significant effort into improving the health and well-being of its residents. However, gaps remain in its behavioral health continuum of care for both adults and youth, which are compounded by geographic, economic, and social challenges; disparities in access for underrepresented groups; and workforce issues. As such, AHP’s report primarily focuses on new or innovative solutions to these known issues, paying special attention to how the county’s strengths and assets can serve as a foundation for a series of initiatives aimed at addressing the greatest challenges to the behavioral health of the county.

Recommended Initiatives/Areas of Focus

1. **Continuity of Care**
2. **Community Engagement with Youth**
3. **Social Drivers of Health**
4. **Workforce**

In this report, AHP has developed system improvement recommendations centered around four major initiatives that align with many of the county’s ongoing or planned efforts and leverage the strengths of the Health Department, its partners, and the community as a whole. Built upon the pillars of change management, community and leadership buy-in, cross-system collaboration, and adequate funding, the following initiatives and strategies are detailed in this report. These initiatives are briefly outlined below and included in more detail later in the report.

Initiative 1: Community-Based Approach to Youth Behavioral Health

Strategy: Let youth lead.

- Establish a countywide Youth Advisory Council.
- Conduct youth focus groups and listening sessions.
- Build peer mentoring/coaching programs.
- Conduct local stigma reduction outreach campaign.

Strategy: Engage the whole family.

- Offer family peer supports.
- Address parents' mental health needs to help their children.

Strategy: Increase prevention programming.

- Increase access to "warm lines" for local youth.
- Create suicide prevention strategy.
- Partner with education system on school-based interventions.

Strategy: Increase access to treatment and recovery supports specifically for youth.

- Establish a peer support program.
- Offer trauma services tailored for youth in rural communities.
- Increase telehealth access.
- Consider complementary and nature programming.

Initiative 2: Continuity of Care

Strategy: Establish community-based care coordination.

- Expand peer support services.
- Use community health workers.

Strategy: Expand telehealth.

- Support West Cecil Health Center in offering telebehavioral health.
- Address technology access challenges.
- Partner with other providers.

Strategy: Integrate MH/SUD into primary care.

- Increase screening.
- Integrate behavioral health treatment into primary care across the county.

Strategy: Leverage CCBHC model.

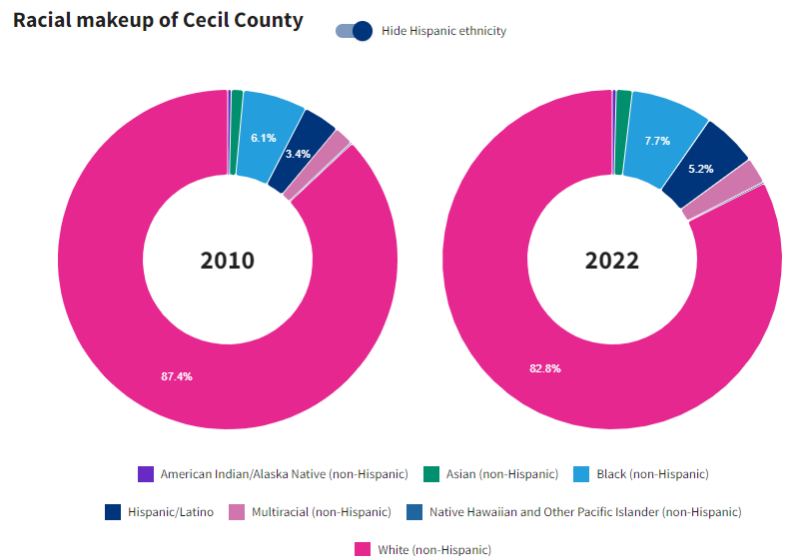
- Engage Maryland's CCBHCs.
- Explore improved access to residential care.

Initiative 3: Social Drivers of Health			
Strategy: <i>Improve transportation.</i> <ul style="list-style-type: none"> ▪ Increase awareness of available resources. ▪ Expand services. ▪ Explore microtransit. 	Strategy: <i>Expand housing opportunities.</i> <ul style="list-style-type: none"> ▪ Increase access to affordable housing. ▪ Implement or expand homeless programming. 	Strategy: <i>Improve access to wholesome food and nutrition.</i> <ul style="list-style-type: none"> ▪ Use proven rural food and nutrition strategies. ▪ Partner with the faith social services communities. 	Strategy: <i>Address disparities in underserved populations.</i> <ul style="list-style-type: none"> ▪ Increase the collection and use of race, ethnicity, and language data. ▪ Increase cultural competency and diversity among providers.

Initiative 4: Workforce			
Strategy: <i>Grow the local pipeline.</i> <ul style="list-style-type: none"> ▪ Collaborate with local schools and training programs. ▪ Introduce behavioral health careers to local students. 	Strategy: <i>Maximize existing available workforce.</i> <ul style="list-style-type: none"> ▪ Support local employers in workforce efforts. ▪ Enable non-behavioral health providers to become more behavioral health-savvy. ▪ Recruit diverse individuals from within the community. 	Strategy: <i>Promote Cecil County.</i> <ul style="list-style-type: none"> ▪ Use federal programs to bring or keep workers in Cecil County. ▪ Reduce stigma/promote careers. 	Strategy: <i>Address economic challenges through local jobs development.</i> <ul style="list-style-type: none"> ▪ Create supportive work environments. ▪ Increase worker employability. ▪ Encourage employers to be recovery-ready workplaces.

Introduction and Overview

Cecil County is a county in Northeast Maryland that borders both Pennsylvania (to the north) and Delaware (to the east). It comprises eight incorporated towns spread over 346 square miles, with the county seat in Elkton, Maryland. As of 2022, Cecil County had a population of 103,876. While Cecil County meets the definition of a “metropolitan county” because of its proximity to a large city, nearly half of the county’s residents live in low-population density areas, making it feel much like a rural county.¹ The population of Cecil County is growing at a slower rate than both the United States and Maryland populations. However, its Hispanic population has seen the most growth between 2010 and 2022 (from 3.4 percent to 5.2 percent), while the White population has decreased. This is an important consideration in expanding and planning services for the future, as it points to the need to build culturally responsive services for people with ethnically diverse backgrounds and for those for whom English is not their first language. As such, AHP recommends that part of the county’s strategy to strengthen behavioral health services and cater to the needs of people with substance use disorder (SUD) should include planning specific strategies to engage minority populations, especially those that identify as Hispanic.



Income and employment statistics for Cecil County show that the county has an average

Source: County Health Rankings

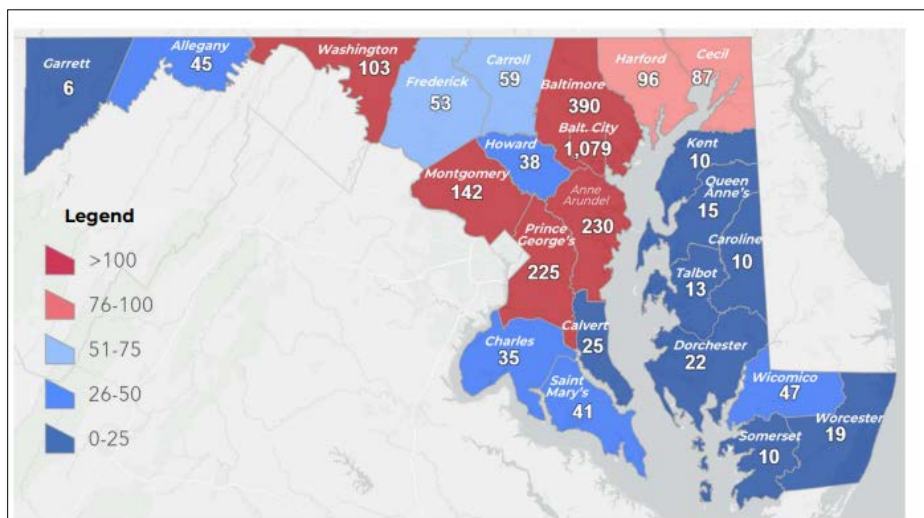
household income, poverty rate, and unemployment rate when compared with the rest of the State of Maryland. The state has developed a very [ambitious program that](#) seeks to end child poverty, support student success, improve the economy and create jobs, improve community safety, create world class health system, along with an “[education blueprint](#)” that increases funding for school systems and services, especially those impacted by poverty. All of this is good news for Cecil County’s ability to fund initiatives, except that priorities are based on reported poverty levels in the US census and as stated above, Cecil’s data does not indicate high numbers in that area. Informants noted that this can delay access to funding, including not qualifying for the first round of awards.

¹ County Health Rankings & Roadmaps. (2024). *Cecil, MD county demographics*. University of Wisconsin Population Health Institute <https://www.countyhealthrankings.org/health-data/maryland/cecil?year=2024>

However, there are notable variations in the income across the county. Across the census tracts of the county, there is wide variability in income, with North East having a median household income of \$105,183 and Elkton, the county seat, has a median household income of \$63,509. This variation is further reflected within the poverty rate for the county, with the rate in Elkton at 15.3 percent, while North East is at 8.6 percent and Rising Sun at 5.1 percent. These factors are important in strategizing service expansion and outreach, as research shows that poverty is a contributing factor to poor mental health outcomes and SUD.² Cecil County has fewer individuals with bachelor's degrees than the rest of the state (29 percent vs. 44 percent); but more people who own their own homes (77 percent vs. 68 percent), pointing to a lower cost of living in the county. Further, according to the 2020 Census data, Cecil County is home to 7,432 veterans, 69 percent of whom are 55 years or older. When family members are included in that percentage, the number of people in the county who may be impacted by positively or negatively by a veteran's service grows significantly.

While most stakeholders and research informed AHP that SUD is an ongoing challenge in Cecil County, the low number of uninsured residents poses an opportunity to improve gaps in care. Only 2.2 percent of the County's residents lack health insurance, compared with 6.1 percent of Maryland's population. Nonetheless, the county lacks sufficient SUD providers to meet need, meaning that even with insurance, as noted by informants, residents often must leave the county for treatment or go without. (Additionally, informants noted that SUD treatment is sometimes delegitimized or deprioritized by county residents.)

Overdose Deaths 2021



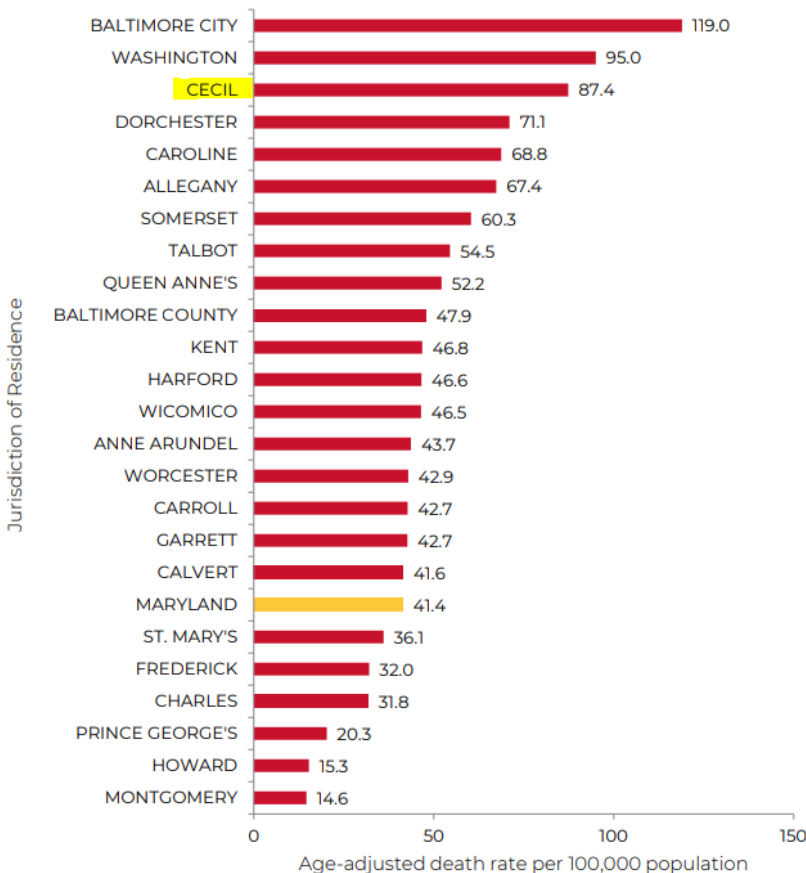
Source: Maryland Department of Health Data Informed Overdose Risk Mitigation (DORM) Annual Report 2022.

Informants reported significant drug and alcohol use among county residents, including youth, with growing concerns about methamphetamine and xylazine. In 2023, drug poisoning deaths reached

² Baptiste-Roberts K., & Hossain, M. (2018). Socioeconomic disparities and self-reported substance abuse-related problems. *Additional Health*, 10(2), 112–122. <https://doi.org/10.22122/ahj.v10i2.561>

75.7 per 100,000 population. Also, high percentages of adults reported binge or heavy drinking (age-adjusted), with 17.6 percent reporting binge drinking—likely contributing to the 25.4 percent of driving deaths involving alcohol.³ Maryland overall has a slightly higher drug overdose death rate than the rest of the country (42.8 percent vs. 32.4 percent). Cecil County is in the Central Region of Maryland, which is most impacted by overdose deaths.⁴ Cecil County had the highest rate of methamphetamine-related deaths in the state in 2021. Almost one-third of all methamphetamine related deaths recorded in the state (28 of 99 deaths) occurred in Cecil County.⁵

Age-adjusted Mortality Rates¹ for Unintentional Drug- and Alcohol-Related Deaths by Place of Residence^{2,3}, Maryland, 2019-2021



Source: MDH Vital Statistics Admin

³ Centers for Disease Control and Prevention (CDC). (2023). The Behavioral Risk Factor Surveillance System (BRFSS)

⁴ Maryland Department of Health Vital Statistics Administration. Maryland Vital Statistics. Unintentional Drug- and Alcohol-Related Intoxication Deaths in Maryland, 2021. https://health.maryland.gov/vsa/Documents/Overdose/2021_AnnualIntoxDeathReport.pdf

⁵ Maryland Department of Health. *ibid*

Needs Assessment and Landscape Analysis: Assets and Challenges

AHP's analysis found that the most significant community behavioral health needs relate to access to a full continuum of services, especially for young people and marginalized populations, such as LGBTQ+ individuals and those for whom English is not their first language. Social drivers of health (SDOH) are major contributors to this lack of access, most notably transportation and housing, along with a limited workforce to address the high rates of SUD and mental health issues. Stigma against mental illness and SUD, especially regarding medication-assisted treatment (MAT), can also act as a barrier to treatment.

AHP identified some strong assets in Cecil County that have been and will continue to be instrumental in addressing challenges with behavioral health in the county. There is a spirit of collaboration across systems and a clear willingness to work together to make things better for residents of the county. Significant progress has already been made toward addressing some of the county's most significant challenges, forming a strong foundation for implementing additional initiatives and strategies.

Assets in the Community

AHP's research identified many strengths related to the behavioral health system of care in Cecil County. The following is not a comprehensive list of community assets, but includes that continued to rise up as strengths AHP's conversations with informants.

Engaged Community Members. The County Health Department regularly and actively engages the community in activities aimed at understanding and improving the health and wellness of Cecil County's residents. A community's greatest strength is its people. AHP's research team was impressed by the positive way many adult informants spoke about the youth of the community, who, despite facing Adverse Childhood Experiences (ACEs), some negative SDOHs, mental health conditions, and the usual challenges of being a modern teenager, are open, hopeful, and driven to see improvements in their conditions and those of their peers. Informants from the Department of Social Services reported that Cecil County has a higher-than-average rate of kinship placements for foster youth, indicating that family members willing to take them while their parents work on the issues that led to system involvement. This shows a strong commitment to family and community. Community members participate in listening sessions and attend training events, positioning them as critical partners in implementing the initiatives recommended by AHP later in this report.

Cross-System Collaboration. One of the county's greatest assets is the culture of cooperation and partnership consistently highlighted and observed during the interview process. While many communities experience siloed and sometimes territorial systems and organizations, Cecil's public and private partners expressed eagerness to continue their history of working together for the benefit of their community. Key community collaborators include the Health Department, ChristianaCare Union Hospital, the sheriff's department, Child Protective Services, the library, the Veterans Administration, public schools, and more.

These systems work together through cross-system workgroups and councils, shared invites to relevant meetings, and listening sessions held in most towns throughout the county. One example

is the Cecil County Behavioral Health Advisory Council. This Council will lead in planning, gaining support for, and rolling out many of the recommendations and strategies outlined in this report. Another example is the overdose fatality review team, which includes representatives from across systems to investigate local drug overdose deaths and analyze risk factors and missed opportunities for intervention.

Dedicated Community Providers. Several community organizations are actively working to address Cecil County’s challenges with mental illness and SUD. Some of these will be especially important in implementing the initiatives proposed by AHP, including:

- ChristianaCare Union Hospital.
- Voices of Hope, which offers recovery housing and transportation services, among other supports.
- Santé Mobile Crisis Unit.
- Cecil County Public Library, which is a community hub and safe space for many residents. Local libraries have increasingly become resources for people [experiencing homelessness](#) and [mental illness](#), and many now offer embedded social workers, community mental health trainings, and naloxone overdose kits.
- West Cecil Health Center, a Federally Qualified Health Center.
- Justice stakeholders.
- Other providers and peer organizations.

Existing Services and Programs Working to Address Challenges. Some programs making a positive contribution to improving the behavioral health of the community include:

- School-based early intervention and community organizations supporting local youth.
- Peers and peer organizations, including the embedded peer support specialists at Union Hospital and Voices of Hope.
- Crisis response, such as Mobile Crisis Team and the Cecil Addiction Treatment Coordination Hotline (CATCH).
- Ongoing efforts involving the justice system, including behavioral health training and programming for both the local police and the Cecil County jail, the development of a crisis response team (CRT)/Crisis Intervention Team, and improved access to medication for opioid use disorder in the jail.
- SUD prevention and intervention programming, including widespread availability of naloxone/Narcan.

Identified Challenges

Major issues that were identified in AHP’s research creating barriers to meeting the behavioral health needs in the community include gaps in services—especially for young people and historically underserved populations—SDOH, especially transportation needs, and a behavioral health workforce shortage. Some stakeholders noted that stigma against SUDs and mental health challenges is strong in Cecil County. Informants reported that some residents don’t consider substance use as a significant challenge or they consider it a “family issue” that shouldn’t involve

outsiders. In some areas, there is a mistrust of government and quasi-government organizations, such as the health, justice, and education systems, which may get in the way of people seeking needed treatment. These factors can create barriers to the successful utilization of available services.

These issues are not uncommon, especially in small communities. These barriers can often be addressed through meaningful engagement with individuals and families, meeting people where they are (e.g., via peers or community health workers), anti-stigma education, and establishing community champions who are trusted leaders, like pastors or other religious leaders or members of ethnic or cultural community groups.

Social Drivers of Health and Related Challenges. Transportation was repeatedly cited by informants as a major barrier to accessing behavioral health and social services. Cecil County does not have a public transportation system and accessing the Federally Qualified Health Center (FQHC) presents particular challenges, as it is located at a significant distance from the more populous parts of the county. Cecil County does, however, have some medical and other transit services available to people seeking services, but these were cited as either unknown or not addressing the need by informants. Building awareness of the available transportation services could be an easy and quick strategy to maximize existing services.

Despite a deep dedication to addressing SUD, Cecil County continues to experience high levels of substance use. The county lies along a travel route known for both human and drug trafficking between major cities such as Washington DC, New York, Philadelphia, and Baltimore. The Chesapeake & Delaware Canal, the third busiest shipping canal in the world, also passes directly through the County, which may contribute to drugs making their way into its communities. These geographic features were noted as contributors in the prevalence of drug use in the community, along with concerns about human trafficking and other illegal activities. County leaders report an increased prevalence of fentanyl, as well as growing use of methamphetamine, carfentanil, and xylazine.

Service Gaps and Shortages. Cecil County is a HRSA-designated geographic mental health professional shortage area (HPSA). Informants expressed concern about the lack of continuum of care, especially youth and including very young children and those in need of residential treatment. Informants report limited availability of therapy services for young children and geographic barriers that prevent families from accessing services, especially those without transportation. Because of the lack of residential services, some informants noted that children and teens may leave the emergency room only to end up on the streets or in a hotel. This is an ongoing national issue. AHP's recommendations in this area focus on community intervention and prevention strategies to help reduce the need for services while building engagement and collaboration with families.

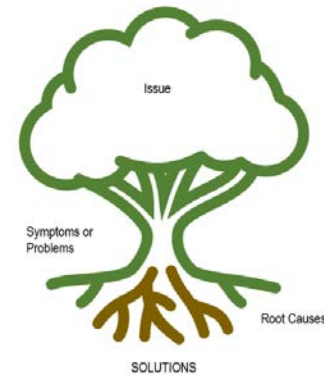
Workforce. The U.S. is experiencing a critical shortage of behavioral health workers, particularly in rural parts of the country and those where reimbursement rates are low. There are not enough behavioral health providers in Cecil County to meet the needs of the community. Informants indicated that there is a competition for workers with counties in Delaware and more metropolitan areas like Baltimore, making it difficult for the county to compete with larger communities nearby

that can pay more and offer better quality of life. Because of the county’s proximity to the Delaware and Pennsylvania state line, there are added challenges related to cross-state licensure and reciprocity for providers who may live in one state but want to work in another. AHP has included recommendations in the report that can counter some of the payment issues to help grow the behavioral health workforce in the county.

Root Causes of Behavioral Health Issues in Cecil County

AHP conducted a root cause analysis (RCA) of the behavioral health challenges in the county and found that many of these issues tie back to stigma, shame, and SDOH. An RCA is a process used to uncover the underlying factors—or root causes—that lead to specific problems. Essentially, “this tracing back from consequence to cause requires analyzing the interconnected relationships within a system to find originating triggering points upstream where sustainable solutions can be targeted” according to [Six Sigma](#).

Cecil County is facing behavioral health challenges currently experienced nationwide, including rising rates of depression and other mood disorders, anxiety disorders, SUDs, suicides, and deaths by poisoning (overdose). These patterns were evident prior to the COVID-19 pandemic but increased sharply and have continued to rise in its aftermath.



In Cecil County, many of these topics are difficult for people to openly acknowledge and talk about as issues within their families and communities. The resulting silence communicates a message of shame, leading many people to hide personal and family pain and consequently isolate themselves from available supports. Instead, they may turn to short-term fixes, such as substance use and other numbing behavior, which compound the pain in the long term. Illicit drug dealers have discovered Cecil County as a community in which they can expand their business, both because of its proximity to major routes and its insular culture. As a result, the county has developed high levels of SUD and a crime rate that is significantly higher than the state’s average.

Rural communities experience higher levels of social isolation due to geographic distance and difficulty with reliable public and private transportation. These factors contribute to the epidemic of loneliness described by the U.S. surgeon general. Loneliness is a key contributor to mental health and SUD in youth and adults. Geographic isolation also impedes the ability of youth to socialize within their communities or participate in positive school and community-based activities. Poverty experienced by many families is another impediment to engaging in activities that are costly and difficult to access due to inadequate transportation.

AHP’s recommendations focus on eradicating these root causes through strategies such as reducing stigma and empowering youth and families. We aim to bring behavioral health treatment and careers into the light and honoring the strengths of the community and people in recovery.

Bridging the Gap Between Supply and Demand

The following recommendations outline a series of initiatives that will help Cecil County to fill gaps in order to meet the needs of the community and address some underlying issues contributing to the county's behavioral health challenges. The recommendations are intended to complement the county's 3-year behavioral health plan for FY2024–FY2026 and would best be managed under the local behavioral health authority.

Each major initiative outlined here includes a series of related strategies for implementation, which in turn include activities aimed at ensuring success. Each initiative includes resources for planning, implementing, or building similar programs, and highlights proposed and existing assets and partners that the county may leverage. When applicable, recommended activities include relevant national or regional best or promising practices that may help with planning or implementation.

These initiatives do not need to be executed concurrently, nor does an initiative's success depend on the full implementation of every strategy and set of activities. The flexibility of this style of recommendations is aimed at letting the county decide what ideas might be easier or faster to get started and what might need additional planning or funding.

Like most communities, many of Cecil County's greatest behavioral health challenges intersect across various systems and domains, such as the health system, social and human services, transportation, and government. Successfully addressing these challenges requires coordination across these systems, including aligning goals and objectives, establishing a shared vision, and working together to secure reliable financing or funding.

All of these efforts would be served by a data collection and analysis process that allows the county to quantify and measure the effectiveness of strategies and improvement over time. Identifying a champion or champions who oversee and are ultimately responsible for the work plans can be an important component of implementation. If possible, the county may assign a change manager to support overall monitoring, communication, and implementation. Additionally, support for an outside contractor to facilitate the implementation of the workplans could add a needed independent perspective dedicated to monitoring and guiding the progress of the CHIP.

AHP recommends that the Health Department consider leveraging the work of the Cecil County Community Health Advisory Committee to work on what we identify as the four core elements of successful implementation of any strategies: change management, community and leadership buy-in, cross-system collaboration, and funding. These are outlined below.

Successful Implementation of Strategies

Change Management	Community and Leadership Buy-In	Cross-System Collaboration	Funding
Prepare community for change. Share the vision and goals tied to the change. Embed within culture, processes, and practices. Monitor for success.	Partner and cocreate with community leaders. Destigmatize mental health and SUD. Engage in collaborative problem-solving. Give voice to underrepresented populations.	Create public/private partnerships. Set shared goals and priorities. Share resources and responsibilities.	Maximize state grants. Pursue federal grants. Partner to share costs. Advocate for change in reimbursement rates.

Change Management

Implementation of these recommendations will be most successful if the Health Department incorporates the selected strategies into the FY2024–2026 behavioral health plan to continue to manage and oversee the needed change. Common challenges associated with big changes, such as those proposed in this report, include lack of engagement, unclear expectations and role delineation, and opposition. While the resistance to change should be expected, the county can take actions to reduce its impact. Key to effective change management are preparing stakeholders for the change, clearly articulating the vision and goals of the proposed change, embedding the change within culture and practices, and monitoring progress and results. Ideas for activities to affect short-, medium-, and long-term changes are noted at the end of each suggested initiative. Please note that these are not intended to be a comprehensive list but rather an “at-a-glance” list of potential approaches. The visibility of the short-term changes early on can increase community buy-in and engagement.

The Health Department may identify key data sources that can help articulate clear needs in each of the main areas outlined in the strategies below and provide data on the results of interventions, such as 988 and/or 911 data. The [National Association of State Mental Health Program Directors](#) and the Maryland Department of Health, [Behavioral Health Administration](#), could be initial partners to map out actionable work in this area. The data can inform discussions during the behavioral health access center (BHAC) public listening sessions. The County may also build out a dashboard and data structure to map change and measure improvement. The County may hire a part-time or full-time individual to manage these activities.

Community and Leadership Buy-In

Few initiatives will succeed without the support of local leaders and members of the community. The Health Department should make efforts to further engage the community in proposed changes

and work with leaders and decision-makers in this process. Now is an ideal time to roll out new initiatives, as there is soon to be a new county executive who may become a strong partner and collaborator. The Health Department could create a transition document outlining major goals, challenges, and initiatives to facilitate discussion and build rapport with the new executive.

The County would benefit from continuing to build community outreach and education efforts aimed at destigmatizing mental health and SUD challenges. The Health Department may support this by identifying community champions to help raise awareness about the importance of mental health and SUD recovery and to engage community members in collective problem-solving, especially among populations that feel underrepresented. These champions may be members or leaders in faith or cultural organizations—they don't need to be mental health or substance use professionals, but they should share the Health Department's values and commitment to reducing behavioral health and related issues in the community. If funding allows, as proposed in the behavioral health plan, the county might consider a dedicated anti-stigma campaign featuring local individuals, especially those with families, who have successfully recovered from SUD with support from community organizations and are willing to share their stories. Social media strategies can offer lower-cost yet effective messaging options.

Faith leaders are often an untapped resource for community engagement, as they frequently hold powerful influence over their parishioners and surrounding communities. The Health Department may consider engaging the Greater Elkton Ministerial Alliance or the Paris Foundation in community outreach efforts. The University of Pittsburgh Faith Community Collaborative offers a comprehensive toolkit for engaging the faith community in SUD prevention: [Toolkit for Faith-Based Organizations to Prevent Overdoses and Reduce Harm](#). Other important partners include the local police and sheriff's department, school board/school leaders, and community leaders in each of the eight municipalities in Cecil County. The Maryland Office of Overdose Response has a number of multimedia materials that the County may be able to repurpose and share across the community.

Cross-System Collaboration

The challenges Cecil County is experiencing—substance use, youth with mental health issues, and issues with housing and health equity—rarely happen in a vacuum and are best met through a collaborative approach across the systems involved. One of Cecil County's greatest assets is the dedication and willingness to work together across service systems. The AHP team was highly impressed by the shared commitment and collaboration seen among interviewees and focus group participants. This will significantly benefit the county in implementing the strategies outlined in this report.

To leverage these powerful partnerships, the County may want to crosswalk populations served by various systems by age groups and/or SDOH factors to select activities or recommendations that might serve as low-hanging fruit for collaborations and/or replication across multiple domains. This may also be an opportunity to identify possible staff-sharing among multiple partners to maximize current knowledge and expertise without duplicating costs (e.g., a shared grant writer or administrative manager). The Health Department may encourage county leadership to set aside funds for intercommunity collaborations to fund best practices solutions or pilot special projects,

with an emphasis on multiple communities working together. The Health Department may even propose policy change in funding service providers when making new awards of “pass-through” funds, ensuring that each new and renewal application includes one new multiagency collaboration to enhance cross-system collaboration. This could include value-added or bonus funding.

Finally, the Health Department may consider growing or establishing partnerships with additional voices, such as religious leaders and leaders of cultural or ethnic organizations (e.g., the Elkton Branch of the League of United Latin American Citizens [[LULAC](#)]).

Funding

Funding for mental health, SUD, and related SDOH programming is a challenge across the U.S. To make progress on the strategies outlined in this report, AHP recommends that the county focus on funding and financing opportunities that are feasible in the short term and don’t require federal or state legislation or policy changes, which can slow down or prevent action on change. This often means pursuing grant funding. If the Health Department does not currently have a dedicated grant writer, creating this position may be a wise investment. The grant writer could also provide supports (e.g., training and technical assistance) to local community organizations seeking their own grants for behavioral health and SUD programming. Leaning in on the collaboration mentioned above, the county could organize a cross-system grant-seeking group knowledgeable about various grant opportunities to focus on funders that prioritize community-level solutions and collaborations for special projects. The state has many relevant funding opportunities that may apply to the strategies outlined in this report; if they are not already being monitored, this is an easy step to begin to pursue funding. For instance, the County may seek some Department of Agriculture grant funding, such as that offered through the [Community Facilities Direct Loan & Grant Program in Delaware, Maryland](#). Health Department should also think “outside the box” to pursue other ways to reduce the cost of addressing community challenges, such as [AmeriCorps](#), Habitat for Humanity, YWCA, or other national nonprofits to support housing development, or partnership with the [United Way](#) or [Rotary](#).

Initiative 1: Community-Based Approach to Youth Behavioral Health

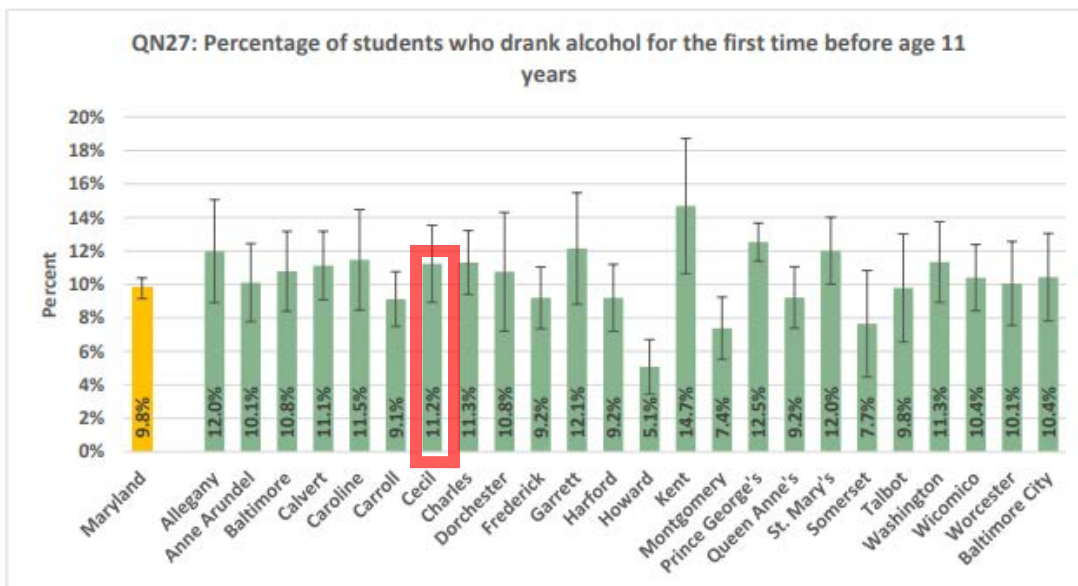
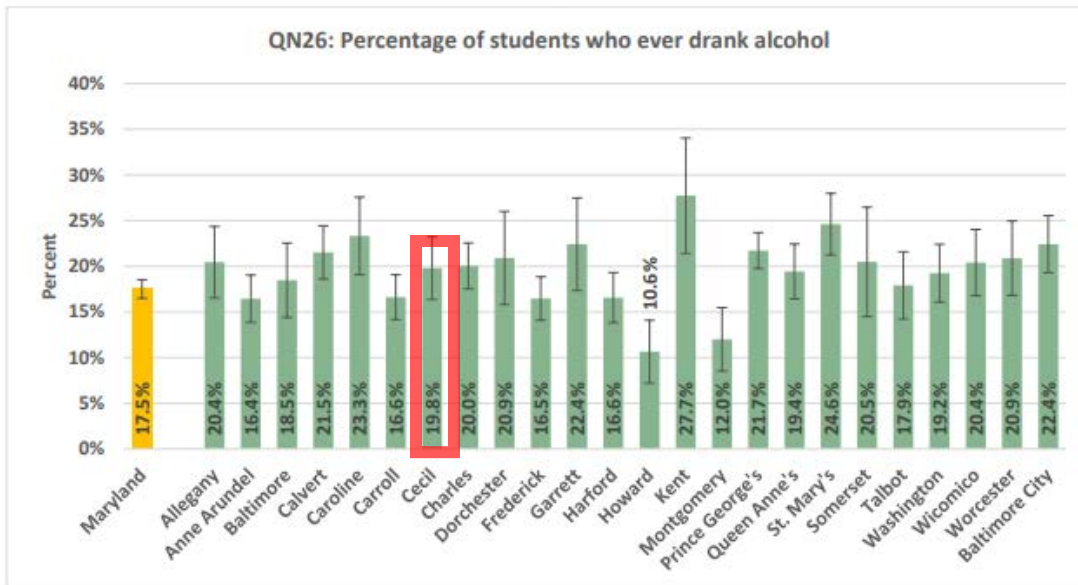
Mental health challenges and substance use among the community's youth were often cited as an ongoing concern in the community during AHP's research. This is, of course, not unique to Cecil County. Youth mental health is an urgent public health issue nationwide. American youth report higher rates of depression, anxiety, and hopelessness than at any other time in history.⁶ Cecil County middle- and high-schoolers had higher rates of risky alcohol-related measures than the state average on the 2022-2023 Centers for Disease Control and Prevention's Youth Risk Behavior Surveillance System (YRBSS). However, it is noteworthy that local students had lower rates of self-reported hopelessness than the state average.⁷

Protecting and improving the health of our youth requires a commitment from the many systems that touch young people, including education, health care, and community organizations. This cross-system approach should include not only expanded treatment and recovery services but also a strong focus on evidence-based prevention strategies, including giving youth voice and agency in their communities. The following recommended initiatives and activities will help Cecil County expand on existing youth programming and bring youth prevention, stigma reduction, and education into the community.

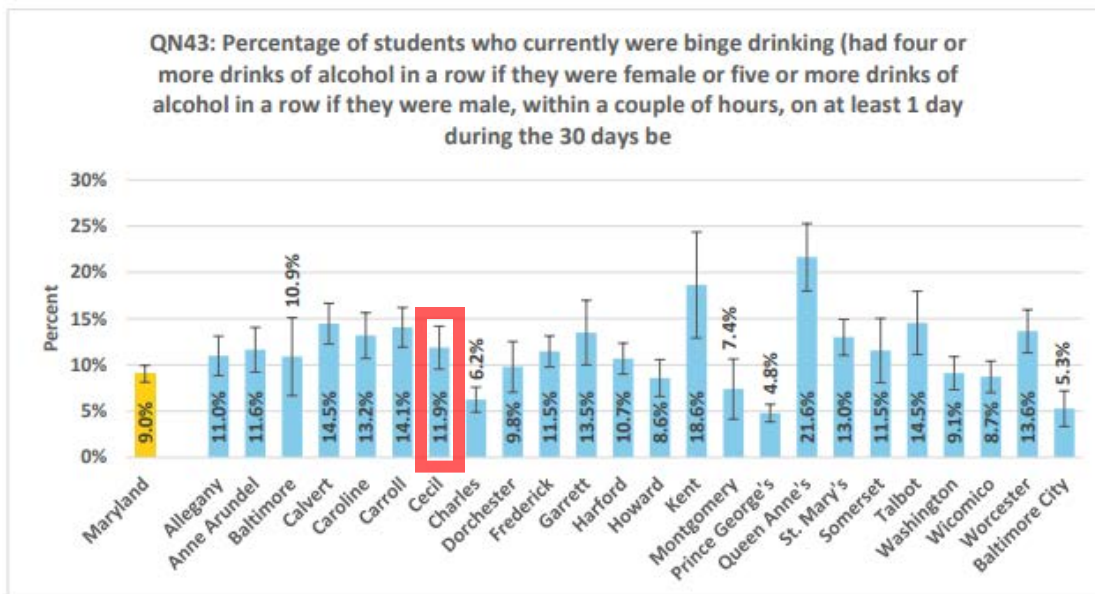
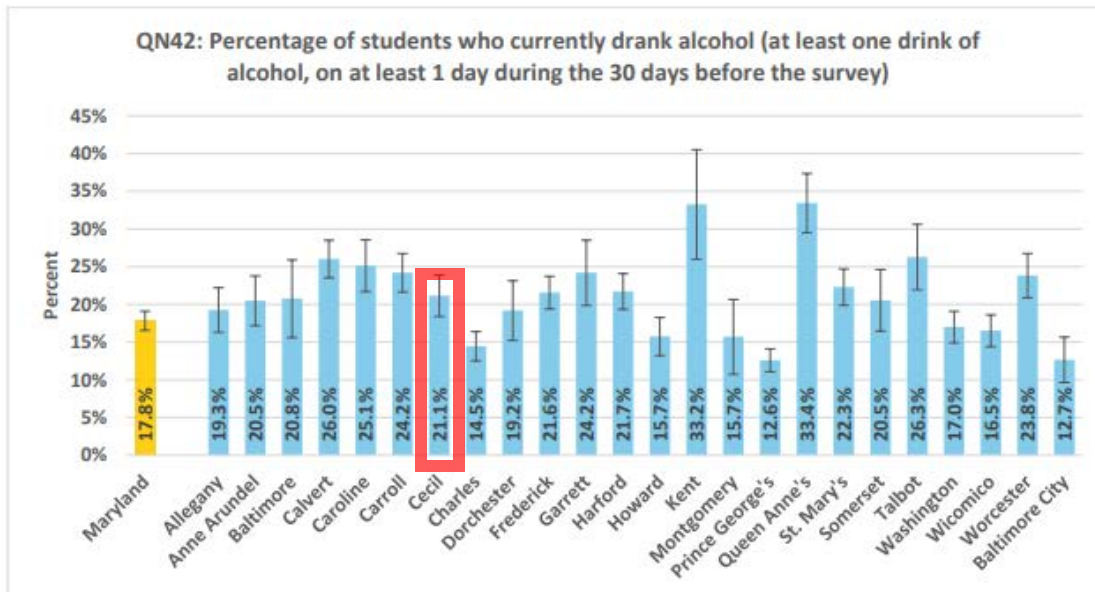
⁶ United Hospital Fund. (n.d.). *Ripple effects of the adolescent behavioral health crisis* [PDF]. https://media.uhfnyc.org/filer_public/61/92/6192cd92-0fc3-4dc7-8a36-eda9531354a3/ripple_effects_adolescent_behavioral_health_chartbook_report.pdf

⁷ Centers for Disease Control and Prevention. 2022-2023 Youth Risk Behavior Survey. Available at: [www.cdc.gov/YRBS. Graphics from Maryland.gov](https://www.cdc.gov/YRBS/Graphics-from-Maryland.gov) Youth Risk Behavior Survey/Youth Tobacco Survey (YRBS/YTS) 2022-2023: <https://health.maryland.gov/phpa/ccdpc/Reports/Pages/YRBS-2022-2023.aspx>

2022-2023 Maryland Youth Risk Behavior Survey and Youth Tobacco Survey (YRBS/YTS) Middle School Summary Tables



2022-2023 Maryland Youth Risk Behavior Survey and Youth Tobacco Survey (YRBS/YTS) High School Summary Tables



Strategy: Let Youth Lead

Extensive research shows that when youth are empowered, they are more likely to thrive in their mental and physical health, take fewer risks, and display more resilience.⁸ Youth empowerment can include giving young people useful roles in the community and allowing them to serve in ways that feel meaningful to them.

⁸ Search Institute. (n.d.). *Developmental assets framework*. <https://searchinstitute.org/resources-hub/developmental-assets-framework>

Any strategies or activities that will affect youth are best planned and implemented with their voices at the forefront. Young people in Cecil County indicated frustration with lack of supports for their mental health but are engaged and willing to work together to address it. Making young people feel welcome and valued in the community can support their self-esteem and sense of community connectedness. Some activities that can help put youth at the center of the conversation include the following:

Establish a countywide Youth Advisory Council. The Drug Free Cecil Youth Coalition is an example of the important work that youth can take on to change their community. A countywide Youth Advisory Council (YAC) could build upon this model and establish a group that includes young people from across Cecil County. Care should be taken to include members from underserved or underrepresented groups, including LGBTQ+ youth, individuals with low incomes, immigrants, and Black, Indigenous, and People of Color, and youth with disabilities. Participants should be paid a fair hourly wage or receive stipends or gift cards comparable to an hourly pay rate. This group would advise county leaders, including the Department of Health, on critical issues impacting young people in Cecil County and may review and support the implementation of any other suggestions in this section. The Department of Health may build the Council around the framework used by the [Maryland Youth Advisory Council](#) or the [National Youth Leadership Council's](#) YAC tools.

Conduct focus groups and listening sessions. The best way to learn what local youth care about is to ask them! Conduct online surveys, focus groups, listening sessions, or other means of data gathering to understand what matters to the young people in your county. A useful resource for planning this is the [Center for Behavioral Health Youth Initiative \(CYBHI\)'s report, Youth at the Center: Calls to Action for a Reimagined Behavioral Health Ecosystem from Children, Youth, and Families Across California](#).

Build peer mentoring/coaching programs. Research shows that young people are more likely to reach out to their peers than to adults for emotional support, and positive peer-to-peer relationships promote resilience and well-being.⁹ Young people can serve as mentors and positive role models to their peers through activities such as mentoring, tutoring, virtual youth groups, and affinity groups. These programs could be physically housed at various locations throughout the county, such as public libraries,

Key Collaborators and Assets in Taking a Community-Based Approach to Youth Behavioral Health

Drug Free Cecil Youth Coalition
[Youth Empowerment Source \(YES\)](#), Elkton. They could be a powerful source for collaboration and possible expansion of services to more remote parts of the county.
Local schools county-wide
[Cecil County Mentors](#) (Elkton)
Churches and faith communities
Cecil County Public Library (North East)

⁹ Butler, N., Quigg, Z., Bates, R., Jones, L.M., Ashworth, E.L., Gowland, S., Jones, M. (2022). The contributing role of family, school, and peer supportive relationships in protecting the mental wellbeing of children and adolescents. *School Mental Health*, 22(14), 776-788. <https://doi.org/10.1007/s12310-022-09502-9>

church youth spaces, schools, or community organizations. The organization [MENTOR](#) offers free tools and resources to build mentorship programs, especially for at-risk youth.

Conduct a local stigma reduction outreach campaign. Engage local youth, especially those from under resourced groups and those with lived experience of mental illness, to build an outreach campaign aimed at opening communication and reducing stigma around mental illness and substance use. You may partner with local youth organizations, mental health providers, or schools. This campaign may be run through or in partnership with the Drug Free Cecil Youth organization, which already has an [Instagram page](#), or it could build on the County’s “Rewrite your Script” campaign. For instance, the county may sponsor a stipend-based, project-based learning experience—similar to an internship—with local youth who demonstrate an interest in behavioral health, marketing, or content creation. The county might also consider utilizing participants from a summer job program or school-year program to develop social media plans and content, program collateral, and web content. Research shows that anti-stigma campaigns work: An analysis¹⁰ of California’s Each Mind Matters and ReachOutHere outreach campaign found that exposure to anti-stigma messaging increased engagement with services. Cecil County can model its program after the We Think Twice campaign from the U.S. Department of Children and Families. A local [National Alliance on Mental Illness \(NAMI\) affiliate](#) may also support this.

Strategy: Engage the Whole Family

During our interviews, some informants described a perceived disconnect between the openness of local youth to mental health treatment and their parents’ and other adult caregivers’ willingness to engage. Family involvement has proven benefits for people with mental illness, leading to greater medication and treatment adherence, lower recurrences of symptoms, and better quality of life.¹¹ Known factors that increase the risk of SUD among youth include substance use in the home, family conflict, abuse, or neglect, and parental mental health challenges. Proven strategies to alleviate these risks include treating parental/caregiver SUD and mental health challenges and strengthening parent-child relationships and communications.¹²

Offer family peer supports. [Parent or family peer supports](#) provide hope, guidance, advocacy, and camaraderie for parents and caregivers of children and youth receiving services from mental health, substance use, and related service systems. These supports can help parents with guidance on navigating systems of care with their children and offer a place to make emotional connections and build hope with families going through the same things. Maryland Medicaid may cover certain family peer support programs. Peer support is an evidence-based practice proven to increase hopefulness and improve outcomes. (See SAMHSA [2020] [Medicaid Funding for Family and Youth Peer Support Programs in the United States](#).)

¹⁰ Collins, R.L., Wong, E.C., Breslau, J., Burnam, M.A., Cefalu, M., Roth, E. (2019). Social marketing of mental health treatment: California’s mental illness stigma reduction campaign. *America Journal of Public Health*, 109(53), 228–235. <https://doi.org/10.2105/AJPH.2019.305129>

¹¹ Tham, S.S., & Solomon, P. (2024). Family involvement in routine services for individuals with severe mental illness: Scoping review of barriers and strategies. *Psychiatric Services*, 75(10). <https://doi.org/10.1176/appi.ps.20230452>

¹² National Academy for State Health Policy. (2024). State Strategies for Preventing Substance Use and Overdose Among Youth and Adolescents. [Brief.] <https://nashp.org/state-strategies-for-preventing-substance-use-and-overdose-among-youth-and-adolescents/>

Address parents’ mental health and SUD needs to help their children. In the YRBS, Cecil County teens reported higher than state average rates of parents or guardians with severe depression, anxiety, other mental illness, or suicidality (31.6 percent vs. 23.2 percent) and significantly higher than average rates of parents with drug or alcohol problems (31.6 percent vs. 19.9 percent). There is an important link between parental and teen mental health. According to a 2023 Harvard University study, “depressed teens are about five times more likely than nondepressed teens to have a depressed parent, and anxious teens are about three times more likely than nonanxious teens to have an anxious parent.”¹³ Similar to the strategies in the SDOH section, the county should focus on addressing factors that may affect parents’ mental health and ensure they have access to reliable treatment. A creative and easy-to-implement idea may be a family health and resource fair hosted at a school, library, or provider parking lot, where families can learn about available resources in the community (e.g., SUD treatment, social services) in a low-stress setting while engaging in activities like games, free foods, and community-building with their children.

Strategy: Increase Prevention Programming

Prevention programming aims to address and reduce risk factors for substance use disorders while strengthening protective factors. Prevention is an important strategy for addressing the shortage of available providers, as it can help reduce the need for residential or inpatient treatment and lower the risk of engagement in risky behaviors.

Increase access to “warm lines” for local youth. A warm line is a free and confidential phone number where people can talk about their challenges with a supportive peer. A person does not need to be in crisis to call one; they serve as a “precrisis” [prevention strategy](#), offering support before someone reaches a crisis level. Maryland currently has only two active warm lines—one based in Anne Arundel County and another in Baltimore. The Department of Health may consider setting up a warm line with a local behavioral health or community organization. Information on how to do so can be found at [warmline.org](https://www.warmline.org).

Create suicide prevention strategy. In 2022/2023 more than 18 percent of Cecil County high school students report that they seriously considered suicide in the past month; among Hispanic/Latino students this number was over 22%.¹⁴ Safe and stable housing and financial security, protective environments, and healthy relationships are all known factors for reducing suicide risk. The county may consider partnering with the local school systems and the [Live for Thomas Foundation](#), building on the existing suicide prevention efforts, to create a comprehensive suicide prevention strategy for the county. This may be done in partnership with the Families and Communities Experiencing Suicide (FACES) group. The CDC provides [resources](#) for communities to establish suicide prevention programming. An important element of suicide prevention is training “gatekeepers”—individuals with the tools and training to help address suicide risk and crisis. For

¹³ Weissbourd, R., Baranova, M., Laski, M., McIntyre, J., Torres, E., & Balisciano, N. (2023, June). *Caring for the caregivers; The critical link between parent and teen mental health* [PDF]. Harvard Graduate School of Education. https://static1.squarespace.com/static/5b7c56e255b02c683659fe43/t/64ac08af6f3dc8123d9b3c45/1688996016873/Caring+for+the+Caregivers_final.pdf

¹⁴ CDC YRBSS *ibid*

peers, [teen Mental Health First Aid](#) is a well-established training program that can be offered in person or virtually, in schools or within the community.

Partner with education system on school-based interventions. Schools are often the first line in addressing mental health challenges among youth. Cecil County should consider creating community–school partnerships focused on prevention. These might include any of the following:

- **LifeSkills Training (LST):** A classroom-based prevention program that aims to reduce substance use among middle school students.
- **Project Toward No Drug Abuse:** A classroom-based preventive program in high schools that teaches students in late adolescence (ages 15 to 18) the importance of self-control, social skills, and decision-making to effectively deter substance use.
- **PROSPER (PROmoting School-Community-University Partnerships to Enhance Resilience):** A delivery-based system intervention model that leverages partnerships to support the implementation of evidence-based prevention programs, such as LST (described above).

The County may be able to receive [training and technical assistance](#) in suicide prevention through the [Maryland Action Plan to Prevent Suicide](#) in K-12 schools.

Strategy: Increase Access to Treatment and Recovery Supports Specifically for Youth

Youth are not just small adults; they have unique behavioral health needs and wants and respond best to services that are customized to their age.¹⁵ The following are some youth-specific approaches to treatment and recovery supports for young people.

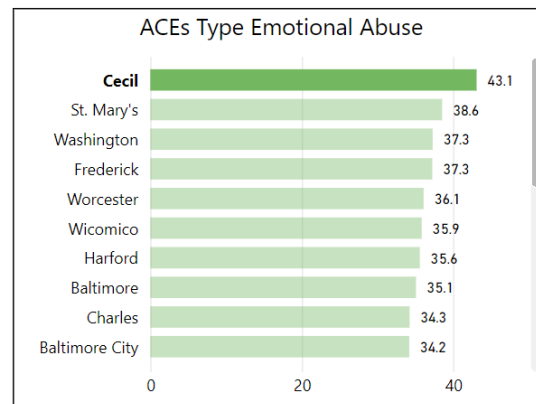
Establish a peer support program. Peer support has been shown to reduce ER admissions and readmissions, reduce inequities in service use, enhance functioning, and improve self-esteem and awareness of diagnosis, as well as decrease substance use and depression. Research by the Center for Law and Social Policy (CLASP) finds that youth prefer their peer support programs to be detached from the medical system and offered through community spaces. Resources for building capacity and infrastructure for peer programs include [Youth MOVE](#), a national peer support organization that supports the establishment of youth peer support programs, and CLASP’s report, [Giving the Young People What They Want: A Policy Framework for Youth Peer Support](#).

Offer trauma services tailored for youth in rural communities. Among adults in Cecil County, close to 34 percent report three or more ACEs, with the most common being emotional abuse, intimate partner violence, and sexual abuse. In fact, Cecil County had the highest reported rate of emotional abuse among all Maryland counties in the 2018 Maryland Department of Health’s Behavioral Risk Factor Surveillance System survey.¹⁶ Research shows that ACEs and trauma disproportionately affect rural children, and individuals who experience these adversities face an

¹⁵ Brocas, I. (2023, May 5). *Children are not little adults*. Psychology Today. <https://www.psychologytoday.com/us/blog/biology-development-and-behavior/202305/children-are-not-little-adults>

¹⁶ Maryland Governor’s Office of Crime Prevention and Policy. Adverse Childhood Experiences (ACEs) Dashboard. <https://gocpp.maryland.gov/data-dashboards/adverse-childhood-experiences/>

increased likelihood of risky behaviors.¹⁷ Providing trauma-informed services for youth is an important step in reducing this risk. In rural communities, healthcare providers can provide trauma-informed telehealth services, including trauma-focused cognitive behavioral therapy. Beyond the healthcare community, trauma-informed approaches can be expanded in settings such as schools, where poor academic outcomes can be improved, and [libraries](#), where informed customer service approaches can help staff in supporting youth who are at risk. An initiative designed to quickly create a prototype, titled [TREE](#) (Transforming Rural Experience In Education), began in 2018 with rural elementary schools and the state university and local college. This initiative used trauma-informed approaches and has been shown to improve the outcomes of the students while fostering a healthier working environment for the teachers and staff.



Source: ACES Dashboard

Increase telehealth access. Telehealth is a proven strategy for increasing access to behavioral health services. But often families lack the hardware or broadband internet needed to access these services. AHP recommends a two-pronged approach to this issue: first, the county can work with local providers to build their telehealth services to meet the needs of local adolescents. [Telehealth.HHS.gov/providers](https://telehealth.hhs.gov/providers) offers extensive tools for planning and implementing telehealth programs. Second, the county can seek grant funding to help equip families with the technology needed to engage in these services. [Lifeline](#) is a federal government program that helps eligible households pay for internet services and internet-connected devices.

Consider complementary and nature programming. Time spent outdoors has a protective effect on mental health. Cecil County may consider pursuing funding and initiatives to maximize outdoor spaces that provide youth with safe locations to connect in a healthy way with peers and mentors. Activities could include gardening, creating community events to clean up community spaces, and creating places where families want to spend time and promote the community. This expansion may be a natural fit with the local High School Prevention Clubs managed through [Youth Empowerment Source](#). Another possible strategy is to work with an organization to offer animal or equine therapy, helping kids connect with nature and animals. Many private insurance providers cover equine therapy, but the county may need to pursue grant funding for this service for people with public insurance.

¹⁷ Whiteside-Mansell, L., McKelvey, L., Saccente, J., Selig, J.P. (2019). Adverse childhood experiences of urban and rural preschool children in poverty. *International Journal of Environmental Research and Public Health*, 16(4), 2623. <https://doi.org/10.3390/ijerph16142623>

Community Based Approach to Youth (Initiative 1) Proposed Goals Timeline		
Short-term (3–6 months)	Medium (6 months–2 years)	Long-term (2–5 years)
Conduct youth focus groups and listening sessions. Establish a family peer support program.	Establish a Youth Advisory Council.	Create a comprehensive suicide prevention strategy.
	Build an anti-stigma youth outreach campaign.	
	Incorporate trauma-informed services tailored for youth in rural communities.	
	Pursue grant funding to cover the costs of technology needed to facilitate telehealth services.	

Resources for Planning and Implementing Youth Programming

Youth Development

- The Blueprints for Healthy Youth Development registry of evidence-based interventions: <https://www.blueprintsprograms.org/>
- *Building Community Supports for Young People in the Transition Years*: <https://www.pathwaysrtc.pdx.edu/pdf/projPTTP-Community-Support-Tip-Sheet.pdf>
- *A Framework for Effectively Partnering With Young People*: <https://www.aecf.org/resources/a-framework-for-effectively-partnering-with-young-people>
- The Search Institute, Developmental Assets Framework: <https://searchinstitute.org/resources-hub/developmental-assets-framework>
- World Health Organization (2023). *Global Accelerated Action for the Health of Adolescents (AA-HA!)* – Second edition: <https://www.who.int/publications/i/item/9789240081765>

Youth Mental Health and SUD

- *Protecting Youth Mental Health: The U.S. Surgeon General’s Advisory* (2021): <https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf>
- CLASP (2023). *Giving the Young People What They Want: A Policy Framework for Youth Peer Support*: https://www.clasp.org/wp-content/uploads/2023/07/2023.7.27_Youth-Peer-Support-Report.pdf
- *CDC Suicide Prevention Resource for Action*: <https://www.cdc.gov/suicide/pdf/preventionresource.pdf>
- Community-Led Suicide Prevention: <https://communitysuicideprevention.org/>
- Preventing Youth Suicide: <https://www.nasponline.org/resources-and-publications/resources-and-podcasts/school-safety-and-crisis/mental-health-resources/preventing-youth-suicide>

- Urban Institute (2018). Evidence-Based Interventions for Adolescent Opioid Use Disorder: https://www.urban.org/sites/default/files/publication/98990/evidence-based_interventions_for_adolescent_opioid_use_disorder_0.pdf

Social Media

- “Defining our Own Recovery: Strategic Sharing and Recovery Messaging for Young People”: <https://www.youtube.com/watch?v=Wi0KvDa4g3c>

Mentoring/Advisory Boards

- 8 Steps to Establishing a Thriving Youth Advisory Council: <https://nylc.org/8-steps-establish-thriving-youth-advisory-council/>
- Community Tool Box – Building Youth Mentoring Programs: <https://ctb.ku.edu/en/table-of-contents/implement/youth-mentoring/overview/main>

Trauma

- SAMHSA’s *Concept of Trauma and Guidance for a Trauma-Informed Approach*: https://ncsacw.acf.hhs.gov/userfiles/files/SAMHSA_Trauma.pdf
- *Trauma Toolkit*: <https://www.nea.org/sites/default/files/2020-07/MSEA-Trauma-Toolkit-for-Educators.pdf> (funded by Maryland State Education Association)
- *Meeting Students Where They Are: Trauma-Informed Approaches in Rural Schools* Maria Frankland: <https://files.eric.ed.gov/fulltext/EJ1315188.pdf>

Parents

- “Talk. They hear you.” product catalog: <https://www.samhsa.gov/talk-they-hear-you>

Initiative 2: Continuity of Care

There are identified gaps in the continuum of care for mental health and SUD in Cecil County, especially in transitions between levels of care. As a result, many community members leave the county to seek care, according to key informants. These can result in even more fragmented care as people come in and out of the county for various levels and types of service. The Health Department has articulated its goal to expand the capacity of the system to meet all needs and to continue developing an integrated recovery-oriented system of care. A recovery-oriented continuum can prevent mental health and SUD emergencies, provide intervention during crises, stabilize individuals in distress, and equip them with tools to mitigate future emergencies.¹⁸ AHP’s recommended strategies in this area focus on improving coordination and navigation within and across systems and building or maximizing the abilities of local providers to meet needs. The following strategies could complement the work the Health Department is already doing and help address provider shortages and gaps in the continuum.

¹⁸ National Association of Counties. (2022). *Promoting health and safety through behavioral health continuum of care*. <https://www.naco.org/resources/promoting-health-and-safety-through-behavioral-health-continuum-care>

Strategy: Establish Community-based Care Coordination.

The County's Local Behavioral Health Authority identifies care coordination services as one of its functions. AHP recommends that the Health Department expand this service to help strengthen the continuum and help individuals in navigating the behavioral health system. AHP received anecdotal accounts from informants about individuals, especially young people, released from hospitalization or Emergency Department with no connection to services, with some ending up on the streets or in hotels/motels. Peer support specialists,¹⁹ community health workers,²⁰ or other community-based supports can be invaluable resources in helping people access all needed supports and services.

Expand peer support services. ChristianaCare Union Hospital's bedside peer recovery support specialist program is a great asset to the community. Peer recovery support is an evidence-based practice that can help people manage chronic illnesses, including addiction and serious mental illness, gain hope, and reach their goals. Voices of Hope offers training, internships, exam preparation and supervision to qualified individuals to become [Maryland Peer Recovery Specialists \(CPRS\)](#) and may be a good partner in this endeavor. AHP recommends expanding peer support throughout the health and behavioral health system and leveraging peers' abilities to connect people to services and supports that are meaningful to them. The County may use resources or seek technical assistance from [SAMHSA's Peer Recovery Center of Excellence](#).

Use community health workers. Community health workers help people with complex medical and behavioral health needs in navigating the system of care. They serve as advocates and liaisons, helping address everything from scheduling appointments to acquiring transportation. The National Center for Frontier Communities has developed a care coordination model for community health workers in rural communities that may be a useful tool for the county to expand this service: [On the Front Lines of Health Equity: Community Health Workers](#). Certified CHWs in Maryland have a scope of work that includes "liaison to, link to, or intermediary between health and social services and the community to facilitate access to services and improve the quality and cultural competence of

Key Collaborators and Assets in Strengthening the Continuum of Care

West Cecil Health Center

ChristianaCare/Union Hospital

[Voices of Hope](#)

[On Our Own \(Cecil Branch\)](#)

Local primary care providers

[County behavioral health providers](#)

[Cecil County Wellness and Recovery Center](#)

[Community Behavioral Health Association of Maryland](#)

¹⁹ Storm, M., Fortuna, K.L., Brooks, J.M., & Bartels, S.J. (2020). Peer support in coordination of physical health and mental health services for people with lived experience of a serious mental illness. *Frontiers in Psychiatry*, 8(11), 365. <https://doi.org/10.3389/fpsy.2020.00365>

²⁰ Gunderson, J.M., Wieland, M.L., Quirindongo-Cedeno, O., Asiedu, G.B., Ridgeway, J.L., O'Brien, M.W., Nelson, T.M., Buzard, R., Campbell, C., & Njeru, J.W. (2018). Community health workers as an extension of care coordination in primary care: a community-based cosupervisory model. *The Journal of Ambulatory Care Management*, 41(4), 333–340. <https://doi.org/10.1097/jac.0000000000000255>

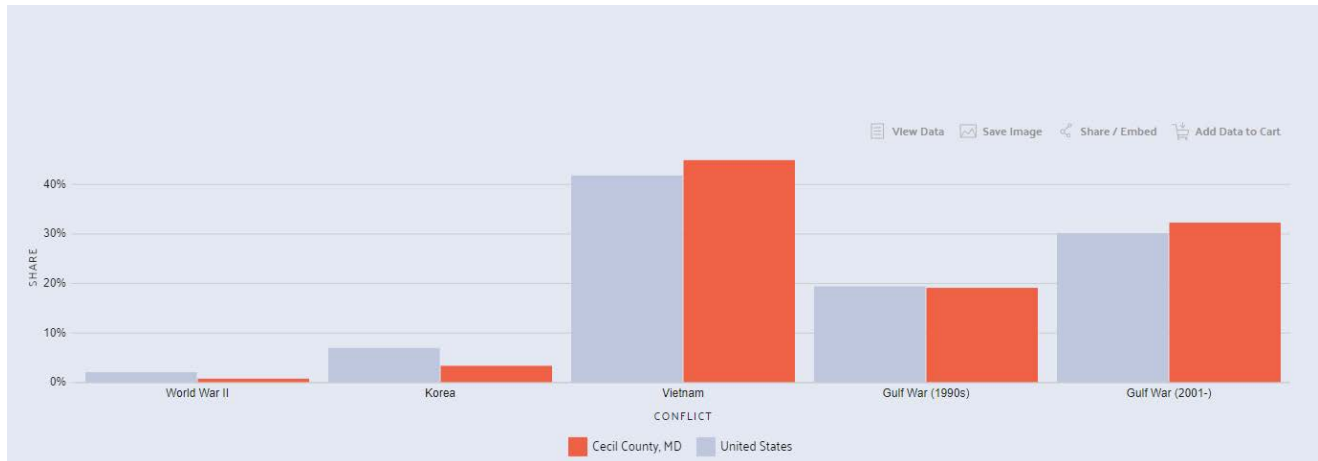
service delivery.” Cecil County may consider hiring a CHW into the Health Department to work alongside clinicians and program managers to serve these functions.

Increase targeted outreach to service members, veterans, and their families. Cecil County has a high proportion of veterans relative to the rest of the U.S., including more Vietnam War and second Gulf War veterans than the national average.²¹ Promoting a greater understanding of the needs of veterans and their families not only helps them but also supports those who interact with them, including healthcare providers, teachers, law enforcement, and representatives in the faith community. While the majority of Cecil County’s veterans population is over 55, impacts of their service can manifest decades after their service, and veterans are at increased risk during times of transition such as retirement or the death of a spouse. Over the past 20 years, services for veterans have grown dramatically in response to increased deployments following September 11. This wealth of resources can be overwhelming.

When considering the number of family members of veterans, an opportunity to connect service members, veterans, and their families to available services grows exponentially. A countywide initiative to encourage community organizations to implement an [“Ask the Question”](#) campaign, similar to one in New Hampshire, could be undertaken. For over a decade, New Hampshire has promoted an initiative where the question “Have you, or a family member, ever served in the military?” is asked by health and behavioral health organizations, as well as other diverse organizations, including higher education, aging and senior services, and legal and advocacy services. If the answer is yes, the service member, veteran, or family member can be connected to a broad array of resources that may have been previously overlooked. Representatives in the community have also recognized opportunities to intervene or support that may have gone unrecognized in the past. Collaboration with the Perry Point VA Medical Center may help address any SUD, mental health challenges, or homelessness/housing insecurity experienced by local veterans. Collaboration with the Perry Point VA Medical Center may help address any SUD, mental health challenges, or homelessness/housing insecurity experienced by local veterans.

²¹ U.S. Census Bureau, American Community Survey. <https://www.census.gov/programs-surveys/acs/data.html>. Graphic from DATA USA: <https://datausa.io/profile/geo/cecil-county-md?measureOccupations=wage>

Veterans in Cecil County



Strategy: Expand Telehealth

Virtual care for mental health has been shown to produce comparable results to in-person treatment.²² Additionally, telehealth is a well-known tool for increasing equitable access to care, especially for rural and underserved populations, and for reducing unnecessary use of emergency departments.²³ It also reduces stigma by allowing people to get mental health and SUD treatment in the privacy of their homes.²⁴ For these and other reasons, expanding telehealth would be a meaningful initiative for Cecil County. While there are a variety of ways to fund telehealth (i.e., most major insurers and Medicare/Medicaid cover telemedicine), the Health Resources and Services Administration (HRSA) provides more than \$38 million per year in telehealth grant funding to communities for planning, development, and implementation of programs. The Department of Health can monitor those opportunities at [HRSA Grants & Programs](#). The following are some activities that may help facilitate this expansion.

Support West Cecil Health Center in offering telebehavioral health. Almost 95 percent of community health centers offer some type of telemedicine, largely because of its effectiveness in combating geographic, economic, and logistical challenges for patients. Telebehavioral health, which includes services ranging from individual and group therapy to MAT, could help solve major issues with access to the FQHC identified in AHP's research (e.g., the inability to physically get there for care). There are extensive federal resources available to providers looking to expand telehealth services. These include the [HRSA Office for the Advancement of Telehealth \(OAT\)](#), which improves access to quality healthcare through integrated [telehealth](#) services. The [National](#)

²² Bulkes, N.Z., Davis, K., Kay, K., & Riemann, C. (2022). Comparing efficacy of telehealth to in-person mental health care in intensive-treatment-seeking adults. *Journal of Psychiatric Research*, (145), 347–352. <https://doi.org/10.1016/j.jpsychires.2021.11.003>

²³ Gajrawala, S.N., Pelkowski, J.N. (2021). Telehealth benefits and barriers. *The Journal for Nurse Practitioners*, 17(2), 218–221. <https://doi.org/10.1016/j.nurpra.2020.09.013>

²⁴ Couch, J.V., Whitcomb, M., Buchheit, B.M., Dorr, D.A., Malinoski, D.J., Korthuis, P.T., Ono, S.S., & Levander, X.A. (2024). Patient perceptions of and experiences with stigma using telehealth for opioid use disorder treatment; a qualitative analysis. *Harm Reduction Journal*, 21(1), 125. <https://doi.org/10.1186/s12954-024-01043-5>

[Association of Community Health Centers](#) also offers resources related to expanding telehealth, including templates for documentation and billing, toolkits, and training videos. The Mid-Atlantic Association of Community Health Centers may be able to support this process through [training and technical assistance](#).

Address technology access challenges. About 78 percent of Cecil County has high speed internet, according to Census Bureau data.²⁵ High-speed internet and access to connected devices are a requirement for many telehealth applications, but not all. There are some solutions for people without internet access or connected devices, often due to economic or geographic challenges. Maryland is one state that offers Medicaid reimbursement for “audio only” telehealth services, meaning phone-call-based care rather than web or app-based.²⁶ Additionally, individuals without internet access may be able to use telehealth applications from the local library’s computers. Finally, there are government grants and other underutilized programs aimed at increasing broadband access nationwide. The Federal Communication Commission’s [Broadband Equity, Access, and Deployment \(BEAD\) Program](#) provides \$42.45 billion to expand high-speed internet access through funding for planning, infrastructure deployment, and adoption programs in all U.S. states and territories. The U.S. Department of Commerce National Telecommunications and Information Administration’s [Internet for All](#) program aims to bring high-speed internet to every home in America. The [University of Maryland’s Broadband Navigator Map](#) is also a useful tool for understanding broadband access in your county.

Partner with other providers. One of the greatest advantages of telehealth is that it expands the provider universe far beyond where people can drive for care. Because ChristianaCare already offers telehealth services, they may be ready and willing to expand their telebehavioral health offerings, potentially through a model that accesses remote psychologists or counselors. Other providers in the county may also be willing or eager to participate.

Strategy: Integrate MH/SUD into Primary Care Systems

Integrated health care is a highly successful evidence-based model of care that combines behavioral health services with primary care. Integrated care can reduce challenges with access to prevention, treatment, and recovery services by bringing all required care into one location. Most people with behavioral health issues are diagnosed in a primary care setting.²⁷ Integrated behavioral health is proven to improve health and patient experience while reducing unnecessary costs in time, money, and delays. In a small, close-knit community, behavioral health services that are provided at the local health center can mitigate the stigma associated with seeking care for behavioral health needs. The Department of Health can work with local providers to integrate behavioral health into primary care and other settings (including dentistry) to help address access

²⁵ U.S. Census Bureau, 2022 Local Estimates of Internet Adoption (LEIA).

<https://www.census.gov/data/experimental-data-products/local-estimates-of-internet-adoption.html>

²⁶ According to the Board of Professional Counselors and Therapists and Social Workers Code: “Telehealth” includes from July 1, 2021, to June 30, 2025, both inclusive, an audio-only telephone conversation between a health care provider and a patient that results in the delivery of a billable, covered health care service.”

²⁷ Rotenstein, L.S., Edwards, S.T., Landon, B.E., (2023). Adult primary care physician visits increasingly address mental health concerns. *Health Affairs (Project Hope)*, 42(2), 163–171. <https://doi.org/10.1377/hlthaff.2022.00705>

issues seen in the county. ChristianaCare has a collaborative care model of integration, with counselors embedded in primary care, and could be a powerful partner and leader in expanding integration across other providers in the county.

Increase Screening. A quick, low-cost, and easy strategy to increase prevention services, recognize emerging risks, or identify opportunities to offer connections to services, in Cecil County is to ensure all primary care, family medicine, pediatric, and dentistry providers conduct screenings for mental illness, suicide risk, or SUD. The National Institute on Drug Abuse offers resources for how to do these screenings in clinical settings: [NIDA Screening for Substance Abuse](#). Screenings for suicide among special populations such as veterans ([Columbia-Suicide Severity Rating Scale \[C-SSRS\]](#)) or youth and adolescents ([Youth ASQ Toolkit](#)) can serve as important prevention tools. The Health Department may consider offering free training or resources to local providers on SBIRT and other screening methods and harm reduction. [The Agency for Healthcare Research and Quality \(AHRQ\) Integration Academy](#) has many resources to support this effort.

Integrate behavioral health treatment into primary care across the county. There are several models of integration that might work for Cecil County and its providers. These include the fully integrated model, where behavioral health and SUD providers are physically embedded into primary care offices, or the colocated or referral model, where offsite behavioral health providers serve the patients of a primary care or family medicine practice (a reasonable solution considering challenges with staffing). An important element of any integrated program is follow-through and connection to services for people who screen positive for SUD or mental health conditions. The Maryland Department of Health [Program Management Office](#) may be a resource in this endeavor. The county may be able to partner with a provider to receive grant funding for this project. For instance, HRSA recently offered a grant opportunity with funding up to \$350,000 per award for the Behavioral Health Integration Evidence-Based Telehealth Network Program (EB-TNP), which focused on integrating behavioral health services into primary care settings using telehealth technology through telehealth networks and evaluating the effectiveness of such integration. While this grant opportunity is now closed, other similar programs are likely to be available in the future.

Strategy: Leverage CCBHC Model

Certified Community Behavioral Health Clinics (CCBHCs) were created by the federal Excellence in Mental Health and Addiction Act²⁸ and are based on the Federally Qualified Health Center model, with a specific focus on behavioral health. They are required to offer 24/7 access to services for everyone, regardless of their ability to pay. CCBHCs and FQHCs share many common practices. AHP recommends that Cecil County consider working with the state to take steps to establish a CCBHC in the county or adopt some CCBHC-like programs and practices in the county. (The [National Association of Community Health Centers](#) has a great comparison tool to understand the difference.) Health Department may develop a case studies document on CCBHC successes and emerging data from communities—especially those with smaller and rural populations—that have data proof on the positive impacts of CCBHCs in other states. In the interim, the Health

²⁸ Statute: Excellence in Mental Health and Addiction Treat Act of 2021, U.S.C. § 2069 (2022)

Department may take some best practices from the CCBHC model to help fill gaps in the continuum.

Engage Maryland’s CCBHCs. Maryland legislature has mandated increased efforts regarding CCBHCs. Shephard Pratt in Baltimore may be a potential partner in bringing additional crisis stabilization, care coordination, case management, and other services to the residents of Cecil County. AHP suggests an outreach and strategic discussion to see where partnership may be built. (See for instance this Center for Health Care Strategies [Case Study](#) of an MOUD partnership between a FQHC and a CCBHC in Missouri.)

Explore improved access to residential care. The principles of the CCBHC model (24/7 access and crisis care) may help the county in addressing issues related to the lack of residential care. The Health Department may find some short-term solutions by working with peer-run organizations that have crisis stabilization housing. The [National Empowerment Center](#) is an organization run by people with lived experience, providing guidance on establishing peer-run programs, including peer respites, crisis alternative services, and peer-run warmlines. A peer organization may be willing to work together on a [Soteria House](#), an alternative to psychiatric hospitalization that offers a residential therapeutic community led by peers. The [Children’s Behavioral Health Coalition](#) is an advocacy group established by the Mental Health Association of Maryland. They have a successful track record of advocating for increased services, including funding for youth referred to residential treatment centers.

Continuity of Care (Initiative 2) Proposed Goals Timeline		
Short-term (3–6 months)	Medium (6 months–2 years)	Long-term (2–5 years)
Define community health worker roles. ⁱ	Expand peer support services and/or recruit and hire community health workers.	Increase telehealth resources within the community.
Promote telehealth resources that are available by phone.	Expand the use of screenings for SUD, mental illness, and suicide risk.	Establish a CCBHC.
Encourage West Cecil Health Center to utilize HRSA’s integrated behavioral health technical assistance resources that are available at no cost to Federally Qualified Health Centers.		Pursue funding for residential treatment services.

ⁱ Centers for Medicare & Medicaid Services. (2021, April). *On the front lines of health equity: community health workers* [PDF]. U.S. Department of Health and Human Services. <https://www.cms.gov/files/document/community-health-worker.pdf>

Success Story: Community Health Workers for Care Coordination

Launched in April of 2016, the Outer Cape (Cape Cod) Community Navigator program was designed to serve those in need who have been unable to connect with local social, behavioral, and substance abuse agencies. The Community Navigator program uses the [community health worker model](#) to train and deploy navigators who seek out referrals of potential clients through local service agencies. The navigators meet with willing clients in the community and initiate a conversation in order to connect them to the appropriate services and treatments. Their emphasis is on facilitation and coordination of services rather than a deep case management relationship, pointing clients to existing service providers and programs.

The Community Navigator program acts as the “glue” that helps clients access services in a coordinated fashion. Regular roundtable discussions connect area services that share the common goal of helping those who have fallen through the cracks. This program partners with numerous agencies to point clients to specific services. Funds for the Community Navigator program come from town and institutional grants.

Source: [Rural Health Information Hub](#)

Resources for Planning and Implementing Access Expansion Projects

Telemedicine

- The National Consortium of Telehealth Resource Centers (TRC) Providers: <https://telehealthresourcecenter.org/>
- The Mid-Atlantic TRC: <https://www.matrc.org/>
- The Agency for Healthcare Research and Quality Integration Academy: <https://integrationacademy.ahrq.gov/>

Prevention

- Center for Substance Abuse Prevention Strategic Prevention Framework for communities: <https://ctb.ku.edu/en/table-of-contents/overview/models-for-community-health-and-development/strategic-prevention-framework/main>

Integration

- AHRQ, Strategies for Integration Behavioral Health and Primary Care: <https://effectivehealthcare.ahrq.gov/products/strategies-integrating-behavioral-health/protocol>

System of Care

- The National Council, Trauma-Informed Recovery-Oriented System of Care Toolkit:
https://www.thenationalcouncil.org/wp-content/uploads/2022/02/IN-gov_TI-ROSC_Toolkit_Final_4.20.pdf

Initiative 3: Social Drivers of Health

SDOH are the conditions in which people live, work, and play that can significantly impact their mental and physical health. These include economic conditions, education systems, and community environments. SDOH contribute to [inequities](#) in healthcare access and quality, leading to worse physical and mental health outcomes and increasing the risk and prevalence of SUDs.²⁹ Key informants continually raised four major areas of concern regarding SDOH, which guide the recommendations in this strategy. These areas include lack of reliable transportation, homelessness/housing instability, economic hardship, and large disparities in access and care for certain populations, especially the LGBTQ+ community and individuals for whom English is not their first language. It is noteworthy that SDOH is an important area to lean into relationships with faith and ethnic community leaders among nondominant groups. The [Paris Foundation](#) in Elkton is a faith-led, nondenominational community Center that offers meals, clothing, personal care items, and a partnership with the police to offer emergency assistance to displaced persons. They could be an important partner and resource in addressing SDOH through a faith-oriented lens. The following recommended initiatives and activities will help Cecil County address some of the economic, housing, and equity issues contributing to poor mental health and substance use challenges in the community.

Key Collaborators and Assets in Addressing SDOH

[The Paris Foundation](#)

[Cecil Solidarity](#)

[Cecil County LGBTQ+ Alliance](#)

Voices of Hope

Cecil County Inter-Agency Council on Homelessness

[Meeting Ground](#)

[Cecil County Housing and Community Development](#)

[Maryland Office of Minority Health and Health Disparities](#)

[Maryland Affordable Housing Coalition](#)

[Maryland Balance of State Continuum of Care \(CoC\)](#)

Strategy: Improve Transportation

Transportation was one of the most frequently cited challenges to accessing mental health and substance use services in AHP's interviews with key informants. Key informants stated that transportation was unreliable and limited. While the county has some transportation resources and is actively expanding them, fixed bus routes are limited to the Route 40 corridor and often fail to meet the transportation needs of rural areas. Demand response transportation exists in Cecil County, but our key informants expressed varying degrees of awareness regarding this program.

²⁹ Delcher, C., Harris, D.R., Anthony, N., Stoops, W.W., Thompson, K., & Quesinberry, D. (2022). Substance use disorders and social determinants of health from electronic medical records obtained during Kentucky's "triple wave." *Pharmacology, Biochemistry, and Behavior*, (221). <https://doi.org/10.1016/j.pbb.2022.173495>

Transportation programs require additional funding, and we recommend that the county continues to utilize federal and state grants to expand transportation options. As these funds become available, the county should consider expanding transportation availability. The following activities could help the county solve some of the transportation challenges.

Increase awareness of available resources. Awareness of the demand response transportation program is limited, as the program is relatively new. Furthermore, while medical transportation is available, providers and stakeholders seemed to have varying degrees of knowledge about the limitations of the program. Web resources about the transportation options are also limited. The county could benefit from more regular transportation services and an outreach program to make people aware of existing resources.

Success Story: Transportation Innovation

In 2017, the Needham, Massachusetts, Community Council began supplementing its volunteer driver medical transportation program with trips provided through the ride-hailing company, Lyft. Lyft rides were funded through the Needham Community Council operating budget and a donation from a local hospital.

Post-COVID-19, the program began using Lyft drivers only, because of a lack of volunteer drivers and the insurance company's preference for Lyft drivers over volunteer drivers. In the first five months of 2022, the Council averaged 120 rides per month. Most trips are local, and the current average trip cost is just over \$11.

Once a month, the Council sends a letter to the rider with a survey, information about how much their trips cost, and an opportunity to donate. Riders with means often respond by donating back to the program. One of the notable findings from the survey was that over 60 percent of these riders would have cancelled their medical appointment if it wasn't for the Lyft ride. The council was able to use these data to persuade their hospital partner to increase the amount of funding they contribute to the program.

Originally targeted for medical rides, the program has expanded to include "transportation of last resort" for residents who have significant non-medical transportation needs, such as parent-teacher conferences, food pantry, and other emergency needs approved by the Council.

Source: [National Center for Mobility Management \(NCMM\)](#)

Expand services. Expanding transportation services provides additional support to better meet community needs by connecting community members to health, education, and employment resources. Offering additional supports to youth, such as discounted or free passes and including shuttle services to youth-focused resources and events, would help local young people get where they need to go. Finally, expanding demand response transportation could provide individuals with convenient transportation to rural parts of the county that are not served by existing bus routes.

Explore microtransit. There are additional opportunities to expand this demand response service, including hub-based microtransit. [Sacramento's Mobility Hubs](#) provide on-demand microtransit options from three hubs in that county. This model could be adapted using existing on-demand transportation infrastructure to provide increased access to county institutions. Mobility hubs for microtransit could be centered around important locations with increased transportation needs, allowing community members to access demand response transportation services around these mobility hubs. Additionally, population-targeted services, such as shuttle-based transportation for the unhoused population to access community resources, could help address other SDOH in the community.

Strategy: Expand Housing Opportunities

Cecil County has approximately [129 people homeless](#) on a given night, at a rate of 12.6 per 10,000, which is right around the state average. Informants reported a number of individuals and families also live in poverty or in insecure housing situations. Cecil County has some homeless and housing supports; these agencies are natural partners in expanding housing services. These include the [Mary Randall Day Center](#) and [Cecil County Men's Shelter](#), both offered through [Meeting Ground](#). The following are additional activities to address challenges with housing:

Increase access to affordable housing. Cecil County Housing & Community Development offers a variety of services and supports to families and individuals experiencing housing instability. They will be the most important partner in addressing housing challenges. Activities and initiatives that the Health Department may collaborate on with them include:

- **Service enriched housing:** Permanent, basic rental housing with social services available onsite or by referral, usually for families with low incomes, older adults, veterans, or people with disabilities.
- **Housing reparations programs:** Initiatives that apologize for discriminatory housing policies; increase subsidies, financing, and paths to homeownership for people of color; and invest in systematically disadvantaged neighborhoods. (See, for instance: [Poverty & Race Research Action Council's Racial Justice in Housing Finance: A Series on New Directions](#))
- **Debt and other housing counseling:** Offered through Department of Housing and Urban Development (HUD)-approved agencies, this counseling provides trained providers who can advise people on repaying overdue rent and increasing financial literacy. (This is a service currently offered by Cecil County Housing & Community Development.)
- **Legal support for tenants in eviction proceedings:** This provides legal representation for tenants with low incomes during eviction proceedings.
- **Housing Choice Voucher Program (Section 8):** This program provides eligible families with low and very low incomes with vouchers to help cover the costs of rental housing.
- **Inclusionary zoning and housing policies:** These policies require developers to reserve a proportion of housing units for residents with low incomes via mandatory requirements or incentives, such as density bonuses. (For example, see [Montgomery County's Moderately Priced Housing Program](#).)

- **Low-income housing tax credits (LIHTCs):** These provide funding through tax credits at the state and local level to support development and rehabilitation costs of low-income rental housing
- **Land banking:** The process of acquiring, holding, managing, and developing properties such as vacant lots, abandoned buildings, or foreclosures and transitioning them to productive uses, often as affordable housing developments. ([Cambridge, Maryland](#), was the first municipality in the state to establish a land bank and may be a resource for building this idea.)
- **HOME Investment Partnerships Program:** A federal program that provides grants to states and localities to fund activities that build, buy, or rehabilitate affordable housing for rent or homeownership or provide direct rental assistance to households with low incomes.
- **Housing Trust Fund:** This supports the creation or maintenance of affordable housing and assists home buyers with low incomes and nonprofit housing developers.
- **Community development Block Grants:** These provide funding for local community development activities such as affordable housing, antipoverty programs, and infrastructure development. (The [Cecil County Department of Community Services](#) manages this for the county.)
- **Community land trusts:** Programs that purchase the land a home is on to lease it to homeowners with low and middle incomes, requiring homeowners to sell the home back to the trust or to another resident with low income upon moving.
- **Tax increment financing (TIF) for affordable housing:** This creates designated tax districts that generate revenue to invest in affordable housing initiatives, blight remediation, and economic development efforts.
- **The low-income home energy assistance program:** This provides funds to households with low incomes to meet home energy needs, especially for households with children, older adults, or individuals with disabilities. (This service is managed through the Cecil County Department of Social Services.)
- **Rent regulation policies:** These establish tenant protections via regulations in the housing rental market, such as limits on rent increases and eviction protections for tenants with low incomes, typically through rent stabilization. (Cecil County Housing & Community Development works closely with landlords and should be consulted.)

Implement or expand homeless programming. Because of the relatively low number of individuals meeting the definition of “homeless,” the county may think about the best solution to meet as much of the need as possible. Cecil County would benefit from implementing two widely-used, evidence-based housing interventions to decrease homelessness and address issues at the intersection of mental illness and housing. The first is the [Housing First](#) approach to Permanent Supportive Housing. Housing First focuses on providing permanent housing to individuals regardless of where they are in their recovery. (Many other housing programs require people to be substance-free and/or in treatment for mental illness to be considered.) The belief (and evidence base) for Housing First is that housing is the foundation upon which people can pursue improvement in other aspects of their lives. Additional behavioral health and social services are available to people in Housing First programs but are not required. HUD offers extensive resources

on readiness and the establishment of [Housing First programming](#). The second approach that Cecil County should consider is rapid rehousing. Rapid rehousing is an evidence-based program that provides immediate access to housing and support (e.g., crisis intervention, needs assessment, case management), usually for individuals experiencing chronic homelessness or families with persistent mental illness or SUD. The National Alliance to End Homelessness has resources to help communities establish [rapid re-housing programs](#).

Strategy: Improve Access to Wholesome Food and Nutrition

Almost 15 percent of Cecil County teens reported in the YRBS that sometimes or often their family did not have enough food. In many rural areas, population density is not sufficient to support large grocery stores that carry a wide variety of wholesome foods at affordable prices. A lack of reliable transportation can also be an impediment. Consequently, rural communities often report higher rates of chronic health conditions, including behavioral health issues. The following strategies can help improve access to healthy food and nutrition for the county's residents.

Use proven rural food and nutrition strategies. Rural communities have used various strategies to increase access to healthy and affordable food. Some examples include:

- Special financing for food retailers offered through state programs that encourage businesses to serve rural communities.
- Cooperative grocery stores, which can often operate at lower costs than traditional businesses.
- Farmers markets that can help small local farmers financially. Health centers have hosted farmers markets and used mobile vans to increase access to fresh foods.
- Community-supported agriculture programs that offer residents the opportunity to commit to purchasing part of a local farmer's crop, providing investment capital at the beginning of the year in exchange for a fresh supply of produce.
- Farm-to-school initiatives that help local farmers sell fresh produce directly to students and teachers while also offering nutritional health education.
- Food pantries and direct assistance that increase access to nutritious food for families with low incomes and help connect them with other social services, including the Supplemental Nutrition Assistance Program.

Partner with the faith and social services communities. Churches are often at the forefront of addressing hunger in small towns. Cecil County has many religious organizations—according to one [online list](#), there are more than 100 churches across the county. The Health Department may consider connecting with those that offer food and meal services and possibly partnering with them to address other SDOH as well.

Strategy: Address Disparities in Underserved Populations

Informants noted that there are wide disparities in service utilization and community experiences among individuals from underserved minorities, including LGBTQ+ individuals, immigrants, and people who don't speak English. Almost 29 percent of Cecil County high school students who responded the YBRSS noted that they had been treated badly or unfairly at school because of their

race; 80 percent of these respondents were a race other than white. And data from the [Wilmington Area Planning Council \(WILMAPCO\)](#) found parts of Cecil County, including Elkton, North East, and Perryville as high risk for public health concern as a result of social factors, including “higher unemployment rates, have shorter householder tenure, and are in a food desert.”³⁰ The following activities will help the county better understand the needs of these communities and increase health equity among these populations.

Increase the collection and use of race, ethnicity, and language preference data. AHP recommends that the Health Department encourage providers to begin using tools like the Protocol for Responding to & Assessing Patients’ Assets, Risks & Experiences (<https://prapare.org/the-prapare-screening-tool/>) screening to learn more about certain populations in the county. The county should look at how healthcare disparities affect the mental and physical health of these individuals and understand what the data reveal about differences in health outcomes for vulnerable and underserved communities. The Health Department may also determine what demographic data is already being collected by other providers. Once the data is clear, the county may develop health equity-oriented action plans to address these disparities. (For instance, see the Blue Cross Blue Shield [Health Equity Action Plan Toolkit](#).) The [Baltimore County SDOH Data Library](#) may be a tool that Cecil County could replicate.

Increase cultural competency and diversity. Improving cultural and linguistic competency is key to effectively meeting the needs of clients from diverse backgrounds. The Health Department should consider offering free training to providers from across the county. The U.S. Department of Health and Human Services’ [Improving Cultural Competency for Behavioral Health Professionals](#) training program is a great option. Systems of care should reflect the people they serve. As such, the county should work with providers to increase diversity at the leadership and governance levels of their organizations, committing resources to listen, train, and implement policies and practices that establish equity as a standard practice. The county should support a sustainable and equitable ecosystem of health care within the community.

Success Story: Funding for SDOH

[Cornerstone Montgomery](#), a Certified Community Behavioral Health Clinic (CCBHC) located in Rockville, received a temporary grant to develop its capacity to be a CCBHC. The organization invested in translation technology. It has now delivered over 16,000 minutes of translation in 21 languages. This funding has allowed Cornerstone Montgomery to expand the translation services from 904 to almost 15,000 annually.

Source: [Community Behavioral Health Association of Maryland](#)

³⁰ WILMAPCO (2019). WILMAPCO Data Report: Social Determinants of Health. http://www.wilmapco.org/data/SDOH_Data_Report.pdf

Social Drivers of Health (Initiative 3) Proposed Goals Timeline

Short-term (3–6 months)	Medium (6 months–2 years)	Long-term (2–5 years)
Update website information about available transportation services and share information broadly across social media.	Translate resources into other languages and develop a dissemination plan to outreach into non-English-speaking communities.	Partner with local farmers to establish a community-supported nutrition program.
Repurpose the multimedia materials from the Maryland Office of Overdose Response	Increase partnerships with faith-based organizations.	Identify grant funding to expand transportation resources, such as shuttle-based services.
Launch an initiative to encourage the use of a screening tool to identify risks related to social drivers, such as the PRAPARE tool.	Explore alternative transportation models that can be adapted to better meet the needs of Cecil County residents.	Explore implementing a Housing First Model and rapid rehousing for the unhoused individuals in Cecil County.

Resources for Planning and Implementing SDOH Programming

- Maryland Office of Minority Health and Health Disparities: <https://health.maryland.gov/mhhd/Pages/home.aspx>
- HHS Healthy People 2030 framework: <https://health.gov/healthypeople/priority-areas/social-determinants-health>
- HRSA Office of Health Equity: <https://www.hrsa.gov/about/organization/bureaus/ohe>
- NACHC's PRAPARE website: <https://prapare.org/>
- NACHC's Knowledge and Resource Center: <https://prapare.org/knowledge-center/>

Housing

- U.S. Department of Housing and Urban Development (HUD) Center for Community Progress: *Land Banking 101 Toolkit*: <https://files.hudexchange.info/resources/documents/LandBankingBasics.pdf>
- National Alliance to End Homelessness *Rapid Rehousing Toolkit*: <https://endhomelessness.org/resource/rapid-re-housing-toolkit/>
- SAMHSA *Permanent Supportive Housing Evidence-Based Practices (EBP KIT)*: <https://store.samhsa.gov/product/permanent-supportive-housing-evidence-based-practices-ebp-kit/sma10-4509>
- HUD *Increasing the Supply of New Affordable Housing Toolkit*: <https://www.hudexchange.info/resource/6869/increasing-the-supply-of-new-affordable-housing-a-primer/>

Food and Nutrition Resources

- Rural Health Information Hub: Rural Hunger and Access to Healthy Food:
<https://www.ruralhealthinfo.org/topics/food-and-hunger>
- Strategies to Prevent Obesity and Other Chronic Diseases: The CDC Guide to Strategies to Increase the Consumption of Fruits and Vegetables:
<https://www.cdc.gov/nutrition/media/pdfs/strategies-fruits-and-vegetables-508.pdf>
- CDC Strategies for Fruit and Vegetable Voucher Incentives and Produce Prescriptions:
<https://www.cdc.gov/nutrition/php/public-health-strategy/voucher-incentives-produce-prescriptions.html>

Provider/Community Trainings

- U.S. Department of Health and Human Services, Improving Cultural Competency for Behavioral Health Professionals: <https://thinkculturalhealth.hhs.gov/education/behavioral-health>
- CDC Foundations for Health Equity Training Plan: <https://www.cdc.gov/health-equity/events/foundationstraining.html>

Initiative 4: Workforce

The U.S. is in the midst of a behavioral health workforce crisis. HRSA has found a growing shortage of professionals, including addiction counselors, child and family social workers, mental health and SUD social workers, mental health counselors, and more.³¹ Cecil County is designated as a HPSA by HRSA. While Cecil County has put a lot of effort into growing the workforce, like most parts of the country, there are not enough providers to meet the needs of its residents. The area has a hard time recruiting and retaining mental health and SUD workers due to low wages (e.g., they can earn more over the line in Delaware) and a weak pipeline of new behavioral health workers in the area. As such, AHP's recommendations focus on both creating and retaining behavioral health workers in Cecil County, as well as supporting the employment of local residents, regardless of their job type, to reduce poverty and related mental health challenges, and to raise the profile of Cecil County as a desirable place to work and live. The following recommended initiatives and activities will help Cecil County address workforce challenges.

Strategy: Grow the Local Pipeline

Cecil County can focus on a few pipeline strategies to build interest in and exploration of behavioral health careers among younger residents. A robust pipeline strategy should start with young students and consider filling roles from unlicensed support staff to providers. (The California Health Workforce Initiative has a [helpful graphic](#) of all of the levels at which individuals can train to become members of the behavioral health workforce.)

³¹ National Center for Health Workforce Analysis. (2023, December). *Behavioral health workforce, 2023* [PDF]. Health Resources and Services Administration.
https://www.google.com/search?q=hrsa&rlz=1C1ONGR_enUS1056US1056&oq=hrsa+++&gs_lcrp=EgZjaHJvbWUyBggAEEUYOTIICA EQRRgnGDsyDQgCEAAYkQIYgAQYgUyBggDEEUYOzINCAQQABiRAhiABBiKBTIMCAUQABhDGIAGIoFMg0IBhAAGIMBGLDGIEMgYIBxBFGDzSAQg0ODUzajBqOagCALACAAQ&sourceid=chrome&ie=UTF-8

Collaborate with local schools and training programs. The County should partner with educational providers and programs at the high school and community college levels to create behavioral health and related programming. These two stakeholders may work together to create career pathways and lattices that allow interested students and entry-level staff to identify opportunities for job and professional development. For instance, Cecil College may consider adding behavioral health programs to its Healthcare Careers programming (such as recovery coach, community paramedic, peer support specialist, community health worker, or community paramedic). Cecil’s technical high school may also be a powerful partner in this endeavor, as the school currently offers CNA/GNA and medical assisting programs. The County may work with them to create a program for community health workers. The Health Department may reach out to the local workforce board and career centers to discuss developing a behavioral health or substance use apprenticeship program. (See the [Health Care Apprenticeship Consortium](#) for strategies on behavioral health technician, peer counselor, and SUD professional apprenticeships.)

Introduce behavioral health careers to local students. ChristianaCare offers a “[Camp Scrubs](#)” program that allows local students to learn more about healthcare careers. They may consider adding features focused on behavioral health to this already popular program. Additionally, local mental health or SUD providers may consider visiting schools for career day and engaging in high school career fairs to build interest and awareness of these jobs.

Strategy: Maximize Existing Available Workforce

A useful workforce development strategy is to assess the entire existing workforce and look for opportunities to grow or transfer skills to areas of need, maximizing the satisfaction and commitment of those already in the field.

Support employers in workforce efforts. The Health Department may work with the Office of Economic Development or a consultant to offer training and technical assistance to local providers around issues such as recruitment and retention, employee satisfaction, and other programming to obtain and retain workers. The Health Department, or county government as a whole, may consider advocating at the state level on certain behavioral health workforce issues, such as cross-state licensure or reimbursement rates. The county may also work with the Chamber of Commerce or Office of Economic Development to promote Cecil County as an attractive place to live, based on its cost of living, proximity to Baltimore and Philadelphia, and natural beauty.

Enable non-behavioral health providers to become more behavioral health-savvy. The Health Department can help fill critical gaps in knowledge and expertise around mental health and SUD by

Key Collaborators and Assets for Workforce Development

[Susquehanna Workforce Center](#)

Local school system

[Cecil County School of Technology](#)

[Cecil College](#)

[Cecil County Chamber of Commerce](#)

[Cecil County Office of Economic Development](#)

ChristianaCare

Cecil County Public Library

working with local providers to offer behavioral health training to nonbehavioral health clinical staff (e.g., PCPs, family medicine specialists, pediatricians, nurses, medical assistants, etc.). This might include expanding the county's free training on Mental Health First Aid, SUD screening and intervention, trauma-informed care, and more. ChristianaCare or West Cecil Health Center may consider offering quick and easy microcredential programs through community colleges or independent training programs to upskill nurses (LPNs, LVNs, RNs) and mid-level practitioners (PAs, NPs) in behavioral health and SUD specialties. Helpful resources might include the [Association for Multidisciplinary Education and Research in Substance use and Addiction](#) and other statewide programs to increase knowledge about behavioral health and SUD in other fields, such as nursing, emergency medical technician, school counselor, business administration, and criminal justice.

Recruit diverse individuals from within the community. Diversity challenges were identified as an issue in the county, notably that there is an increasingly diverse population and providers are not knowledgeable about these cultures and languages. Research shows that people want to be served by providers who look like them and share similar life and cultural experiences.³² Health equity is intersectional; most people belong to and identify with more than one community, which often have overlapping and sometimes contrasting strengths, needs, norms, beliefs, and practices. The more diversity in the workforce, the better it will be able to meet the needs and improve the health of the many different communities in the county. As such, the Health Department may look at ways to recruit from underserved populations to join the mental health and SUD workforce. This might include partnering with cultural organizations to hold job fairs or creating a scholarship program, possibly with a local or national foundation or charity, aimed at bringing students from underrepresented populations into behavioral health training programs, such as the SAMHSA [Minority Fellowship Program](#). Additionally, during our research, AHP learned that some clients are unwilling to work with providers from diverse backgrounds. Training staff in cultural diversity and cultural humility is essential for combating this issue. Organizational policies that promote civility and safety can reduce hostile behavior directed against providers. (More information on this topic can be found in the SDOH section of the recommendations.)

Strategy: Promote Behavioral Health Careers in Cecil County

Use federal and state programs to bring or keep workers in Cecil County. There are several federal and state-funded workforce programs that Cecil County may leverage to attract and retain workers for area providers. The [National Health Service Corps](#) and [Nurse Corps](#) scholarship and loan repayment programs, as well as [rural residency training programs](#), focus on health workforce in rural America. (The state of Maryland recognizes Cecil as a [rural county](#).) The HRSA-funded [National Forum of State Nursing Workforce Centers](#) can help with nursing shortage issues specifically, while the [Health Workforce Technical Assistance Center](#) provides a lot of useful research studies and data related to health workforce development. The state of Maryland's [Career](#)

³² Stanford, F.C. (2020). The importance of diversity and inclusion in the healthcare workforce. *Journal of the National Medical Association*, 112(3), 247–249. <https://doi.org/10.1016/j.jnma.2020.03.014>

[Pathways](#) program offers grants for workforce demonstration projects, which may be a funding opportunity for Cecil County’s workforce development efforts.

Reduce stigma and promote behavioral health careers. People interested in the helping professions, such as nursing, teaching, community policing, or emergency response, may also be interested in behavioral health careers. The county or local providers may consider having a booth at job fairs or other events to promote how these professions contribute to addressing the opioid epidemic and the social consequences of untreated mental illness and addiction. The Health Department may also consider targeted outreach toward individuals who are already in training or working in related jobs, such as nurses, physicians, psychologists, social workers, counselors, and support staff. People may respond to the value of behavioral health jobs as an opportunity to make a life-saving and meaningful contribution to an urgent national crisis of addiction and untreated mental illness.

Strategy: Address Economic Challenges Through Local Jobs Development

Employment is one of the best predictors of positive outcomes for people with mental health and substance use conditions.³³ Work gives people purpose and community and enables them to maintain housing, buy nutritious food, and care of themselves and their families. Cecil County has a slightly higher unemployment rate than the rest of the state: 3.5 percent as of July 2024, as compared to a statewide rate of 2.8 percent.³⁴ AHP encourages the Department of Health to look at the overall county workforce as a measure of the health of the community and a way to reduce risk factors for SUD and mental illness, as well as reduce adverse childhood events for local children. These activities focus on helping all members of the county maintain gainful employment for the good of the community.

Create supportive work environments. The county may work with local business leaders through the Chamber of Commerce or Office of Economic Development to create work environments that support the mental and physical health of their workers. Initiatives that are proven to support workers include the following:

- **Labor unions:** Organize workers to bargain collectively for improved wages, benefits, and working conditions. (According to informants, ChistianaCare was just unionized.)
- **Paid sick leave laws:** Require employers in an affected jurisdiction to provide paid time off for employees to use when ill or injured.
- **Paid family leave:** Provide employees with paid time off for circumstances such as a recent birth or adoption, a parent or spouse with a serious medical condition, or a sick child.
- **Telecommuting:** Allow employees to work outside a central office, using technology to interact with others inside and outside the organization.

³³ Laudet, A.B. (2012). Rate of predictors of employment among formerly polysubstance dependent urban individuals in recovery. *Journal of Addictive Diseases*, 3, 288–302. <https://doi.org/10.1080/10550887.2012.694604>

³⁴ Trading Economics. Unemployment Rate in Maryland: [Unemployment Rate in Maryland - 2024 Data 2025 Forecast 1976 Historical \(tradingeconomics.com\)](https://tradingeconomics.com/united-states/unemployment-rate-in-cecil-county-md-percent-m-nsa-fed-data.html); Unemployment Rate in Cecil County. <https://tradingeconomics.com/united-states/unemployment-rate-in-cecil-county-md-percent-m-nsa-fed-data.html>

- **Job-sharing programs:** Offer flexible working arrangements, allowing the duties of a single full-time position to be covered by two part-time employees.
- **Employee assistance programs:** Provide confidential worksite-based counseling and referrals to employees to address personal and workplace challenges.
- **Flexible scheduling:** Offer employees control over an aspect of their schedule through arrangements such as flex time, flex hours, compressed work weeks, or self-scheduled shift work.
- **Onsite childcare:** Provide employees with childcare options at work; care may be provided free of charge, partially subsidized as part of an employee benefit package, or offered at market rates.

Increase worker employability. There are several evidence-based and emerging practices aimed at helping people with barriers to employment get and keep jobs. Many are outlined here; the county may also consider working with the Susquehanna Workforce Center in Elkton on some of these initiatives.

- **Transitional and subsidized jobs:** Time-limited, subsidized paid jobs that help individuals with barriers to employment transition to unsubsidized employment.
- **Adult vocational training:** Supports job-specific skills through education, certification programs, or on-the-job training, often with personal development resources and other supports.
- **Sector-based workforce initiatives:** Provide industry-focused education and job training based on the needs of regional employers within specific sectors. (The workforce center would be a partner in this effort.)
- **High school equivalency credentials:** Help individuals without a high school diploma or its equivalent achieve a high school equivalency credential (e.g., [GED test prep](#) available at Cecil College).
- **Career pathways programs:** Provide occupation-specific training for individuals with low skills in high-growth industries, including education and supports, usually with stackable credentials and work experience opportunities. (See the Maryland Department of Labor [Career Pathways Program](#) for more information.)
- **Bridge programs for hard-to-employ adults:** Provide basic skills (e.g., reading, math, writing, English language, or soft skills) and industry-specific training with other supports.
- **Certificates of employability:** Prove that individuals with criminal convictions have met prespecified standards of rehabilitation.

Encourage employers to be recovery-ready workplaces. Recovery-ready workplaces are employers dedicated to supporting their workers through treatment and recovery from SUD. The federal government, nonfederal public sector, and the private sector can all establish recovery-ready workplaces. The Health Department may consider leading a recovery-ready workplace initiative for the county. The U.S. Department of Labor has many resources for launching these programs, such as the [Recovery-Ready Workplace Toolkit](#).

Workforce (Initiative 4) Proposed Goals Timeline		
Short-term (3–6 months)	Medium (6 months–2 years)	Long-term (2–5 years)
Partner with education providers and programs at the high school and community college levels to create behavioral health and related programming.	Offer behavioral health trainings to interested individuals from the community who are not behavioral health providers.	Establish a campaign in conjunction with the Chamber of Commerce or Office of Economic Development to promote Cecil County as an attractive place to live.
Work with schools to highlight the benefits of behavioral health careers.	Launch a series of job fairs with cultural organizations to encourage students from underrepresented populations to consider behavioral health training programs.	Explore potential resources to create a scholarship program that will encourage individuals from diverse backgrounds to pursue an education in health care or behavioral health care.
Host booths at job fairs and promote on social media the contributions of behavioral health professionals in addressing the opioid epidemic and the social consequences of untreated mental illness and addiction.	Promote strategies for supportive work environments.	Develop an action plan to support people in recovery who are returning to the workforce and their employers.

Resources for Planning and Implementing Behavioral Health Workforce Growth in Cecil County

- Maryland Department of Labor, [Career Pathways Connections for Adult Learners: Moving the Needle on Service Integration](#)
- Maryland Office of Workforce Development
- [Pathways to Work, Evidence Clearinghouse](#)
- State Governor’s Association [State Health Workforce Toolkit](#)
- [Recovery-Ready Workplace Resource Hub](#)

Loan repayment or support programs

- HRSA [National Health Service Corps Scholarships](#)
- [National Rural Health Association Fellowships](#)

[Maryland Loan Repayment Programs \(MLRP\)](#)

Appendix

Data Sources

U.S. Census Bureau. Cecil County Maryland.

https://data.census.gov/profile/Cecil_County,_Maryland?g=050XX00US24015

Major findings:

- 14.1 percent of the Cecil County population has a disability compared with 11.9 percent of the Maryland population has a disability.
- 43.8 percent of the Maryland population has a bachelor's degree or higher, while only 29 percent of the Cecil County population has a bachelor's degree or higher.
- 76.6 percent of the Cecil County population own a home, while 67.7 percent of the Maryland population own a home.
- 10.3 percent of the Cecil County population lives in poverty, while 9.5 percent of the Maryland population lives in poverty.
- 2.2 percent of the Cecil County population does not have healthcare coverage, while 6.1 percent of the Maryland population does not have healthcare coverage.
- 60.3 percent of the Cecil County population is employed.
- Median household income in Cecil County is \$90,762, while Maryland's median household income is \$98,678.
- 21.5 percent of households in Cecil County speak a language other than English at home.

Robert Wood Johnson County Health Rankings. [2024 National Findings Report County Health Rankings and Roadmaps](#)

County health rankings compiled and published by the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.

Major findings:

Cecil County is considered metropolitan based on the criteria “intersecting an urban core area of 50,000 or more population.” However, around half (48.3 percent) of the population lives in a low-density area, defined as having “less than 2,000 housing units and less than 5,000 people.” As of 2024, the population in this county is 104,942, making up 1.7 percent of the population of Maryland (6,164,660).

- In terms of health outcomes and health factors, the county fares worse in both categories compared with other Maryland counties, but has similar outcomes and factors to the national average. Health outcomes include length of life and quality of life. There are additional health outcomes not included in the summary, such as life expectancy, where

Cecil County fares worse (74.2 years) than the Maryland average (78 years) and the national average (77.6 years).

- Additional health outcomes where Cecil County is comparable both nationally and across Maryland include child mortality, infant mortality, and diabetes prevalence.
- Cecil County also fares worse in additional health outcome categories such as frequent physical distress, frequent mental distress, and premature age-adjusted mortality, but fares better in lower HIV prevalence at both the state and national levels.
- Health factors include health behaviors, clinical care, social and economic factors, and the physical environment. Each of these categories includes additional data not included in the summary, such as food insecurity, insufficient sleep, limited access to healthy foods, drug overdose deaths, voter turnout, suicides, and more. In all the previously listed categories that included additional data but were not part of the summary, Cecil County fared worse than state and national averages, particularly in drug overdose deaths, with Cecil County having almost double the state rate and over three times the national rate.

The majority of the data presented below was used between 2021 and 2023:

- **Premature death:** “In Cecil County, Maryland, 11,100 years of life were lost to deaths of people under age 75, per 100,000 people.” Since around 2013, Cecil County has been doing worse in this category.
- **Health status:** 15 percent of adults reported that they consider themselves in fair or poor health, which is slightly higher than the state and national averages.
- **Physical health:** Adults reported that their physical health was not good on 3.6 of the previous 30 days, which is higher than the state and national averages.
- **Mental health:** Adults reported that their mental health was not good on 5.5 of the previous 30 days, which is higher than the state and national averages.
- **Low birth weights:** 8 percent of babies had low birth weights (under 5 pounds, 8 ounces), matching the national average and lower than the state average.
- **Life expectancy:** The average life expectancy was 74.2 years, which is lower than both the national and state averages.
- **Disaggregation data:** Non-Hispanic Black individuals have a lower average life expectancy than both Hispanic and non-Hispanic White individuals.
- **Mortality rates:** There were 510 deaths per 100,000 people aged 75 or younger, which is higher than the state and national averages, with disaggregated data showing that non-Hispanic Black individuals fare worse than Hispanic and non-Hispanic White individuals.
- **Poor physical health:** 11 percent of adults reported experiencing poor physical health for 14 or more of the last 30 days, which is higher than the state and national averages.
- **Poor mental health:** 17 percent of adults reported experiencing poor mental health for 14 or more of the last 30 days, which is slightly higher than the state and national averages.

- **Cigarette smoking:** 18 percent of adults are current cigarette smokers, which is higher than both the state and national averages.
- **Obesity rates:** 36 percent of adults had a BMI of 30 or greater, which is 2 percent higher than the state and national average of 34 percent.
- **Food environment index:** Cecil County scored 7.8 out of a possible 10 on the food environment index, which includes access to healthy foods and food insecurity. The national average was 7.7, which is lower than the state average, but .1 percent higher than the national average. This index is scored from 0 to 10, with 10 being the best and indicating a healthy environment.
- **Physical activity:** 25 percent of adults reported participating in no physical activity outside of work, which is slightly higher than the state and national averages.
- **Access to parks:** 74 percent of people lived close to a park or recreation facility, which is significantly lower than both the state average and the national average.
- **Binge drinking:** 17 percent of adults reported binge or heavy drinking, which is slightly higher than the state average and 1 percent lower than the national average.
- **STI measures:** STI measures were not available.
- **Drug overdose deaths:** There were 84 drug overdose deaths per 100,000 people, which is almost double the state and over three times the national average.
- **Primary care providers:** There was one primary care provider other than a physician per 1,640 people registered in Cecil County, Maryland. This includes nurse practitioners (NPs), physician assistants (PAs), and clinical nurse specialists who can provide routine and preventive care, which is a far higher ratio than the state and national averages. The state ratio is 730:1 and the national ratio is 760:1.

USA FACTS (2010–2022): [Our Changing Population: Cecil County, Maryland](#)

USAFacts is a not-for-profit, nonpartisan civic initiative making government data easy for all.

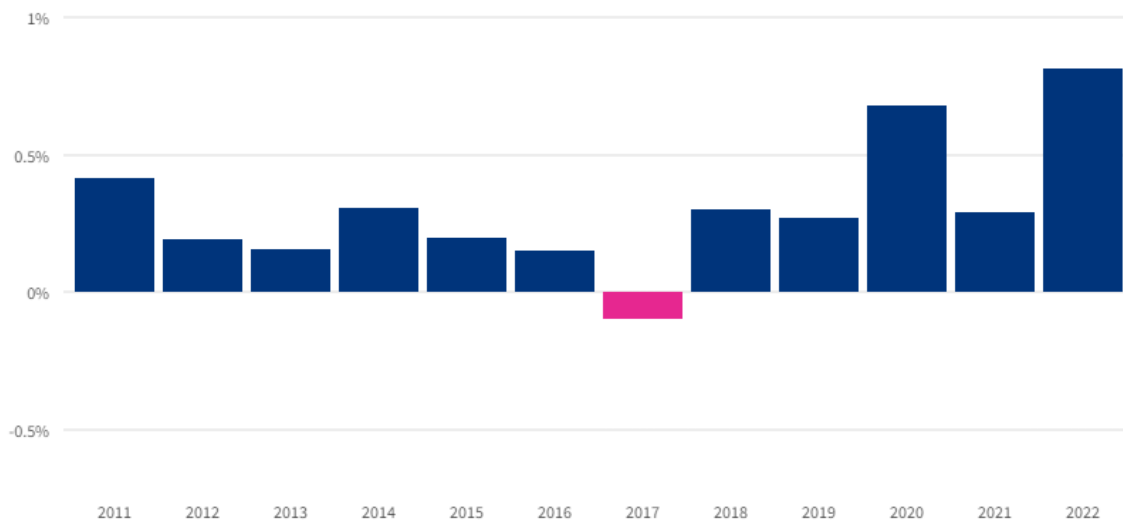
Major findings

This data reveals that although the population of Cecil County, Maryland, is growing at a slower rate than both the United States and Maryland populations, it has become more ethnically and racially diverse. It is important for the county to provide adequate services for people with ethnically diverse backgrounds and those who speak multiple languages, especially Hispanics. Part of the county's strategy to strengthen behavioral health services and to cater to the needs of people with SUDs should involve planning specific strategies to engage minority populations, especially those who identify as Hispanic.

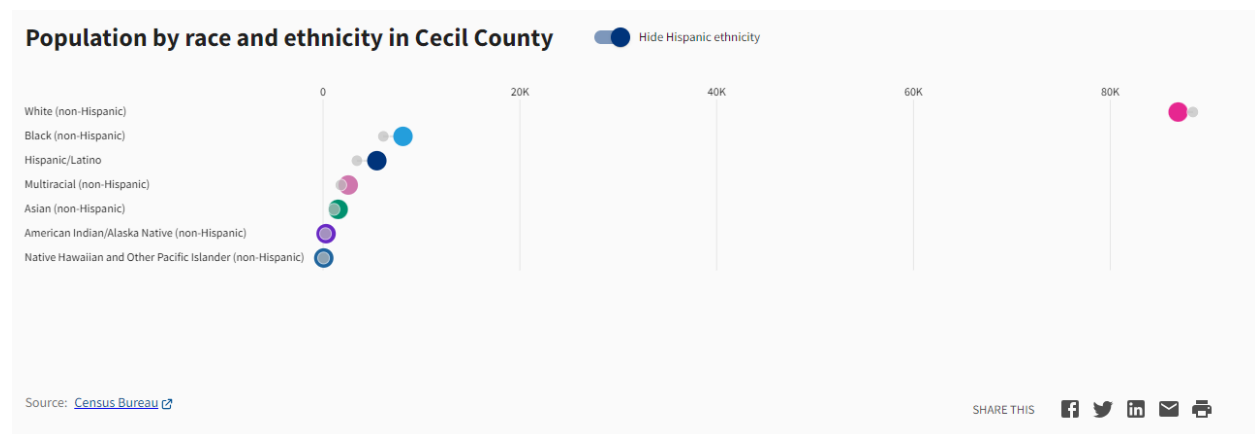
The population of Cecil County, Maryland, in 2022 was 104,942, a 3.7 percent increase from the 101,161 who lived there in 2010. For comparison, the U.S. population grew by 7.7 percent, and Maryland's population grew by 6.5 percent during that same period.

Cecil County's population increased in **11** out of the **12** years between **2010** and **2022**. Its largest annual population increase was **0.8 percent** between **2021** and **2022**. The county's largest decline occurred between **2016** and **2017** when the population dropped by **0.1 percent**. Between **2010** and **2022**, the county grew by an average of **0.3 percent** per year.

Annual population change in Cecil County



In **2022**, the largest racial or ethnic group in Cecil County was the **White (non-Hispanic)** group, which had a population of **86,898**. Between **2010** and **2022**, the **Hispanic/Latino** population experienced the **most growth**, increasing by **2,023**, from **3,440** in 2010 to **5,463** in 2022.

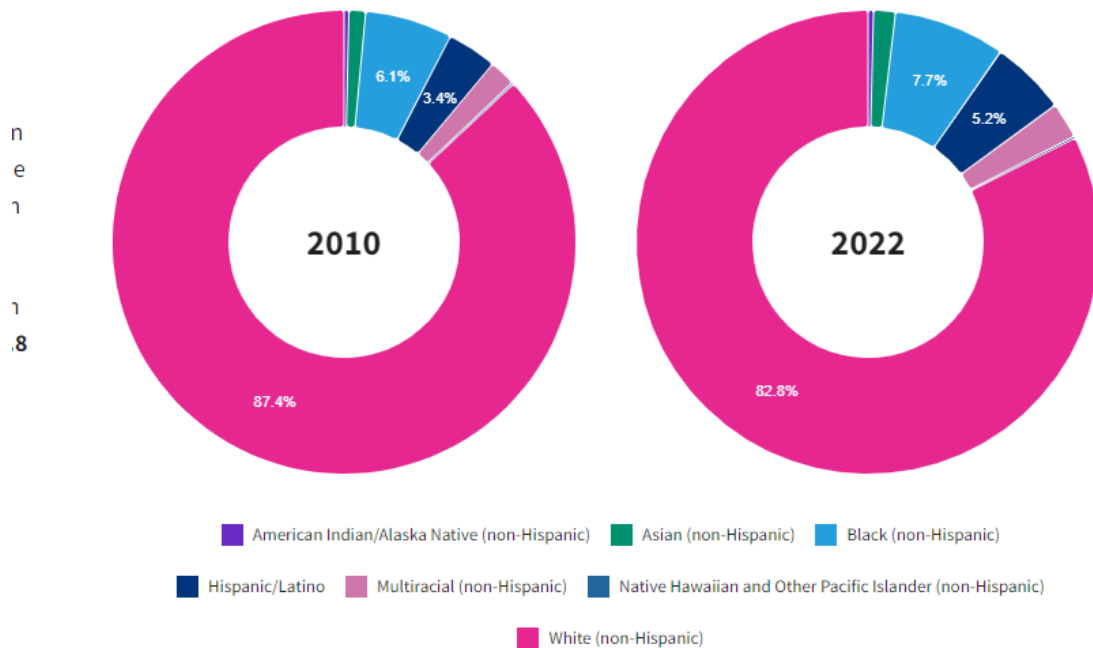


In **2022**, Cecil County was more diverse than in 2010. In **2022**, the **White (non-Hispanic)** group made up **82.8 percent** of the population, compared with **87.4 percent** in 2010.

Between **2010** and **2022**, the share of the population that is **Hispanic/Latino** grew the most, increasing by **1.8** percentage points to **5.2 percent**. The **White (non-Hispanic)** population saw the largest decrease, dropping by **4.6** percentage points to **82.8 percent**.

Racial makeup of Cecil County

☒ Hide Hispanic ethnicity



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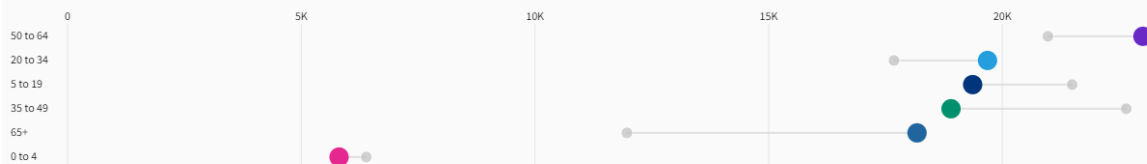


Among six age groups—0 to 4, 5 to 19, 20 to 34, 35 to 49, 50 to 64, and 65 and older—the **65+** group was the fastest-growing between **2010** and **2022**, with its population **increasing by 51.9 percent**. The **35 to 49** age group **declined the most dropping 16.6 percent** between **2010** and **2022**.

How old is the population in Cecil County?

Among six age groups — 0 to 4, 5 to 19, 20 to 34, 35 to 49, 50 to 64, and 65 and older — the **65+** group was the fastest growing between **2010** and **2022** with its population **increasing 51.9%**. The **35 to 49** age group **declined the most dropping 16.6%** between **2010** and **2022**.

Population by age in Cecil County



Source: [Census Bureau](#)

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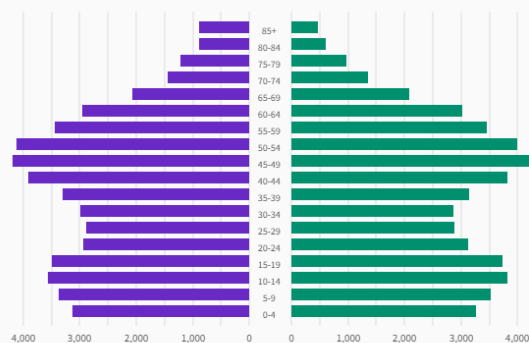
The share of the population aged 0 to 4 years **decreased** from **6.3 percent** in **2010** to **5.5 percent** in **2022**.

The share of the population aged 65 and older **increased** from **11.8 percent** in **2010** to **17.3 percent** in **2022**.

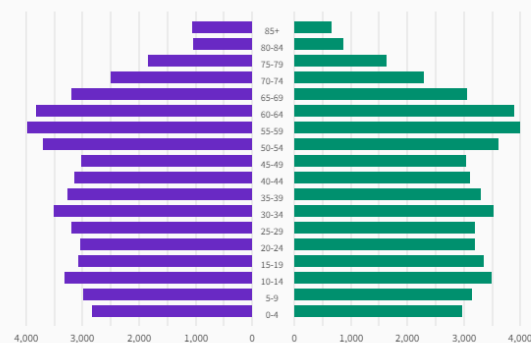
How have the age and sex demographics of Cecil County changed?

These population pyramids group the populace by age and sex (**female** and **male**). A wider pyramid base means that the population is young. A wider top means that the population is older.

Total population in 2010



Total population in 2022



Source: [Census Bureau](#)

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Centers for Disease Control and Prevention (2022): [PLACES: Local Data for Better Health](#)

County-specific community health status indicators published by the U.S. Centers for Disease Control and Prevention

Major findings:

The CDC's Local Data for Better Health includes county-specific community health status indicators, which include health outcomes, prevention, health risk behaviors, health status, and disability. This source allows for comparison nationally and among other counties. In the health status indicators, this source has three data points: (1) Mental health not good for ≥ 14 days among adults aged ≥ 18 years - 2021, (2) physical health not good for ≥ 14 days among adults aged ≥ 18 years - 2021, and (3) fair or poor self-rated health status among adults aged ≥ 18 years - 2021.

- **Measure 1 of mental health:** Cecil County fares worse than the national percentage and worse than the neighboring county of Harford, Maryland. Harford County has a population that is more than double that of Cecil County.
- **Measure 2 of physical health:** Cecil County fared slightly worse than Harford County and the national average.

- **Measure 3 of self-rated health:** Cecil County fared slightly better than the national percentages and slightly worse than Harford County.

The health outcomes category measures included prevalence of arthritis, asthma, high blood pressure, cancer (excluding skin cancer), high cholesterol, chronic kidney disease, chronic obstructive pulmonary disease, coronary heart disease, diagnosed diabetes, obesity, total tooth loss, stroke, and depression among adults. In these measures, Cecil County generally fared worse than the national rates and those of Harford rates.

HRSA's 2022 [Health Center Program UDS Data Overview](#) (including national program awardee data and the UDS Trends Data Brief): Maryland Program Awardee Data WEST CECIL HEALTH CENTER, INC., Conowingo, Maryland

Major findings:

There is one FQHC in the Cecil County region in northern Maryland: West Cecil Health Center, Inc. (WCHC) in Conowingo. WCHC has a 3-year project period with an end date of February 28, 2026. The total number of patients served is 6,567, a significant decrease from 2018, when 12,861 patients were served. HRSA's 2022 Health Center Program UDS Data Overview indicates that WCHC received three of the nine badges available to health centers that met specific criteria, including the Silver Health Center Quality Leader badge (11 percent of FQHC/LAL received), the Advancing HIT for Quality badge (64 percent of FQHC/LALs received), and the Addressing Social Risk Factors badge (27 percent of FQHC/LALs received). Additionally, WCHC received a badge for being a patient-centered medical home. The patient population at this WCHC is generally older than the national average.

In 2022, 6,567 patients were served at WCHC:

- 11.53 percent were children under 18.
- 71.98 percent were adults ages 18 to 64.
- 16.49 percent were older adults ages 65 and over.
- The vast majority (85.06 percent) were non-Hispanic White patients.
- 7.44 percent of the population served were Hispanic/Latino patients.
- 7.41 percent of the population served were Black/African American patients.
- Less than 1 percent (0.82 percent) of the population served were Asian patients.
- 3.59 percent of the population served was best served in a language other than English.
- As of 2022, there were 661 of the 6,567 patients whose income status was known.

Centers for Disease Control and Prevention (CDC) YRBSS 2021 Results

CDC's Youth Risk Behavior Surveillance System (YRBSS) monitors priority health behaviors and experiences among students nationwide. The results help clarify the factors contributing to the leading causes of illness, death, and disability among youth and young adults.

Major Findings

	Maryland	Cecil (higher than state average)
Rode with driver who had been drinking alcohol	12.9	14.7
Drove when they had been drinking alcohol	4.1	5.2
Felt sad or hopeless	39.2	36.2
Made a suicide plan	15.4	14.1
Attempted suicide	17.3	8.8
Had first drink before 13	13.6	15.4
Currently drank alcohol	19.4	21.1
Current binge drinker	9.8	11.9
Current marijuana use	15	15.5
Ever took prescription pain medicine without a doctor's prescription or differently than how a doctor told them to use it	14.6	9.6
Ever used meth	2.3	1.8

Maryland Department of Health, Youth Risk Behavior Survey/Youth Tobacco Survey (YRBS/YTS) 2022-2023

<https://health.maryland.gov/phpa/ccdpc/Reports/Pages/YRBS-2022-2023.aspx>

The Maryland YRBS/YTS is an on-site survey of students in Maryland public middle and high schools, focusing on behaviors that contribute to the leading causes of death and disability, including but not limited to, alcohol and other drug use, tobacco use, sexual behaviors, unintentional injuries and violence, and poor physical activity and dietary behaviors. The YRBS/YTS is a combination of CDC's Youth Risk Behavior Survey (YRBS) and Youth Tobacco Survey (YTS) and is administered every even year during the fall semester to measure and monitor youth risk behaviors.

<https://health.maryland.gov/phpa/ccdpc/Reports/Pages/YRBS-2022-2023.aspx>

Major Findings

Cecil County had higher than state average rates of (not a comprehensive list): Percentage of students who rode with a driver who had been drinking alcohol (in a car or	Cecil County had lower than state average rates of (not a comprehensive list): Percentage of students who ever took prescription pain medicine without a doctor's prescription or differently than how a doctor
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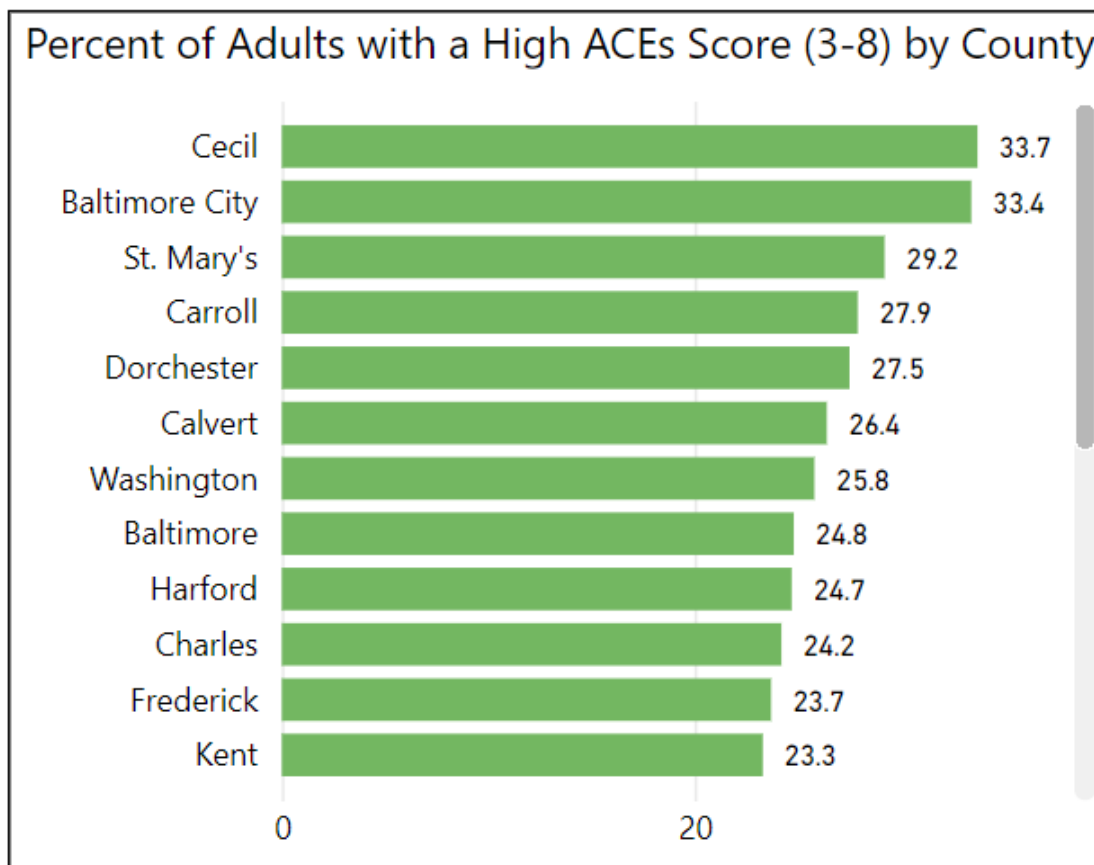
<p>other vehicle, one or more times during the 30 days before the survey)</p> <p>Percentage of students who drove a car or other vehicle when they had been drinking alcohol (one or more times during the 30 days before the survey, among students who had driven a car or other vehicle during the 30 days before the survey)</p> <p>Percentage of students who drove a car or other vehicle when they had been drinking alcohol (one or more times during the 30 days before the survey, among students who had driven a car or other vehicle during the 30 days before the survey)</p> <p>Percentage of students who currently drank alcohol (at least one drink of alcohol, on at least 1 day during the 30 days before the survey)</p> <p>Percentage of students who currently used marijuana (one or more times during the 30 days before the survey)</p> <p>Percentage of students who ever used methamphetamines (also called "speed," "crystal meth," "crank," "ice," or "meth," one or more times during their life)</p> <p>Percentage of students who reported that their mental health was most of the time or always not good (including stress, anxiety, and depression, during the 30 days before the survey)</p> <p>Percentage of students who experienced unstable housing (during the 30 days before the survey)</p>	<p>told them to use it (counting drugs such as codeine, Vicodin, OxyContin, Hydrocodone, and Percocet, one or more times)</p> <p>Percentage of students who reported that an adult or person at least 5 years older than them made them do sexual things they did not want to do</p>
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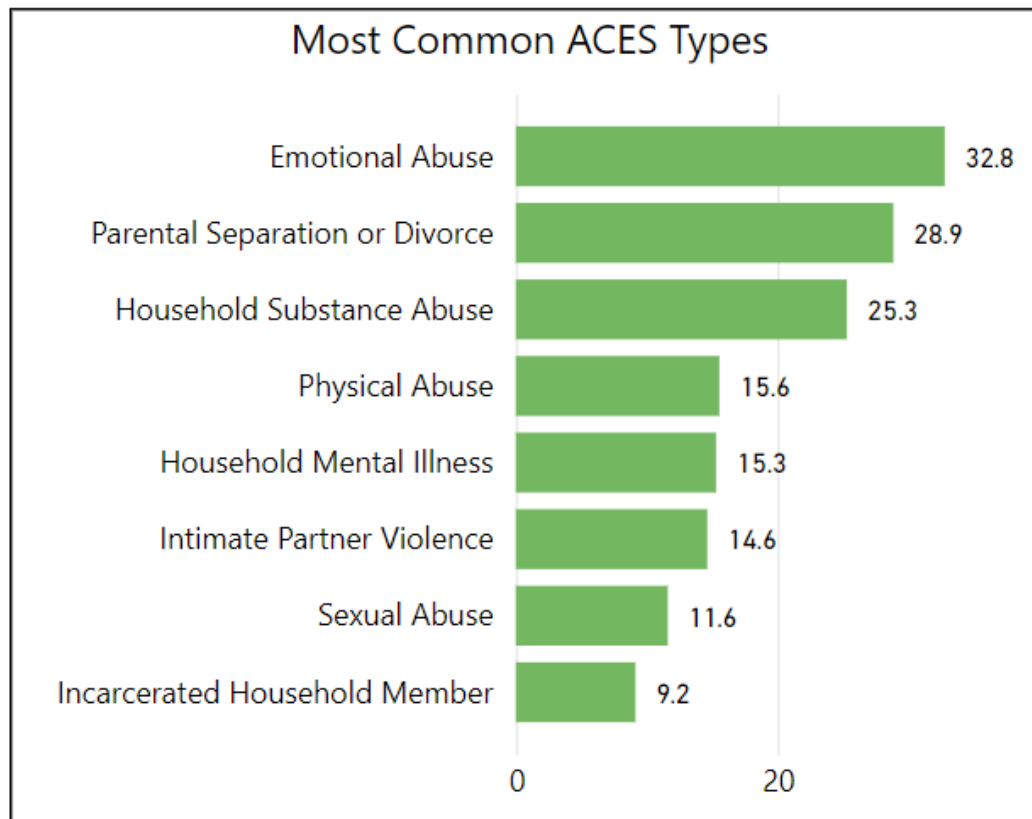
Percentage of students who reported that their family was often or sometimes worried that their food would run out before they got money to buy more

Maryland Governor’s Office of Crime Prevention and Policy Adverse Childhood Experiences (ACEs) Dashboard: <https://gocpp.maryland.gov/data-dashboards/adverse-childhood-experiences/>

This dashboard illustrates the prevalence of ACEs across all 24 jurisdictions in Maryland, including the percent of adults surveyed that experienced three or more ACEs as a child. It also includes eight indicators to allow users to view jurisdiction trends for the 2015 and 2018 survey years. Data is gathered from the Maryland Department of Health’s Behavioral Risk Factor Surveillance System survey. Please select this link to view additional dashboards created by the Governor’s Office of Crime Prevention, Youth, and Victim Services.

Major Findings





Legislation and regulations relating to behavioral health on the state and federal level, including any initiatives or reforms resulting from the Affordable Care Act impacting behavioral health and/or Medicaid

H.R.7666 - Restoring Hope for Mental Health and Well-Being Act of 2022 (117th Congress). Passed House (06/22/2022) (US Congress)

[Restoring Hope for Mental Health and Well-Being Act of 2022](#)

This bill reauthorizes through FY2027, expands, and modifies programs, grants, and activities that focus on mental and behavioral health.

Specifically, the bill reauthorizes and modifies

- The Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances Program,
- The Community Mental Health Services Block Grant,
- The Substance Abuse Prevention and Treatment Block Grant,
- The Pediatric Mental Health Care Access Grant,
- The National Suicide Prevention Lifeline program,

Strategies and Recommendations to Maximize the Behavioral Health System in Cecil County

- Grants related to suicide prevention, and
- Grants to support the behavioral health workforce.

Additionally, the bill expands access to opioid and other SUD prevention, treatment, and recovery support services. For example, the bill: (1) eliminates a provision that generally requires individuals to be addicted to opioids for at least a year before being admitted to an opioid treatment program, and (2) promotes access to high-quality recovery housing.

Other matters addressed by the bill include

- Coordination of federal efforts related to behavioral health;
- Maternal mental health and SUDs;
- Prevention and treatment of mental and behavioral health issues for veterans, members of the Armed Forces, first responders, tribal populations, and other specified groups;
- Best practices for a crisis response continuum of care;
- Eating disorders;
- School-based mental health services;
- Coverage of mental and behavioral health care through Medicaid and the Children's Health Insurance Program, including for juveniles in public institutions;
- Oversight of pharmacy benefit managers;
- Compliance with federal mental health parity requirements, including by self-funded, nonfederal insurance plans; and
- Integration of behavioral health in primary care settings.

HB0408 CH0907 - [Mental Health Law - County Mental Health Advisory Committees – Membership](#) (Maryland General Assembly). [Approved by Governor: Chapter 703: Effective Date(s): July 1, 2024, July 1, 2025]

Altering the membership of a county's mental health advisory committee by including an individual with experience with mental health care for veterans or individuals serving in the military on the list of groups from which individuals may be appointed to the committee by the governing body of the county.

HB0576 CH0703 - [Mental Health - Assisted Outpatient Treatment Programs](#) (Maryland General Assembly) [Approved by Governor: Chapter 703. Effective Date(s): July 1, 2024, July 1, 2025]

Authorizing each county to establish an Assisted Outpatient Treatment program by July 1, 2026; requiring the Maryland Department of Health to establish an Assisted Outpatient Treatment program in a county that does not opt to establish the program by July 1, 2026; requiring the Office of the Public Defender to provide representation in Assisted Outpatient Treatment proceedings; etc.

**SB0876 - Maryland Medical Assistance Program - Limited Behavioral Health Services
(Maryland General Assembly) [In the Senate/Referral to CMTE]**

Requiring, beginning January 1, 2025, the Maryland Medical Assistance Program to provide limited behavioral health services to individuals under the age of 18 years regardless of whether the individual has a behavioral health diagnosis; and requiring the Maryland Department of Health to seek input from stakeholders in determining the limited behavioral health services to be covered.

Key Informants

Virtual Activities	Participants	Date
Key State Stakeholder Interviews	<ol style="list-style-type: none"> Stephanie Slowly, Behavioral Health Administration, Maryland Department of Health Kathleen Rebbert-Franklin, Behavioral Health Administration, Maryland Department of Health Mona Figueroa, Behavioral Health Administration, Maryland Department of Health 	<ol style="list-style-type: none"> July 31 & 8/23 July 9 August 1
KIIs	<ol style="list-style-type: none"> Lisa Beeman & Sarah Shrewsbury, Dept of Social Services Stacy Ciano, Mobile Crisis Jesse Fairchild, Bodhi Counseling Mary Gamble, Brantwood Family Services John Ness, West Cecil Health Maj. George Stanko, Sheriff Dept Sandra Yetkin, Local Management Board 	<ol style="list-style-type: none"> July 31 July 18 July 26 July 26 July 15 July 16 August 5
Individual Calls	<ol style="list-style-type: none"> Mike Brandon, Paris Foundation Lisa Fields, Christiana Care Earl Grey, Cecil County Housing Agency, Cecil County Department of Community Services Rebecca Kiersznowski, Christiana Care Hetal Patel, Pharmacist Mason Watters, Youth Empowerment Source John Roush, Director of Student Services and School Safety, Cecil County Public Schools 	<ol style="list-style-type: none"> September 30 July 29 August 12 August 19 July 30 July 29 August 14

Onsite Activities	Participants
Key County Stakeholder Interviews – July 29	<ol style="list-style-type: none"> Rachael Wright – Cecil County Library Sheri Lazarus – Adult Drug Treatment Court Coordinator Chief Stephen Yates – Cecil County Sheriff's Department Barbara Smith – Local Management Board Kim Joyce – Cecil College

Focus Group 1 – July 30	<ol style="list-style-type: none"> 1. Kris Rinker – Division of Rehabilitation Services 2. Suanne Blumberg – Mental health provider agency 3. Chris Dulik – Maryland Department of Juvenile Services
Focus Group 2 – July 30	<ol style="list-style-type: none"> 1. Jennifer Tuerke - Voices of Hope 2. Kristy Conklin - Cecil Community Recovery Center 3. Cameron England - Consumer 4. Heather Baginski – Local Care Team Coordinator, Cecil County Department of Community Services 5. Erin Wright – Consumer, Voice of Hope 6. Sheila Murphy - FACES 7. Terri Gentry – Behavioral health provider agency - Kolmac 8. Kristy Lehr – Cecil County Public School
