

Allegany County Health Planning Coalition Community Health Improvement Plan FY 22-25

Final 11.18.25

Allegany County Health Planning Coalition Community Health Improvement Plan (CHIP): July 2022-June 2025

Based on the results of a community health needs assessment, the Allegany County Health Planning Coalition (Coalition) created the following Community Health Improvement Plan (CHIP) to improve health and wellbeing in Allegany County. The Coalition is charged with implementing the CHIP, measuring progress, and building on best practices already in use in the community. The LHAP addresses four priority areas:

Transportation
Social Determinants of Health (SDOH)
Chronic Disease Management (CDM)
Behavioral Health

Each priority area includes goals, SMART objectives, responsible parties, outcomes, and the current status. The CHIP is a three-year plan and progress is reviewed in twelve-month phases: Phase 1 is July 2022 – June 2023, Phase 2 is July 2023 – June 2024, Phase 3 is July 2024 – June 2025.

This CHIP is a combined effort from the *UPMC Western Maryland Community Health Needs Assessment and Community Health Strategic Plan 2022-2025* and the existing *Allegany County CHIP*. The CHIP voted in January 2023 to adopt this assessment and the plan years, so that moving forward all Coalition partners will be on the same cycle.

The new CHIP was approved on July 11, 2023. The CHIP also includes supporting strategies which are underway in the community and may contribute to the achievement of CHIP goals and outcomes but are not overseen by the Coalition. The CHIP works to build upon and not duplicate existing community health improvement efforts.

Acronyms and Abbreviations

ACHD = Allegany County Health Department
AHEC = Area Health Education Center
AHR = Allegany Health Right
Assoc. Ch. = Associated Charities
ACPS = Allegany County Public Schools
CHIP = Community Health Improvement Plan
CHW = Community Health Worker
CMA = Cumberland Interfaith Ministerial Association
CUW = County United Way
DSS = Department of Social Services
ED = Emergency Department
FCRC = Family Crisis Resource Center
FTE = Full-time Equivalent
FVC = Family Violence Council
HRDC = Human Resources Development Commission
LHAP = Local Health Action Plan
LHIC = Local Health Improvement Coalition
LMB = Local Management Board
MH = Mental Health
MHA = Mountain Health Alliance
MHCE = Make Healthy Choices Easy
MPC = Maryland Physicians Care
LBHA = Local Behavioral Health Authority
OB = Obstetrics
PCP = Primary Care Provider
TSCHC = Tri-State Community Health Center
TSWHC = Tri State Women's Health Center
TOPS = Take Off Pounds Sensibly
UM = University of Maryland
UPMC WM = UPMC Western Maryland
WMD = Western Maryland

TRANSPORTATION

GOAL	SMART OBJECTIVE	WHO	PHASE I July 22-June 23	PHASE II July 23- June 24	PHASE III July 24- June 25
Increase access to safe, affordable, and reliable transportation to health and human services appointments	Each year of this cycle, educate at least <u>100</u> transportation users or service providers about the transportation options for appointments and of any system changes.	HRDC - Provided transportation for the following partners: 1)UPMCWWM 2)ACHD 3)Center for Hope and Healing 4) Committed to Change 5)Progressive Physical Therapy 6) Devlin Manor 7) WVU Medicine	4,525 clients served 12,810 transports provided	5,164 clients served 14,952 transports provided	5,972 clients served 16,508 transports provided
		Mountain Laurel MLMC - Provided transportation for MLMC patients to appointments at MLMC and other community providers and for testing and other services as needed	274 Patients transported/transports completed (Westernport office ONLY)	258 Patients transported/transports completed (Westernport office ONLY)	326 Patients transported /transports completed (Westernport office ONLY)
Transportation For All 1) Toursim 2) Non-medical transports 3) Prescription deliveries 4) Human service transports		Transportation Committee 1) Allegany County Chamber of Commerce 2) Allegany County DSS	Committee meetings in progress, transportation study approved.	Committee meetings in progress, transportation study.	Transportation plan recived, Committee meetings to reconvene during FY 26.

Supporting Resources

Transportation Committee- Allegany County Chamber of Commerce, Allegany County Department of Social Services
(Working on a transportation plan for the county with HRDC, MPC, and other stakeholders)

Transportation Services- HRDC Mobility Management Program- ACHD, MedTrans, Alltrans

SOCIAL DETERMINANTS OF HEALTH

GOAL	SMART OBJECTIVE	WHO	PHASE I July 22-June 23	PHASE II July 23- June 24	PHASE III July 24- June 25
Increase access to healthy foods and local food sources	Utilize information obtained through food system mapping and coalition collaborators to identify and establish 5 sites per cycle year where healthy food choices or local food sources will be offered.	UPMCWM/Allegany Co Library System/Western MD Food Bank partnership- My Mini Market	41 events/614 encounters	My Mini Market- on hold/WMFB plans to restart in future	
		UPMCWM Food Farmacy	Food Farmacy - has increase to over 40 participants	Food Farmacy-70 participants	
		UPMCWM/Food and Friends.org	Food and Friends.org- at capacity until May 2023 then able to refer again	Food and Friends.org-referrals sent until program reaches capacity for the year	
		Western MD Food Bank	WMFB Pop Out Pantries	WMFB Pop Out Pantries	
		Western MD Food Bank	WMFB Backpack Program during school year	WMFB Backpack Program during school year	
		Local Church Pantries	Supplement backpack program during summer		
		HRDC	HRDC MEFP (Maryland Emergency Food Program) 6/2022-4/2023 32 Households Served 127 Individuals	HRDC MEFP (Maryland Emergency Food Program) 6/2023-4/2024 27 Households Served 117 Individuals	HRDC MEFP (Maryland Emergency Food Program) 6/2024-4/2025 24 Households Served 98 Individuals
		HRDC	HRDC Home Delivered Meals Program FY2022 502 Individuals served daily	HRDC Home Delivered Meals Program FY2023 529 Individuals served daily	HRDC Home Delivered Meals Program FY2024 613 Individuals served daily
		HRDC	HRDC My Groceries2Go Program FY2022 250 individuals served monthly	HRDC My Groceries2Go Program FY2023 250 individuals served monthly	HRDC My Groceries2Go Program FY2024 250 individuals served monthly
Increase access to care- 2024 IRT Medical Mission A one time medical clinic brought to Allegany County to provide training for the US Army and to provide education, access to medical/dental services to humans, and veterinarian care to pets	Mountain Maryland Innovative Readiness Training	AHEC West, United States Army	n/a	n/a	Individuals Served: Over 1,300 Animals Served: 915 Dental Procedures: 442 Services provided (human & animals): Over 8,800 Cost savings to community: Over \$1 million This does not include the ancillary services and vaccinations provided by ACHD
		MLMC Food Distribution w/ MD Food Bank in Westernport 11-3-22	136 Households Served 373 Individuals Served Ages (0-17)- 74 Ages (18-64)- 185 Ages (65+)- 114		
		MLMC Food Distribution w/ MD Food Bank in Cumberland 3-16-23	116 Households Served 276 Individuals Served Ages (0-17)- 63 Ages (18-64)- 157 Ages (65+)- 56		
		MLMC Food Distribution w/ MD Food Bank in Westernport 5-18-23	251 Households Served 617 Individuals Served Ages (0-17)- 115 Ages (18-64)- 276 Ages (65+)- 226		

		MLMC Food Distribution w/ MD Food Bank in Lonaconing 8-14-23		57 Households Served 162 Individuals Served Ages (0-17)- 60 Ages (18-64)- 67 Ages (65+)- 35	
		MLMC Nourishing Neighbors Mobile Market & Resource Exchange in Westernport 6-27-24		78 Households Served 221 Individuals Served	
		MLMC Nourishing Neighbors Mobile Market & Resource Exchange in Lonaconing 7-19-24			82 Households Served 225 Individuals Served
		MLMC Nourishing Neighbors Mobile Market & Resource Exchange in Westernport 8-8-24			86 Households Served 229 Individuals Served
		MLMC Nourishing Neighbors Mobile Market & Resource Exchange in Midland 8-30-24			75 Households Served 184 Individuals Served
		MLMC Nourishing Neighbors Mobile Market & Resource Exchange in Westernport 9-20-24			75 Households Served 180 Individuals Served

Supporting Strategies

UPMC Western Maryland:

UPMC/Allegany Co Library System/Western Maryland Food Bank Partnership - *My Mini Market*

UPMCWV Food Farmacy Program

UPMCWV/*Food and Friends.org*, home-delivered medically tailored meals and medical nutrition therapy for participants living with cancer, HIV/AIDS, and other serious illnesses

Other Supporting Resources/Planned Collaborations

Wholesome Harvest Food Co-op, Western Maryland Food Council, Mountain Laurel, My Mini-markets, Story Time in the Parks, Primary Care Offices with Food Pantries (Dr. Khanna, Patricia Sheetz CRNP, and Dr. Shakil), Salvation Army, County Libraries, Judy Center, Food and Friends.org (medically tailored meals) Backpack Program, Pop Out Pantry, Cumberland Churches, Maryland Physicians Care, HRDC Home Delivered Meal Program and MEFP (Maryland Emergency Food Program), and Tri-State Community Health Center.

CHRONIC DISEASE MANAGEMENT: DIABETES

GOAL	SMART OBJECTIVE	WHO	PHASE I July 22-June 23	PHASE II July 23- June 24	PHASE III July 24- June 25
<p>UPMCWM Diabetes- Increase awareness of diabetes prevention and management and encourage lifelong healthy behaviors.</p> <p>1) Provide diabetes education and training</p> <p>2) Leverage referring providers to increase awareness and promote participation in diabetes management programs</p> <p>3) Offer preventive screenings to identify and treat potential health problems before they develop or worsen</p> <p>4) Increase community engagement through outreach events and health fairs</p> <p>5) Offer medical nutrition therapy to support behavioral or lifestyle changes and provide individualized meal planning</p> <p>*Key DPP-Diabetes Prevention Program DSMT-Diabetes Self-mgmt Program MNT-Medical Nutrition Therapy</p>	<p>UPMCWM</p> <p>Educate/raise awareness of general community members about interventions, screenings, and programs available at UPMC Western Maryland, the prediabetes program and diabetes self-management program.</p>	<p>UPMCWM</p>	<p>UPMCWM 7-1-22 to 6-30-23</p> <p>DPP-851 referrals/148 enrolled</p> <p>DSMT-416 referrals, 88 patients enrolled, 61 encounters/group DSMT, 211 encounters indiv./DSMT</p> <p>MNT-1,630 encounters</p> <p>Health Fairs/Community Education- 49 events, 3,638 encounters</p> <p>Community Fitness Classes (Yoga)-152 classes/2,981 participants, (Strength/Resistance)- 37 classes/272 participants</p> <p>Diabetes cooking demo/tasting- 14 families/meal kit fix at home</p> <p>Save-a-Lot Mkt Healthy snack demo- 3 markets/60 participants</p> <p>Woman's/Girl's Expo YMCA-88 ed/screening, healthy food demo/tasing- 60 participants</p> <p>Dr. Gammoh Chorus Call ed talk-38 attendees</p> <p>Allegany County BOE/UPMCWM Real Well Newsletter- All 24 schools in county, QR code for programs embedded</p> <p>UPMCWM Diabetes Awareness Day-153 encounters</p> <p>Senior Center Screenings-3 events/52 encounters</p> <p>Auxiliary/Rotary/Board Meetings/Education- 4 events/120 encounters</p> <p>Local Churches/Education/Weekly programs- 10 churches/2,302 encounters</p> <p>Local Pharmacies/Education/Pharm bags- 8 locations/1,350 encounters</p> <p>Local Pharmacy /Screening/Education- 9 locations/49 encounters</p> <p>Local Housing Units/Screening/Education- 11 housing units/75 encounters</p> <p>Nutrition haltime question/Trivia- 26 events/613 encounters</p> <p>Mt Laurel Food Distribution/Cumberland- ed/screening 276 encounters</p>	<p>UPMC 7-1-23 to 6-30-23</p> <p>DPP program completers-16</p> <p>DPP program referrals-941/enrolled-31</p> <p>DSMT program referrals-146/enrolled-130</p> <p>Visits to provider offices to share diabetes prevention & management programs-46</p> <p>Food Farmacy Program-70 participants (enhanced DSMT program for diabetic pt's with food insecurity and an A1c >8, includes free healthy food and follow-up with dietitians as participation requirement)</p> <p>Health Fairs attended-9</p> <p>Health Fair screenings-79, 11 referred to diabetes resources</p> <p>MNT encounters-1,201</p> <p>Diabetes Support Groups-20 meetings/44 participants</p> <p>Garrettland Gateway Townhomes-ed/screening, 7 encounters</p> <p>Western Maryland Food Bank 40th Birthday Bash-ed/screening, 25 encounters</p> <p>Westernport Elementary Back to School Bash-ed/screening, 100 encounters</p> <p>"Don't Let Diabetes Take the Wheel" event at Frostburg Library in conjunction with large community car show-ed/screening with community partners,health coaches, and Allegany County Health Department/50 encounters</p> <p>UPMC Stroke Awareness event-ed/screening, 3 encounters</p> <p>Provide diabetes education for local in-home care agency, 9 encounters</p> <p>Allegany County Schools Wellness Fair, 50 encounters</p> <p>Barton Resource Day-ed/screening, 3 encounters</p> <p>Allegany County Senior Expo-ed/screening, 80 encounters</p> <p>Presentations to two TOPS (Taking Off Pounds Sensibly) groups, 16 encounters</p> <p>World Diabetes Day event onsite for visitors and staff, 109 encounters</p> <p>Maryland Wellness Community Thanksgiving Vendor Fair, provided turkey roasting pans along with diabetes brochure, 20 encounters</p>	<p>UPMC January 1, 2024 - June 30, 2024</p> <p>DSMT program referrals-132/enrolled-100</p> <p>DSMT encounters group (dietitian)-40</p> <p>DSMT encounters indiv. (dietitian)-19</p> <p>new encounters, 157 returning encounters</p> <p>Diabetes Support Groups-11 meetings/25 participants</p> <p>Food Farmacy Program-70 participants with one weekly encounter (enhanced DSMT program for diabetic pt's with food insecurity and an A1c >8, includes free healthy food and follow-up with dietitians as participation requirement)</p> <p>Provider awareness-23 visits to provider offices</p> <p>Mineral County Family Resource Network- 60 encounters</p> <p>LaVale Lions Partnership/placemats- 10,000 placemats for diabetes prevention/management to restaurants in a 3-state region</p> <p>Allegany Co. Sr. Center presentations-15 encounters</p> <p>LaVale Lions Club presentation-30 encounters</p> <p>Living w/Diabetes presentations at housing complexes-15 encounters</p> <p>Allegany Co. HRDC Open House-40 encounters</p> <p>Levitt AMP Cumberland concert-300 attended</p> <p>Health & Wellness Expo w/food demo-150 encounters</p>
	<p>ACHD</p> <p>Address health disparities as relating to DM II, by offering group support and access to DM management resources to at least 30 individuals a year.</p>	<p>ACHD- Taking Off Pounds Sensibly (TOPS) Program</p>	<p>New 2024 Program- data will be entered during Phase II</p>	<p>TOPS members- 28</p>	<p>TOPS members- 31</p>

Supporting Strategies

UPMC Western Maryland:
 National Diabetes Prevention Program
 Diabetes Self-Management Education and Training
 Health Fairs
 Fitness and cooking classes
 Medical Nutrition Therapy (MNT)
 Centre Street Collective Trivia

Other Supporting Resources/Planned Collaborations

UPMC Primary Care Practices, local primary care practices, Mountain Laurel Medical Center, Allegany County Human Resources Development Commission, Area Health Education Center West (AHEC West), Allegany County Health Department, and Tri-State Community Health Center

CHRONIC DISEASE MANAGEMENT: HEART DISEASE AND STROKE

GOAL	SMART OBJECTIVE	WHO	PHASE I July 22-June 23	PHASE II July 23- June 24	PHASE III July 24- June 25
<p>UPMCWM Heart Disease and Stroke- Increase awareness of disease prevention and management and encourage healthy behavior.</p> <p>1) Provide chronic disease education and support in the community</p> <p>2) Continue to offer a cardiac rehabilitation program to help lower the risk of death, complications, and risk for readmission for patients who have had a cardiac event or procedure</p> <p>Provide interventions and screenings for community members</p> <p>4) Monitor symptoms of heart failure and connect patients with a source of support for managing chronic medical conditions, such as diabetes, anticoagulation medication, heart failure, and COPD</p> <p>*Key MNT-Medical Nutrition Therapy</p>	<p>UPMCWM</p> <p>1) Increase awareness of general community members in heart healthy nutrition classes, support groups, cardiac rehabilitation</p> <p>2) Educate/raise awareness of general community members about interventions/screenings/programs available at the Center for Clinical Resources</p> <p>3)</p>	<p>UPMCWM</p>	<p>UPMC 7-1-22 to 6-30-23</p> <p>MNT-1,000 encounters</p> <p>CCR-5,621 encounters, over 2,000 encounters ed related-chronic disease mgmt</p> <p>Heart Healthy Nutrition Classes</p> <p>12 classes/41 participants</p> <p>Cardiac Rehabilitation - 41% participation rate</p> <p>Stroke Support Group</p> <p>First meeting 7-27-22/6 participants</p>	<p>UPMC 7-1-23 to 12-31-23</p> <p>MNT-548 encounters</p> <p>CCR-6,778 encounters, over 2,000 encounters ed related-chronic disease mgmt</p> <p>Heart Healthy Nutrition Classes</p> <p>5 classes/19 participants</p> <p>Heart Failure Nutrition Classes</p> <p>3 classes/7 participants</p> <p>Cardiac Rehabilitation - 36% participation rate</p> <p>Monthly Stroke Support Group - 9 participants</p>	<p>UPMC January 1, 2024 - June 30, 2024</p> <p>MNT - 653 encounters</p> <p>CCR-8,318 encounters, over 2,000 encounters ed related-chronic disease mgmt</p> <p>Heart Healthy Nutrition Classes</p> <p>6 classes/25 participants</p> <p>Heart Failure Nutrition Classes</p> <p>3 classes/7 participants</p> <p>Cardiac Rehabilitation - 83% participation rate</p> <p>Monthly Stroke Support Group - 6 sessions/5 participants (3 present for all sessions)</p> <p>Community BP Screenings - 31 participants</p> <p>Health & Wellness Expo w/food demo - 150 encounters</p>

Supporting Strategies

UPMC Western Maryland:
 Heart Healthy Nutrition Classes
 Medical Nutrition Therapy (MNT)
 Stroke Groups (i.e., Monthly Stroke Support Group)
 Cardiac Rehabilitation Program
 Free Screenings
 Center for Clinical Resources (CCR)

Other Supporting Resources/Planned Collaborations

Allegany County Health Department, Allegany County Public Schools, Wellness Ambassadors, Allegany County Human Resources Development Commission (HRDC Senior Centers), Faith-based institutions, Area Health Education Center West (AHEC West), Heart Institute at UPMC Western Maryland, Stroke Center, and Tri-State Community Health Center

BEHAVIORAL HEALTH: ACCESS TO RECOVERY ORIENTED CARE

GOAL	SMART OBJECTIVE	WHO	PHASE I July 22-June 23	PHASE II July 23- June 24	PHASE III July 24- June 25
<p>UPMCWM Opioid Addiction and Substance Abuse- Increase awareness and access to substance misuse resources and interventions.</p> <p>1) Improve coordination and communication between service providers with embedded behavioral health specialists at primary care locations.</p> <p>2) Continue to offer a residential crisis service facility to provide support for adults with mental health illness and addictions.</p> <p>3) Increase awareness throughout the community to help reduce the stigma of addiction.</p> <p>4) Partner with local community organizations to provide education and training.</p> <p>5) Develop and support programming to address substance misuse and addiction recovery.</p> <p>6) Provide early intervention and treatment to people with substance use disorders and those at risk of developing these disorders.</p> <p>UPMCWM Access- Improve access to behavioral health services by increasing access points for individuals to be connected to the right level of care across the continuum.</p> <p>1) Embed behavioral health services into the primary care setting</p> <p>2) Offer telehealth services for behavioral health care</p> <p>3) Track and improve access to provider referrals.</p> <p>4) Provide education and training to community members on how to offer initial help to individuals with the signs and symptoms of mental illness or in a crisis, and connect them with the appropriate professional, peer, social, or self-help care.</p>	<p>UPMCWM</p> <p>Educate/raise awareness of general adult community members about access to substance misuse resources and interventions and efforts to improve access and coordination of care for behavioral health services</p>	<p>UPMCWM</p>	<p>UPMCWM 7-1-22 to 6-30-23</p> <p>Improve Coordination-878 opportunities</p> <p>Behavioral Health Referrals (embedded into primary care settings)-605</p> <p>Center for Hope and Healing Referrals-274</p> <p>UPMCWM Outpatient BH Clinic- 46 referrals</p> <p>UPMCWM Telehealth Visits-2,217</p> <p>Mental Health First Aid-59 participants</p> <p>SMART Recovery-454 participants</p> <p>Recovery Coaching-51 participants</p> <p>Collaboration with community organizations to plan suicide prevention & awareness walk</p> <p>Primary Care offices screening over 90% patients (state threshold is 74%)</p>	<p>UPMC 7-1-23 to 12-31-23</p> <p>Improve Coordination-444 opportunities</p> <p>Center for Hope and Healing Admissions-67</p> <p>SMART Recovery-1134 participants</p> <p>Depression Screenings and follow-up plans completed at Primary Care Visits-7,691</p> <p>UPMCWM Telehealth Visits-922</p> <p>UPMCWM Outpatient BH Clinic- 100 referrals</p> <p>Mental Health First Aid-42 participants</p>	<p>UPMC January 1, 2024 - June 30, 2024Improve Coordination-466 opportunities</p> <p>Center for Hope and Healing admissions-83</p> <p>SMART Recovery-4,742 participants</p> <p>Depression Screenings and follow-up plans completed at Primary Care Visits-7,672</p> <p>UPMCWM Telehealth Visits-928</p> <p>UPMCWM Outpatient BH Clinic- 399 referrals</p> <p>Mental Health First Aid-62 participants</p>
	<p>Annually educate/raise awareness with at risk youth by offering at least two educational resources/programs focused on substance use and/or vaping.</p>	<p>ACHD- Project Alert, ACPS</p>	<p>ACHD and ACPS</p> <p>Newly added will begin reporting during Phase II</p>	<p>ACHD and ACPS</p> <p>144 Number of students educated in Project ALERT (Adolescent Learning in Resistance Training)</p>	<p>ACHD and ACPS</p> <p>107 Number of students educated in Project ALERT (Adolescent Learning in Resistance Training)</p> <p>102 number of students educated in Botvin</p> <p>649 number of students educated in Prevention Plus Wellness (PPW)</p>
	<p>Increase awareness and educate 100 community members of available Naloxone resources each year.</p>	<p>ACHD, AHEC West</p>	<p>ACHD</p> <p>Newly added- will begin reporting during Phase II</p> <p>AHEC West</p> <p>1,971 Naloxone doses provided</p> <p>478 Fentanyl test strips provided</p> <p>133 referrals for Recovery/Treatment services provided</p> <p>362 Peers trained</p> <p>412 individuals receiving Peer Recovery Services</p> <p>177 individuals enrolled in Syringe Service Program</p> <p>776 professionals and community members educated on substance use, stigma and PurpleFest</p> <p>751 youth reached with programming in the schools/ECHO</p>	<p>ACHD</p> <p>1,288 Naloxone doses provided from Vending Machines (644 Vends)</p> <p>855 individuals trained in Naloxone</p> <p>22,985 resources/materials handed out</p> <p>AHEC West</p> <p>2,842 Naloxone doses provided</p> <p>1,090 Fentanyl test strips provided</p> <p>940 Xylazine test strips provided</p> <p>49 referrals for Recovery/Treatment services provided</p> <p>84 Peers trained</p> <p>1,533 individuals receiving Peer Recovery Services</p> <p>652 individuals enrolled in Syringe Service Program</p> <p>4,962 professionals and community members educated on substance use, stigma, and PurpleFest</p> <p>944 youth reached with programming in the schools/ECHO</p>	<p>ACHD</p> <p>1,288 Naloxone doses provided from Vending Machines (644 Vends)</p> <p>597 individuals trained in Naloxone</p> <p>27,621 resources/materials handed out</p> <p>AHEC West</p> <p>5,870 Naloxone doses provided</p> <p>715 Fentanyl test strips provided</p> <p>745 Xylazine test strips provided</p> <p>55 referrals for Recovery/Treatment services provided</p> <p>236 Peers trained</p> <p>3,996 individuals receiving Peer Recovery Services</p> <p>191 individuals enrolled in Syringe Service Program</p> <p>2,447 professionals and community members educated on substance use, stigma, and PurpleFest</p> <p>407 youth reached with programming in the schools/ECHO</p>

<p>Baltimore Crisis Response Inc</p> <p>1) Provide holistic and trauma-informed care and resources to individuals who may need supportive and/or crisis counseling</p> <p>2) Work closely with community partners to create a caring and collaborative ecosystem within the behavioral health arena</p> <p>3) Advocate for investments within the crisis services system and the broader mental health industry</p> <p>Goals:</p> <p>1) Promote timely access to appropriate care and services for those who require ongoing mental health or co-occurring mental health and substance use disorder services</p> <p>2) Work to divert individuals in crisis from the hospital, emergency department and criminal justice system</p> <p>3) Stabilize/maintain current placement or living arrangement</p> <p>4) Make time-limited crisis intervention services available to individuals to reduce escalation of crisis situations</p> <p>5) Relieve the immediate distress of individuals experiencing a crisis situation</p> <p>6) Reduce the risk of individuals in a crisis situation from doing harm to themselves or others</p>	<p>Provide:</p> <p>1) Mobile response for youth and adults</p> <p>2) Crisis stabilization for youth and adults to include follow-up services and resource linkage</p> <p>3) 24 hrs/day, 7 days/week service</p> <p>4) 2 teams within each county</p> <p>5) 8 weeks of follow-up services for youth and adults</p>	<p>Mobile Crisis Response & Stabilization Services (MCRSS) Allegany & Garrett counties</p>	<p>N/A</p>	<p>Newly added in 2023. November 2023 - Hiring/Training underway</p> <p>98 total clients served directly</p> <p>161 total follow-up encounters - 1</p> <p>28 served ages 6- 17 supervisor who is also providing clinician services</p> <p>3 peer support specialists</p> <p>Operating in Allegany County Mon, Wed, and Fridays 7am-3pm.</p>	<p>492 total clients served directly</p> <p>30 Individuals ages 6-17</p> <p>707 follow-ups completed</p> <p>645 referrals made by BCRI for clients</p> <p>Services provided around the clock Monday-Friday</p> <p>Staffing includes 1 Director, 3 clinicians, and 6 peer support specialists</p> <p>Recruitment efforts to expand hours continue</p>
Supporting Strategies					

UPMC Western Maryland Opioid Addiction and Substance Abuse:

- Behavioral health specialists embedded/primary care settings with office rotations
- Center for Hope and Healing
- Community-wide education and stigma reduction
- Narcan delivery training, etc.
- Self-Management and Recovery Training (SMART) Recovery Program
- Screening, Brief Intervention, and Referral to Treatment (SBIRT) screenings
- AHEC West Street Team
- Possibility Shop
- Baltimore Crisis Response Inc

Other Supporting Resources/Planned Collaborations

Allegany County Health Department, Archway Station, Potomac Behavioral Health, Allegany County Sheriff's Department, Maryland State Police, Cumberland City Police Department, Frostburg State University Police, Department of Social Services, Allegany County Human Resources Development Commission, Healing Allegany, local nursing homes, Frostburg State University, Allegany College of Maryland, Allegany County Drug and Alcohol Abuse Council and Overdose Prevention Task Force, Prescribe Change, Tri-State Community Health Center Maryland Physician Care, Allegany County Public Schools, Baltimore Crisis Response Inc.