

**ALLEGANY COUNTY  
LOCAL BEHAVIORAL HEALTH AUTHORITY (LBHA)**

**FY 2026  
LOCAL STRATEGIC IMPLEMENTATION PLAN**



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## **INTRODUCTION**

### **JURISDICTION OVERVIEW**

Allegany County is in rural Western Maryland and has a population of approximately 67,273 people, according to the U.S. Census Bureau Quick Facts Population Estimates dated 7/1/2023. The county is part of the Appalachian region and has a larger elderly population (persons 65 years and over) of 21.4%, compared to 17.3% in Maryland. The county population for persons under 18 years is 17.9% compared to 22.0% in Maryland. The county population for persons under age 5 is 4.6% compared to 5.7 % in Maryland. In Allegany County, 88% of the population is white, 7.9% is black, 2.1% is Hispanic or Latino, and 2.6% are two or more races. Most households self-reported English as the primary shared language, but only 3.3% (compared to 19.8% in Maryland) of residents speak a language other than English. The veteran population in Allegany County is 4,684 compared to 345,104 in Maryland.

Socioeconomic factors contribute to poor health outcomes in Allegany County. The median household income in Allegany County is \$55,248, well below the state median of \$98,461. Allegany County has a greater poverty rate than the state, whereas 18.1% of persons live in poverty compared to 9.5% in Maryland. While 90.6% of Allegany County residents are high school graduates, only 20.8% have a bachelor's degree or higher compared to 42.2% in Maryland. Additionally, persons living in Allegany County with a disability, under age 65, is 14.1% compared to 7.8% for Maryland, almost twice the percentage of the state. Allegany County has a significantly lower civilian labor force, age 16 years and older, of 49.5% as compared to 66.6% in Maryland.

### **AGENCY OVERVIEW**

The Allegany County Local Behavioral Health Authority (LBHA) is located within the Allegany County Health Department (ACHD) and works closely with both the Maryland Department of Health's Behavioral Health Administration (BHA) and the ACHD to fulfill its public health mission and mandates. ACHD operations are overseen by the Health Officer, under whom the Medical Deputy Health Officer and the Deputy Health Officer of Operations work. The LBHA director reports to the Deputy Health Officer of Operations. The health department does have a behavioral health services program which provides both mental health and substance use disorder services, however, the LBHA and Behavioral Health Services Program are operated independently of each other and the lines of authority have been developed so each unit has its own director. The LBHA participates internally in health department activities that promote positive management practices. These efforts include: participating in management/leadership training, Emergency Preparedness workgroup meetings, Continuous Quality Improvement, Executive Staff meetings, developing agency policies and procedures, and creating a strategic plan for the organization. The LBHA director also participates in the agency's accreditation activities as requested and serves as the Health Department's HIPAA Privacy Officer.

In the role of partner to BHA, the Allegany County LBHA is responsible for planning, managing, and monitoring the local Public Behavioral Health System (PBHS). To fulfill these mandates, the LBHA works collaboratively with BHA, Maryland Medicaid, the Maryland Association of Behavioral Health Authorities (MABHA), other Core Service Agencies (CSAs), Local Addiction Authorities (LAAs), Local Behavioral Health Authorities (LBHAs) and the Administrative Services Organization (ASO). The LBHA's approach to systems management is in alignment with BHA's Manual for Managing the Public Behavioral Health System in Maryland which outlines four main roles of the LBHA. The Allegany County LBHA's efforts associated with each role include, but are not limited to:

- 1). Leadership: Facilitating collaboration between community partners and behavioral health stakeholders in order to develop, enhance, and expand behavioral health supports in the county; Elevating pertinent issues to BHA, including gaps in services/resources and issues encountered by PBHS providers; Representing BHA at the local level by carrying out statewide initiatives and acting as their designee when needed; Educating the public about services available in the PBHS through outreach and direct system navigation assistance; Educating the public directly through programs such as Mental Health First Aid and Crisis Intervention Team training; Maintaining a PBHS provider directory, as well as information on other community resources such as housing, income, and food assistance; Assisting in facilitation of care coordination for high risk and/or difficult-to-serve individuals being served by multiple agencies, which includes inviting relevant BHA staff and other consultants (e.g. University of Maryland staff) to case consult meetings.
- 2). Management: Continuous assessment of needs and gaps in services, and working in partnership with other community agencies/stakeholders to address them (e.g., sequential intercept model mapping; feedback from stakeholders/providers via community surveys and regular meetings); Developing a strategic plan for the county's PBHS with feedback from the Behavioral Health Advisory Committee and Consumer Advisory Board; Working with the ACHD Emergency Preparedness (EP) division to ensure local PBHS emergency preparedness, including participating in the monthly EP workgroup, the ACHD Continuity of Operations Plan which identifies LBHA responsibilities as essential functions, and inclusion in the Allegany County Health Department All Hazards Emergency Plan; Procuring services (e.g., Targeted Case Management) and contracting with behavioral health providers to implement local programs/services (8 contracted subvendors in Allegany County); Participating in activities with BHA and the Medicaid Administrative Services Organization (ASO) that aim to recruit, oversee, and retain behavioral health providers in our local PBHS (e.g., Clinical Site Placement Opportunity presented by BHA); Processing Uninsured Eligibility Exception Requests for eligible PBHS services in the ASO portal; Processing Bed Hold Requests for the county's Residential Rehabilitation Program (RRP) and Residential Crisis Services (RCS) programs in the ASO portal; Fulfilling responsibilities of the county's Residential Specialist (Processing RRP referrals; maintaining the county's RRP waitlist; Conducting inspections and quality assurance activities for RRP and RCS programs; etc.); Assisting individuals and families in accessing behavioral health supports and other community resources, including residential placement, complex case assistance for youth and families, individuals leaving state hospitals, and individuals leaving the Allegany County Detention Center.

System management is designed, developed, and managed in accordance with the Moore-Miller Administration's mission to "Leave No One Behind". Relevant goals and objectives of the Administration, along with relevant LBHA activities, include: **(1)** Enabling access to affordable, high-quality health care including behavioral and mental healthcare [LBHA efforts on expanding services, Medicaid enrollment, or uninsured access]; **(2)** Ensuring that behavioral health challenges do not prevent Maryland children from getting the education they need and deserve [LBHA participation in the development of the Hub & Spoke program for public schools, and designation as a Hub]; **(3)** Creating safe communities by investing in both law enforcement and communities [LBHA is working in partnership with the Governor's Office of Crime Prevention and Policy to hold a sequential intercept model mapping workshop for the county on March 6th, 2025; Crisis Intervention Team management]; **(4)** Ensuring world class health systems [LBHA works to ensure that all eligible individuals are enrolled in Medicaid or have access to services through uninsured funding; management of grant-funded services for PBHS-eligible individuals]; **(5)** Improving eligibility and access to quality behavioral healthcare [System navigation/education; advocating for lower barriers to access services]; **(6)** Improve health equity and eliminate disparities by enhancing community wraparound services, providing culturally competent services, and addressing social determinants of health in healthcare settings [Promoting the expansion of community services that span the Behavioral Health Continuum; connection care coordination/case management as well as treatment to address social determinants of health; Advocacy for programs that will bring more resources to the community or alleviate problems such as lack of transportation and affordable housing; Promotion of cultural competency trainings among PBHS providers and LBHA staff].

3). Oversight: Oversee implementation of grant-funded PBHS services to ensure compliance with their Conditions of Award and Statement of Work, as well as provision of high quality services, which includes, at minimum, annual monitoring; Fiscal monitoring of grant-funded PBHS services; Assist in oversight of fee-for-service PBHS providers in partnership with BHA and the ASO, including follow-up audits on behalf of the ASO and BHA, and monitoring performance improvement plans; Investigation of non-financial behavioral health complaints.

4) Operations: Developing LBHA policies and procedures that comply with local, state, and federal requirements; Ensuring compliance with Maryland Department of Information Technology guidance or instructions, including cybersecurity training for staff, Managing the LBHA's administrative budget appropriately and efficiently; Staff recruitment, retention, and ongoing professional development.

The LBHA's staffing consists of a program director, two behavioral health coordinators, an office secretary, one part-time accountant, one part-time State Care Coordinator (SCC) and one part-time Community Health Outreach Worker (CHOW), one Maryland Community Criminal Justice Treatment Program (MCCJTP) coordinator, and one Projects for Assistance in Transition from

Homelessness (PATH)/Continuum of Care (CoC) coordinator. The only direct services provided within the Allegany County LBHA are PATH, CoC, SCC and MCCJTP.

Populations served directly by the LBHA include adults who are: Diagnosed with a serious mental illness (MCCJTP, PATH, & CoC); Experiencing or at risk of homelessness (PATH & CoC required for eligibility; MCCJTP & SCC); Moving from one level of substance use treatment to another (SCC); Being released from the local detention center (MCCJTP). Under the role of systems management, the LBHA serves individuals across the lifespan and across the Behavioral Health Continuum of Care.

For a directory of PBHS services in Allegany County, see the behavioral health resources brochure presented in Appendix 1.

Please note that the LBHA's past strategic plans are not currently posted to a public platform, however, the final version of this plan and future plans will be posted to the Allegany County Health Department website.

### **ADDRESSING THE NEEDS OF PRIORITY POPULATIONS**

The LBHA aims to meet the unique behavioral health needs of all individuals in Allegany County. In working toward this goal, the LBHA distributes resources aimed at specific populations via printed and online materials and to our community partners (e.g., LGBTQ+ behavioral health resources; University of Maryland's suicide prevention in older adults training; Trevor Project trainings; BHA Deaf & Hard of Hearing Conference). The LBHA also receives funding for translation services through BHA's Suicide Prevention Initiative grant. Behavioral health providers who are providing Cognitive Behavioral Therapy or Dialectical Behavior Therapy to clients who speak any language other than English, including the deaf and hard of hearing community, and are not able to be reimbursed for translation services through the PBHS may seek funding. This grant pays for translation services for up to three individuals. The LBHA also provides behavioral health information at local events such as Cumberland Pride which allows us to share resources with the LGBTQ+ community. Allegany County is a rural area, with some regions being geographically isolated. Geographic isolation combined with a high poverty rate and few transportation resources results in many county residents struggling to access needed services. For this reason, the LBHA has continuously identified transportation as one of the county's primary barriers to treatment, employment, and generally, high quality life in the community. The LBHA is able to provide bus tickets for behavioral health treatment to eligible individuals who live on a bus route. Those who do not live on a bus route are referred to Non-Emergency Medical Transportation for a screening. The LBHA also supports individuals who are or have been justice-involved through the Maryland Community Criminal Justice Treatment Program (MCCJTP) grant which provides re-entry case management for individuals incarcerated in the Allegany County Detention Center who are diagnosed with a serious mental illness. Additionally, the LBHA coordinates the Crisis Intervention Team (CIT) which provides training to law enforcement officers to better equip them in responding to behavioral health crises in the

community. The LBHA also shares training opportunities and facilitates case consults, when needed, for our Residential Rehabilitation Program (RRP) provider, Archway Station Inc., which frequently serves forensically-involved individuals being discharged from state hospitals. It's also noted that Archway Station Inc. was approved for six additional RRP beds that will exclusively receive state hospital patients, and the LBHA has worked in partnership with the program to bring these beds online. The first three beds received patients in early 2024. BHA grant funding also supports substance use treatment within the Allegany County Detention Center, including Medication for Opioid Use Disorder.

### **PROVIDING SERVICES ACROSS THE BEHAVIORAL HEALTH CONTINUUM OF CARE**

The LBHA seeks to expand, enhance, and ensure equitable access to a full range of high-quality services across the Behavioral Health Continuum of Care. Key priorities are guided by data, community feedback, and BHA recommendations. Existing services are outlined in Appendix 2. Identified gaps in services include local youth Residential Crisis Services; Youth Respite; Intermediate Care options; Certified Men's Recovery Housing; Certified Women's Recovery Housing (for those without children); Certified Recovery Housing for Men with Children, Mental Health & Substance Use intensive outpatient treatment for youth; Residential SUD treatment for youth; Residential Programs for older adults with mental illness who also have a higher level of somatic needs which an RRP cannot support; and Extended Observation Unit (23-Hour Crisis bed). It is noted that while these programs are not currently available in Allegany County, we must use data and community feedback to justify their establishment. The Allegany County community agrees that a local Residential Crisis Services program for youth would be beneficial due to the number of children visiting the ED and, unfortunately, being boarded there at times. For programs such as Certified Recovery Housing for Men with Children or SUD intensive outpatient treatment for youth, the LBHA would recommend taking time to gather more data, and survey community stakeholders/agencies to determine that there is enough need to pursue these programs' establishment.

### **COUNCILS AND COMMITTEES**

The LBHA oversees the Behavioral Health Advisory Committee, Consumer Advisory Board, and a quarterly meeting for PBHS providers. Additionally, the LBHA participates in the Local Management Board, Local Care Team, Crisis Intervention Team Steering Committee, Local Homelessness Coalition, Child Fatality Review Board, Overdose Fatality Review Board, ACHD Safety Committee, ACHD Emergency Preparedness Workgroup, Allegany County Health Planning Coalition, Opioid Prevention Team, Western Regional Suicide Prevention Coalition, and Veteran Deflection Committee.

## **HIGHLIGHTS, ACHIEVEMENTS, NEW DEVELOPMENTS AND CHALLENGES**

### **HIGHLIGHTS, ACHIEVEMENTS, AND NEW DEVELOPMENTS**

#### **SUICIDE PREVENTION**

Through the Suicide Prevention Initiative (SPI) grant, awarded by the Behavioral Health Administration's Office of Suicide Prevention, the LBHA has been able to hold four (4) Dialectical Behavior Therapy (DBT) trainings for mental health professionals working in Allegany County. DBT is an Evidence-Based Practices proven to reduce suicidality. Through the grant, the LBHA is also able to reimburse the DBT trainer for follow-up consultations with clinicians who participated in the training. A CBT training is scheduled for April 2025, and is also an EBP shown to decrease suicidality. Mental Health First Aid continues to be provided to the community. 10 trainings were provided in FY24 and three (3) trainings have been held so far in FY25. An additional component of Allegany County's suicide prevention efforts, is distribution of gun locks to the community. In July of 2024, the LBHA and the Allegany County Library System began collaborating on a plan to distribute gun locks from the local libraries to promote gun safety and reduce the risk of suicide and self-harm which allows the LBHA to reach more individuals through a trusted community resource. The wired gun locks are customized with the 988 logo, and each lock comes with a 988 card and educational materials on suicide warning signs. During FY24, the LBHA distributed a combined 22 gun locks, cases, and safes to the community at six (6) events. During FY25, a combined nine (9) gun locks, cases, and safes have been distributed so far at nine (9) events.

The LBHA has also made progress in distributing written and electronic information on suicide prevention online and at many community outreach events. During FY24, the LBHA attended 17 community outreach events where a combined 1,848 individuals visited our table. So far during FY25, the LBHA has attended nine (9) community outreach events with a combined 1,153 visitors to the table. A wide variety of printed behavioral health materials, as well as behavioral health-related giveaway items, are offered at all events. Electronic information is disseminated on the LBHA's Facebook page and website, Allegany Mental Health Matters. In September 2024, the LBHA funded three billboards in the county promoting 988. Additionally, a radio ad provided in BHA's Suicide Prevention Toolkit was aired 80 times on two different radio stations. Altogether, 1,712,651 individuals were reached by educational materials in the first quarter of FY25 (this includes social media hits, impressions, and billboard data). During FY24, we reached a total of 1,530,129 individuals.

The LBHA's annual Never Forgotten Suicide Prevention & Memorial Walk was held in September 2024 to honor those who have been lost to suicide, those who struggle personally, and those who support the cause. 81 individuals attended.



## **CRISIS SERVICES**

The Allegany County LBHA director and Crisis Intervention Team (CIT) coordinator, Justin Davis (LCPC), attended the CIT International Conference held in Indianapolis, Indiana, in August 2024. Justin began working in the LBHA office in June 2024, and in November 2024 was promoted from coordinator to LBHA director after the previous director had received a promotion within the Allegany County Health Department. With him, Justin brought experience from a previous iteration of the CIT in Allegany County, in which he responded to crisis calls in the community and helped police officers determine if an emergency petition was needed or not. During quarter one of FY25, a CIT Steering Committee composed of 15 local agencies was established and continues to meet monthly. During quarter two, Justin focused on building rapport and buy-in from the community and law enforcement. A 40-hour training is scheduled for March 31, 2025 - April 4, 2025, and the LBHA hopes to have 1-2 officers from each police department participate.

Mobile Crisis Response and Stabilization Services (MCRSS) are now available in Allegany County for adults, youth, and families experiencing a mental health or substance use crisis. Effective December 28, 2023, these mobile, face-to-face interventions are provided in homes and communities. MCRSS aims to divert individuals in crisis from hospitals, emergency departments, and the criminal justice system, while also stabilizing children in their living arrangements and helping them return to routine functioning. The service is designed to reduce the overuse and misuse of emergency services, prevent fatalities from suicide, drug overdose, and other mental health and substance use emergencies, and reduce law enforcement involvement in behavioral health-related calls. Currently, the subvendor, Baltimore Crisis Response, Inc. (BCRI), provides services in Allegany and Garrett County by receiving calls directly from 911 dispatch or directly from the community. From 7:00 am to 3:00 pm, Monday through Friday, BCRI responds to calls utilizing a co-responder model with law enforcement for high-risk calls (those involving violence) and responding independently for low-risk calls. The team consists of a clinical supervisor and a peer support specialist. Between 3:00 pm and 11:00 pm, Monday through Friday, the peer support specialist follows up on low-risk calls from 911 dispatch, connecting individuals to services, providing resources, ensuring adherence to safety plans, and scheduling future follow-up appointments. Currently, peers and the clinical supervisor provide 8 weeks of follow-up services to stabilize individuals, with referrals to the Assertive Community Treatment (ACT) team if longer-term support is needed. BCRI has set a goal to address staffing shortages by providing telehealth services to the community, with implementation planned for March 2025. MCRSS is actively developing partnerships with key community stakeholders and local law enforcement to enhance service delivery and coordination. The LBHA is working with BCRI to help develop and enhance community relationships. The LBHA and BCRI meet twice monthly, and BCRI also attends the Allegany County CIT meetings.

## 988/911 COLLABORATION

988 was formed in 2022 after the 10-digit National Suicide Prevention Lifeline number transitioned to an easy-to-remember number. The 988 Lifeline provides compassionate, confidential support, offered by trained crisis counselors focused on behavioral health, rather than through law enforcement or emergency medical services. 988 is available 24/7 through call, text, and chat, offering real-time support for emotional distress, suicidal thoughts, problematic substance use, and other behavioral health issues. Coordination between 988 and 911 is considered a best practice in building a robust community crisis system but this multichannel approach does not yet exist in Allegany County. The LBHA is facilitating efforts toward the 988/911 coordination and currently holds monthly meetings with the local 911 call center, law enforcement, and the MCRSS team.

## OVERDOSE DEATHS AND EVENTS DECREASED BY HALF

One of Allegany County's biggest achievements has been working to reduce overdose deaths. According to the Maryland Department of Health's Overdose Data Dashboard, Allegany County's overdose deaths have decreased by about 50% since 2020. This is a significant success for the county as we saw the highest increase of overdose deaths of all jurisdictions in the state for that year. As described in the data section, Emergency Department visits for overdose events have also decreased by about half since FY2021. This progress would not be possible without the work of our community partners to enhance and expand harm reduction activities, behavioral health treatment, and behavioral health supports. **Harm reduction efforts include:** AHEC West & ACHD naloxone training, kit distribution, and vending machines; AHEC West Syringe Service Program, Rapid Analysis of Drugs program, fentanyl and xylazine test strips, street outreach via the Street Team and at the Possibility Shop (recovery community center). **New substance use disorder supports include:** ACHD's Joseph S. Massie Unit expansion to include ASAM 3.5 services (residential high-intensity care); State Opioid Response grant funding for Medication for Opioid Use Disorder in the Allegany County Detention Center; and Archway Station Inc.'s Recovery Housing for Pregnant Women & Women with Children (coming soon); ACHD and UPMC expansion of MAT services to include Sublocade and naltrexone (Brixadi also coming soon to ACHD). **Other contributing programs include but are not limited to:** Ongoing substance use treatment by all local PBHS providers, including prevention services, outpatient treatment, and intensive outpatient; ACHD residential treatment (ASAM 3.1-3.7WM); peer support in ACHD's outpatient and residential programs; AHEC West's peer support specialists working on the Street Team and in the Possibility Shop, pre-trial release program, and Allegany County Detention Center; AHEC West 24/7 peer support hotline; ACHD, AHEC West, and Law Enforcement partnership's Drug Abatement Response Team (DART); UPMC Western Maryland "fast track" MOUD program; UPMC SOR Opioid Use Disorder/Stimulant Use Disorder crisis beds; State Care Coordination program; Hope Station Wellness & Recovery Center services; Allegany County Circuit Court Drug Court supports, including peer services; ACHD afterschool programs (Project ALERT and Botvin Lifeskills).

### **EXPANSION OF BEHAVIORAL HEALTH SERVICES AND SUPPORTS**

FY2024 and FY2025 saw the launch of several new behavioral health initiatives. Archway Station Inc.'s Assertive Community Treatment (ACT) program has begun offering services, which can include out-of-office behavioral health counseling, medication management, psychiatric assessment, housing support, case management, vocational services, peer support, and more. As of January 2025, the team has served 14 Allegany County residents and one (1) Garrett County resident. Archway Station Inc. has also added an SSI/SSDI Outreach, Access, and Recovery (SOAR) coordinator to their staff who can serve any SOAR-eligible individual who resides in Cumberland City limits. Another exciting development is the launch of Mental Health Court in Allegany County's District Court which occurred in April 2024. The court has had five (5) participants so far. As described by Maryland Courts, "A Mental Health Court is a specialized court docket established for defendants with mental illness that substitutes a problem-solving approach for the traditional adversarial criminal court processing. Participants are identified through mental health screening and assessments and voluntarily participate in a judicially supervised treatment plan developed jointly by a team of court staff and mental health professionals." The court staff includes a Mental Health Court coordinator who provides case management. Participants also receive peer support from a Peer Recovery Specialist.

### **SEQUENTIAL INTERCEPT MODEL (SIM) MAPPING WORKSHOP**

The Governor's Office of Crime Prevention and Policy will be facilitating a SIM mapping workshop for Allegany County. The workshop will be hosted by the LBHA at Allegany College of Maryland on March 6th, 2025. The goal of the workshop is to bring together key local criminal legal, behavioral health, and community stakeholders to identify existing resources, gaps, and opportunities for responding to the needs of adults with behavioral health needs who are involved or at risk for involvement in the criminal legal system.

### **COMMUNITY OUTREACH EVENTS**

The LBHA hosted two events this year. First, the LBHA, along with UPMC Western Maryland and the Consumer Advisory Board, sponsored a Mental Health Matters Walk at Allegany College of Maryland (ACM) on May 13, 2024. AHEC West Peer Recovery Specialist, Shalynn Cline, shared her recovery story during the event. There were 132 participants, as well as vendors, volunteers and LBHA staff in attendance for a total of 163 people. In addition, a Mental Health Matters Poster Contest was held for all Allegany County students grades K-12 with prizes being awarded. The theme was "What Healthy Activity Helps You Cope with Stress?" The six winning posters were displayed at the LaVale Library after the walk. The second event, the LBHA's Never Forgotten Suicide Prevention & Memorial Walk was held September 22, 2024 at Rocky Gap State Park, with 77 attendees in participation. This was a partnership between the LBHA, UPMC Western Maryland, the Consumer Advisory Board, and Rocky Gap State Park for individuals to remember, honor, and walk in memory of loved ones lost to suicide.

### **LBHA-SPONSORED TRAININGS**

The LBHA sponsored the following trainings through Allegany College of Maryland (ACM) during Fall 2023: Dialectical Behavior Therapy (DBT) Parts 1 and 2; Autism training; and “It’s Not Taken: The Realities of Commercial Sex Trafficking of Children & Youth”. During 2024: DBT Part 3 and 4; DBT Theory; DBT Main Strategies; Cognitive Behavioral Therapy (CBT) training; Group Therapy training; Substance Abuse Disorders and the Family; Current Trends on Drug Use. Additional trainings are planned for Spring 2025. The LBHA also held its fifteenth annual in-person Consumer Advisory Board (CAB) panel with ACM’s Human Services students where CAB members shared their stories of recovery and experiences receiving behavioral health services with students. Students also have an opportunity to ask questions and learn ways in which consumers feel they’re best helped. Feedback from students on this event has been overwhelmingly positive.

### **COORDINATED COMMUNITY SUPPORTS PARTNERSHIP**

In October 2023, the Maryland Consortium on Coordinated Community Supports (“Consortium”) issued a Request for Proposals (RFP) for Partnership Hub Pilots. Following the approval of a regional Hub proposal in April 2024, the Garrett and Allegany County LBHAs, identified together as the Hub, have partnered with the Garrett and Allegany Public Schools, as well as the identified service providers (also called “Spokes”) to enhance behavioral health services. The Hubs’ role is to coordinate the Spokes’ services, manage grants awarded to Spokes, and collect/report data. The Spokes’ role is to provide behavioral health services and supports to public school students and their families. The Spoke RFP was issued August 2023. Allegany College of Maryland was selected as Allegany County’s first Spoke the Consortium. The Hub has recently issued its own Request for Applications (RFA) and is currently reviewing applications for new Spokes to join their network.

### **CHALLENGES**

**Staffing Challenges:** Several programs have shared their difficulties in finding licensed staff, certified rehabilitation specialists, and case managers. Allegany County is a rural area which can make it more difficult to recruit, particularly when multiple programs are recruiting at the same time. Staffing has been a significant challenge for outpatient behavioral health clinics, residential substance use treatment programs, ACT, MCRSS, and Targeted Case Management. Within the LBHA, the State Care Coordinator’s position is only funded at 0.5 FTE while the amount of work is that of at least 1.0 FTE. For this reason, a waitlist had to be implemented which delays services for the high-risk population (individuals moving from one ASAM level of care to another, most often high-intensity residential treatment). **Lack of Transportation Options:** Allegany County has limited public transportation options. While the Allegany County Transit bus lines offer rides to most places in the county, the bus schedule is mainly centered around the Cumberland area which is more highly populated. Those who live in the more rural areas of Allegany County, such as Lonaconing and Westernport, only receive

the bus service two days a week during limited hours, resulting in longer travel times, and these bus routes were proposed to be eliminated by the county in September 2024. Taxi transportation does not offer a realistic alternative due to the high cost of rides. Allegany County's Non-Emergency Medical Transportation (NEMT) program can transport Medicaid-eligible individuals to behavioral health and medical appointments if they do not live on a bus route and do not have other means of transportation. Options are still needed for those who need transportation to work, school, childcare, non-medical/behavioral health appointments, etc. **Lack of Affordable Housing:** Assisting individuals with obtaining housing is difficult with limited options for affordable housing, particularly when the individual has no or low income. Subsidized housing is limited and waitlists are often one year or longer, for those who qualify. Being unable to secure basic needs prevents individuals from focusing on larger goals that would support long-term sustainability. **Lack of Adequate Funding:** Fee-for-service providers have expressed that it is difficult (if not impossible) to cover all the expenses of running a program (employee benefits, overhead costs, etc.). ACHD BHS, which provides residential substance use treatment (ASAM 3.1, 3.5, 3.7, and 3.7WM), shared that the current fee-for-service reimbursement rates fail to compensate proportionately to the sources needed to provide high-quality patient care in residential settings.

## **KEY PRIORITIES, GOALS, OBJECTIVES, AND OUTCOMES**

### **KEY PRIORITIES**

The LBHA has identified two key priorities on which our current goals are based. The first is increasing suicide prevention efforts among Allegany County youth and adults by June 30, 2026. This goal is driven by Allegany County's high rate of Emergency Department visits for suicide and self-harm, in combination with the high number of firearms owned by residents. The second priority is increasing crisis services available to adults and youth in Allegany County. This priority ensures that the full range of needed services in the Behavioral Health Continuum of Care is accessible to our residents.

### **FY 2025 REPORT GOALS, OBJECTIVES, AND OUTCOMES**

#### **GOAL I. Increase suicide prevention efforts among Allegany County youth and adults by June 30, 2026.**

**Objective 1.1: Increase by 10% the number of individuals, businesses and behavioral health providers who receive educational resources on suicide prevention and on reducing access to lethal means by June 30, 2026.**

**Strategy 1: Disseminate suicide prevention resources at various community events.**

**Performance Measure/Target:**

1. Distribute gun locks at 15 community events by June 30, 2026. *Progress as of March 2025 = Gun locks/safes distributed at 6 events.*
2. Distribute 1500 behavioral health brochures at outreach and community events by June 30, 2026. *Progress as of March 2025 = The LBHA has attended 26 community outreach events where a combined 3,001 individuals visited our table. A wide variety of printed behavioral health brochures, as well as behavioral health-related giveaway items, are offered at all events. The number of behavioral health brochures distributed is being tracked as of February 2025.*

**Strategy 2: Promote Mental Health First Aid trainings to Allegany County residents and businesses.**

**Performance Measure/Target:**

1. Provide 12 Mental Health First Aid trainings to community agencies/individuals by June 30, 2026. *Progress as of March 2025 = 13 trainings provided*

**Strategy 3: Boost 6 posts per month on the Mental Health Matters Allegany Facebook page.**

**Performance Measure/Target:**

1. Increase the Mental Health Matters Allegany Facebook reach total by 10%, which is a total of 26,937 reaches, by June 30, 2026. (Reach is defined by Facebook as the number of people who saw any content from the page or about the page.). *Progress at conclusion of FY2024 = 115,562 reaches achieved; Progress from 12/05/24 - 03/05/25 = 1,623 reaches achieved.*
2. Increase the Mental Health Matters Allegany Facebook views by 10%, which is a total of 375 page views, by June 30, 2026. (Page views are the number of times a profile has been viewed by people, including people who are logged into Facebook and those who are not.). *Progress from 12/05/24 - 03/05/25 = 3,949 views.*

**GOAL II:**        **Increase availability of crisis services for adults and youth in Allegany County by June 30, 2026.**

**Objective 1:** Enhance at least 3 behavioral health programs providing crisis services in Allegany County by June 30, 2026.

**Strategy 1:**    **Support the establishment of new crisis service programs and stakeholder engagement while developing additional resources.**

**Performance Measure/Target:**

1. Conduct 11 local CIT Collaborative Planning and Implementation Committee/Crisis System meetings by June 30, 2026. *Progress as of March 13, 2025 = 5 meetings conducted.*
2. Provide a minimum of 2 technical assistance support sessions with the new MCRSS sub-vendor to assist with service development and data reporting by June 30, 2026. *Progress as of October 31, 2025 = 7 TA sessions provided.*
3. Provide a minimum of 2 technical assistance support sessions with the new ACT sub-vendor to assist with service development and data reporting by June 30, 2026. *Progress as of March 17, 2025 = 8 TA sessions provided.*

**LESSONS LEARNED AND ADJUSTED ACTION STEPS**

**ADJUSTED: Goal I, Objective 1.2: Re-establish a suicide prevention coalition with a minimum of 5 different community stakeholders by June 30, 2026.** This objective was adjusted and incorporated into Objective 1.2, Strategy 2 because the coalition did not materialize and while coordinating other projects, the LBHA considered that our community partners and stakeholders already attend many meetings. We felt it would be equally as effective and convenient to incorporate suicide prevention into our BHAC, CAB, and quarterly provider meetings. This will still allow us to share our suicide prevention efforts, receive feedback, explore opportunities for partnership, learn of other agencies' efforts, and discuss data as appropriate.

**ADJUSTED: Goal I, Objective 1.1, Strategy 4: Add 6 new resources to the Mental Health Matters (MHM) Allegany Website.** This strategy was removed for two reasons. (1) The MHM website needs to be reorganized. LBHA staff have found it can be difficult to navigate and have also received this feedback from the public via our online Cultural & Linguistic Competency survey. We will work with our website manager to reorganize the website and make it more user friendly before trying to generate more traffic. (2) We've considered that six new resources may not necessarily be beneficial because "new" doesn't always mean better. We aim to distribute valuable, relevant, evidence-based information from trusted sources as they become available. We feel this would be better measured

in reach rather than number of new sources shared. This will be done through the existing Goal I, Objective 1.1, Strategy 3. Once the website is reorganized, we can reintroduce the goal of increasing traffic to the MHM website and measuring page views.

**ADJUSTED: Goal II, Objective 1: Increase the number of behavioral health programs providing crisis services to Allegany County residents by 10% by June 30, 2026.** This objective was reworded to be measurable as there was no baseline for the 10% increase.

### **TARGETED CASE MANAGEMENT (TCM)**

The Local Behavioral Health Authority conducts annual site visits with Potomac Community Services, Allegany County's current TCM provider. During the annual site visits, the LBHA uses the monitoring tools provided by the Behavioral Health Administration which indicate compliance with the Code of Maryland Regulations (COMAR). Upon completion, the LBHA sends the results of youth site visits to the Primary Behavioral Health and Early Intervention (previously known as the Child, Adolescent, and Young Adult Services) Unit of BHA, and the adult site visits to the Office of Treatment Services of BHA. If there are no concerns, BHA provides a one-year Certificate of Approval for the program. If areas of non-compliance are discovered during the annual site visit, the LBHA will notify the appropriate BHA department and a Performance Improvement Plan (PIP) will be required. A follow-up site visit is then conducted to review areas out of compliance typically at three-month intervals. The same process is followed for follow-up site visits in regard to submission of documents to BHA.

The most recent annual site visit was completed 03/12/24 - 03/15/24 for Adult Targeted Case Management and 03/25/24 - 04/08/24 for Child & Adolescent Care Coordination. The results from this annual site visit found that the TCM provider was compliant with all regulatory standards for FY24.

Potomac Community Services was selected as the youth TCM subvendor in 2020. The youth TCM Request for Proposal (RFP) was released on January 21, 2025, in alignment with the five-year cycle. The selected subvendor is expected to begin providing services on or about July 1, 2025. The most recent adult TCM RFP was released in February 2021, the award was announced in June 2021, and services began around July 2021. The next adult TCM RFP will be distributed in January or February 2026, with plans to begin services with the selected provider in July 2026.

The Allegany County Local Behavioral Health Authority (LBHA) conducted a TCM capacity analysis to determine whether Allegany County is utilizing adult and youth TCM services at a comparable rate to the statewide TCM utilization rate.



When making a comparison to the rest of the state, we must consider Allegany County's geography. Allegany County is in the western part of Maryland covering 422 geographic square miles, with approximately 161 persons per square mile. For comparison, the highest populated jurisdiction in Maryland is Baltimore City which has 7,235 persons per square mile (US Census, 2020). According to the July 2023 U.S. Census, the estimated population of Allegany County was 67,273 which makes it the ninth lowest populated county in the state. For this reason, local changes from fiscal year to fiscal year appear more drastic because the sample size is smaller for our county than for the state. The initial findings of the capacity analysis are illustrated in the chart below.

<b>Allegany County</b>	<b>FY2022</b>	<b>FY2023</b>	<b>FY2024</b>
<b>Age 0-17</b>	4.20%	4.33%	4.80%
<b>Age 18+</b>	0.64%	1.82%	1.82%
<b>Statewide</b>	<b>FY2022</b>	<b>FY2023</b>	<b>FY2024</b>
<b>Age 0-17</b>	2.47%	2.46%	2.41%
<b>Age 18+</b>	1.97%	1.86%	1.81%
<i><b>Data Source:</b> ASO Optum claims paid through 09/30/2024. *Data for FY2024 is not yet complete as a provider has 12 months from the time of service in which to submit a claim for payment.</i>			

The data shows that Allegany County serves a significantly higher rate of youth TCM participants compared to the state. The adult TCM participants have increased for Allegany County, showing a significantly lower rate than the state only in FY2022. This lower rate could be due to a number of factors, such as the COVID-19 pandemic. According to the Center for Disease Control's 2024 article, "The Changing Threat of COVID-19", hospital admissions due to COVID-19 peaked in 2021. The article also states that cases are now typically seen as a milder infection in individuals who do not have other underlying conditions or risk factors. This may have contributed to more people seeking services after FY2022. Another ongoing challenge of providing TCM in Allegany County identified by the current vendor, Potomac Community Services (PCS), is lack of affordable housing. Those experiencing homelessness can be difficult to communicate with and locate. Additionally, these individuals can be more difficult to support as their primary focus must be meeting

basic needs, secondary to other goals such as maintaining mental health treatment, which would support long-term stability. Despite these challenges, PCS continues to meet the increasing needs of TCM participants with high quality services. Allegany County's behavioral health and community resource providers have strong relationships due to the small size of the jurisdiction, which increases awareness of available programs including TCM. This generates more referrals and allows TCM staff to build rapport with potential participants and partner agencies (e.g., ability to meet with participants in the hospital or residential crisis programs prior to discharge). These strong relationships have been built by Potomac Community Services outreach in the community. The LBHA also promotes TCM services by making appropriate referrals to those who need assistance navigating the PBHS and ensuring that other community partners are aware of available services in the county.

### **LOCAL SYSTEMS MANAGEMENT INTEGRATION AND SELF-ASSESSMENT TOOL**

Annually, the LBHA completes a Local Systems Management Integration Status Report which most recently was done in February 2025. This report can be reviewed in Appendix 3.

### **CULTURAL AND LINGUISTIC COMPETENCY (CLC) IMPLEMENTATION**

**Strategy 1:** The LBHA will continue to self-evaluate their goals, as well as seek feedback from the Consumer Advisory Board, Behavioral Health Advisory Committee, the provider community, and the Behavioral Health Administration. The LBHA will create a quarterly survey to be distributed to BHAC, CAB, and local providers, requesting feedback on whether the established goals are being prioritized/achieved. **Accomplishments:** Based on research and survey feedback received so far, the LBHA has obtained printed brochures in Spanish and Mandarin. Social media resources in Spanish have also been posted to the LBHA Facebook page. Additionally, grant funding for translation services was received by the LBHA. This funding is for providers who are treating individuals whose first language is not English, including the deaf and hard of hearing community, to pay for translation of CBT and DBT treatment **Impact:** More behavioral health resources are available to those in our community whose first language is not English, including the deaf and hard of hearing community. **What has not been accomplished:** The survey has been available continuously on the LBHA's website, however it was not distributed quarterly. **How it will be addressed in FY26:** The LBHA has added a calendar reminder to distribute the survey each quarter. The LBHA has developed a tracking sheet for CLC activities and goals to ensure strategies are being implemented.

**Strategy 2:** The LBHA will continue to raise awareness for culturally diverse populations by using resources that are easy to understand in languages commonly used by individuals in Allegany County. The LBHA will develop an updated cultural competency survey on the Mental Health Matters (MHM) website and promote this on social media to continue capturing updated information from the

community regarding the need for multimedia materials in other languages. LBHA staff will purchase 100 printed brochures on behavioral health topics such as substance use risk factors, suicide prevention, anti-stigma, and other behavioral health topics in the identified varying languages to distribute at health fairs and community events by September 2024. **Accomplishments:** The LBHA created a combined cultural competency/health literacy survey which has been posted to the MHM website. The LBHA obtained the 100 printed behavioral health brochures which have been distributed at health fairs and community events. **Impact:** The LBHA is able to use consumer feedback to ensure appropriate printed resources are available. Behavioral health resources are now available to a more diverse population. **What has not been accomplished:** The LBHA does not receive a high number of responses through the MHM website survey. **How it will be addressed in FY26:** The LBHA will distribute the survey on the Facebook page each quarter as this platform reaches a wider audience.

**Strategy 3:** According to results from the Allegany Health Planning Coalition's Community Needs Assessment survey, there is a need to improve health literacy for mental health for all cultures represented in Allegany County. The LBHA will provide educational information on the Mental Health Matters (MHM) website on topics such as suicide prevention, signs/symptoms of mental illness, crisis resources, and community resources. The information will be easy to read and understandable with pictures, graphics, and videos for all cultures represented in Allegany County. The information will be updated quarterly so there will be ongoing educational opportunities. The information will be updated quarterly so there will be ongoing educational opportunities. The LBHA will analyze website data regarding users, visits, and views to keep the website updated. The LBHA will periodically post surveys to the website for users to see if the information provided to the site is useful and meeting the health literacy for behavioral health community needs. Based on survey results, the LBHA will make changes as needed. **Accomplishments:** The LBHA has a combined cultural competency/health literacy survey on the front page of the MHM website. Information gathered from the website has been used to purchase brochures and share educational information digitally on the website, Facebook, and physically at events with brochures and toolkits. **Impact:** The LBHA has provided information to help improve health literacy for behavioral health to the residents of Allegany County. **What has not been accomplished:** Information on the MHM website has not been updated quarterly. **How it will be addressed in FY26:** The LBHA has found that it can take time to make updates to the MHM website. Additionally, based on LBHA review and feedback from surveys, the website itself could be improved to be more user friendly. The LBHA will be reorganizing the website in FY26 and reviewing the resources posted, to include easy to understand information for all cultures represented in Allegany County. Posting to the MHM Facebook page continues to be the quickest way to reach a wide audience, particularly because posts can be "boosted" to reach more people. We will focus on posting new, easy to understand content to the Facebook page each month until the website is updated.

**Strategy 4:** The LBHA will distribute a survey to providers, boards, and on the Mental Health Matters (MHM) website to determine if emails, trainings sponsored by the LBHA, and other trainings shared that are offered in the community are culturally and linguistically competent. The LBHA will use the results of the assessment to plan, coordinate, and integrate activities to include quality improvement and accountability. **Accomplishments:** This strategy is in progress. **Impact:** This strategy is in progress. **What has not been accomplished:** The LBHA has received little feedback from providers and community partners. **How it will be addressed in FY26:** The LBHA will review the survey and redistribute it to community stakeholders. We will use this feedback to guide our communications and future training content. Additionally, we have added cultural and linguistic competency evaluation questions to the post-training evaluation for LBHA-sponsored trainings. The LBHA has developed a tracking sheet for CLC activities and goals to ensure strategies are being implemented.

**Strategy 5:** The LBHA will continue to ensure that all newly hired staff to the LBHA office will receive training on cultural and linguistic competencies as part of the orientation process. Staff will continue to attend ongoing trainings as made available by BHA or local training entities. All newly hired staff will be required to participate in the cultural and linguistic competency courses on the Maryland Behavioral Health University of Maryland training website and any other trainings recommended by BHA. **Accomplishments:** The UMD courses are no longer available, however, all LBHA staff have been trained (“Cultural and Linguistic Competence: From Theory to Practice” presented by Dr. Karen Francis) and continue to participate in training opportunities as they arise. **Impact:** LBHA staff have an understanding of cultural and linguistic competency and how/why the office strives to provide competent and equitable services. **What has not been accomplished:** The LBHA staff have received the training, however, education and training need to be ongoing to ensure best practices in cultural and linguistic competence. Staff will continue to attend cultural competency trainings as they become available.

### **PLAN APPROVAL REQUIREMENTS**

The LBHA engages Allegany County’s Behavioral Health Advisory Committee (BHAC) in the planning process. The BHAC meetings provide an opportunity for the LBHA to update system stakeholders on current efforts, as well as to receive feedback from providers, consumers, and other stakeholders on their experiences with the PBHS. This feedback can be incorporated into future goals and strategies in the strategic plan. During the November, December and January meetings of these boards, the LBHA provides an overview of the full Comprehensive Behavioral Health Plan document, including describing data trends, reviewing the goals, objectives, and strategies, and encourages discussion about what additional needs, gaps, goals, etc. may be missing and should be added to the plan. Because of the cumbersome size of the final document, BHAC has elected to appoint a sub-committee to review the full document

and have empowered the chair to write a letter commenting on the document, based on feedback from the review committee. The FY2026 plan's BHAC approval letter can be found in Appendix 4.

#### **LOCAL PLANNING & MANAGEMENT-SUB GRANTEE MONITORING**

Monitoring conducted by the LBHA is completed to determine sub-vendor compliance with conditions of awards/statements of work, to include expenditure monitoring. The LBHA completes on-site monitoring activities during the 3<sup>rd</sup> and 4<sup>th</sup> quarters of the fiscal year. The process for monitoring is as follows: Subvendors receive an initial letter requesting to schedule a monitoring visit with at least 2 weeks' notice before the site visit occurs. The monitoring visit is conducted and then a follow-up letter is sent informing subvendors of the monitoring results. Subvendors who are found to be out of compliance with conditions of award/statements of work and/or when deliverables are not met, are required to submit a performance improvement plan (PIP). The PIP is then reviewed by the LBHA monitor and, if accepted, a follow-up visit is conducted to monitor the PIP approximately 3-4 months after the PIP has been implemented. Should the LBHA discover evidence of fraud, waste, or abuse or information regarding the quality of care or safety of consumers, this information would be shared with BHA immediately. The LBHA would consult with BHA for further guidance if we believe termination of services could be warranted. Additionally, pre-award and annual risk assessments are completed with each grant required and completed when BHA sends the templates.

The LBHA receives monthly or quarterly progress reports from purchase of service and human service contract subvendors. These reports are reviewed and then submitted to BHA, provided there are no concerns. If there are questions regarding the reporting, the LBHA follows up with the provider requesting clarity and/or correction as needed. The final report is then submitted to the BHA department(s) that is specified in the COA/SOW. The LBHA also completes the Universal Reporting Form (URF) provided by BHA. The URF includes quarterly/monthly expenditures, the deliverables required of the awardee, and some demographic data that provides some insight to the individuals who are utilizing services. This is reviewed in the same manner as all other reports submitted by subvendors. Expenditure monitoring is completed on an ongoing basis. Upon receipt of monthly or quarterly invoices, the LBHA thoroughly reviews each invoice for accuracy and fiscal soundness. The LBHA accountant also reviews expenditures and backup documentation supporting the invoice for final approval before submission of payment. Provider audit reports are requested in preparation for or at the time of monitoring. The audit is received and reviewed by the LBHA accountant. If there are concerns, they will be addressed in the monitoring results letter. Several of the grants the LBHA monitors are under \$100,000 and, as a result, do not require an audit.

## **DISTRIBUTION OF THE LOCAL STRATEGIC PLAN FOR COMMUNITY AND PUBLIC STAKEHOLDER VIEWING**

The LBHA discusses and receives feedback on strategic planning goals from the Allegany County BHAC and CAB. A subcommittee of BHAC members reads and approves the full strategic plan on behalf of BHAC membership. This year, the final version of the plan will be posted to the Allegany County Health Department's website.

## **RESOURCES USED IN THE PLANNING PROCESS**

The LBHA draws from a variety of resources to inform local planning. For data purposes, the LBHA used sources recommended/provided by BHA, including CRISP, the Hilltop Institute, WISQARS, and the ASO's PBHS utilization data, as well as local data such as the county's CHRC Asset Map. The MDH interactive public health dashboard has been a valuable resource this year in providing jurisdiction-specific and statewide data on several health indicators, such as overdose events. Local community partners have also generously contributed to the LBHA's data collection, either as updates during local meetings or when specifically requested by the LBHA. The BHI Learning Community has been helpful in the planning process, particularly the creation of the Manual for Managing the Public Behavioral Health System which provides a detailed explanation of roles and explanations which is used to guide planning. The Maryland Association of Behavioral Health Authorities (MABHA) is also a needed resource as this group provides opportunities for information sharing and improved communications between local authorities, the State of Maryland, and other systems partners. Additionally, MABHA provides an opportunity for peer-to-peer learning which is helpful for plan development. For example, when considering or implementing a new initiative, it's valuable to hear the experiences of jurisdictions who have already launched the initiative to understand what might be expected in terms of outcomes and barriers. Equally as important for planning is the feedback we receive from local PBHS providers, stakeholders, and consumers which is received during local meetings, via social media, and at outreach events. This feedback helps the LBHA identify gaps in services and opportunities for enhancement and partnership.

## **DATA AND PLANNING SECTION**

**Disclaimer: Data sourced from Chesapeake Regional Information System for Our Patients (CRISP) may be subject to change.**

### **SUICIDE DEATHS AND IDEATION**

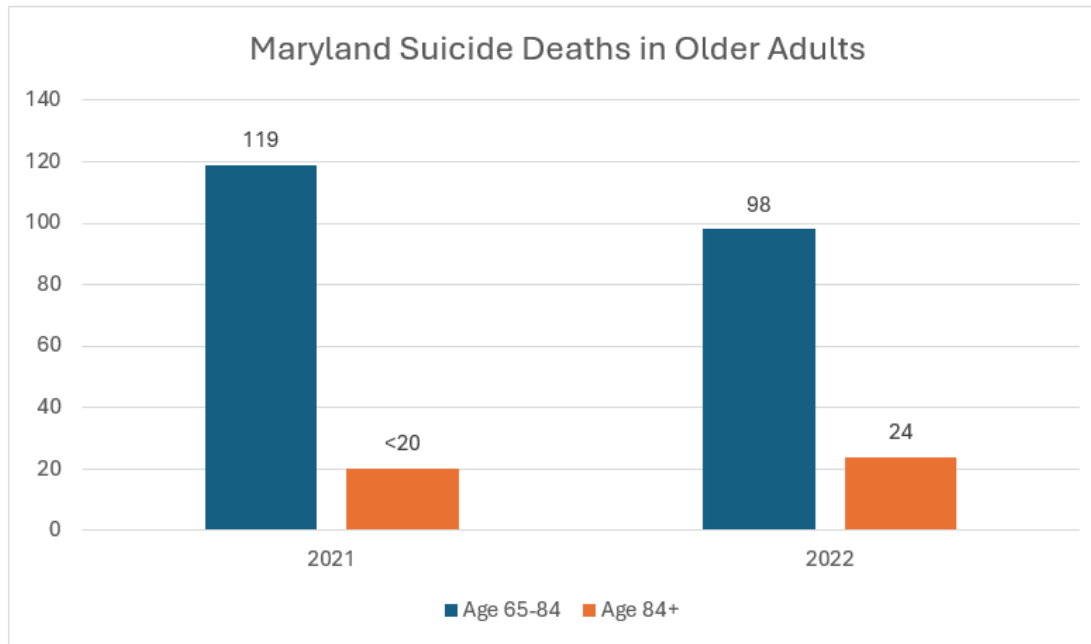
Suicide is a complex problem with multiple risk factors involved such as socio-economic status, relationship, job, academic stress, financial problems, behavioral health conditions, previous suicide attempts, family history of behavioral health conditions, family factors such as violence, substance use, social isolation, physical or sexual abuse, bullying, historical trauma, barriers to health care, access to lethal means, etc. Special attention is still needed in rural areas where homes are often more spread out and access to health and behavioral health care providers and emergency medical facilities may be more limited. Access to lethal means, particularly firearms, may also be greater in rural areas than in urban areas.

As a key priority for the Allegany County, the LBHA focused its suicide prevention efforts in 2022. The first step was gaining more resources tailored to suicide prevention and postvention. A partnership with the American Foundation for Suicide Prevention (AFSP) was formed. This partnership was a driving force in obtaining many free resources and giveaways for outreach events. The LBHA then began working on obtaining gun locks from the Office of Suicide Prevention. Then, key stakeholders were brought together to revitalize the Suicide Prevention Coalition. This coalition's focus was to obtain information about current initiatives within Allegany County. The LBHA wanted to find everyone who was already doing fantastic work and build on that. The coalition never fully launched, although its efforts have been absorbed into another objective in the LBHA's strategic plan (see "FY 2025 REPORT GOALS, OBJECTIVES, AND OUTCOMES"). Another partnership arose with the National Sports Shooting Association. They created a packet of information specific to preventing suicide for individuals who own firearms. In rural areas like Allegany County, a focus on reducing access to lethal means is of the utmost importance. The LBHA traveled to a handful of local firearms retailers to open dialogue. The LBHA provided AFSP resources, free gun locks, free Mental Health First Aid courses, asked if they would be interested in inclusion with the Safe Storage Map, and gave the National Sports Shooting Foundation packet.

The number of suicide deaths in Allegany County for 2020 and 2021 must be suppressed as they are less than 11. Between 2020 and 2021, the number of deaths by suicide increased by 25%; from 2021 to 2022, the number of deaths by suicide increased by 27%. While

there was an increase, these changes appear more drastic due to the low numbers. More analyses can be made later in this section on the topic of hospital visits for suicidal ideation and self harm as there is more data available that can be reported on.

There is little local data to analyze for special populations in Allegany County, and therefore the LBHA used statewide data in combination with what local data was available to complete this analysis.



**Source:** U.S. Centers for Disease Control and Prevention's (CDC) Web-based Injury Statistics Query and Reporting System (WISQARS).

According to WISQARS, there were a total of 620 suicide deaths in Maryland during 2021, and 608 during 2022. The graph above illustrates these counts in older adults, who accounted for approximately 22% of suicide deaths in 2021 and 20% in 2022. While these counts suggest that the 85+ age group has lower rates of suicide, the 2020 Governor's Commission on Suicide Prevention Plan notes that suicide rates among men aged 85 and older were higher than any other single group at that time. The plan explains that (1) older



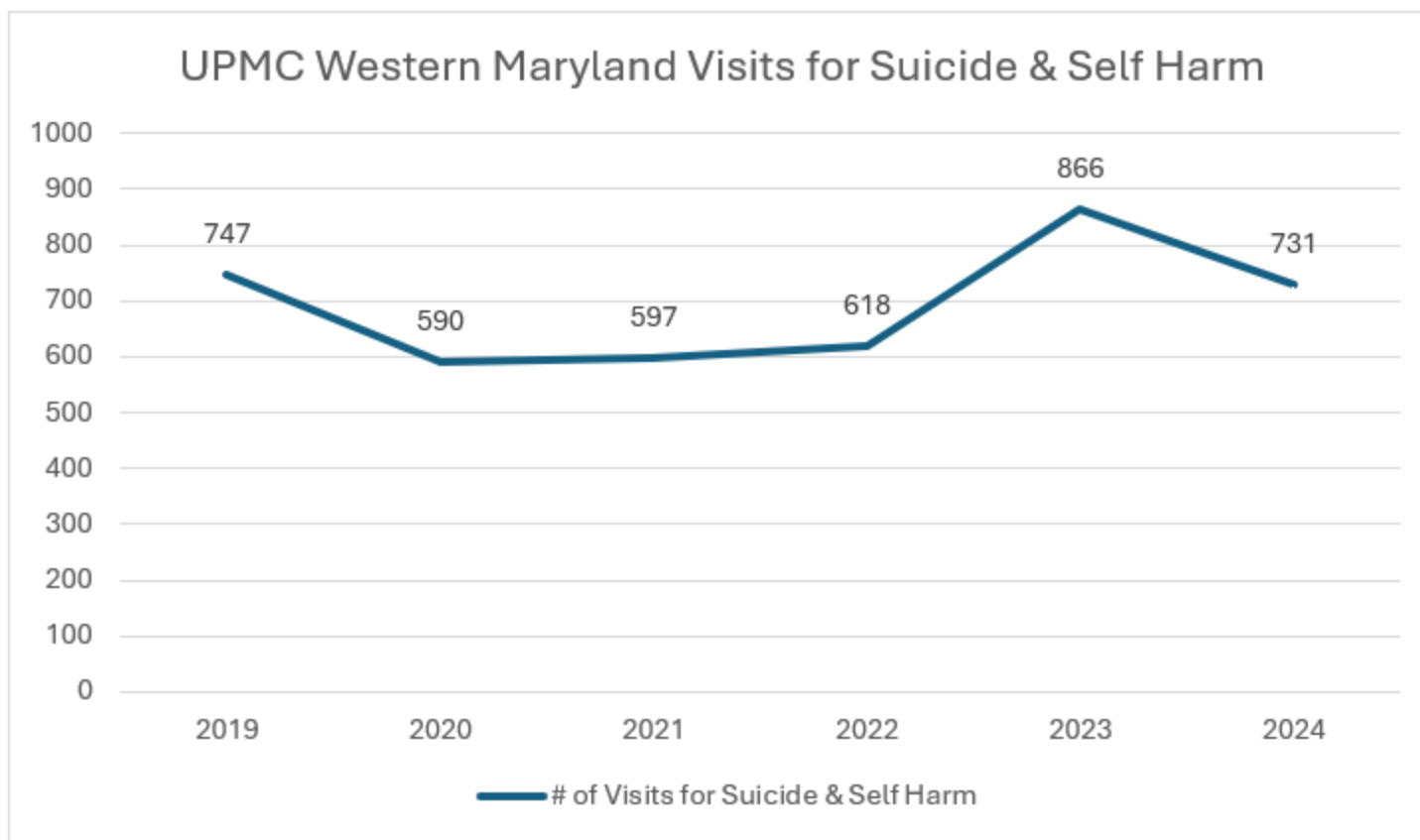
adults plan more carefully and use more lethal means, (2) older adults are less likely to be discovered and rescued, and (3) their physical condition makes them less likely to recover from a suicide attempt.

According to the Trevor Project’s 2022 National Survey on LGBTQ Youth Mental Health in Maryland, 43% of LGBTQ youth in Maryland had seriously considered suicide in the past year and 14% had attempted suicide in the past year. 68% reported experiencing symptoms of anxiety and 53% reported experiencing symptoms of depression. It’s noted that 62% of youth identifying as LGBTQ in this report were aged 13-17. The Youth Risk Behavior Survey/Youth Tobacco Survey (YRBS/YTS) of 2022-2023 was administered to high school students at Allegany County Public Schools, and included questions on their sexual identity and various behaviors. The results show that LGBTQ students were disproportionately affected by feelings of hopelessness, sadness, and suicidal ideation as they accounted for a significant number of positive responses despite being a smaller demographic within the entire student population. This is illustrated in the table below.

<b>Youth Risk Behavior Survey Questions (Allegany County Public High Schools)</b>	<b>Percentage of positive respondents who identify as LGBTQ</b>
Felt sad or hopeless (almost every day for $\geq 2$ weeks in a row so that they stopped doing some usual activities, ever during the 12 months before the survey)	40%
Seriously considered attempting suicide (during the 12 months before the survey)	43%
Made a plan about how they would attempt suicide (during the 12 months before the survey)	45%
Actually attempted suicide (one or more times during the 12 months before the survey)	38%

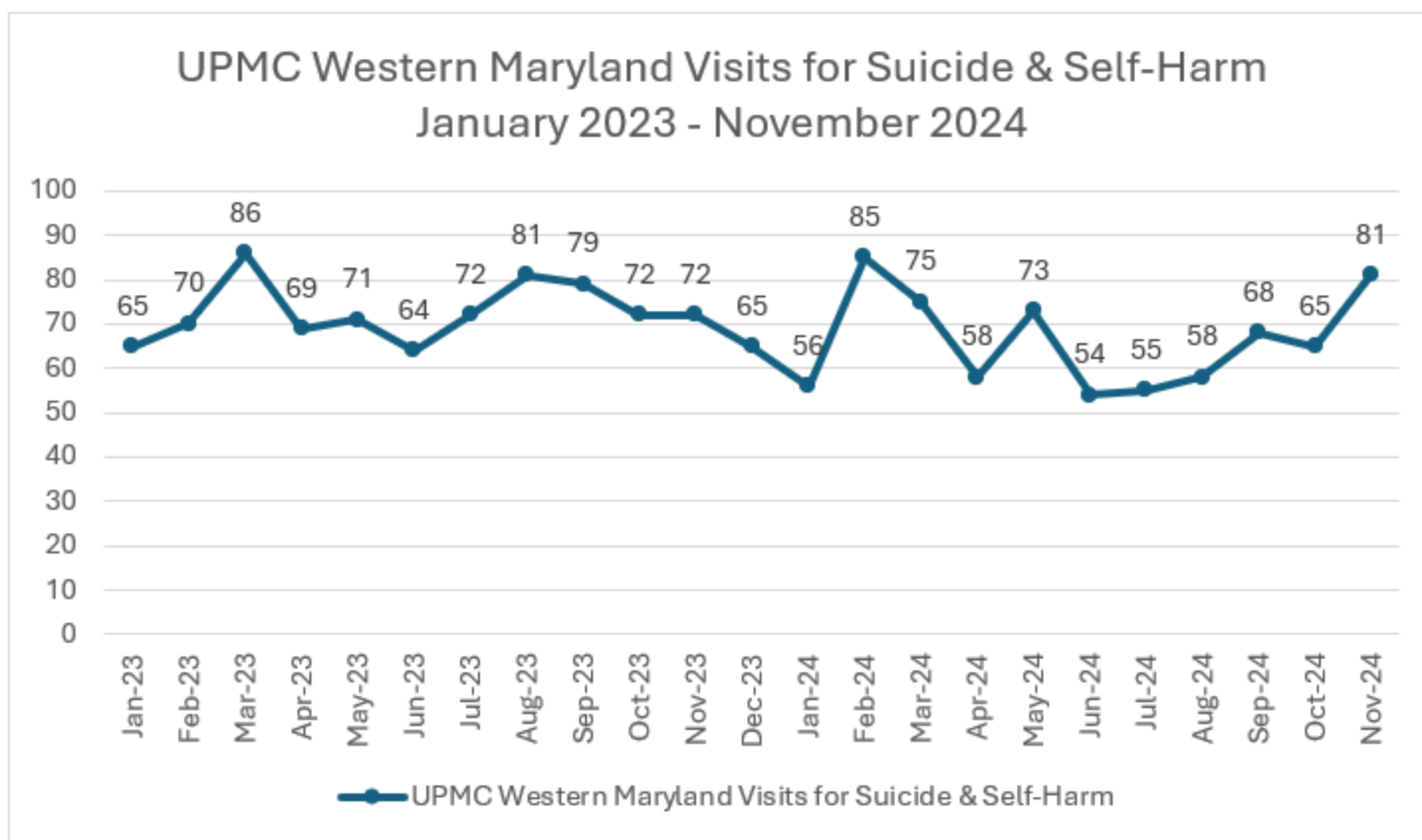
Veterans are another high risk population. According to the U.S. Department of Veterans Affairs Maryland Veteran Suicide Data Sheet for 2021, 89 Maryland veterans completed suicide during 2021. According to their 2022 data sheet, 55 Maryland veterans completed suicide during 2022. For both years, approximately 90% were male (female counts were suppressed as there were less than 10) and the majority used a firearm to complete suicide. The report for both years also states that Maryland's veteran suicide rate was significantly lower than the national veteran suicide rate, and that the Maryland suicide rate was not significantly different from the national general population suicide rate. According to the 2024 U.S. Census Bureau, there were 4,574 veterans living in Allegany County from 2019-2023.

Although suicide death data is low and difficult to analyze, we may use Allegany County's hospital visits for suicide and self harm to gain better insights into how our community is affected by suicidal ideation.



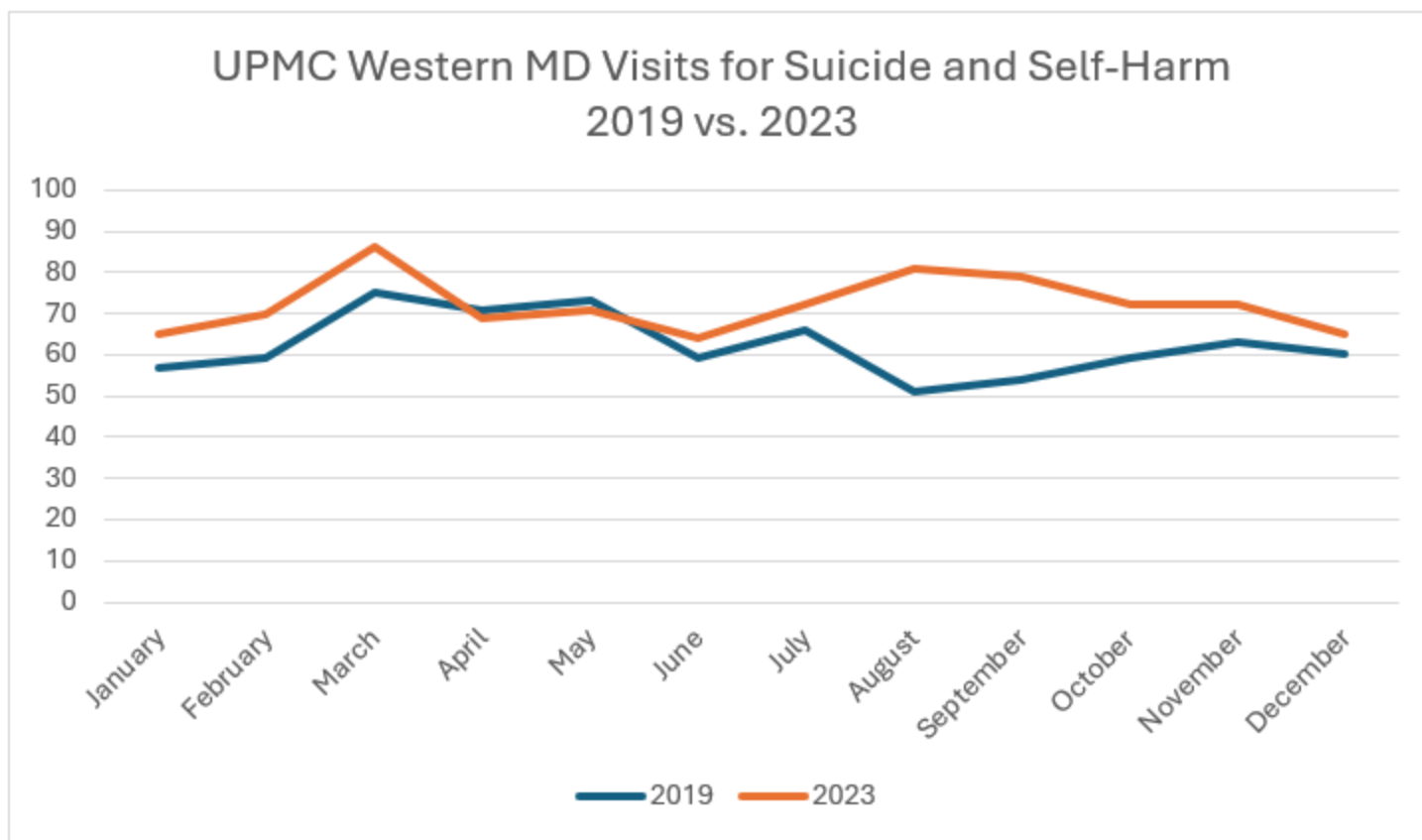
**Source:** *Chesapeake Regional Information System for Our Patients (CRISP)*

UPMC Western Maryland, Allegany County's only hospital, saw 747 visits for suicide and self harm during 2019. The number of visits were much lower and mostly steady from 2020-2022, with a significant increase in visits during 2023. It's noted that data for 2024 is not complete as CRISP data was only available through November 2024. This could be causing an artificial decrease in visits for that year. It is likely that individuals were avoiding the hospital from 2020 - 2022 in order to avoid close contact with others during the height of the COVID-19 pandemic. According to CRISP, Allegany County's number of hospital admissions due to COVID-19 and number of confirmed positive cases of COVID-19 had the highest surges in both November 2020 and January 2022.



**Source:** *Chesapeake Regional Information System for Our Patients (CRISP)*

Taking a closer look at the monthly data above, which spans January 2023 to November 2024, we see a steady average of 69 visits per month with the biggest spikes occurring in March 2023 (+16), February 2024 (+29), May 2024 (+15), and November 2024 (+16). According to an article by Johns Hopkins Medicine (“Suicide Rates Spike in Spring, Not Winter,” 2019), suicide rates tend to be the highest during April, May, and June. Only one of Allegany County’s spikes during this time period happened during spring, which was in May 2024. It is possible that the February and March increases could be due to the ongoing mental and physical toll of winter - shorter days with less sunlight, and fewer opportunities for outdoor activities due to the cold.



**Source:** *Chesapeake Regional Information System for Our Patients (CRISP)*

Another interesting finding, illustrated in the graph above, is the comparison of hospital visits due to suicide and self-harm during 2019 vs. 2023. We see lower numbers of visits in 2019, prior to the widespread transmission of the SARS-CoV-2 virus which causes COVID-19. According to the Center for Disease Control’s 2024 article, “The Changing Threat of COVID-19,” COVID-19 cases are now typically seen as a milder infection in individuals who do not have other underlying conditions or risk factors. While communities have begun returning to pre-pandemic functioning in terms of in-person school, employment, and community activities, an article by the University of Chicago Medicine in May 2024 titled, “Societal and biological factors both contribute to mental health issues in the wake of COVID-

19,” points out that despite these improvements, “marks of the global pandemic remain visible in new norms and long-term issues” due to the collective trauma experienced by the population. The article also describes how individuals with serious mental illnesses such as schizophrenia and bipolar disorders are more likely to experience an increase in the severity of their symptoms after a COVID-19 infection due to inflammation. Overall, our communities are experiencing higher rates of mental health symptoms after the pandemic which is reflected in the comparison of hospital visits due to suicide or self-harm during 2019 vs. 2023. We find that there are a higher number of visits during 2023, although the counts for both years tend to follow the same trends except for the August through November time period.

Regarding the goals related to suicide prevention, the LBHA has achieved the following:

- Distribute gun locks at 15 community events by June 30, 2026.  
*Progress as of March 2025 = Gun locks/safes distributed at 6 events.*
- Distribute 1500 behavioral health brochures at outreach and community events by June 30, 2026.  
*Progress as of March 2025 = The LBHA has attended 26 community outreach events where a combined 3,001 individuals visited our table. A wide variety of printed behavioral health brochures, as well as behavioral health-related giveaway items, are offered at all events. The number of behavioral health brochures distributed is being tracked as of February 2025.*
- Provide 12 Mental Health First Aid trainings to community agencies/individuals by June 30, 2026.  
*Progress as of March 2025 = 13 trainings provided*
- Increase the Mental Health Matters Allegany Facebook reach total by 10%, which is a total of 26,937 reaches, by June 30, 2026. (Reach is defined by Facebook as the number of people who saw any content from the page or about the page.)  
*Progress at conclusion of FY2024 = 115,562 reaches achieved; Progress from 12/05/24 - 03/05/25 = 1,623 reaches achieved.*
- Increase the Mental Health Matters Allegany Facebook views by 10%, which is a total of 375 page views, by June 30, 2026. (Page views are the number of times a profile has been viewed by people, including people who are logged into Facebook and those who are not.)  
*Progress from 12/05/24 - 03/05/25 = 3,949 views.*

Additionally, with funding from BHA’s Suicide Prevention Initiative (SPI) grant, the LBHA has been able to provide Cognitive Behavioral Therapy (CBT) and Dialectical Behavior Therapy (DBT) training to behavioral health professionals working in Allegany County. Both CBT

and DBT are evidence-based practices which have been proven to reduce suicidality among recipients, and these trainings better equip our local clinicians in treating clients who struggle with suicidal ideation. The SPI funding also allows DBT training participants to receive follow-up consultations from the trainer. We believe that the addition of Objective 1.2 will help us determine the impact of these efforts and make data analysis more meaningful next fiscal year. Additionally, it presents the opportunity to work more closely with community partners to promote suicide prevention and receive important feedback.

#### **MENTAL HEALTH PBHS SERVICE UTILIZATION**

Allegany County PBHS Service Utilization for Mental Health			
	Total Unduplicated Consumer Counts		
Service Category	FY2023	FY2024	FY2025 Projected
Case Management	125	168 (34.4%)	488 (190.48%)
Crisis	70	72 (2.8%)	112 (55.55%)
Inpatient	354	343 (3.1%)	356 (3.8%)
Mobile Treatment	13	7 (46.1%)	8 (14.29%)
Outpatient	4,913	5,119 (4.2%)	13,468 (163.1%)
Partial Hospitalization	0	0	0
Psychiatric Rehabilitation	661	733 (10.9%)	2,080 (183.77%)
Residential Rehabilitation	56	53 (5.4%)	128 (141.5%)
Residential Treatment	6	3 (50%)	4 (33.33%)
Respite Care	0	0	0
Supported Employment	38	7 (81.6%)	8 (14.29%)

*Source: ASO Optum claims paid through 09/30/2024. \*Data for FY2024 is not yet complete as a provider has 12 months from the time of service in which to submit a claim for payment.*

Statewide PBHS Service Utilization for Mental Health		
	Total Unduplicated Consumer Counts	
Service Category	FY2023	FY2024
Case Management	5,325	5,573 (4.7%)
Crisis	3,229	3,120 (3.4%)
Inpatient	16,608	16,482 (0.8%)
Mobile Treatment	4,790	4,716 (1.5%)
Outpatient	243,992	257,044 (5.3%)
Partial Hospitalization	1,427	1,568 (9.9%)
Psychiatric Rehabilitation	52,626	58,998 (12.1%)
Residential Rehabilitation	2,656	2,650 (0.2%)
Residential Treatment	271	276 (1.8%)
Respite Care	213	186 (12.7%)
Supported Employment	2,990	2,905 (2.8%)

*Source: ASO Optum claims paid through 09/30/2024. \*Data for FY2024 is not yet complete as a provider has 12 months from the time of service in which to submit a claim for payment.*

Allegany County's Public Behavioral Health System (PBHS) Mental Health service utilization has generally followed the trends of statewide utilization, as illustrated in the tables above. Allegany County's projected consumer counts for FY2025 were calculated by dividing the unduplicated consumer counts available as of 09/30/24 by three and multiplying that amount by twelve. Projections were only calculated for Allegany County as statewide data for FY2025 is not yet available. These projections may be artificially inflated due to individuals continuing services from the previous fiscal year. In reality, these counts may increase or decrease in smaller quantities when we take into consideration that many individuals are in long-term treatment, particularly in lower levels of care such as outpatient mental health. Allegany County does not have any Partial Hospitalization programs, which is why those counts are zero. Additionally, there are no Respite Care programs for youth at this time, although it is a needed service (see "Opportunities to fill gaps



in our local Behavioral Health Continuum of Care” in the narrative section). There are two adult Respite Care programs which are underutilized. One of the adult Respite Care providers, Archway Station Inc., had discussed this with the LBHA in the fall of 2024. In response, the LBHA advertised the service to our local provider network which we hope will increase referrals to adult Respite Care. Targeted Case Management (TCM) continues to be successful for both youth and adults. During FY24 and so far for FY25, 33% of TCM service users have been youth and 67% were adults. It’s noted that there are no Supported Employment (SE) programs in Allegany County, so the consumer counts must be for individuals receiving SE in another county who still have an Allegany County address listed in the Administrative Services Organization (ASO) portal. The only category in which Allegany County saw a decrease in utilization compared to the state was Residential Treatment. This variance could be expected due to the low number of youth enrolled in Residential Treatment Centers as it is a highly intensive service with few providers, and therefore is not easily accessible and appropriate for most youth. Additionally, the LBHA and other community partners, led by the Local Care Team, assists families with children who have intensive needs in accessing community-based services that may be able to meet their needs. The increase in mental health service enrollment could be due ongoing anti-stigma efforts and community awareness campaigns, promoted by the LBHA and local mental health providers through outreach events and social media. The jurisdiction’s counts for Crisis services have increased only slightly between FY2023 and FY2024, while inpatient services showed a decrease. This could be due to several factors: (1) Promotion of 988; (2) Archway Station Inc.’s Residential Crisis Services program became licensed to operate an additional four beds in April 2023; (3) Baltimore Crisis Response Inc. began providing Mobile Crisis Response and Stabilization Services in June 2023; (4) the increase in utilization of outpatient treatment and other support services may have an impact on inpatient hospitalizations.

	FY2023 Percentage of Youth Service Utilizers			FY2024 Percentage of Youth Service Utilizers	
	Allegany	Statewide		Allegany	Statewide
Case Management	41%	37%	Case Management	33%	34%
Outpatient	24%	32%	Outpatient	24%	31%
PRP	17%	33%	PRP	16%	32%

The tables above reflect the percentage of youth consumers for the youth service categories. While there is a higher rate of youth in services statewide, the trends between Allegany County and the state are generally aligned regarding the percentage of youth consumers. The case management utilization is also addressed in the “Targeted Case Management (TCM)” section of the narrative. According to the U.S. Census Bureau (2023), Allegany County’s youth (under aged 18) made up 17.9% of the population, whereas

statewide, the youth population accounts for 22%. Youth are well-represented in service categories that serve both populations in Allegany County.

In FY23, 0.6% of Allegany County Mental Health consumers received uninsured funding while the statewide percentage was 1.22%. In FY24, 1.72% received uninsured funding compared to 3.3% statewide. This could possibly be due to more awareness among providers in the opportunity for clients to receive uninsured funding, or an increase in eligible individuals seeking services whose existing health insurance did not cover their mental health service.

#### **SUBSTANCE USE DISORDER PBHS SERVICE UTILIZATION**

Allegany County PBHS Service Utilization for Substance Use Disorder			
	Total Unduplicated Consumer Counts		
Service Category	FY2023	FY2024	FY2025 (Projected)
SUD Inpatient	93	109 (17.2%)	56 (48.62%)
SUD Outpatient	1,703	1,713 (0.59%)	3,924 (129.07%)
SUD Intensive Outpatient	240	238 (0.83%)	352 (47.9%)
SUD Labs	2,210	2,318 (4.89%)	4,816 (107.77%)
SUD Opioid Maintenance Treatment	690	699 (1.3%)	2,232 (219.31%)
SUD Partial Hospitalization	118	119 (0.85%)	192 (61.34%)
SUD Gambling	1	3 (200%)	12 (300%)
SUD MD Recovery Net	10	33 (230%)	72 (118.18%)
SUD Residential ICFA	0	0	0
SUD Residential All Levels	350	379 (8.29%)	604 (59.37%)
SUD Court Ordered Placement - Residential	27	40 (48.15%)	104 (160%)
SUD Women with Children/Pregnancy - Residential	2	5 (150%)	4 (20%)

Source: ASO Optum claims paid through 09/30/2024. \*Data for FY2024 and the first quarter of FY2025 is not yet complete as a provider has 12 months from the time of service in which to submit a claim for payment.

Statewide PBHS Service Utilization for Substance Use Disorder		
	Total Unduplicated Consumer Counts	
Service Category	FY2023	FY2024
SUD Inpatient	3,373	3,781 (12.1%)
SUD Outpatient	52,726	58,708 (11.35%)
SUD Intensive Outpatient	17,468	21,555 (23.4%)
SUD Labs	64,635	68,381 (5.8%)
SUD Opioid Maintenance Treatment	26,850	25,762 (4.05%)
SUD Partial Hospitalization	7,208	9,233 (28.09%)
SUD Gambling	142	198 (39.44%)
SUD MD Recovery Net	2,032	3,193 (57.14%)
SUD Residential ICFA	33	45 (36.36%)
SUD Residential All Levels	15,674	17,098 (9.09%)
SUD Court Ordered Placement - Residential	587	560 (4.6%)
SUD Women with Children/Pregnancy - Residential	128	136 (6.25%)

Source: ASO Optum claims paid through 09/30/2024. \*Data for FY2024 is not yet complete as a provider has 12 months from the time of service in which to submit a claim for payment.

Allegany County's Public Behavioral Health System (PBHS) Substance Use Disorder (SUD) service utilization has generally followed the trends of statewide utilization, as illustrated in the tables above. Allegany County's projected consumer counts for FY2025 were calculated by dividing the unduplicated consumer counts available as of 09/30/24 by three and multiplying that amount by twelve. Projections were only calculated for Allegany County as statewide data for FY2025 is not yet available. As stated for Mental Health service utilization, these projections may be artificially inflated due to individuals continuing services from the previous fiscal year. In

reality, these counts may increase or decrease in smaller quantities when we take into consideration that many individuals are in long-term treatment, particularly in lower levels of care such as outpatient mental health. Allegany County does not have any “SUD Residential ICFA” programs, which is why those counts are zero. Additionally, there are no MDRN-approved recovery housing programs or partial hospitalization programs in Allegany County. The counts for these services would reflect Allegany County residents receiving these services in another jurisdiction. The three service categories in which Allegany County and the state were not in alignment regarding increases or decreases in service utilization are SUD Intensive Outpatient (IOP), SUD Opioid Maintenance Treatment, and SUD Court-Ordered Placement. Allegany County saw a slight decrease in SUD IOP from FY23 to FY24 while the state showed a 23.4% increase. This could be due to the ability of lower levels of care and support being able to meet the consumers’ needs, such as outpatient counseling, Medication for Opioid Use Disorder (MOUD) treatment, and peer support. SUD Opioid Maintenance Treatment increased slightly (1.3%) in Allegany County and decreased by 4.05% for the state. This is expected in our jurisdiction as MOUD is widely available and easily accessible through outpatient programs, at the Joseph S. Massie Unit (ASAM 3.5 - 3.7WM), in the Emergency Department’s “fast track” MOUD program, and in our SOR-funded Opioid Use Disorder crisis beds. Lastly, from FY23 to FY24, Allegany County saw a 48.15% increase in SUD court-ordered placements while the state showed a slight decrease of 4.6%. This could be due to our court system’s investment in connecting individuals who have behavioral health challenges to the services they need. For example, Drug Court has been established in Allegany County’s Circuit Court since 2018 and Mental Health court was newly established in the county’s District Court in 2024. The local court system, specifically, the Maryland Judiciary’s Equal Justice Committee’s (EJC) Community Outreach Subcommittee, has further shown its commitment to serve individuals with behavioral health needs by hosting a community forum in October 2024 called, “Your Voice Matters! How Maryland Courts Can Work Best for Everyone: A Conversation Between Court and Community Leaders”. This was a community forum held by a panel which included judges from our District and Circuit Courts, District Public Defender, Allegany County State’s Attorney, Drug Court Coordinator, Director of Emergency Services, Cumberland City Police Chief, a councilman of the City of Cumberland Government, and the founder of the “Ending the School to Prison Pipeline.” The goal of the forum was to increase the community’s awareness and understanding of substance use and mental health treatment within the courts (alternatives to incarceration) and receive feedback from attendees.

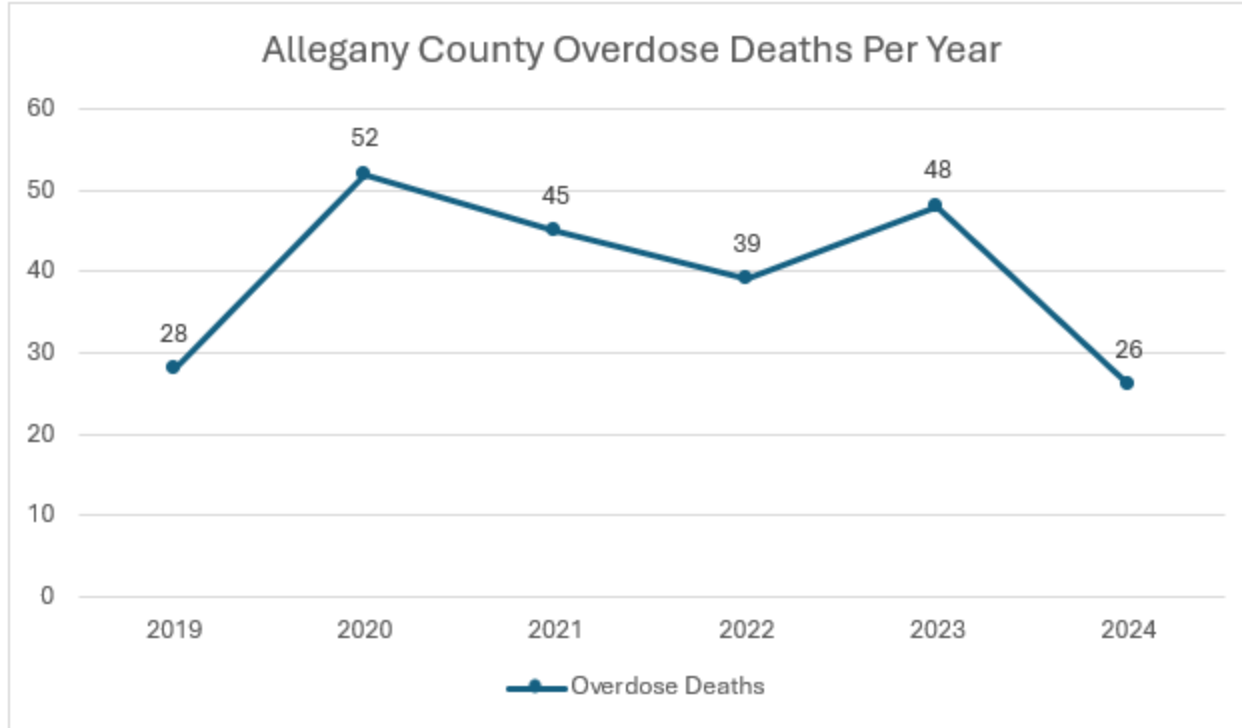
Allegany County’s overall increase in SUD service utilization from FY2023 to FY2024, and the projected increase for FY2025, could be due to several factors, some of which are mentioned in the “Highlights, Achievements, New Developments, and Challenges” section above: (1) Various community agencies promoting SUD treatment through outreach, advertisements, and social media; (2) The increased presence and efforts of Peer Recovery Specialists in the community, who provide peer support to people who use drugs and people in recovery, street outreach, referrals to treatment/support services, harm reduction services, and connection to community resources; and (3) Community participation in anti-stigma efforts. Please see Appendix 2 for more details on local activities.

While the rates of youth SUD service consumers is higher statewide (4.23% of all SUD consumers in FY23 and 4.53% in FY24), Allegany County saw an increase in adolescent (age 13-17) SUD service consumers from FY23 to FY24. The overall use of SUD services were dominated by adults, however, adolescent rates nearly doubled from 31 service users in FY23 to 59 service users in FY24. When taking all age groups under 18 into consideration, youth comprised 1.25% of all SUD service users in Allegany County in FY23 and 2.3% in FY24. This could possibly be attributed to the ongoing anti-stigma efforts of behavioral health and community resource providers, as well as the service being offered to youth (e.g., afterschool behavioral health and wellness programs, substance use peer guest speakers in schools, school interventions for identified youth who have been identified as needing assistance or being at-risk, etc. See Appendix 2.). These activities could play a role in identifying more youth in need of SUD services or empowering youth to seek help.

In FY23, 0.77% of Allegany County SUD service consumers received uninsured funding while the statewide percentage was 2.65%. In FY24, 2.29% received uninsured funding compared to 4.48% statewide. As with the increase in mental health uninsured funding, this could possibly be due to more awareness among providers in the opportunity for clients to receive uninsured funding, or an increase in eligible individuals seeking services whose existing health insurance did not cover their mental health service.

## **OVERDOSE DEATHS**

According to the Maryland Department of Health Data Office's public health dashboard for overdose deaths, Allegany County saw 26 overdose deaths from December to November 2024. 18 of these were opioid-related, but may have involved other substances.



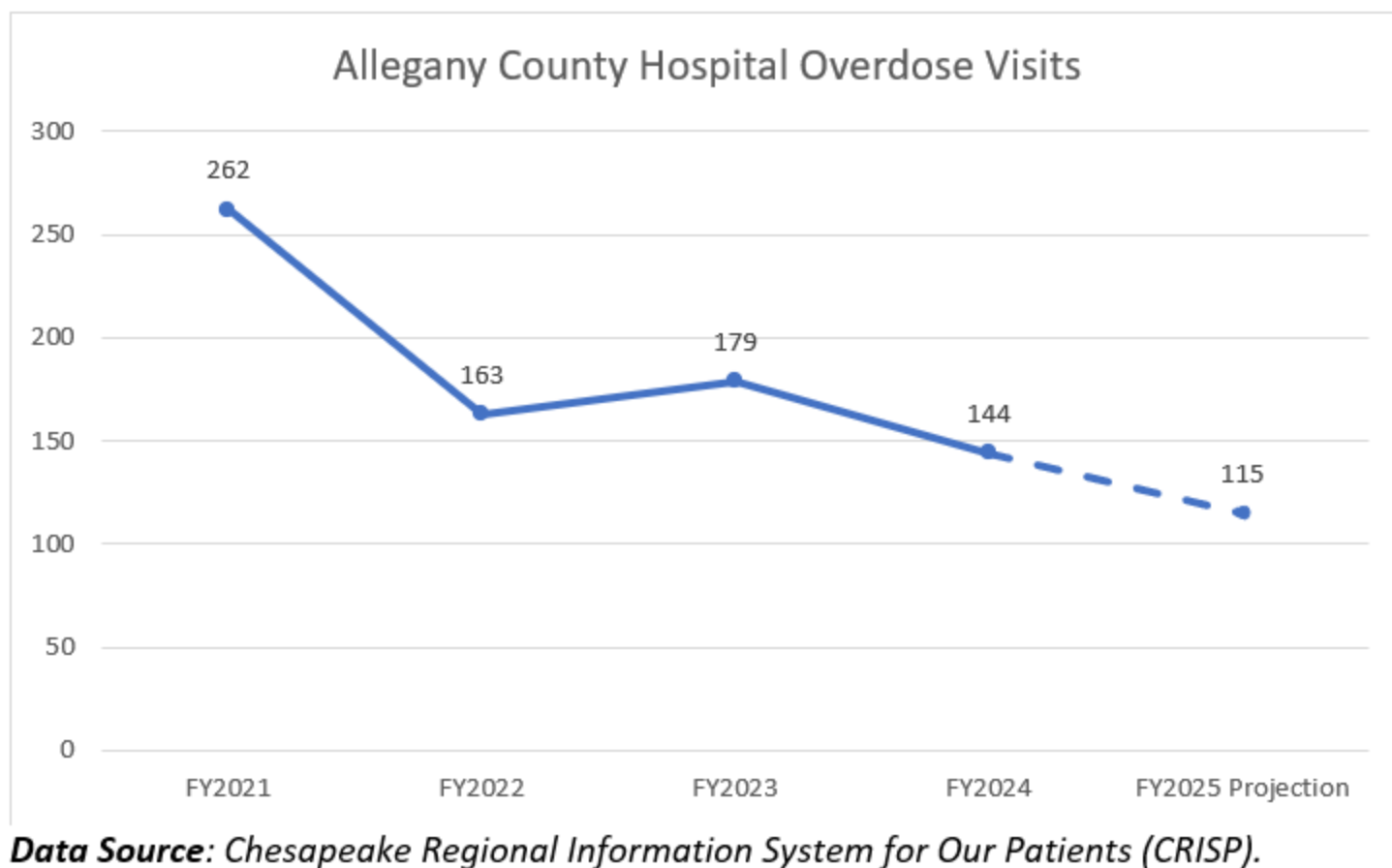
**Source:** Maryland Department of Health Overdose Data Dashboard. **\*\*The count for 2024 is not complete as December 2024 data is not yet available.**

Allegany County agencies, particularly AHEC West and the Allegany County Health Department, have distributed a remarkable number of naloxone kits and provided many trainings to the community. Additionally, three naloxone vending machines were placed by ACHD, in partnership with other community agencies, in different locations throughout the county in 2023. We believe these harm reduction measures contributed to the decrease in 2024. Although December 2024 data was not available, we believe the counts for the remainder of the year (26) still indicate a decrease from 2023. The decrease may also be attributed to the Rapid Analysis of Drugs (RAD) program, locally administered by AHEC West, in which drug paraphernalia which is voluntarily provided by Syringe Service Program participants is swabbed and tested for drug composition. The results often include substances unknown to the user, including xylazine, methamphetamine, and other little-known chemicals whose effects cannot be reversed by naloxone. AHEC West displays

the results of their RAD testing publicly at the Possibility Shop which informs people who use drugs about potential risks of the current drug supply. The decrease in overdose deaths may also be in part due to other factors discussed in the “HIGHLIGHTS, ACHIEVEMENTS, AND NEW DEVELOPMENTS” section, including promotion of substance use treatment at local community outreach events, anti-stigma efforts which take place in-person and through social media by agencies across the county, problem solving courts, expansion of substance use treatment services, and peer recovery support specialists who promote harm reduction and treatment to those who are ready to engage in treatment.

## **OVERDOSE EVENTS**

According to the Chesapeake Regional Information System for Our Patients (CRISP) database, Allegany County is seeing a decrease in overdose visits to the hospital. There was a 37.8% decrease from FY2021 to FY2022 before a slight upward trend in FY2023. From that time, we see another 19.6% percent decrease for FY2024. From July through November of 2024, we saw 48 overdose visits. If this rate is sustained, it is projected that we would see 115 visits by the end of FY2025. While this is still a high number of overdose visits, it is a significant improvement from FY2021 (56.1% decrease).



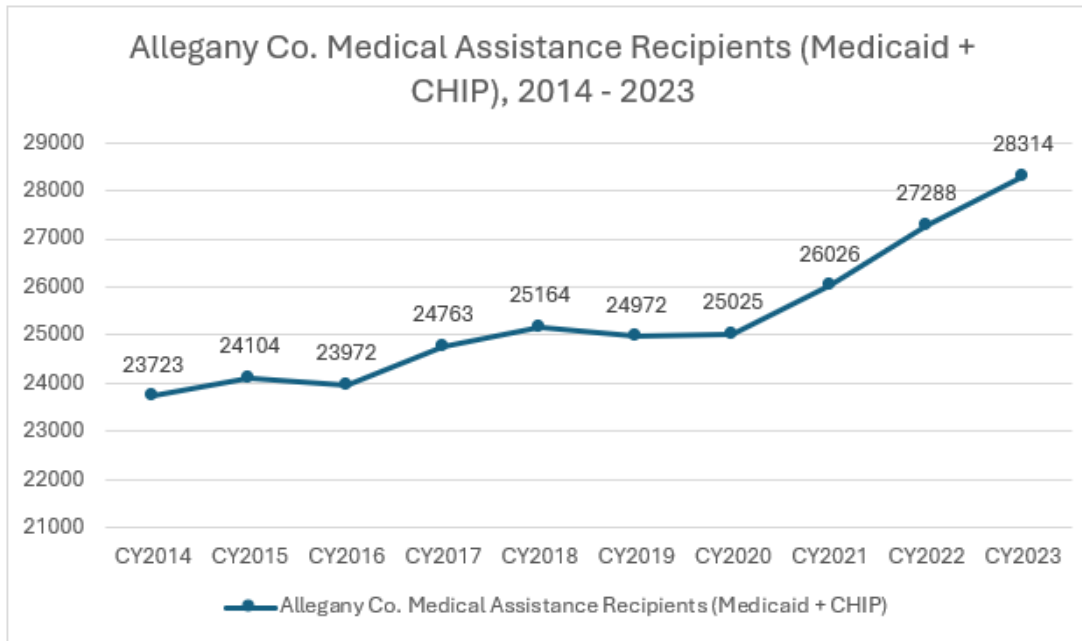
While the local Rapid Analysis of Drugs (RAD) program was not yet in operation during FY2021, the Data-Informed Overdose Risk Mitigation (DORM) 2022 Annual Report states that fentanyl, a highly potent opioid whose encroachment upon the drug supply had been increasing dramatically since 2014, was the “leading contributor to OD deaths...in 2021” statewide. This is supported by local data for CY2021 from the Allegany County Combined Criminal Investigation (C3I) Unit relaying that 90.6% of the county’s overdose deaths were fentanyl-related, although it's noted that other substances could have been involved in these overdoses as well. Additionally, beginning in 2019, Maryland saw an increase in the use of xylazine as an adulterant to illegal drugs. The effects of xylazine



and other non-opioid adulterants cannot be reversed with naloxone which may have contributed to the slight increase FY2023. In response to the opioid overdose epidemic, community organizations advanced their efforts to combat overdoses. This response includes widespread naloxone kit distribution and training, the installation of three community naloxone vending machines, school-based prevention programs such as ACHD’s Project ALERT and Botvin Lifeskills, Rapid Analysis of Drugs (RAD) results posted for the public to review in the Possibility Shop, fentanyl and xylazine testing strips, and other forms of community outreach/education.

### EXPANSION OF MARYLAND MEDICAID TO THE ELIGIBLE POPULATION

Allegany County has seen an upward trend in the number of residents enrolled in Medical Assistance each month from CY2014 through CY2023, as illustrated in the graph below. This data encompasses both Medicaid and Children’s Health Insurance Program (CHIP) recipients of all ages.

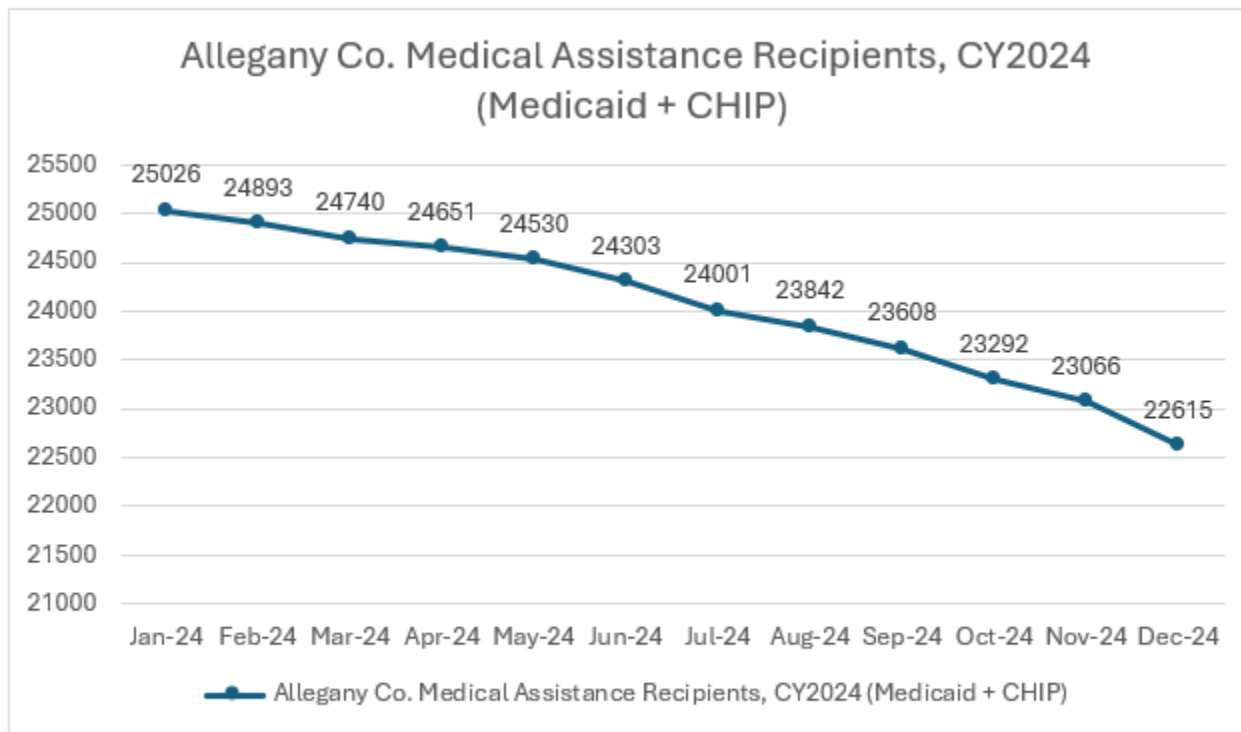


**Source:** Maryland Medicaid DataPort, The Hilltop Institute at UMBC

This increase in Medicaid enrollment could be due to a variety of factors. Maryland passed the “Maryland Easy Enrollment Health Insurance Program” (MEEHP) law in 2019 which added a question to the state’s income tax return form asking taxpayers who meet income and household composition guidelines if they would like to apply for free or low-cost health insurance. Those who choose “yes” are then referred to their county’s Medicaid Enrollment program for further assistance. The passing of this law could also have contributed to increased enrollment over the last several years. Additionally, an extension for pregnant women’s-postpartum coverage was passed by the General Assembly in March 2022 and became effective on April 1st, 2022. The extension increased this population’s coverage from two months to twelve months and allows enrollees to remain eligible for longer periods of time.

Allegany County residents have shown increased enrollment in both substance use disorder and mental health treatment per ASO data based on claims paid through 09/30/24. If any uninsured individuals were seeking behavioral health treatment, it’s likely they would have applied for Medicaid if they met income eligibility criteria. Both behavioral health treatment and Medicaid enrollment rates may have been affected by the efforts of local agencies and initiatives to promote access to behavioral health services and anti-stigma campaigns, online and at in-person outreach events.

There had also been a change in Maryland Medicaid policy due to the pandemic. Effective March 2020, any active Maryland Medicaid recipients would remain active regardless of income criteria due to the public health emergency. From March 2020 to April 30, 2023, no one was disenrolled for any reason, other than moving out of the state, being deceased, or requesting disenrollment. This exception may have contributed to the increased Medicaid enrollments through FY2023 as there could be individuals who remain enrolled although they were technically ineligible, while new eligible applicants continued to be added to the system.



**Source:** Maryland Medicaid DataPort, The Hilltop Institute at UMBC

As illustrated in the graph above, there has been a significant and steady decrease in Allegany County residents receiving Medical Assistance during calendar year 2024. This decline began during May 2023, which was to be expected, as the first set of Medicaid case closures occurred on May 31, 2023, as a result of the Maryland Department of Health resuming normal eligibility determinations.

## HEALTH DISPARITIES

According to Allegany County’s data from the U.S. Census Bureau, 88.3% of the population is White, 7.9% is Black, 2.6% are Two or More Races, and 2.1% is Hispanic or Latino.

There are four race categories displayed in the Chesapeake Regional Information System for Our Patients (CRISP) Disparity Index, which include *Asian*, *Black*, *Other*, and *White*. Since FY2022, Black Allegany County residents have shown the highest rates of Emergency Department (ED) visits for any substance use, with White residents being the second highest, and residents in the Other category being the lowest. When looking at ED visits specifically related to opioid overdoses, White individuals have consistently shown the highest rates although Black individuals had the highest rates for 2024. We see the same trends for Opioid-Related Disorder ED visits since FY2022, but it appears that rates for residents in the Other category have begun to increase during FY2025 as they show a slightly higher rate so far this fiscal year. Black individuals have shown the highest rates of ED visits for suicide and intentional self-harm since FY2021. Individuals in the Other category showed the second highest rates from FY2021 until FY2024, when white rates increased to the second highest. Across all measures mentioned above, Asian individuals showed very low rates or were not represented at all in the index for these time periods.

In regard to medical measures, Black individuals have shown the highest age-adjusted rates of hospital encounters for diabetes, heart disease, asthma, and hypertension in the county since FY2022. When reviewing gender data, since FY2019, men have generally shown the highest age-adjusted rates for opioid overdose ED visits and any substance use ED visits. The highest rates of ED visits for opioid-related disorders have alternated between men and women. From FY2018 to FY2024, women have shown higher rates of ED visits for diabetes, asthma, and hypertension. Men and women showed similar rates of ED visits for suicide and self harm until FY2021, when females began consistently presenting at higher rates. Men have had higher rates of ED visits for heart disease since FY2018.

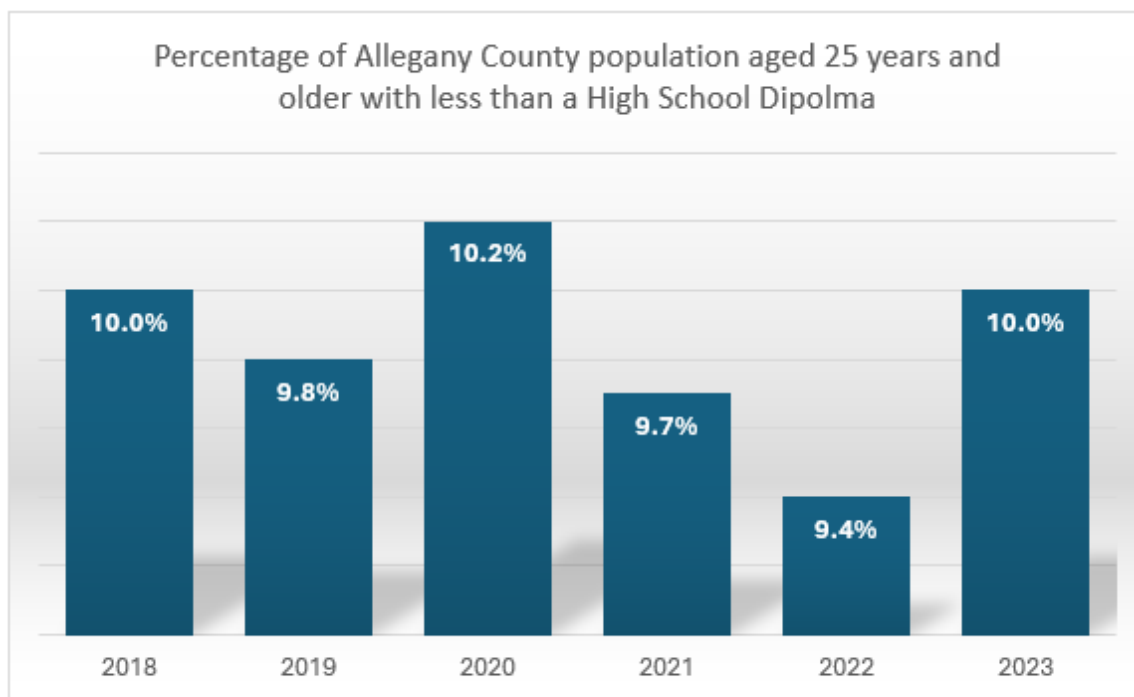
This data demonstrates that Allegany County could benefit from more care options that address both behavioral and physical health under one roof. At this time, there are few providers in the area who offer both primary care and behavioral health treatment. Promoting this structure could increase the likelihood of identifying medical problems before they become severe enough to warrant an ED visit and encourage those seeking medical care to also consider behavioral health treatment when indicated. It could also allow individuals to feel more comfortable seeking behavioral health treatment at a location that is also identified as a primary care office. While tremendous efforts have been made to battle stigma in Allegany County, it is known that racial and ethnic minorities are more severely affected by behavioral health stigma. According to the research article titled “Stigma for common mental disorders in racial minorities and majorities, a systematic review and meta-analysis” (Eylem, O., de Wit, L., van Straten, A. et al., 2020), published in *BioMed Central Public Health*, “There is strong stigma attached to mental health disorders preventing those affected from getting psychological help. The consequences of stigma are worse for racial and/or ethnic minorities compared to racial and/or ethnic majorities since the former often experience other social adversities such as poverty and discrimination within policies and institutions.” Additionally, integrating primary care and behavioral health would allow for better coordination of treatment for the

patient. Another strategy in reducing health disparities could be a targeted approach to outreach based on this data, such as displaying behavioral health materials at the ED, displaying suicide and self-harm resource information at women's medical providers, etc. Identifying the providers which are most visited by each group, and using the data to determine how to most effectively conduct medical and behavioral health outreach at those locations, could help to reduce health disparities by creating more overlap where it may not currently exist.

## **SOCIAL DETERMINANTS OF HEALTH (SDOH)**

### **Education**

In 2023, 10% of Allegany County residents aged 25 and over lacked a high school diploma. This represents the 8th lowest high school graduation rate among Maryland counties, including Baltimore City. While the previous year (2022) shows a slightly lower percentage of 9.4%, the trend from available data indicates fluctuating rates.



**Source:** *Chesapeake Regional Information System for Our Patients (CRISP)*

Allegany County's educational landscape includes 14 public elementary schools, four public middle schools, three public high schools, one public alternative school, one public vocational school, and three Christian parochial schools, along with two higher education facilities. These institutions play a crucial role in shaping the educational attainment of the county's residents.

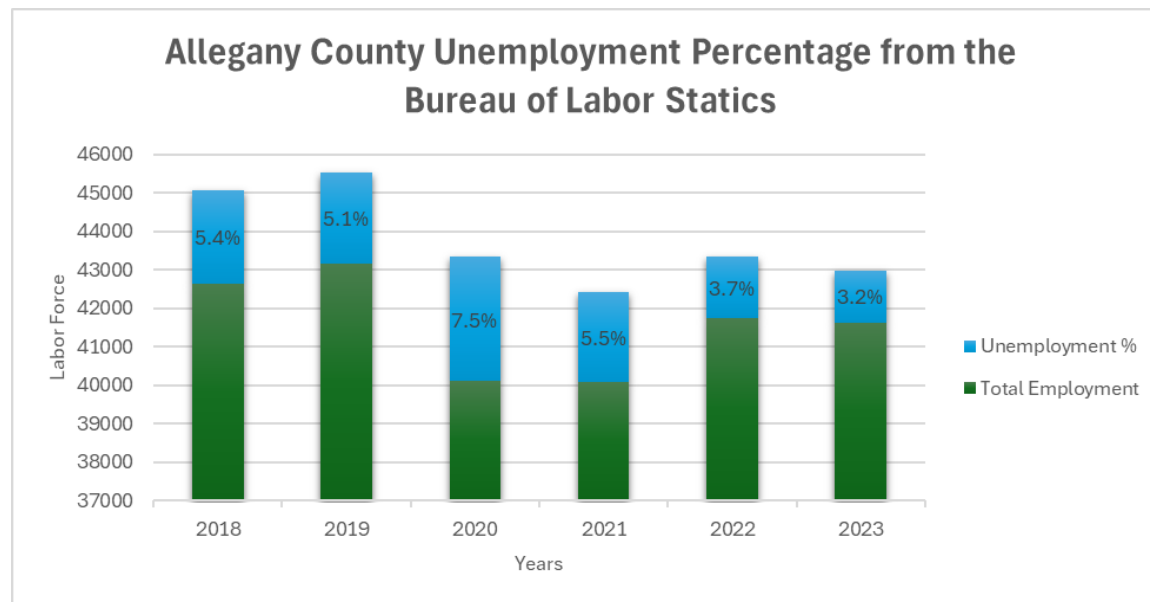
Allegany College of Maryland (ACM), a public community college in Cumberland, offers a range of programs, including 48 two-year degree programs, 31 certificate programs, and 10 letters of recognition. In the Fall of 2024 academic year, ACM's Credit Program Enrollment was 2,777 students, with an additional 6,900 students enrolled in Continuing Education and Workforce Development programs in FY24. According to the U.S. Department of Education, ACM's 2024 average cost for in-county residents is \$5,130.00.

Frostburg State University (FSU), a public university located in Frostburg, offers 47 undergraduate majors, 16 graduate programs, and a doctorate in education. FSU's 2024 enrollment is approximately 4,104 students. Frostburg State University reports that the total

estimated expense for the 2024-2025 academic year for in-state tuition is \$21,970. Similarly, the graduation rate of 51% refers to first-time, full-time undergraduate students who graduated within 6 years, representing the largest student group (59%) as per the 2022-23 College Scorecard data. These higher education institutions provide opportunities for residents to pursue further education and potentially contribute to improved educational attainment rates in the county

## Employment

Allegany County's unemployment rate, while recently low, presents a complex picture. In 2023, the county ranked 4th highest in Maryland for unemployment, according to CRISP. Data from the Bureau of Labor Statistics shows the following trend: 2018 (5.4%), 2019 (5.1%), 2020 (7.5%), 2021 (5.5%), 2022 (3.7%), and 2023 (3.2%).



**Source:** Bureau of Labor Statics

The decline in unemployment prior to the COVID-19 pandemic (2018-2019) may be attributed to increased participation in local employment programs like Supported Employment, Horizon Goodwill Industries Job Training, Western Maryland Consortium, One-

Stop Job Center, Pressley Ridge Recovery to Work, ACT Personnel Service, and the Department of Rehabilitation Services (DORS). The significant rise in unemployment between 2019 and 2020 was almost certainly due to the pandemic. Had the pandemic not occurred, the downward trend in unemployment might have continued, potentially reaching around 4.5%.

The sharp decrease in unemployment from 2021 to 2022 (a 20% reduction) likely reflects the end of pandemic-era emergency assistance and unemployment programs, along with the expiration of the State of Emergency declaration, which compelled many to re-enter the workforce. This low unemployment rate is notable considering the 2023 closure of the Hunter Douglas factory in Cumberland, which once employed over 800 people. Additionally, Allegany County's two supported employment programs closed in 2023.

The U.S. Census Bureau reports that Allegany County's Civilian Labor Force (individuals aged 16 and over who are employed or actively seeking employment) constituted 49.5% of the population between 2018 and 2022, up from 49% between 2017 and 2021. This metric includes those who worked for pay, in their own business, or unpaid workers on a family farm/business, as well as those with jobs but temporarily absent. It excludes those whose only work is around the house or unpaid volunteering, institutionalized individuals, and active military personnel.

According to the Allegany County Department of Economic & Community Development and the Brief Economic Facts 2022-2023 by MD Department of Health's Department of Commerce, the top employers by number of employees in the county are the following:

<u>Employer</u>	<u># of Employees</u>
Western Maryland Health System	2,200
Allegany County Board of Education	1,350
Northrop Grumman	1,050
Frostburg State University	1,003
CSX Transportation	635
Western Correctional Institution	588
North Branch Correctional Institution	574
American Woodmark	572



Allegany College of Maryland	510
Rocky Gap Casino Resort	500
Walmart	500
WebstaurantStore	500
Conduent Education Services	380
Giant Food Stores/MARTIN's Food Markets	380
Aspira	325
Federal Correctional Institution*	305
Belt Group	250
CareFirst	230
U.S. Army Reserve*	215
Hamilton	195
Friends Aware	195

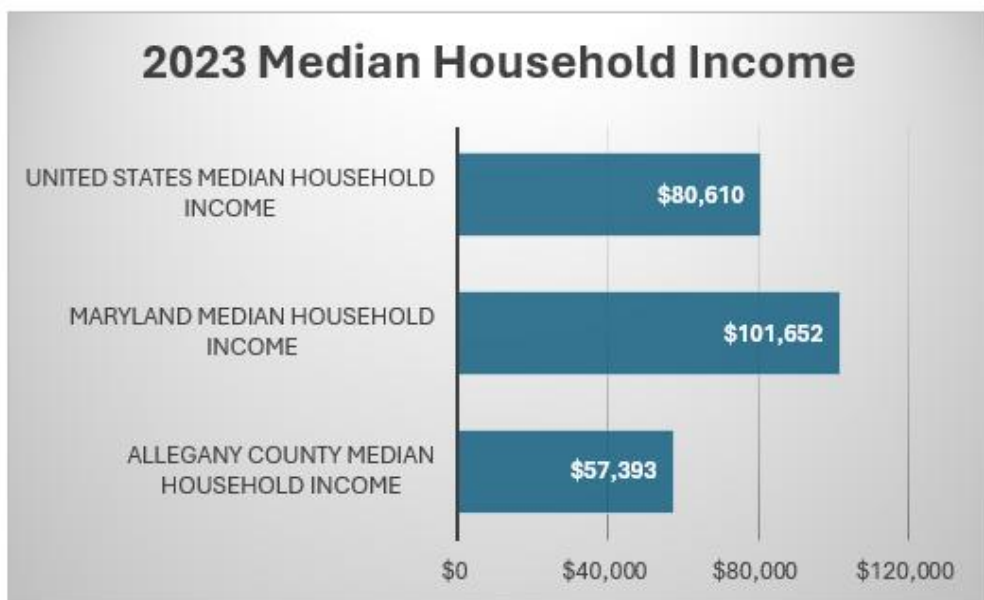
\* Employee counts for federal and military facilities exclude contractors to the extent possible; embedded contractors may be included

Excludes post offices, state and local governments, national retail and national food service; includes higher education

Analyzing social determinants of health requires up-to-date, county-specific data. Obtaining such data remains a persistent challenge. Data limitations are particularly pronounced for vulnerable populations like veterans and the LGBTQ+ community, where county-level information is often limited or non-existent.

## Poverty

Allegany County faces significant economic challenges, reflected in its high poverty rate and low income levels. Per CRISP data, in 2023 17.2% of families and individuals in the county lived below the poverty line, the third-highest rate in Maryland, including Baltimore City. While this represents a slight increase from 2022 (15.9%), the poverty rate has fluctuated over the past few years: 2021 (14.8%), 2020 (15.6%), 2019 (16.5%), and 2018 (16.4%).

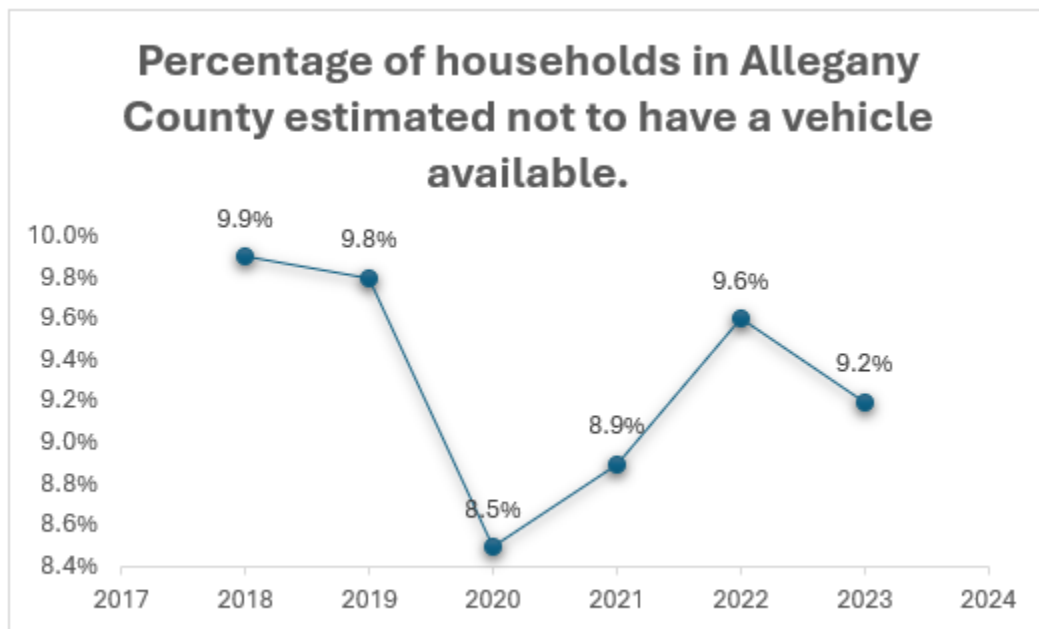


**Source:** U.S. Census Bureau

The U.S. Census Bureau reports a median household income of \$57,393 for Allegany County residents (in 2023 dollars) between 2019 and 2023. This figure is substantially lower than both the state's median household income of \$101,652 and the national median income of \$80,610. Further underscoring the county's economic difficulties, the 2023 CRISP data ranks Allegany County as having the third-lowest per capita income in Maryland.

## Transportation

Transportation access presents a significant challenge in rural Allegany County. In 2023, 9.2% of households in the county lacked a vehicle, tying with Prince George's County for the third-highest rate in Maryland, including Baltimore City. This represents a slight decrease from 2022 (9.6%) but is still higher than 2021 (8.9%), 2020 (8.5%), 2019 (9.8%), and 2018 (9.9%).



**Source:** *Chesapeake Regional Information System for Our Patients (CRISP)*

Limited transportation options exacerbate this issue. The county's sole taxi service operates with restricted service areas, and inclement weather often suspends operations. Allegany County Transit (ACT) offers seven fixed-route bus lines, but these routes have limitations in days, times, and geographic coverage, with no service east of Evitts Creek towards Flintstone. Allegany County has proposed eliminating several bus routes in some of the most isolated parts of the county due to significant federal and state cuts in transit funding. This will also eliminate early morning and late evening rides. Weekend and holiday service is also unavailable, and service interruptions, while announced via radio and text alerts, are inaccessible to those without a phone or radio. While ACT makes ADA-compliant route modifications, the case-by-case request process may pose a barrier for individuals with behavioral health concerns. The "Track My Bus" app also requires phone access.

ACT also operates Alltrans, a demand-response service for seniors and ADA paratransit eligible individuals. However, using this service requires navigating an application process, and service to the far reaches of the county, such as Westernport, is limited to a single route. Alltrans, like the fixed-route buses and the taxi service, is also affected by inclement weather. Ride-sharing services like Lyft and Uber are currently unavailable in Allegany County.

The Allegany County Human Resources Development Commission (HRDC) addresses transportation needs through its Mobility Management Program. This program collaborates with local transportation providers to expand options and identify new resources, focusing on non-emergency medical and human service transportation for qualified residents, particularly the elderly and low-income individuals. HRDC provides transportation education, bus vouchers, and access to Alltrans and, as a last resort, cab vouchers. Referrals are required from seven participating agencies with a 72-hour notice for non-emergency transport, potentially creating a barrier. HRDC launched a free community transportation program for essential trips like grocery shopping, hair appointments, and laundry.

The high cost of vehicle ownership further complicates the transportation challenges in Allegany County. In 2023, the average monthly cost of owning and operating a new vehicle was \$1,015, a significant increase from \$894 in 2022, making personal vehicle ownership financially unattainable for many residents.

## **Housing**

The nationwide shortage of safe, affordable housing creates significant challenges for communities. Inadequate housing can expose residents to unsanitary conditions, lead poisoning, poor air quality, and climate-related risks like extreme temperatures and severe weather, all of which negatively impact health. The affordable housing crisis also increases the risk of homelessness.

While Allegany County has a relatively low rate of housing overcrowding, with only 0.6% of housing units estimated to have more than one person per room in 2023 (the third-lowest rate in Maryland), the issue of homelessness persists. This figure has fluctuated slightly over the past few years: 2022 (0.8%), 2021 (0.8%), 2020 (0.8%), 2019 (1.2%), and 2018 (1.4%).

The 2024 Point-in-Time (PIT) count, a single-night snapshot in January of sheltered and unsheltered homeless individuals, identified 88 people experiencing homelessness in Allegany County. Of those, 40% were unsheltered, and 60% were in emergency shelters. This represents a decrease compared to the 2023 PIT count, which found 112 individuals experiencing homelessness (28% unsheltered, 50% in emergency shelters, and 22% in transitional housing).

ON JANUARY 24, 2024,

88

people were identified as  
experiencing homelessness  
in Allegany County

UNSHELTERED



40%

EMERGENCY  
SHELTER



60%

TRANSITIONAL  
HOUSING



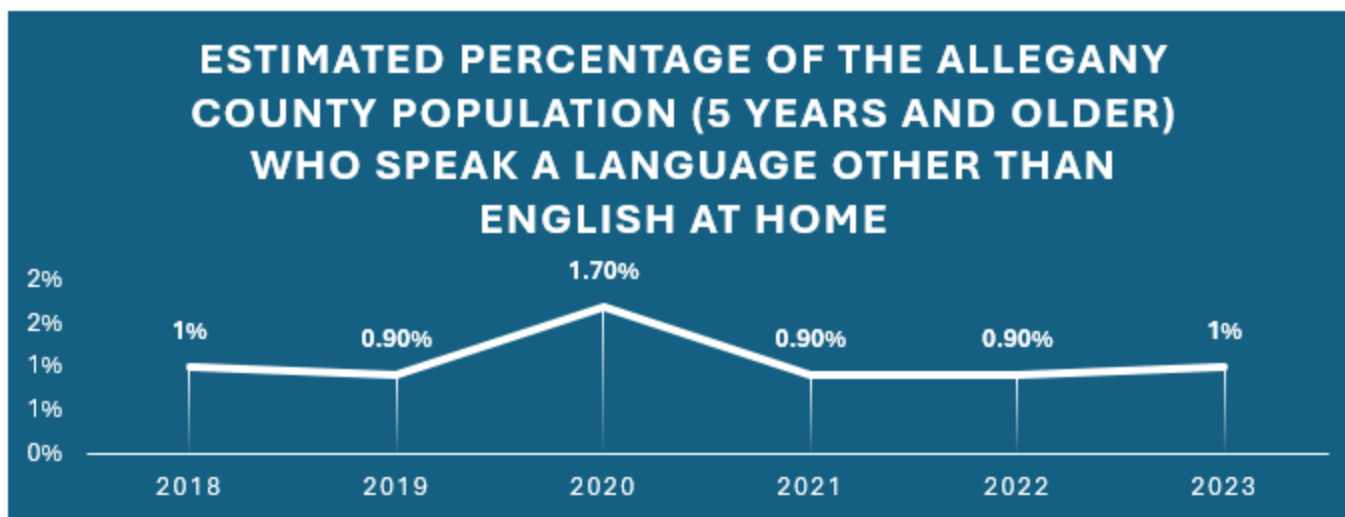
0%

It's crucial to acknowledge the limitations of the PIT count. Because it's a single-night snapshot, it often significantly underestimates the true number of people experiencing homelessness. Reaching individuals living in hidden locations, such as cars, abandoned buildings, or doubled up with others, is challenging. Furthermore, some individuals may avoid being counted due to privacy concerns, fear of repercussions, or distrust of authorities. These factors can lead to inaccurate data about the overall homeless population, particularly for vulnerable groups like families and youth, making it difficult to fully understand the scope of the problem and effectively allocate resources. Despite these limitations, the PIT count remains a valuable, if imperfect, tool for tracking trends and raising awareness about homelessness and continues to highlight the ongoing need for supportive housing and resources for this vulnerable population.

### Language

Allegany County has a low percentage of residents who speak a language other than English at home. According to the most recent CRISP data (2023), only 1% of the population aged five and over in Allegany County speaks a language other than English at home, ranking the county second lowest in the state for this metric. This contrasts with the US Census Bureau's data, which indicates that 3.3% of individuals aged five and over in Allegany County speak a language other than English at home. This discrepancy between the two datasets warrants further examination to understand the methodologies used and the potential reasons for the difference.

Here's a look at the trend based on CRISP data:



Analyzing the year-over-year changes reveals significant fluctuations:

- 2018-2019: Decreased by 10% (from 1% to 0.90%)
- 2019-2020: Increased by 89% (from 0.90% to 1.7%)
- 2020-2021: Decreased by 47% (from 1.7% to 0.90%)
- 2021-2022: No Change
- 2022-2023: Increased by approximately 11% (from 0.90% to 1%)

These dramatic swings in the CRISP data, particularly the large increase in 2020 followed by a substantial decrease in 2021, warrant further investigation to determine the underlying causes. Despite the low percentage indicated by CRISP, the US Census data suggests a higher proportion of residents speaking other languages (3.5%). Spanish is the next most commonly spoken language in the county, followed by Chinese. Even with the relatively low linguistic diversity, the Local Behavioral Health Authority (LBHA) has proactively secured and distributed resources in both Spanish and Mandarin, demonstrating a commitment to serving the needs of all residents.

## STUDENT BEHAVIORAL HEALTH

A helpful tool in assessing student behavioral health in Allegany County is the Maryland Youth Risk Behavior Survey/Youth Tobacco Survey (YRBS). This survey is typically administered each year during the fall semester to public middle and high school students, although there is a gap in 2019-2020 data due to the COVID-19 pandemic. Please see the tables below for a breakdown of select responses.

#### **Allegany County High School Students, Select YRBS Responses**

	<b>Allegany County High School Students</b>		
<b>Substance Use</b>	<b>2018</b>	<b>2021</b>	<b>2022</b>
Student had their first drink of alcohol before age 13 (other than a few sips)	18.9%	15.8%	14.2%
Student currently drank alcohol	30.3%	22.3%	19.3%
Student currently used marijuana	22.7%	15.8%	14.6%
Student ever took prescription pain medicine without a doctor's prescription or differently than how a doctor told them to use it	13.4%	12.0%	9.8%
Student ever used cocaine	6.0%	2.7%	2.6%
Student ever used heroin	4.0%	1.9%	1.4%
Student ever used methamphetamines	3.5%	1.8%	1.8%
Student ever used ecstasy	5.6%	2.6%	2.7%
Student ever injected any illegal drug	3.7%	2.3%	1.3%
<b>Mental Health</b>	<b>2018</b>	<b>2021</b>	<b>2022</b>
Student seriously considered attempting suicide during the past 12 months	20.5%	22.2%	17.7%
Student made a plan about how they would attempt suicide	15.6%	16.3%	14.4%
Student reported that their mental health was most of the time or always not good	<i>Not asked</i>	33.8%	32.4%

Student felt sad or hopeless almost every day for at least 2 weeks in a row, so that they stopped doing some usual activities	34.3%	40.5%	34.9%
<b>Other Risk Factors</b>	<b>2018</b>	<b>2021</b>	<b>2022</b>
Student's family was often or sometimes worried that their food would run out before they got money to buy more	26.4%	16.6%	22.0%
Often or sometimes the food their family bought did not last and they did not have money to get more	21.0%	12.1%	16.3%
Student or someone in their home tested positive for COVID-19	<i>N/A</i>	45.9%	49.7%
Student had ever been separated from a parent or guardian because they went to jail, prison, or a detention center	<i>Not asked</i>	18.6%	16.9%
Student was electronically bullied	18.9%	16.8%	16.2%
Student was bullied on school property	26.3%	18.5%	19.1%
Student spent 3 or more hours per day on screen time (in front of a TV, computer, smart phone, or other electronic device watching shows or videos, playing games, access the internet, or using social media)	Not asked	73.1%	72.3%
Student was physically active at least 60 minutes per day on 5 or more days during the past week	48.5%	42.8%	48.6%
<b>Protective Factors</b>	<b>2018</b>	<b>2021</b>	<b>2022</b>
Student would feel comfortable seeking help from one or more adults besides their parents if they had an important question affecting their life	79.6%	76.2%	82.6%



### Allegany County Middle School Students, Select YRBS Responses

	Allegany County Middle School Students		
Substance Use	2018	2021	2022
Student had ever drank alcohol	21.4%	19.6%	20.4%
Student currently drank alcohol	7.9%	7.9%	7.9%
Student currently used marijuana	5.5%	4.5%	4.1%
Student ever took prescription pain medicine without a doctor's prescription or differently than how a doctor told them to use it	4.9%	8.6%	8.3%
Student ever used cocaine	0.8%	1.2%	1.4%
Mental Health	2018	2021	2022
Student seriously considered attempting suicide during the past 12 months	22.3%	24.4%	22.5%
Student made a plan about how they would attempt suicide	14.2%	17.2%	16.2%
Student had attempted suicide	7.6%	10.5%	9.4%
Student reported that their mental health was most of the time or always not good	<i>Not asked</i>	22.9%	22.0%
Student felt sad or hopeless almost every day for at least 2 weeks in a row, so that they stopped doing some usual activities	23.7%	34.8%	30.2%
Other Risk Factors	2018	2021	2022
Student's family was often or sometimes worried that their food would run out before they got money to buy more	24.8%	18.3%	23.2%
Often or sometimes the food their family bought did not last and they did not have money to get more	19.3%	12.5%	18.2%

Student or someone in their home tested positive for COVID-19	<i>N/A</i>	39.2%	42.4%
Student had ever been separated from a parent or guardian because they went to jail, prison, or a detention center	<i>Not asked</i>	17.0%	14.6%
Student spent 3 or more hours per day on screen time (in front of a TV, computer, smart phone, or other electronic device watching shows or videos, playing games, access the internet, or using social media)	<i>Not asked</i>	67.4%	64.6%
Student was physically active at least 60 minutes per day on 5 or more days during the past week	58.1%	51.4%	54.1%
<b>Protective Factors</b>	<b>2018</b>	<b>2021</b>	<b>2022</b>
Student would feel comfortable seeking help from one or more adults besides their parents if they had an important question affecting their life	87.4%	82.5%	86.0%
Student has an adult outside of school they can talk to about things that are important to them	90.0%	86.1%	85.4%
Student talked to a teacher or other adult in their school about a personal problem	29.2%	27.3%	27.7%
Student strongly agreed or agreed that their teachers really care about them and give them a lot of encouragement	63.6%	57.2%	53.0%

Allegany County Public Schools (ACPS) high school students have reported decreasing substance use across almost every category. Middle school students report generally the same amount of substance use across each category, however, the increase in positive responses for prescription pain medication abuse is alarming. The percentage of middle schoolers who reported ever taking prescription pain medicine without a doctor's prescription, or differently than how a doctor told them to use it, increased from 4.9% in 2018 to 8.6% in 2021, and 8.3% reported in 2022. It is possible that more youth were seeking to self-medicate due to mental health challenges associated with the COVID-19 pandemic, and that prescription medications were easier for this age group to obtain as opposed to other drugs such as marijuana and cocaine. The LBHA will be interested to see the results of YRBS surveys that were administered after the legalization of recreational marijuana in Maryland, which occurred on July 1, 2023.

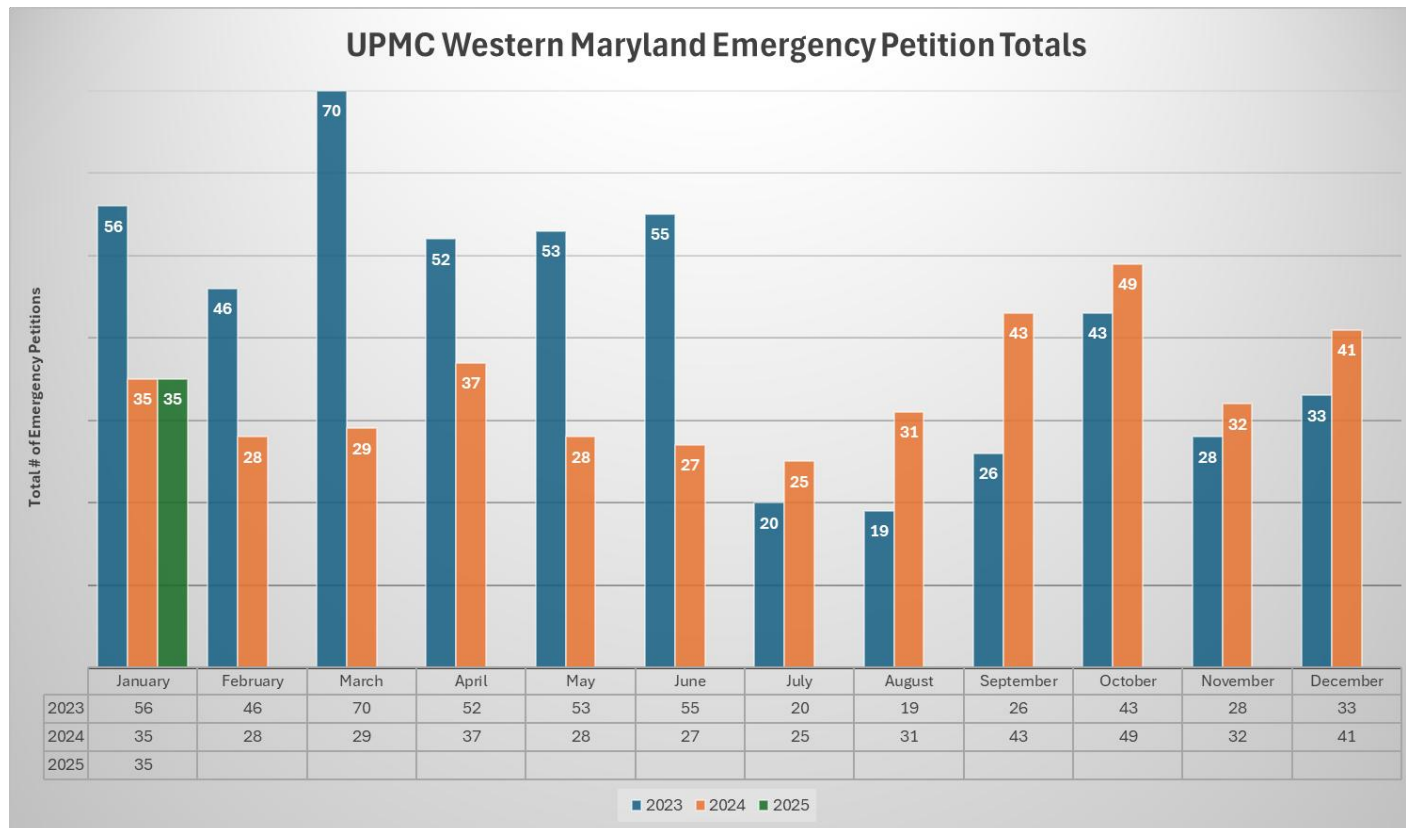
The mental health of ACPS high schoolers and middle schoolers appears to be improving overall, however, there are still a large percentage of students reporting that they've considered suicide, felt sad or hopeless, or generally felt that their mental health was poor. This could be due to several factors. Allegany County is an area with high poverty rates, and as reflected in the YRBS responses, a significant percentage of students have struggled with food insecurity. Almost half of high school students reported that they or someone in their home tested had tested positive for COVID-19 which, as discussed in the "Suicide Deaths and Ideation" section above, can contribute to worsening of mental health symptoms. Not only could a SARS-CoV-2 infection contribute to more severe mental health symptoms, but the collective traumatic experience of the pandemic among developing youth has likely affected many students negatively in the long term. Instances of in-person and electronic bullying for high schoolers decreased from 2018 to 2021, but remain high and likely contribute to the poor mental health of bullying victims. Lastly, almost 75% of high schoolers reported spending 3 hours or more in front of a screen per day (not counting school activities) in 2021 and 2022. The 2021 data also shows that 42.8% of students were physically active at least 60 minutes per day on 5 or more days during the past week, and 48.6% in 2022. The responses from the middle schoolers indicate that their screen time and physical activity is only slightly more balanced. More time in front of the screen and less time being physically active could be contributing to feelings of sadness and hopelessness. As noted by the American Academy of Pediatrics 2024 article, "Impact of Social Media on Youth," social media can expose young people to cyberbullying, distorted perceptions of body image and disordered eating, harmful content such as pornography and violence, unwanted contact from strangers, sleep deprivation, and "digital stress," which they define as, "stress resulting from frequent use of digital information technology, which is caused by constant access to a wide array of social content, fear of missing out, and anxiety about approval." In regards to physical activity, the study, "Physical Activity Participation among Children and Youth with Mental Health Symptoms: Clinician Perspectives," (Crichton M., Vu J., Fenesi B., 2024) published in the National Library of Medicine states, "Children and adolescents who engage in more physical activity are less likely to experience mood disorders, including major depression and bipolar disorder, and to report higher rates of life satisfaction than their less-active peers." Roughly half of the responding students in Allegany County middle and high schools may not be getting enough physical activity.

While there are several negative factors to address when it comes to student behavioral health, ACPS students also generally reported high rates of support from an adult in their life. In 2022, 82.6% of high schoolers and 86% of middle schoolers reported they would feel comfortable seeking help from one or more adults besides their parents if they had an important question affecting their life. In 2022, 85.4% of middle school students reported having an adult outside of school they can talk to about things that are important to them. In addition to these protective factors, various community agencies have been making efforts to improve the mental and physical wellbeing of school-aged youth. In-school substance use prevention, mental health services, crisis response, and general wellness programs are provided to students, with support also available to families. Recently, the Allegany and Garrett County LBHAs have been approved as a regional "Hub" by the Maryland Consortium on Coordinated Community Supports. The LBHAs have partnered

with the Garrett and Allegany Public Schools, as well as the identified service providers (also called “Spokes”) to enhance behavioral health services. The Hubs’ role is to coordinate the Spokes’ services, manage grants awarded to Spokes, and collect/report data. The Spokes’ role is to provide behavioral health services and supports to public school students and their families. Allegany College of Maryland was selected as Allegany County’s first Spoke the Consortium. The Hub has recently issued its own Request for Applications (RFA) and is currently reviewing applications for new Spokes to join their network. More details on Allegany County’s youth services can be found in Appendix 2.

### **Crisis Response and Prevention**

Data on Emergency Petitions (EPs) is valuable when analyzing crisis services. An emergency evaluation petition is a legal document that enables a petitioner to get a person who is suffering from a mental illness or is in a serious mental crisis taken into custody and examined by a medical professional in a designated emergency facility.



*Data source: UPMC Western Maryland.*

In Allegany County, EP numbers fluctuated between FY21 and FY23. There was a decrease from 683 EPs in FY21 to 534 in FY22 (a 21.8% decrease), followed by an increase to 706 in FY23 (a 32% increase). The average monthly EP totals were 53 in FY21, 41 in FY22, and 59 in FY23. The LBHA believes the initial decrease was potentially due to increased outpatient services and AHEC West’s extensive naloxone and fentanyl test strip distribution efforts, along with the isolation effects of the COVID-19 pandemic. The subsequent increase in FY23 may be attributed to the lifting of pandemic restrictions, increased socioeconomic pressures (eviction moratorium ending, student loan deferment ending, changes to food stamp benefits), and the general stress of a fluctuating economy and societal changes.

The LBHA is actively working towards its goal of increasing the availability of crisis services for adults and youth in Allegany County by June 30, 2026. So far, the LBHA has achieved the following:

1. Conduct 11 local CIT Collaborative Planning and Implementation Committee/Crisis System meetings by June 30, 2026. Progress as of March 13, 2025 = 5.
2. Provide a minimum of 2 technical assistance support sessions with the new MCRSS sub-vendor to assist with service development and data reporting by June 30, 2026. Progress as of October 31, 2025 = 7 of TA sessions provided.
3. Provide a minimum of 2 technical assistance support sessions with the new ACT sub-vendor to assist with service development and data reporting by June 30, 2026. Progress as of March 17, 2025 = 8 of TA sessions provided.

The LBHA will continue to support the expansion of MRSS to 24/7 operation, prioritize CIT training to increase shift coverage, and further analyze EP data to identify areas for service improvement. We will also continue to collaborate with stakeholders to develop additional crisis resources and address the evolving needs of the community, including the 988/911 integration which is a newly developing project for Allegany County. For more details on crisis services available in Allegany County, please see Appendix 2.

## APPENDIX 1

### Substance Use Providers

#### Outpatient Substance Use Providers

Allegany Co. Health Department Behavioral Health  
(All Ages)  
Translation Services, Deaf Interpretation  
12503 Willowbrook Road, SE  
Cumberland, MD 21501  
Phone: 301-759-5050

Alternative Drug & Alcohol Counseling (ADAC)  
(Ages 12+)  
Outpatient and Intensive Outpatient Services  
217 Glenn Street, Suite 400, Cumberland, MD 21502  
Phone: 301-729-0340

Cumberland Comprehensive Treatment Center  
(Adults)  
Outpatient Services  
14701 National Hwy, LaVale, MD 21502  
Phone: 301-687-0940

Ideal Option (Ages 15+)  
Outpatient Services  
519 N. Centre Street, Cumberland, MD 21502  
Phone: 877-522-1275

Outreach Recovery (Adults)  
134 Baltimore Street, Cumberland, MD 21502  
Phone: 240-329-2535

UPMC-Western Maryland Behavioral Health  
Program (Adults)  
Translation Services, Deaf Interpretation  
12502 Willowbrook Rd, Cumberland, MD 21502  
Phone: 240-964-8585

Western Maryland Recovery Services (Adults)  
Outpatient Services  
11604 Bedford Rd, Cumberland, MD 21502  
Phone: 301-724-1144

Zimela Wellness Center (Ages 14+)  
758 Greene Street, Cumberland, MD 21502  
Phone: 240-362-7077

#### Residential Substance Use Providers

ACHD Massie Unit (Adults) (Residential Treatment)  
Phone: 301-777-2285

UPMC-Western Maryland Behavioral Health Unit  
Translation Services, Deaf Interpretation  
Phone: 240-964-1399

#### Halfway House

Allegany House  
Translation Services, Deaf Interpretation  
Phone: 301-777-2497

#### Other:

Alcoholics Anonymous & Al-Anon 301-722-6110  
Narcotics Anonymous 800-777-1515  
Boys Town National Hotline: 800-448-3000

**Allegany County  
Local Behavioral Health Authority**  
A Division of the Allegany County Health Department  
PO Box 1745  
12501 Willowbrook Road, SE  
Cumberland, MD 21501-1745

Telephone: 301-759-5070 Fax: 301-777-5621  
Email: [achd.bhso@maryland.gov](mailto:achd.bhso@maryland.gov)  
Website: [www.alleganymhm.org](http://www.alleganymhm.org)  
Facebook: Mental Health Matters Allegany

#### Other Resources:

Community Resource Guide:  
<http://www.Path2Help.com>

#### Other Websites with Behavioral Health Info:

[BeforeItsTooLate.Maryland.gov](http://BeforeItsTooLate.Maryland.gov)  
[PrescribeChangeAllegany.org](http://PrescribeChangeAllegany.org)  
[StartYourRecovery.org](http://StartYourRecovery.org)

#### **Allegany County Health Department Non-Discrimination Statement**

The Allegany County Health Department complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, or disability in its health programs and activities.

**English** - Help is available in your language: 1-866-909-9629 (TTY: 1-800-735-2258). These services are available for free.

**Español/Spanish**—Hay ayuda disponible en su idioma: 1-866-909-9629 (TTY: 1-800-735-2258). Estos servicios están disponibles gratis.

**中文/Chinese**—用您的语言为您提供帮助: 1-866-909-9629 (TTY: 1-800-735-2258)。这些服务都是免费的

### Allegany County Maryland



### Behavioral Health Resources

#### **UPMC-Western Maryland**

**Crisis Line**  
240-964-1399

#### **Suicide & Crisis Lifeline**

Call or Text 988

or

Chat with the 988 Suicide & Crisis  
Lifeline at [988lifeline.org](https://988lifeline.org)

## **APPENDIX 1 (CONT.)**



## Mental Health Services

### Outpatient Mental Health Clinics (All Ages)

**Allegany Co. Health Department Behavioral Health Translation Services, Deaf Interpretation**  
12503 Willowbrook Road, SE, Cumberland, MD 21501  
Phone: 301-759-5280

**Brook Lane Outpatient**  
1050 W. Industrial Blvd., Suite 18, Cumberland, MD 21502  
Phone: 301-733-0331 X7100

**Committed to Change (Ages 6+)**  
200 Glenn Street, Suite 302, Cumberland, MD 21502  
Phone: 240-580-1919

**Villa Maria of Mountain Maryland (All Ages)**  
308 Virginia Avenue, Cumberland, MD 21502  
Phone: 667-600-2110

**UPMC-Western Maryland Behavioral Health Program (Adults)**  
Translation Services, Deaf Interpretation  
12502 Willowbrook Road, Cumberland, MD 21502  
Phone: 240-964-8585

### Residential Crisis Services (Adults)

**The Compass Center**  
418 Warwick Avenue, Cumberland, MD 21502  
Phone: 301-722-2018

**UPMC-Western Maryland Center for Hope and Healing**  
Translation Services, Deaf Interpretation  
10700 Leslie Lane, Cumberland, MD 21502  
Phone: 240-362-7588

### Psychiatric Rehabilitation Programs

**Archway Station, Inc. (All Ages)**  
Translation Services Available  
45 Queen Street, Cumberland, MD 21502  
Phone: 301-777-1700

**ASI Health, Inc. (Adults)**  
217 Glenn Street, Suite 400, Cumberland, MD 21502  
Phone: 240-362-7689

**Committed to Change (Ages 6+)**  
200 Glenn Street, Suite 301, Cumberland, MD 21502  
Phone: 240-580-1919

**MD Wellness (All Ages)**  
519 N. Mechanic Street, Cumberland, MD 21502  
Phone: 301-777-9600

**Villa Maria of Mountain Maryland (All Ages)**  
308 Virginia Avenue, Cumberland, MD 21502  
Phone: 667-600-2110

### Other Outpatient Providers

#### Group Providers

**Covenant Counseling (Ages 5+)**  
907 Seton Drive, Cumberland, MD 21502  
Phone: 301-777-0633

**Maryland Wellness (All Ages)**  
519 N. Mechanic Street, Cumberland, MD 21502  
Phone: 301-777-9600

**Outreach Recovery (Adults)**  
134 Baltimore Street, Cumberland, MD 21502  
Phone: 240-329-2535

**Potomac Behavioral and Occupational Therapy (All Ages)**  
249 Henderson Avenue, Cumberland, MD 21502  
Phone: 240-362-7444

**WVU Medicine LaVale Medical Center (ages 9+)**  
**Andrea Opel, LCSW-C**  
922 National Highway, LaVale, MD 21502  
Phone: 240-362-7294

**Zimela Wellness Center (ages 14+)**  
758 Greene Street, Cumberland, MD 21502  
Phone: 240-362-7077

### Individual Providers

**Allegany Counseling and Consulting Services (Ages 5+)**  
(Also DUI classes)  
36 Greene Street Suite 101, Cumberland, MD 21502  
Phone: 301-724-1697

**Davis Dayhoff (All Ages)**  
7 Market Street, Cumberland, MD 21502-2214  
Phone: 301-759-3360

**Monarch Counseling, LLC (All Ages)**  
Registered play therapist/Certified trauma therapist  
6 Fayette Street, Cumberland, MD 21502  
Phone: 301-268-1699

**Steven Hartsock, PhD (all ages)**  
81 Baltimore Street, Cumberland, MD 21502  
Phone: 301-777-9005

**Seth Ramer, LCSW-C (Ages 5+)**  
**French/German**  
1100 Industrial Boulevard, Cumberland, MD 21502  
Phone: 301-895-3117

**Donna Rice Counseling (Adults)**  
(Also DUI Education)  
118 Valley Street  
Cumberland, MD 21502  
Phone: 301-722-5500

**Debra Schaaf Ph.D. (Adults)**  
7 Washington Street  
Cumberland, MD 21502  
Phone: 301-724-5544

### Mental Health Case Management

**Potomac Community Services**  
(Children and Adults)  
Translation Services Available  
29 Baltimore Street, Cumberland, MD 21502  
Phone: 301-791-3087 X218

### Wellness and Recovery Center

**Hope Station, Inc. (Adults)**  
632 N. Centre Street, Cumberland, MD 21502  
Phone: 240-362-7168

For more information about mental health or to attend a Mental Health First Aid Course near you, contact the Allegany County Local Behavioral Health Authority.



**APPENDIX 2**  
**Allegany County Behavioral Health Continuum of Care**

Promotion	
Youth	Adults
<p>Offered in Allegany County Public Schools:</p> <ul style="list-style-type: none"> <li>• Positive Behavioral Interventions &amp; Supports (PBIS)</li> <li>• School social workers to help families address basic needs such as housing, clothing, and healthcare</li> <li>• Awareness campaigns addressing bullying and substance use prevention</li> <li>• Personal body safety instruction from elementary school counselors</li> <li>• Peer connections classes and mental health clubs</li> <li>• Allegany College of Maryland (ACM) in-school mindfulness presentations</li> </ul>	<ul style="list-style-type: none"> <li>• Hope Station Wellness &amp; Recovery Center</li> </ul>
Youth & Adults	
<ul style="list-style-type: none"> <li>• ACM Center for Mind-Body Medicine community classes/workshops (scholarships available)</li> <li>• Allegany County Library System free social activities for children &amp; teens (e.g., book club, trivia night, story time, anime club) and adults (e.g., yoga classes, book clubs, painting workshops)</li> <li>• UPMC Health Coaching</li> <li>• Rocky Gap State Park "Healthy Parks, Healthy People" program (e.g., group hiking, educational and recreational activities for youth)</li> <li>• Physical health education/promotion (e.g., ACHD Healthy Families; ACHD Nutrition Program)</li> </ul>	

## APPENDIX 2 (CONT.)

Universal Prevention	
Youth	Adults
<ul style="list-style-type: none"> <li>• ACHD Project ALERT and Botvin Lifeskills school-based programs</li> <li>• ACHD school-based naloxone training</li> <li>• Guest speakers in schools</li> <li>• Judy Center Early Learning Hub services</li> <li>• Allegany Youth Enrichment Program services (e.g., Cumberland Boys &amp; Girls Club and Cumberland YMCA Family Center programs)</li> <li>• ACHD school-based Tobacco/Vaping education</li> <li>• Apples for Children</li> </ul>	<ul style="list-style-type: none"> <li>• Educational media campaigns (e.g., LBHA's 988; ACHD + MVA "Be Cannabis Smart")</li> <li>• Distribution of medication lockboxes and medication disposal pouches</li> <li>• Naloxone training, boxes, and vending machines</li> <li>• Medication takeback days</li> <li>• Behavioral Health/Physical Health/Wellness materials &amp; information distributed at outreach events, on social media, billboards, etc.</li> <li>• Local Management Board activities (e.g., Parents Night Out)</li> </ul>

## APPENDIX 2 (CONT.)

Selective & Indicated Prevention	
Youth	Adults
<p>Offered in Allegany County Public Schools:</p> <ul style="list-style-type: none"> <li>• Multidisciplinary team meetings to review student needs and emerging issues, and identify interventions</li> <li>• Services from support staff, including behavioral health specialists, school counselors, mental health counselors, and social-emotional coaches</li> <li>• Project YES (Youth Experiencing Success)</li> <li>• High school academic villages for students experiencing anxiety</li> <li>• Pupil personnel worker services (e.g., home visits with families, parent and student meetings, connection to needed supports)</li> <li>• Home and hospital services for students experiencing emotional crises</li> <li>• Functional behavioral health assessments, conducted by school psychologists and special education staff, to inform behavior plans</li> <li>• YMCA program for pregnant and teen mothers</li> </ul>	<ul style="list-style-type: none"> <li>• Harm Reduction (AHEC West Syringe Service Program, Rapid Analysis of Drugs, Fentanyl &amp; Xylazine test strips)</li> <li>• ACHD + AHEC + Law Enforcement Drug Abatement Response Team (DART)</li> <li>• Peer Recovery Specialist support (e.g., AHEC Pretrial Release peers, Detention Center peers, Street Team, or peer support for any interested community member)</li> </ul>

## APPENDIX 2 (CONT.)

Outpatient Care	
Youth	Adults
<ul style="list-style-type: none"> <li>• Mental Health outpatient individual therapy, group therapy, family therapy, medication management</li> <li>• In-school therapeutic intervention for public middle and high schools</li> <li>• Substance Use Treatment (early intervention, individual counseling, MOUD by limited providers for youth who meet criteria)</li> <li>• KIDS Program (Kids Intensive Day treatment Services) – an IOP program for children ages 6-12, run in conjunction by the ACHD and the Allegany County BOE.</li> <li>• Psychiatric Rehabilitation Program for Minors (PRP-M)</li> <li>• Potomac Community Services Mental Health Case Management: Care Coordination for Children and Youth</li> <li>• Sheppard Pratt Multisystemic Therapy</li> <li>• Archway Station Wellness &amp; Recovery Center for PRP-M participants</li> <li>• DSS Crisis Therapeutic Outings (therapeutic outings component)</li> <li>• DSS Integrative Therapeutic Family Services</li> </ul>	<ul style="list-style-type: none"> <li>• Mental Health outpatient individual therapy, group therapy, family therapy, medication management</li> <li>• Psychiatric Rehabilitation Program for Adults (PRP-A)</li> <li>• Archway Station Assertive Community Treatment</li> <li>• Potomac Community Services Adult Mental Health Case Management</li> <li>• Substance Use Treatment (DUI Education Programs, early intervention, outpatient, intensive outpatient treatment, and MOUD)</li> <li>• ACHD Tobacco Cessation program and Maryland Quitline</li> <li>• Maryland Community Criminal Justice Treatment Program</li> <li>• Detention Center-based substance use treatment (Jail Substance Abuse Program [JSAP])</li> <li>• Detention Center-based mental health treatment</li> <li>• Projects for Assistance in Transition from Homelessness</li> <li>• State Care Coordination</li> <li>• Care Coordination and Peer Recovery Specialist services through Mental Health Court &amp; Drug Court</li> <li>• Peer Recovery Specialist support in outpatient, community, and Detention Center-based programs</li> </ul>

## APPENDIX 2 (CONT.)

Urgent/Crisis Care	
Youth	Adults
<ul style="list-style-type: none"> <li>• Brook Lane Child &amp; Adolescent High Acuity Residential Crisis Program (located in Washington County, limited bed availability)</li> <li>• DSS Mental Health Stabilization Services</li> <li>• DSS Crisis Therapeutic Outings (crisis component)</li> </ul>	<ul style="list-style-type: none"> <li>• Archway Station and UPMC Residential Crisis Services programs</li> <li>• Family Crisis Resource Center</li> <li>• UPMC Opioid Use Disorder/Stimulant Use Disorder Crisis Beds</li> <li>• UPMC Emergency Department “Fast Track” MOUD service</li> <li>• AHEC West 24/7 Peer Support Hotline for substance use</li> </ul>
Youth & Adults	
<ul style="list-style-type: none"> <li>• Baltimore Crisis Response Inc. Mobile Crisis Team (including in-school response for youth)</li> <li>• Crisis Intervention Team</li> <li>• UPMC Urgent Care Coordination</li> <li>• UPMC Emergency Department/Behavioral Health Unit</li> <li>• 988 Suicide &amp; Crisis Lifeline</li> <li>• UPMC Crisis Line</li> </ul>	

Acute Treatment	
Youth	Adults
<ul style="list-style-type: none"> <li>• Mountain Manor residential substance use treatment (located in Baltimore)</li> </ul>	<ul style="list-style-type: none"> <li>• ACHD Residential Substance Use Treatment - ASAM 3.1 (Low Intensity), 3.5 (High Intensity), 3.7 (Intensive), and 3.7WM (Intensive + Withdrawal Management Service)</li> </ul>

## APPENDIX 2 (CONT.)

Long-term Treatment	
Youth	Adults
<ul style="list-style-type: none"> <li>• Residential Treatment Center</li> <li>• Ongoing outpatient care</li> </ul>	<ul style="list-style-type: none"> <li>• Archway Station Residential Rehabilitation Program (RRP)</li> <li>• Archway Station Recovery Housing for Pregnant Women &amp; Women with Children (coming soon)</li> <li>• Ongoing outpatient care</li> </ul>

Recovery Supports	
Youth	Adults
<ul style="list-style-type: none"> <li>• Maryland Coalition of Families (for parent support)</li> <li>• Local Care Team</li> <li>• Local Management Board</li> </ul>	<ul style="list-style-type: none"> <li>• Archway Station Respite services</li> <li>• AA/NA and other support groups</li> <li>• Continuum of Care Permanent Supportive Housing</li> <li>• Wellness &amp; Recovery Centers</li> <li>• Archway Station Health Home services for PRP &amp; RRP participants</li> <li>• Peer Recovery Specialist support</li> <li>• Behavioral Health support apps</li> </ul>

## APPENDIX 3

### Local Systems Management Integration Status Report

#### Appendix C

##### Systems Management Integration Status Report Template

#### INTEGRATION STATUS REPORT TO INCLUDE IN LOCAL IMPLEMENTATION PLAN

*FOCUS ON THE OUTCOME: An integrated approach to managing the Public Behavioral Health System is intended to support individuals and families in accessing and receiving high quality, person-centered services and supports in a coordinated way that appears seamless.*

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

**DIRECTIONS:** For each of the six topics below, check every item that exists in your LBHA, or your CSA and LAA *together*. Then, count the number of checked boxes (up to four) for that topic and insert that number next to the topic into the table above. Add the topic scores to get your current Integration Status score.

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

- ☒ a. One integrated behavioral health plan for the local public behavioral health system that meets state requirements, aligns with the BHA statewide behavioral health plan, and meets all parameters required by BHA.
- ☒ b. The local plan describes a shared vision and strategic priorities that include a focus on integrated system planning and management
- ☒ c. A local mechanism is in place to measure and document progress toward taking an integrated approach to managing the Public Behavioral Health System in the local area
- ☒ d. All elements of the local plan consider both mental health and substance use disorders

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

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



### APPENDIX 3 (CONT.)

- ☒ a. A single local Advisory Council is in place to address behavioral health (i.e., mental health and substance use) -- OR -- the local mental health advisory council and the substance use-related advisory council meet jointly at least annually
- ☒ b. The local Advisory Council(s) includes community members who have lived experiences with mental health, substance use, and co-occurring disorders
- ☒ c. The local Advisory Council(s) includes providers with clinical and service expertise in mental health, substance use, and co-occurring disorders
- ☒ d. A local structure, including staff support, is in place to coordinate and communicate both mental health and substance use information to the local Advisory Council(s)

TOTAL NUMBER OF BOXES CHECKED: 4 (insert score in table above)

#### **3: Budget that Supports Integrated Operations** (builds on prior domains: Budgeting and Operations)

- ☒ a. Budgeting functions are in one LBHA -- OR -- are closely coordinated between the CSA and LAA based on a written agreement to reduce duplication and maximize resource use
- ☒ b. Operations are within one LBHA -- OR -- are tightly coordinated between the CSA and LAA based on a written agreement to reduce duplication and maximize use of resources
- ☒ c. A local mechanism is in place for reviewing mental health and substance use disorder budgeting and operations for opportunities to further integrate and maximize efficiencies
- ☒ d. A local mechanism is in place to integrate and/or braid system management budgets, with appropriate monitoring and tracking to meet separate funding source requirements

TOTAL NUMBER OF BOXES CHECKED: 4 (insert score in table above)

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

- ☒ a. There is a local understanding of the meaning of integrated behavioral health services
- ☒ b. Local meetings are regularly held with providers of mental health, substance use, and co-occurring disorder services to jointly discuss integrated behavioral health approaches
- ☒ c. Education and training on best practices in behavioral health, cultural competency and related topics is routinely provided to clinical and non-clinical providers in the local area
- ☒ d. Encouragement, information and incentives are offered to local behavioral health providers to coordinate formally and informally with local primary care providers

TOTAL NUMBER OF BOXES CHECKED: 4 (insert score in table above)

### APPENDIX 3 (CONT.)

#### 5: Integrated Behavioral Health Messaging and Outreach (*builds on prior domains: Public Outreach, Individual and Family Education*)

- ☒ a. A local coordinated communication process is in place to educate individuals, families and the public about behavioral health and the link between mental health and substance use
- ☒ b. Local outreach and information for the public always includes the link between mental health and substance use disorders even if there is a primary focus on only one area
- ☒ c. LBHA, or CSA and LAA, websites, promotions and advertisements are designed to support and promote an integrated approach such as a standardized logo and single point of contact for all public messaging about behavioral health
- ☒ d. Behavioral health integration is promoted within the entire organization if part of another agency (e.g. local health department) and with partner agencies

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

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

- ☒ a. All LBHA, CSA and LAA employees, including leaders, are trained in integrated system management expectations so that they can articulate their role in helping to manage the Public Behavioral Health System at the local level
- ☒ b. The LBHA, or CSA and LAA, organizational structure formally connects staff with substance use disorder and mental health expertise to support and encourage collaboration
- ☒ c. Cross training opportunities are provided to LBHA, or CSA and LAA, staff
- ☒ d. All LBHA, CSA and LAA position descriptions include the expectation of developing some level of knowledge in both mental health and substance use disorders as part of their role in managing the Public Behavioral Health System at the local level

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

**APPENDIX 4**  
**Behavioral Health Advisory Committee Approval Letter**



**ALLEGANY COUNTY**  
**BEHAVIORAL HEALTH ADVISORY COMMITTEE**

P.O. Box 1745  
Cumberland, Maryland 21501-1745



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4/11/2025

Alyssa Lord  
Deputy Secretary for Behavioral Health  
Maryland Department of Health  
Behavioral Health Administration  
201 West Preston Street, 5<sup>th</sup> Floor  
Baltimore, MD 21202

Dear Deputy Secretary Lord:

This letter is written in support of the Allegany County FY2026 Local Strategic Implementation Plan developed and submitted by the Allegany County Local Behavioral Health Authority (LBHA) in collaboration with the local Behavioral Health Advisory Committee (BHAC) and community stakeholders.

The Allegany County LBHA staff meet regularly with the BHAC. The BHAC is involved and kept apprised of the county's planning process and tentative plan content during regularly scheduled meetings. A subcommittee of BHAC members consisting of Kristi Plummer, Jordan Lewis, and myself reviewed the full draft of the Allegany County FY2026 Local Strategic Implementation Plan. The subcommittee's comments and suggestions were incorporated into the document. The subcommittee believes the plan and goals describe the behavioral health needs in Allegany County. The LBHA's efforts are fully supported by the BHAC. The implementation plan contains concise data information which is in agreement with the narrative section.

A BHAC meeting was held on November 26, 2024, in which members empowered the subcommittee to approve the implementation plan and the chairperson to write a letter in support of the document.

As the chairperson of the BHAC, I would like to thank the LBHA for their efforts to include a broad range of stakeholders throughout the planning process. I would also like to thank the BHAC members, providers, Consumer Advisory Board, and other system stakeholders for their diligence and willingness to participate in this planning process.

We, the BHAC, respectfully support this implementation plan as submitted.

Sincerely,

Kathy Whitacre, MBA, LCSW-C, CEAP  
Chairperson  
Allegany County Behavioral Health  
Advisory Committee