Sequential Intercept Model Mapping Report for Allegany County, Maryland

Final Report
March 2025

Governor's Office of Crime Prevention and Policy
Centers of Excellence

Acknowledgments

The Centers of Excellence wishes to thank all local stakeholders who have participated in the discussion and acknowledge Justin Davis, Director of Allegany County's Local Behavioral Health Authority, Rosanne Taylor, Local Behavioral Health Authority Coordinator, Lieutenant Brett Lysinger, Allegany County Sheriff's Office, Jessica Colwell, District Public Defender of Allegany, and Stephanie Brehm, Reentry Coordinator for the Allegany County Detention Center for leading this effort.

Recommended Citation

The Centers of Excellence. (2025). *Sequential intercept model mapping report for Allegany County, Maryland.* Crownsville, MD: Governor's Office of Crime Prevention and Policy.

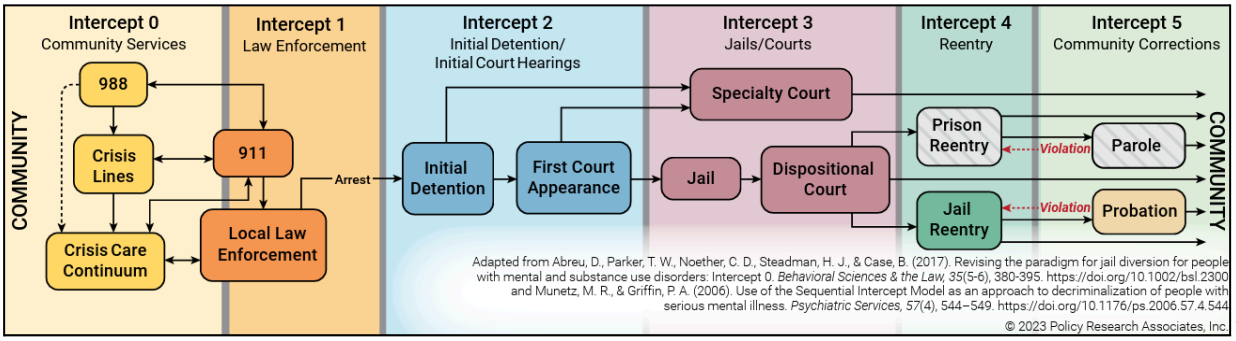
Contents

Background

The sequential intercept model (SIM), developed in the early 2000s by Mark R. Munetz, M.D., and Patricia A. Griffin, Ph.D., provides a framework for states and communities to assess resources, identify service gaps, and plan multi-system improvements. It is most effective when carried out by a diverse team of stakeholders, including representatives from behavioral health, law enforcement, pretrial services, courts, jails, community corrections, housing, social services, peers,[1] family members, and many others. The SIM illustrates how individuals with behavioral health needs interact with and flow through the criminal legal system. SIM mapping workshops help communities identify opportunities to connect individuals to services, reduce unnecessary involvement in the legal system, and support reentry after incarceration.

The SIM mapping workshop has three primary objectives:

1. Development of a comprehensive picture of how people with mental illness and co-occurring disorders flow through the criminal legal system along six distinct intercept points: (0) Community Services,[2] (1) Law Enforcement and Emergency Services, (2) Initial Detention and Initial Court Hearings, (3) Jails and Courts, (4) Reentry, and (5) Community Corrections/Community Support.
2. Identification of gaps, resources, and opportunities for individuals in the target population at each intercept.
3. Development of priorities for activities designed to improve system and service level responses for individuals in the target population.



[3]

[1] In this report, "peer" refers broadly to individuals with shared experiences of traumatic stress, substance use, psychiatric illness, or a history of incarceration. "Peer support" includes a range of contexts such as workforce stress, incarceration, psychiatric illness, and substance use. In contrast, the terms "peer recovery specialist" and "peer support services" refer to non-clinical activities defined by State behavioral health regulations for individuals in recovery from behavioral health disorders.

[2] Community services are provided by civilians and include community resources; preventative and chronic care; and acute and urgent care.

[3] This image is included for illustrative purposes only and may not be an exact representation of the local system.

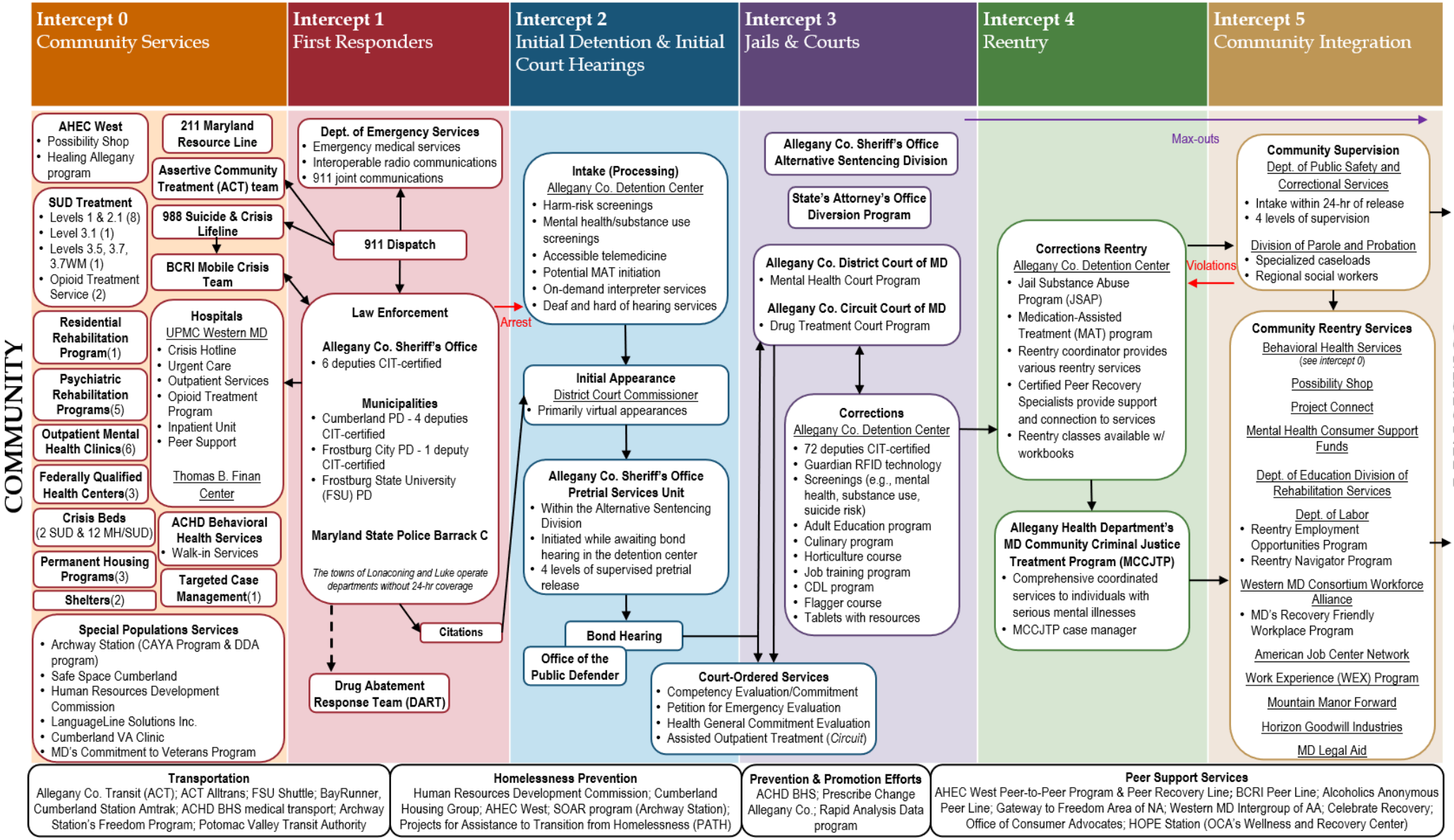
INTRODUCTION

In March 2025, the Centers of Excellence, joined by one trained SIM facilitator, met with a group of behavioral health and criminal legal system stakeholders from Allegany County, Maryland, at the Allegany College of Maryland. The Centers of Excellence staff provided a brief presentation on the SIM and facilitated discussions focused on identifying:

- Existing resources for responding to the needs of adults with mental health and substance use conditions who are involved or at risk for involvement in the criminal legal system.
- Gaps in services for systems-involved individuals with behavioral health needs.
- Opportunities for diverting individuals in the target population out of the criminal legal system and connecting them with treatment and other support services in the community.
- Opportunities for cross-system collaboration and partnerships.

The discussions touched on all the intercepts of SIM. The Centers of Excellence captured information about the resources, gaps in services, and opportunities. Following this discussion, the group reviewed the gathered information and identified short and long-term goals. This process assisted in identifying priorities for community change. At the conclusion of this meeting, the stakeholders in attendance voted on the identified priorities found on page 66.

Sequential Intercept Model Map for Allegany County, Maryland



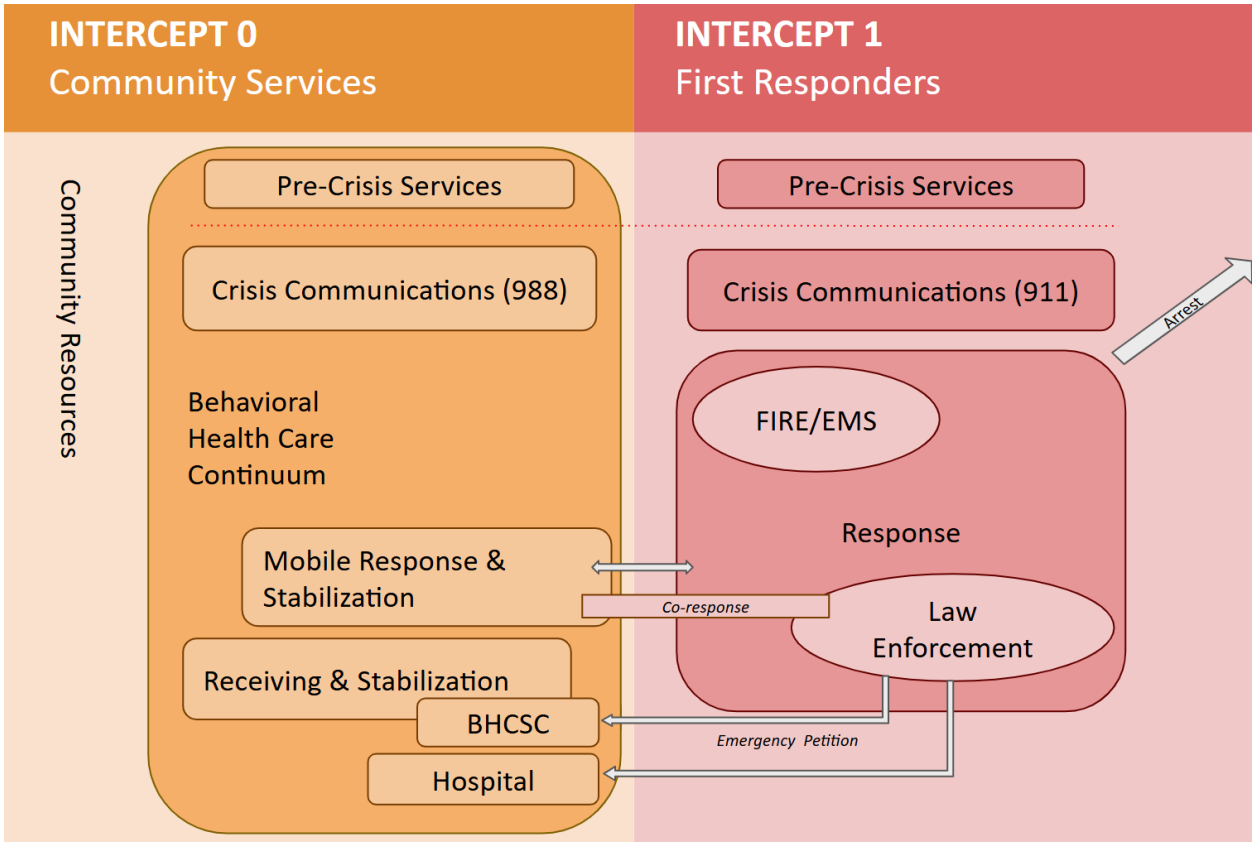
[4]

Resources and Gaps at Each Intercept

The focus of this workshop is the development of a sequential intercept model map. Thus, the facilitators work with the workshop participants to identify resources and gaps at each intercept. This process provides contextual information for understanding the local map, as the criminal legal system and behavioral health services are ever-changing. Furthermore, this catalog can be used by planners to expand opportunities for improving public safety and public health outcomes for people with behavioral health conditions, intellectual and developmental disabilities (IDD), and neurocognitive conditions by addressing the gaps and building upon existing resources.

***Note**. This report includes the resources identified by participants during the mapping workshop. As a result, it may not capture all relevant resources, programs, or organizations present in the community and reflect the status at the time of the workshop unless otherwise noted.*

[4] https://roubler.com/za/wp-content/uploads/sites/52/2020/04/COVID19-Recovery-1.jpg



Intercept 0 and Intercept 1

Intercepts 0/1 Resources

Community Resources

Allegany County is a mountainous, predominantly rural area in Western Maryland with a population of 68,106 and a significantly lower population density than the state average.[5] It includes seven incorporated municipalities: Barton, Lonaconing, Luke, Midland, Westernport, Frostburg, and Cumberland (the county seat). Covering 422.2 square miles, Allegany is the twelfth-largest county in Maryland. It borders Washington and Garrett counties in Maryland; Somerset, Bedford, and Fulton counties in Pennsylvania; and Morgan, Hampshire, and Mineral counties in West Virginia. The population is less diverse than the state's, with only 3.0% of residents foreign-born, compared to the state average of 17.0%. Key diversity metrics, such as the number of families moving into the county and the number of families speaking a language other than English at home, are unavailable due to insufficient sample sizes. Veterans comprise

[5] Please refer to 2023 American Community Survey 1-year estimates for additional details. https://data.census.gov/profile/Allegany_County,_Maryland?g=050XX00US24001

7.8% of the population, exceeding the state average of 6.6%. The county's poverty rate (19.8%) and the poverty rate for minors (28.0%) are between double and triple the state average (9.5%). Despite a declining population, demand for services has increased.

Coordination: The Allegany County Health Department (ACHD) comprises several major divisions, including the Local Behavioral Health Authority (LBHA) and the Behavioral Health Services division (see Appendix B), and maintains a printable directory of programs and services on its website. The LBHA[6] within ACHD is the designated county authority responsible for planning, managing, and monitoring the county's publicly funded mental health and substance use disorder grants and services for individuals in Maryland's Public Behavioral Health System (PBHS), which serves individuals with behavioral health concerns who have active Medical Assistance ("Medicaid"), are Medicaid-eligible, or are uninsured and meet income limits. Within the Behavioral Health Services division, six service areas comprising multiple units, initiatives, and programs provide a range of treatment and services; these service areas, which are described in detail in the report sections that follow, include (1) Mental Health, (2) Outpatient Addictions, (3) Joseph S. Massie Unit, (4) Allegany House, (5) Jail Substance Abuse[7] Program, and (6) Prevention.

Advisory Boards and Commissions: Advisory boards and commissions guide the Board of County Commissioners to identify specific local needs and review efforts to address them. Allegany County has 34 boards and commissions, often including representatives from various community organizations and individuals with lived experience. ACHD works closely with the Behavioral Health Advisory Committee, a combination of the previously separate Drug and Alcohol Abuse Advisory Council and Mental Health Advisory Committee. The Human Resources Development Commission (HRDC) coordinates a spectrum of social and economic mobility services; as the county's Community Action Agency (CAA), this private, nonprofit organization is dedicated to eliminating social and economic barriers to promote individual and community stability through services, advocacy, and collaboration.

[6] Maryland law (Health General § 10-1201) establishes either a Local Behavioral Health Authority (LBHA) or a Core Service Agency (CSA) and Local Addictions Authority (LAA) for non-integrated jurisdictions in every county in Maryland and Baltimore City. As mandated by Health General § 10-1203 and at the direction of the Secretary of the Maryland Department of Health (MDH), these entities report directly to the Behavioral Health Administration (BHA). BHA, housed within MDH, oversees publicly-funded inpatient and outpatient (community) behavioral health services, regulates and licenses all behavioral health programs in Maryland's Public Behavioral Health System, and ensures provider compliance with COMAR 10.63 and state policy.

[7] In the context of substance use concerns, the term "abuse" only appears in this document when quoting an existing proper name; this document uses the terms "use" or "misuse" as recommended by the National Institute on Drug Abuse.

Community Services: Livable communities include essential features that allow all residents to thrive. The tables detail available resources such as transportation (see Table 1), housing (see Tables 2A, 2B, and 2C), and services for special populations (see Table 3) that characterize the community's accessibility and sustainability.

Table 1
Transit Services in Allegany County, Maryland

Type	Service	Local Context
Bus	Allegany County Transit (ACT)[8]	Buses operate on fixed routes Monday through Friday from downtown Cumberland to LaVale, Cresaptown, Frostburg, Frostburg State University Campus, Midland, Lonaconing, Barton, and Westernport. The regular bus fare is $2.00.
	ACT Alltrans	The Alltrans paratransit service is available to individuals with disabilities who are unable to use the accessible ACT fixed-route system. Service is limited to areas within ¾ of a mile from ACT fixed routes, and operates during the same hours as ACT. There are no restrictions on the purpose of trips. The Alltrans curb-to-curb demand response service for older adults prioritizes medical trips. Other types of trips may be provided on a space-available basis.
	Potomac Valley Transit Authority (PVTA)	The "105-Country Club" fixed route operates on the first and third Thursday of each month, with stops in Rawlings, Cumberland, La Vale, and locations in West Virginia.
Shuttle	Frostburg State University (FSU)	The FSU shuttle operates on fixed routes during FSU's regular fall and spring sessions. It is free with a current FSU-issued ID and available to the general public (standard bus fares apply).
	BayRunner	This locally owned and operated shuttle to BWI Marshall Airport, BWI Amtrak, and the Baltimore Greyhound Bus station offers three pick-up locations in Allegany County.

[8] The county is proposing updates to the Purple Line, which serves the Georges Creek Valley, but no changes have been finalized at the time of publication.

Train	Amtrak	Cumberland Station is served by the Floridian, a long-distance passenger train that operates daily between Chicago, Illinois, and Miami, Florida, via Washington, D.C.[9]
Non-Emergency Medical (NEMT)	BHA medical transport	ACHD offers free transportation to and from health care appointments to qualifying individuals. Additionally, Archway Station provides free bus passes to enrollees.

Note. *Transit services are available within and beyond the county; access to these services varies by location.*

Table 2A
Efforts to Prevent or End Homelessness[10] in Allegany County, Maryland

Type	Purpose	Local Context
Local Coordination	A Community Action Agency (CAA) is a local nonprofit organization that offers a range of services and programs to help individuals living in poverty achieve self-sufficiency and economic mobility. These programs are designed to meet the unique needs of the community and are delivered in collaboration with local partners. CAAs are primarily funded by federal grants, such as the Community Services Block Grant (CSBG), with additional funding from state and local sources.	The Human Resources Development Commission (HRDC) coordinates a spectrum of social and economic mobility services.

[9] Eligible individuals include (1) mothers of infants with signs of withdrawal due to prenatal drug exposure; (2) parents of children in need of assistance; (3) hospital ED admittees; (4) families receiving Temporary Cash Assistance through Maryland's Temporary Assistance to Needy Families program; (5) foster care children and their parents; (6) children enrolled in after-school programs and their parents, (7) adolescents; (8) parents with to child support arrears; (9) individuals under supervision for drug-related offenses; (10) individuals receiving pretrial supervision; (11) individuals on pre-release status; (12) the general in-custody population within county-managed correctional facilities; (13) parents of children entering out-of-home placements or at risk of entering out-of-home placements; (14) individuals under the supervision of the problem-solving courts for drug-related offenses.

[10] "Homeless" is a common term used by many shelters, government bodies, and service providers. The terms "houseless" and "unhoused" have arisen in response to the fact that many people who do not live in traditional houses feel that they do have homes in tent encampments, vehicles, or specific spots for sleeping each night.

	Local housing authorities are dedicated to helping community members access housing that is safe, affordable, and well-maintained.	The Cumberland Housing Group, composed of the Housing Authority of the City of Cumberland (which has subsumed the Housing Authority of Allegany County) and the Cumberland Housing Alliance Inc., conducts business under one name for simplicity and efficiency. The Housing Authority is a HUD-qualified public housing agency (high performer with less than 550 units). It has consistently been rated as a High Performing Agency, earning a score of 90% or higher since federal implementation of the Public Housing Assessment System in 1999. The most recent score for the fiscal year 2023 was 92%.
Local Resource Promotion	Connection to resources drives local service utilization.	Maryland Area Health Education Center West ("AHEC West") and Hope Station, community-based nonprofits, offer resource connections, including for those who are experiencing homelessness.
Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) Outreach, Access, and Recovery (SOAR) Program	The program improves SSI and SSDI application outcomes for adults experiencing homelessness and behavioral health conditions. Through an agreement with the Social Security Administration and the Department of Disability Services, SOAR applicants who are homeless or at risk of homelessness receive an expedited review process, resulting in an 86% cumulative approval rate in Maryland.	Archway Station Inc ("Archway Station") employs two SOAR-trained staff to complete applications for Community RRP clients; through block grant funding, an additional SOAR-trained staff is designated to complete applications for non-client Cumberland city residents who meet income eligibility criteria.

Projects for Assistance in Transition from Homelessness (PATH)	PATH is a grant-funded outreach program for county residents with serious mental illness (and possibly co-occurring substance use concerns) who are homeless or at risk of becoming homeless. The program accepts referrals from all sources, including self-referrals, and provides outreach, case management, advocacy, and assistance with housing and SSI/SSDI applications.	The Allegany County Health Department operates this program locally.
Continuum of Care (CoC) Program [24 CFR part 578]	The federal CoC program fosters a community-wide effort to end homelessness. Funds can be used for projects in five key areas: permanent housing,[11] transitional housing, supportive services, homeless management information system (HMIS), and, in some cases, homelessness prevention.	Allegany County operates a permanent supportive housing CoC program that tracks data in HMIS. To qualify, participants must have a diagnosis of a serious mental illness and meet HUD criteria for homelessness.

Table 2B
Shelter Options in Allegany County, Maryland

Type	Purpose	Local Context
Emergency Shelter	Emergency shelters provide temporary, overnight housing.	The Union Rescue Mission (URM) in Cumberland operates the only traditional shelter in the county. The Family Crisis Resource Center runs a domestic violence shelter.
Transitional Shelter	Transitional shelters act as temporary residences with maximum stays ranging from six to 24 months.	The YMCA of Cumberland offers 28 on-site dormitory-style units for men and eight community single-room occupancy (SRO) units for women. Eligible families may also apply for the housing program.

[11] Permanent housing (PH) is defined as community-based housing without a designated length of stay in which formerly homeless individuals and families live as independently as possible. The CoC Program may fund two types of permanent housing: (1) permanent supportive housing (PSH), which is permanent housing with indefinite leasing or rental assistance paired with services to help homeless people with disabilities achieve housing stability; and (b) rapid re-housing (RRH), a model that emphasizes housing search and relocation services and short- and medium-term rental assistance to move homeless people as rapidly as possible into permanent housing.

Table 2C *Permanent Housing Options in Allegany County, Maryland*		
Type	Description	Local Context
Housing Choice Voucher Program (HCV or ”Section 8”)	The U.S. Department of Housing and Urban Development (HUD) funds the program to provide rental assistance to income-eligible applicants, helping them access suitable housing or pay a portion of the monthly rent where the family currently lives.	The current wait time is approximately three to five years for county residents.
Public Housing Program	Public housing offers decent and safe rental housing for eligible low-income families, older adults, and persons with disabilities. HUD provides federal aid to local housing agencies that manage housing units and offer affordable rents for low-income residents.	While the current wait time varies by housing program, workshop participants report that it is consistently significant.
VA Supportive Housing (HUD-VASH) Program	The program combines HUD’s housing choice voucher (HCV) rental assistance with VA case management and supportive services to help homeless Veterans and their families secure permanent housing. It also provides access to health care, mental health treatment, and other supports to improve their quality of life and maintain housing over time. Unlike the traditional voucher program, applicants with a criminal history or outstanding debt to a housing authority are eligible, though individuals convicted of sexual offenses remain ineligible.	A local HUD-VASH social worker serves the county. Once an application is processed and approved, there is no waitlist; once issued a voucher, recipients may choose any public market unit.

Table 3 *Programs and Services Designed for Special Populations in Allegany County, Maryland*	
Population	Local Resources
Service Members, Veterans, and Families (SMVF)	Veterans residing in Allegany County can access primary and specialty health care, including mental health services, at the Cumberland VA Clinic, a local community-based outpatient clinic (CBOC) affiliated with Martinsburg VA Medical Center in West Virginia.

	The Maryland Department of Health (MDH) Behavioral Health Administration (BHA) oversees Maryland's Commitment to Veterans program, which develops policies, provides direct services, and coordinates national, state, and local organizations. The program offers referral services, peer support, crisis funding, and training/educational opportunities for behavioral health and medical providers, peers, first responders, and community partners.
LGBTQ+	Safe Space Cumberland is a center for the LGBTQIA+ community.
IDD/NCC (including adult day services[12])	Archway Station currently operates a program overseen by the Maryland Developmental Disabilities Administration, providing eight Alternative Living Units (ALU) in three locations in Cumberland for adults who have developmental disabilities and/or co-existing disorders.
Transition-Aged Youth (TAY) and Young Adults[13]	Archway Station's Child, Adolescent & Young Adult (CAYA) program serves youth aged 3-17 and young adults aged 18+ who live with and receive support from family/caregivers. CAYA provides skill-based services that complement and strengthen the mental health services (therapy and psychiatry) that individuals are already receiving. The program offers person-centered, mobile, and flexible supports in the client's chosen environment, home, and community. Clients can opt for one-on-one supports or a combination of individual and group supports. All families receive free access to the local bus system, and CAYA staff provides transportation for all contacts. There are no out-of-pocket costs for families receiving CAYA services.
Older Adults	The Human Resources Development Commission (HRDC) coordinates programs and services, including adult medical day centers, a senior center, and a groceries-to-go program.
Non-English Language Preference (NELP)[14]	To accommodate diverse language preferences, all government agencies can access interpretation and translation services through LanguageLine Solutions Inc. (866-874-3972), the current contractor. Additionally, the BHA Office of Suicide Prevention provides grant funding for interpretation services for individuals receiving PBHS services whose first language is not English, including members of the deaf and hard of hearing community. The local health department website includes content in English, Spanish, and Chinese.

[12] Adult day services are community-based programs that are designed to meet the needs of functionally and/or cognitively impaired adults through an individual plan of care.
[13] Transition-aged youth (TAY) and young adults include individuals ages 16-25.
[14] When considering the language access needs of diverse populations, this report replaces the federal term "limited English proficiency (LEP)" with "non-English language preference (NELP)."

Supportive Funding: Mental Health Consumer Support, a grant from the Behavioral Health Administration, is a safety net service available to individuals actively engaged in the Public Behavioral Health System; eligible applicants with mental health disorders with or without substance use disorders can request funding to assist with time-limited rental or utility payments that will allow a person to remain in permanent housing, emergency one-time items such as clothing or hygiene products, time-limited assistance for certain medications or medical equipment, time-limited transportation to behavioral health treatment, vital records, basic household goods needed to establish permanent housing, approved educational or employment expenses, and language interpretive services needed for individuals to receive mental health treatment. Ongoing funding requests, such as transportation, must include a sustainability plan that describes how the individual will continue to obtain the service once Mental Health Consumer Support funds are expended.

Behavioral Health Continuum of Care

Prevention and Promotion: The Allegany County Health Department Behavioral Health Services division (BHS) provides prevention education and resources. Promotion includes community events, presentations, and naloxone training and distribution; notably, naloxone vending machines are now available at four county locations in addition to several naloxone newspaper boxes in the community. BHS also sponsors Prescribe Change Allegany County, an outreach and education program that provides information on a variety of substances and treatment issues with an emphasis on opiates and marijuana.

Maryland Area Health Education Center West ("AHEC West") is a community-based 501(c)(3) nonprofit organization serving Appalachian counties in Maryland, Pennsylvania, and West Virginia to improve access to and promote quality in health care through education and collaboration. AHEC West partners with local, state, federal, and private organizations working toward mutual goals of a fair national distribution of health professionals and the elimination of health disparities due to rurality, poverty, race, and culture. AHEC West also facilitates transportation to health care and employment-related appointments.

The Possibility Shop, one of several AHEC West programs, connects vulnerable residents with essential health and human services while providing access to vital supplies such as hygiene products, food, and clothing. Funded by the Maryland Health Benefit Exchange since its inception three years ago, this site at 138 Baltimore Street offers mental health resources, health insurance education and enrollment, COVID-19 and HIV testing, housing assistance, harm reduction services, food and hygiene products, and clothing and outdoor survival equipment for individuals experiencing homelessness (e.g., tents, blankets, and backpacks). It also connects clients to other local service agencies and legal resources. Operating weekdays from 9 a.m. to 4 p.m., the site serves an average of 60 clients daily, with a peak of 99 clients in a single day. In

2024, the site hosted over 16,000 client visits. The facility includes three shared offices, with a focus on prevention and reentry services, as many clients report involvement with the criminal legal system. Staff report that access to Lifeline Program ("Lifeline") phones,[15] food, harm reduction services, and mail services (particularly for vulnerable women) are significant incentives for visitors.

AHEC West's Healing Together program, initially funded by a grant from the federal Rural Communities Opioid Response Program (RCORP), aims to reduce illness and death in the region related to opioid and substance use disorders. Its harm reduction initiative, Advancing Cross-Cutting Engagement and Service Strategies for People Who Use Drugs (ACCESS), offers a comprehensive range of services funded by the State of Maryland Behavioral Health Center for Harm Reduction Services (CHRS). These services include a syringe service exchange program, with 524 registered participants (including secondary exchange participants) at the Possibility Shop on weekdays; syringe service program (SSP) walks in high-need areas to distribute syringes, fentanyl and xylazine test strips, safer sex supplies, and educational materials; and the distribution of no-cost safer sex and wound care kits and naloxone (with or without training). Certified community health worker[16] teams meet people on the street to connect them with services and also offer transportation to appointments, including those to treatment.

Participation in the Rapid Analysis of Drugs (RAD) program through the Maryland Community Health Resource Services and the National Institute of Standards and Technology allows individuals to return used syringes for testing, helping to identify harmful substances in drugs, enabling informed choices about drug use, and raising community awareness of risks based on testing results; free and confidential services are available at the Possibility Shop every Monday.

Behavioral health is a community effort. Public spaces like shelters, schools, and libraries are ideal locations for outreach efforts, given that individuals often first seek assistance within the community. Community education on the signs and symptoms of mental illness and how to access help can aid in early detection, reduce stigma, and connect individuals to services.

[15] Since 1985, the Lifeline Program has provided free or low-cost phone service for eligible low-income consumers, ensuring that all Americans can access the opportunities and security that phone service offers, such as connection to jobs, family, and emergency services. Funded through the Universal Service Fund, the program is available to qualifying consumers in every state, territory, commonwealth, and on Tribal lands.

[16] Maryland Community Health Worker (CHW) certification requires successful completion of an MDH-accredited CHW certification training program that include a minimum of 100 hours of instruction and a supervised 40-hour practicum.

For example, the Mental Health Association of Maryland offers a free, evidence-based Mental Health First Aid (MHFA) class each month for Maryland residents, teaching participants how to recognize and respond to the signs of mental illness. The LBHA offers this class for county residents at no cost as well. Additionally, 211 Maryland (211) operates 24/7 to connect people across the State with referral specialists.

Treatment and Recovery: Treatment and recovery services are traditional (non-emergency) behavioral health services provided in physical and behavioral health settings (see Table 4).

Table 4
Treatment and Recovery Services in Allegany County, Maryland

Setting	Eligible Primary Diagnoses[17]	Local Context
Federally Qualified Health Centers (FQHCs)[18]	MI, SUD, Co-Occurring	County residents may access three local FQHCs: Tri-State Community Health Center, Tri-State Women's Health Center in Cumberland, and Mountain Laurel Medical Center in Westernport.
Hospital	MI, SUD, Co-Occurring	UPMC Western Maryland provides health care services to county residents and surrounding areas in Maryland, West Virginia, and Pennsylvania. The facility offers a full range of behavioral health services, including psychiatric and substance use treatment, available on an emergency basis (24 hours a day in an emergency department setting) or through inpatient or outpatient care. Services include outpatient (OP) therapy, an OP opioid treatment program, an intensive outpatient (IOP) program, medication management, emergency assessment and intervention, and an inpatient unit for acute psychiatric conditions and medically necessary detoxification. The staff includes professionals who offer peer support services.
Psychiatric Medication Assistance Program	MI with/without SUD	While no local programs operate within the county, Rx Outreach, a nonprofit mail-order pharmacy, services area residents.

[17] MI denotes mental illness diagnoses. SUD denotes substance use disorder diagnoses. SPMI denotes serious and persistent mental illness. Co-occurring denotes concurrent mental illness and substance use disorder diagnoses.
[18] Federally Qualified Health Centers (FQHCs) are federally funded, nonprofit clinics that deliver primary care services in medically underserved areas and to underserved populations. They provide care regardless of a patient's ability to pay, with service fees based on a sliding fee scale.

Targeted Case Management[19]	SPMI with medical necessity	The TCM program in the county, which is required to be put out for procurement by the LBHA every five years, is offered through Potomac Community Services at the time of the workshop; a new provider has not been selected for fiscal year 2026 as of publication.
Assertive Community Treatment (ACT)[20]	MI with/without SUD	A newly operational ACT team through Archway Station serves adults in Allegany and Garrett counties.
Outpatient Mental Health Clinic (OMHC)[21] - Adults	MI with/without SUD	Six OMHCs operate in Cumberland: ACHD Behavioral Health Services, Brook Lane Outpatient, Committed to Change, Maryland Wellness, Villa Maria of Mountain Maryland, and UPMC Western Maryland Behavioral Health Program.
Psychiatric Rehabilitation Program for Adults (PRP-A)[22]	SPMI with medical necessity	Five providers located in Cumberland offer adult PRP: Archway Station, ASI Health Inc., Committed to Change, MD Wellness, and Villa Maria of Mountain Maryland. Additionally, Archway Station operates a wellness and recovery center exclusively for Archway Station enrollees.

[19] The Adult TCM program serves adults (18+) with a SPMI diagnosis and medical necessity.

[20] Assertive Community Treatment is a multidisciplinary, team-based service delivery model that provides time-unlimited, community-based services for individuals with serious mental illness who experience or are at particular risk for concurrent substance use, frequent hospitalization, homelessness, involvement with the criminal legal system, and psychiatric crises. The primary goal is to help individuals achieve recovery through community treatment, rehabilitation, and support. Referrals are made by reaching out to the team at the contact number listed. Participants have access to services during regular business hours and on call 24/7.

[21] OMHCs employ a medical director who is a psychiatrist or psychiatric nurse practitioner, and multidisciplinary clinical treatment staff representing at least three clinical disciplines, which may include psychologists, professional counselors, marriage and family therapists, art therapists, alcohol and drug counselors, and clinical social workers to deliver an array of outpatient and community-based mental health treatment services. The service array includes, at minimum, individual therapy, group therapy, family therapy, and medication management and may include family psychoeducation or other adjunctive treatment services.

[22] A psychiatric rehabilitation program (PRP) provides community-based comprehensive rehabilitation and recovery services and supports and promotes successful community integration and use of community resources. Services for the program are provided onsite, offsite, or a combination of both.

Residential Rehabilitation Program[23]	MI with a priority population diagnosis	Archway Station offers three options for intensive RRP services: 12 beds with 24/7 staffing, 15 beds with 14 hours/day staffing, and nine beds with 40 hours/week staffing (three of which are awaiting licensure at the time of this report). Clients also receive assistance with managing physical health through Archway Station's Health Home program. As required by MDH, these facilities prioritize the placement of patients being discharged from state hospitals
State Care Coordination[24]	SUD	The Allegany County Health Department provides Maryland State Care Coordination to eligible county residents.
Recovery Residence[25]	SUD	Residents must seek certified recovery housing outside of the county. Notably, Archway Station is reportedly developing Level I and Level II certified recovery housing[26] specifically for pregnant women and women with children.
Opioid Treatment Service (OTP)	SUD	Two licensed providers (WMRS Inc. and Concerted Care Group Cumberland LLC) operate in Cumberland, while ATS of Cecil County LLC operates in LaVale.

[23] Residential Rehabilitation Program (RRP) services provide services that will support an individual to transition to independent housing of their choice. Residential Rehabilitation Programs provide staff support around areas of personal needs such as medication monitoring, independent living skills, symptom management, stress management, relapse prevention planning with linkages to employment, education and/or vocational services, crisis prevention and other services that will help with the individual's recovery.

[24] State Care Coordination is a recovery support service designed to improve recovery outcomes for individuals at risk of relapse, and high-cost individuals that utilize publicly funded substance use treatment resources. State Care Coordination provides referrals and community linkages to resources that promote recovery and wellness. Individuals in the program are assisted with gaining access to community/faith-based, somatic, behavioral, social, and other recovery support services that are appropriate to their needs. Services may include recovery assessment, care planning, on-going monitoring, and follow-up.

[25] Only certified recovery residences are noted here.

[26] The National Alliance for Recovery Residences' (NARR) four levels of housing range from those that are peer-run to those that are clinically focused. Levels I (no on-site paid staff) and II (resident as house manager) offer the least intensive supports.

Level 1 (Outpatient) Level 2.1 (Intensive Outpatient, IOP)	SUD	Eight providers offer adult outpatient SUD treatment services: ACHD Behavioral Health Services, Alternative Drug & Alcohol Counseling (ADAC), Cumberland Comprehensive Treatment Center, Ideal Option, Outreach Recovery, UPMC Western Maryland Behavioral Health Program, Western Maryland Recovery Services, and Zimela Wellness Center.
Level 3.1 (Clinically Managed Low-Intensity Residential)	SUD	Allegany House, operated by the Allegany County Health Department, provides a minimum of five hours of services per week. These services focus on relapse prevention, applying recovery skills, and reintegrating individuals into the community.
Level 3.5 (Clinically Managed High-Intensity Residential) Level 3.7 (Medically Managed Residential) Level 3.7-WM (Withdrawal Management)	SUD	The Joseph S. Massie Unit ("Massie Unit") operated by ACHD Behavioral Health Services, offers 45 substance use treatment beds for adults (18+) with SUD or co-occurring diagnoses. A mental health provider is available to support clients with issues such as depression and anxiety. The Massie Unit conducts admissions and discharges daily, Monday through Friday. Currently, there is no waitlist for admission, and the length of stay ranges from 3-8 weeks. Intake is handled by two coordinators over the phone, with placements typically occurring the same day or the next business day. The Massie Unit accepts referrals from multiple types of programs or resources (e.g., hospitals, providers, treatment programs, social services, detention centers, pretrial, probation, AHEC, and the Possibility Shop; the Massie Unit also accepts self-referrals, which comprise a third of admissions. Transport is available to clients within and outside the county. Staff can also connect clients to community resources or state-level care as needed.

***Note**. The American Society of Addiction Medicine (ASAM) criteria define the continuum of care using four whole-number treatment levels (1-4) with decimals to express further gradations of intensity and types of care provided.*

Evidence-Based Recommendations: Coordinated specialty care for early psychosis is an empirically supported model that utilizes a multidisciplinary team to provide comprehensive care following a first episode of psychosis, including mental health care, vocational and educational support, family education and support, care management, and peer support. Additionally, the collaborative care model addresses common conditions such as anxiety and depression in primary care through screening and immediate access to a behavioral health specialist and a consulting psychiatrist; this model has been empirically shown to improve early identification and treatment outcomes for mental health conditions.

Urgent and Acute Services: Maryland's blueprint for a vibrant behavioral health continuum of care includes urgent and acute care services, which offer, in lay terms, someone to contact, someone to respond, and a safe place for help (see Table 5).

Table 5
Urgent and Acute Behavioral Health Care in Allegany County, Maryland

Category	Service	Local Context
Behavioral Health Lines	988 Suicide and Crisis Lifeline	The 988 Lifeline provides 24/7 call, text, and chat with trained crisis counselors who assist individuals experiencing suicidal ideation, substance use issues, mental health crises, or other forms of emotional distress. The Mental Health Association of Frederick County serves as the primary call center for the county.
	UPMC Crisis Hotline (240-964-1399)	Counselors are available 24/7/365 to address urgent or emergency needs. This line is separate from 988 but will occasionally take transfers when callers need more specific local resources.
	Baltimore Crisis Response Inc. (BCRI) Peer Line (301-783-0010)	Through a partnership with 988, BCRI operates a peer line that receives 988 calls specific to Allegany. Call takers can dispatch a mobile crisis response, which includes a six-week follow-up. Peer support is available on weekdays from 7:00 a.m. to 11:00 p.m.

	AHEC West Peer Recovery Line (240-410-3070)	AHEC West operates a 24/7 peer recovery warmline that receives calls and texts.
	Alcoholics Anonymous Peer Line	Area 29, which includes the Western Maryland Intergroup of Alcoholics Anonymous, operates a peer line accessible to local residents.
Mobile Crisis Response and Stabilization Services	Mobile Response Team (MRT) / Mobile Crisis Team[27]	Baltimore Crisis Response Inc. (BCRI) (westernmd@bcresponse.org) has transitioned from providing MCT response on Mondays, Wednesdays, and Fridays from 7:00 a.m. to 3:00 p.m. to responding on weekdays from 7:00 a.m. to 11 p.m. BCRI is in the process of hiring additional staff to provide 24/7 coverage. When appropriate, the team can transport individuals to the detox unit in Baltimore. MCT response includes a six-week follow-up.
	Assertive Community Treatment (ACT) *Although not exclusively urgent/acute care, ACT teams can be called out 24/7 for clients.*	A newly operational ACT team through Archway Station serves adults in Allegany and Garrett counties.
Crisis Receiving and Stabilization Facilities	Urgent Care Appointments (Same Day/Next Day)	Urgent appointments with UMPC are available by referral.
	Walk-In Care	Allegany County Health Department accepts walk-in clients with mental health or substance use concerns on weekdays from 8:30 a.m. to 3:00 p.m.

[27] Mobile crisis responders provide in-person support to people when they experience a serious mental health or substance use challenge, including a crisis as the person defines it. These teams, which include trained professionals, go to wherever the individual is in the community (e.g., home, school, or other public places. Services are provided to de-escalate the situation, evaluate the individual's behavioral health, stabilize the situation, and make connections to treatment and support services.

	Residential Crisis Services/Beds[28]	All crisis beds require a referral from the emergency department. UPMC's Center for Hope and Healing is licensed for eight beds and provides urgent care, bridge medications (30-day prescriptions), and referrals to community providers for individuals with a primary mental health or co-occurring diagnosis. Additionally, Archway Station's Compass Center is licensed for four beds for residential crisis services. These 12 beds are dually licensed to provide adult respite services as well.
	Substance Use Disorder Crisis Beds	UPMC Western Maryland has two additional grant-funded SUD crisis beds for individuals with Opioid Use Disorder/Stimulant Use Disorder.
Coordination to Other Levels of Care	Inpatient Psychiatric Treatment[29]	UPMC is licensed for 17 adult psychiatric beds.

First Responders

Organization: Allegany County's emergency communications (911) for police, fire, and EMS are handled through one public safety answering point (PSAP), which links calls to appropriate dispatchers for the various first responder agencies. All 911 calls are vetted via a comprehensive protocol system for emergency call-taking that includes a structured, standardized script and procedures.

The Office of the Sheriff for Allegany County, Maryland, employs 40 sworn deputies to serve as the lead law enforcement agency for the county. While the Sheriff's Office has county-wide jurisdiction as permitted by law, it does not routinely respond to calls for service by citizens living in municipal areas with their own law enforcement agencies. These municipal agencies include the Cumberland Police Department,[30] which serves approximately 18,000 residents, and

[28] Residential crisis services offer intensive short-term services and support for mental health and substance use issues. Crisis bed stays are typically 10-day authorizations; two additional 10-day authorizations are permitted with justification and Administrative Services Organization (ASO) approval.
[29] Inpatient psychiatric care is defined as a level of care in a regulated facility (such as a hospital) that provides psychiatric services to individuals with severe mental health disorders.
[30] As of this report, the Cumberland Police Department force size is 48 sworn officers with a total capacity of 51.

the Frostburg City Police Department, which serves approximately 6,900 residents. Additionally, the Frostburg State University (FSU) Police Department serves the campus community, and Maryland State Police maintains Barrack C in Cumberland. The towns of Lonaconing and Luke also maintain police departments; although these departments do not provide 24-hour coverage, calls for service within these towns are forwarded when personnel are on duty.

The Department of Emergency Services provides emergency medical services (EMS), emergency management, interoperable radio communications, 911 joint communications, public education and outreach, and technical rescue/hazardous materials incident response. Volunteer fire/EMS emergency personnel receive training provided by the Maryland Fire and Rescue Institute and the Regional Emergency Medical Services Council. Personnel are certified through the Maryland Institute for Emergency Medical Services System. Current estimates indicate fire personnel comprising 85% volunteers and 15% career, while EMS is staffed by 19% volunteers and 81% career.

Training: Efforts are underway to provide behavioral health and crisis intervention team (CIT) training to first responders in Allegany County (see Table 6).

Table 6
Behavioral Health Training for Law Enforcement in Allegany County, Maryland

Type	Local Context
Academy / In-Service	Officers/deputies receive 8-16 hours of training related to mental health and intellectual and developmental disabilities (IDD) during academy training. Yearly in-service training includes Mental Health First Aid certification for all officers/deputies.
Crisis Intervention Team (CIT)	Cumberland Police Department reports that four officers are CIT-trained, representing one officer per shift. Allegany County's Sheriff's Office's efforts to develop a CIT program have produced six CIT-trained deputies with more expected in 2025; the agency intends to staff at least one CIT-trained deputy per patrol shift and the judicial services division. Additionally, Frostburg City Police has a single CIT-trained officer.

Response: Cumberland Police Department reports that 70-80% of calls for service are requests for wellness checks; these calls can result from behaviors that range in urgency from suspected overdoses to individuals sitting on the wrong stoop of a home. Allegany County Sheriff's Office reports that all calls screened for behavioral health concerns are dispatched to law enforcement; once on scene, law enforcement can provide referrals to the mobile crisis team. The development of a county-wide crisis intervention team is underway, with hopes of diverting calls at dispatch to dedicated responders rather than patrol deputies/officers.

A petition for emergency evaluation[31] initiates an emergency psychiatric evaluation due to the belief that an individual is a danger to themselves or others. In 2024, the Allegany County Sheriff's Office executed 124 EPs. Anecdotally, trends indicate that these numbers are decreasing; the current total for 2025 at the time of the workshop is 24, a 25% decrease compared to the total of 32 at the same time last year. Extreme risk protective orders (ERPOs) are often issued in conjunction with EPs; ERPOs, often referred to as "red flag laws," are civil court orders that temporarily require a person to surrender any firearms or ammunition to law enforcement and not purchase or possess firearms or ammunition. The Allegany County Sheriff's Office has implemented agency-level training and annual refresher training on the ERPO process for all deputies. Approximately 10 EPROs are executed annually in the county, half of which are handled by the Allegany County Sheriff's Office. The agency reports that the demand on deputies is minimal, and the majority of the public is unaware of ERPOs except for respondents and people in a situation to receive a recommendation from law enforcement.

Efforts by first responders to address the needs of residents with behavioral health issues extend beyond law enforcement agencies. Although the county does not operate a formal Safe Station program, several informal methods provide pathways to treatment for substance use. These include discretionary transport by EMS or law enforcement and the use of the AHEC West peer recovery line, which allows community members or first responders to connect individuals to treatment. Additionally, AHEC West works with Cumberland City Police, Maryland State Police, Allegany County Sheriff's Office, and Frostburg City Police to respond to overdose cases. Within 48 hours, a Drug Abatement Response Team (DART) visits individuals listed in police logs; a peer professional is included in this team, facilitating positive interactions with law enforcement. Peers offer resources, provide treatment referrals, and leave naloxone and a contact card for the AHEC West peer recovery line for future use.

Law enforcement agencies have also launched innovative strategies to meet community needs beyond behavioral health. Project Connect, a collaborative reentry initiative involving the Cumberland Police Department, the Maryland Department of Labor, the Maryland Department of Transportation, and the DPSCS Division of Parole and Probation, has expanded its service population. In addition to supporting reentry efforts, it now also serves community members who are not justice-involved by providing connections to resources across domains. For more information on the reentry component, please refer to the "Intercepts 4/5 Resources" section.

[31] A petition for emergency evaluation may also be referred to as a petition, an emergency petition/EP, or an emergency evaluation petition/EEP).

Peer Support Services

Several dedicated peer-led organizations provide peer support in Allegany County, including Gateway to Freedom Area of Narcotics Anonymous, Western Maryland Intergroup of Alcoholics Anonymous, and Celebrate Recovery. Peers are also embedded in community resources, including ACHD Behavioral Health Services and UPMC Western Maryland. At UPMC, two staff members provide peer support services seven days a week during daytime hours; the team conducts outreach to help individuals continue their medications for addiction treatment.

Additionally, a network of peer-led wellness and recovery centers (WRCs) operates statewide as part of the Maryland Public Behavioral Health System (PBHS) continuum of care through funding from the Maryland Behavioral Health Administration. WRCs offer resources, socialization, and activities free of charge within a community of peer support. The Office of Consumer Advocates Inc. (OCA Inc.), a 501(c)(3) tax-exempt, nonprofit organization, operates three WRCs in Western Maryland, including HOPE Station in Cumberland. HOPE Station offers daily snacks, groups, activities, and workshops on a drop-in basis to promote wellness and recovery, with an average attendance of 10-20 people per day. In collaboration with the Possibility Shop, HOPE Station serves individuals with and without histories of justice system involvement.

Maryland Coalition of Families (MCF) provides confidential family peer support at no cost to families regardless of income or insurance. MCF offers support and advocacy for people who love and care for someone with behavioral health challenges. MCF assists families with understanding their rights, navigating systems, and accessing resources like support groups, workshops, and referrals to services.

Data Collection and Sharing

Given that most services in the county are grant-funded, much of the relevant data is collected and maintained by grant management. Most data sharing occurs within the local health department, although the LBHA engages in outreach events with outside stakeholders.

Data platforms facilitate data sharing across agencies. Allegany County implemented WellSky to meet Congress' mandate of maintaining a homeless management information system (HMIS). Several local agencies, organizations, and programs use HMIS, including the Human Resources Development Commission, the YMCA, the Allegany County Department of Social Services, and the LBHA PATH and CoC programs. Additionally, Chesapeake Regional Information System for our Patients Inc. (CRISP), a database that facilitates the sharing of health information among doctors, hospitals, labs, and other health care organizations, provides safer, more efficient

patient-centered care for individuals who do not opt out and whose providers participate; CRISP also prevents duplication and diversion of medication.

Intercepts 0/1 Gaps

Community Resources

Coordination: The community prides itself on resilience and resourcefulness; however, concerns raised during the workshop indicate a need for improved coordination. Reportedly, reliance on informal relationships slows the process of connecting individuals to needed services and support. Complicating the matter, some community members and stakeholders are unaware of the full array of services and corresponding eligibility criteria; unfortunately, while the county maintains a directory of resources and services, it is outdated and difficult to locate.

Opportunity: An online directory updated in real-time would greatly enhance accessibility; a link and/or QR code to a public-facing Google Drive is an option to promote this resource.

Advisory Boards and Commissions: While advisory boards and commissions often serve as a means to facilitate partnerships, participants report that the purpose of the county's existing entities is unclear to its members, stakeholders, and the public. The county is responsible for balancing state and federal requirements with the needs of the community, as noted by the "boots on the ground" partners. To improve effectiveness, these boards and commissions must commit to improving transparency and expanding partnerships; the robust participation of a multidisciplinary group that includes representatives with decision-making authority who are responsive to the public can be transformative for a community.

Education: Participants agree that the community would benefit from enhanced anti-stigma education for community leaders and the general public. Participants report that the beliefs of policymakers and average citizens regarding mental health and substance use do not necessarily align with providers who interact with the population at hand. This gap results in an underinvestment in necessary services and an overreliance on law enforcement.

Opportunity: Professionals, civic leaders, and community members can benefit from a shared knowledge base through many training opportunities offered by local, state, and national organizations. Trauma-informed care training is available to clinicians, educators, service providers, medical providers, and the broader community through organizations such as SAMHSA, the Mental Health Association of Maryland, the Collaborative within the University of Maryland School of Social Work, and the University of Maryland Medical Center.

Additionally, programs like Shatterproof's Just Five, an online, self-paced course, provide implicit bias and anti-stigma education to the general public, raising awareness and promoting understanding of addiction prevention and treatment (see the "Resources" section). To ensure equity, education should be led by organizations experienced in supporting diverse populations with instructors who, when possible, reflect the community's demographics.

Community Services: Any gaps in assets, such as transportation, housing, and services for special populations, reduce a community's accessibility and sustainability. Participants note that while Cumberland is well-resourced, the further reaches of the county are resource deserts. These under-resourced communities simultaneously face economic vulnerability. For example, the closing of the Verso-owned Luke paper mill in 2019 has dramatically impacted the Georges Creek Valley, eliminating 675 jobs that were held by approximately 80% of the local population.

Transportation: Transit is a known challenge in rural communities. In Allegany County, buses do not run after 5 p.m., there are no private drivers (e.g., Uber, Lyft, etc), and the single cab in the county is unavailable after midnight or on Sundays. Second- and third-shift transportation has not been available since the COVID-19 pandemic; the Job Access and Reverse Commute (JARC) program, which was established to address the unique transportation challenges faced by low-income persons seeking employment, has recently ended. Further, limited services are being scaled back due to reduced funding, with additional cuts anticipated.

The existing transportation is inaccessible geographically and/or financially for many consumers. Given the shortage of services outside of Cumberland, the lack of transportation in those other areas only serves to compound the barriers for those residents. As an example, residents of the Georges Creek Valley region may expect to pay upwards of $75 each way in cab fare to access resources in Cumberland, a cost-prohibitive strategy for this economically vulnerable population.

While participants mentioned charitable organizations such as the HOFFA Foundation for assistance with locating transportation services for behavioral health care appointments, HOFFA is headquartered in Carroll County, and these services are not typically appropriate for individuals exhibiting symptoms associated with mental illness. Similarly, AHEC West reports opportunities for transportation assistance, including gift cards; however, the costs for residents who need transportation outside of Cumberland are prohibitive.

Personal transportation frequently fills gaps in public transit; however, Maryland law requires all new drivers to complete a certified driver education program, which includes 30 hours of classroom learning and six hours of behind-the-wheel training. The associated financial and

practical logistics reportedly preclude licensure. The relationship between transportation and access to employment and services becomes a feedback loop of instability.

Housing: The county faces a shortage of adequate and affordable housing and economic opportunities to promote self-sufficiency. Years-long waiting lists and the absence of a low-barrier public shelter and sufficient transitional housing leave individuals waiting on the street; strict HUD criteria exacerbate the issue. Reportedly, private landlords request significant security deposits and proof of sizable income to secure leases. Additionally, participants report that the stigmatizing approach to addressing homelessness discourages many individuals from accessing the limited existing resources.

The Union Rescue Mission (URM) in Cumberland operates the only shelter in the county, and access can be challenging. The facility is not ADA accessible and, as a privately owned facility, URM enforces strict criteria, including participation in faith-based activities, which some individuals in need may find uncomfortable accepting.

Opportunity: To address these gaps, the county should explore the development of a public shelter through available grant funding opportunities, such as the Shelter and Transitional Housing Facilities Grant Program offered by the Maryland Department of Housing and Community Development. This program provides grants to improve or create transitional housing and emergency shelters, with 501(c)(3) nonprofit organizations and local governments eligible to apply.

Gaps in transitional housing and permanent housing undermine efforts to prevent and end homelessness. Participants report that the documentation required federally to prove chronic homelessness is often impossible for people experiencing homelessness to collect[32]; without the tools needed to complete complicated and lengthy applications, people are left without access to these resources. Professionals highlight that building rapport and maintaining trust to keep individuals returning for services is their strategy for overcoming this obstacle.

Federal funding is available that may alleviate certain gaps in permanent housing and homelessness prevention for certain populations. HUD funds the Supportive Housing for Persons with Disabilities Program ("Section 811") to develop and subsidize rental housing with the availability of supportive services for very low- and extremely low-income adults with disabilities, including chronic mental illness. The county's Veteran population could benefit from the Veterans Affairs Supportive Services for Veterans and their Families (SSVF) Program. Eligible Veteran families can participate in the program, which provides individuals with case

[32] For more information, see HUD's Flowchart of the Definition of Chronic Homelessness available at: https://files.hudexchange.info/resources/documents/Flowchart-of-HUDs-Definition-of-Chronic-Homelessness.pdf.

management and assistance in obtaining VA and other benefits and time-limited payments to third parties that facilitate eviction prevention (EP) or rapid rehousing (RRH).

Opportunity: The SOAR program, which improves SSI/SSDI approval rates in an expedited process, is a valuable tool for ending and preventing homelessness. The county may benefit from increasing SOAR-trained staff. Training could be offered to the public, including behavioral health providers, problem-solving court staff, and community volunteers.

Supportive Funding: Maryland Recovery Net (MDRN), a grant from the Behavioral Health Administration for individuals receiving Maryland State Care Coordination, provides funds to those actively engaged in fee-for-service substance use disorder treatment to help achieve treatment goals and can be applied to a variety of services; MDRN housing funds are also available to qualified residents of certified recovery housing. However, there are currently no MDRN-approved housing options in the county.

Behavioral Health Continuum of Care

Prevention and Promotion: The Possibility Shop fills a significant role in the community's prevention and promotion efforts. However, staff express concern that current funding may not be sustainable.

Opportunity: Plans to expand the Possibility Shop are underway to include a second location outside of Cumberland in the isolated Georges Creek Valley. Grant funding is available for these projects, and the Possibility Shop expresses a willingness to partner with other community organizations to strengthen grant applications.

Treatment and Recovery: Obtaining behavioral health services is a challenge both in terms of professional availability and physical access to providers. The county has been designated a low-income (population), correctional (facility), and FQHC (facility) health professional shortage area (HPSA) for both primary care and mental health disciplines by the Health Resources and Services Administration within the U. S. Department of Health and Human Services. The local behavioral health care system lacks the infrastructure needed to help individuals achieve and maintain stability in the community; when necessary services are unavailable within the county, community members may be forced to consider relocating or simply living without essential resources.

Individuals with behavioral health needs face barriers to treatment. The county lacks certified recovery housing, along with Level 2.5 (High-Intensity Outpatient, HIOP) and Level 3.3 (Clinically Managed Population-Specific Residential) SUD services. The detention center reports challenges

referring to the Massie Unit, though this may reflect past capacity limitations rather than current availability. Residents with mental illness and their care teams face more pronounced challenges as a result of gaps in treatment options. The county currently contains no licensed providers of group housing,[33] vocational services, or supported employment. Furthermore, without a mental health partial hospitalization program (PHP), the county does not offer an alternative to psychiatric inpatient care for individuals who do not require intensive care and are capable of safely living in the community.[34] The difficulty in accessing placements in Archway Station's residential rehabilitation programs (RRPs) further complicates matters. In this context, the role of providers as insurance payees (wherein the organization receives and manages benefits on behalf of a beneficiary) raises concerns about client autonomy and choice. Workshop participants note that some residents are resistant to services that require them to relinquish control of their income.

Further compounding the issue, eligibility and insurance barriers present significant challenges for many residents needing care. Workshop participants note that strict eligibility requirements for ACT services leave many individuals without access to treatment. Additionally, some individuals who secure employment find that as their income surpasses the threshold for Medicaid eligibility, their private insurance does not cover necessary services (including but not limited to ACT services). The state's uninsured coverage may pay for certain services not covered by private insurance, dependent upon state funding availability.[35] However, some people remain ineligible and choose to resign from employment to regain Medicaid eligibility and access to treatment. Further, finding accurate information about providers who accept private insurance is often difficult and time-consuming.

Opportunity: A provider directory for private health insurance would support individuals who seek to utilize health care benefits to access treatment.

[33] Group homes provide a home-like, supportive residential environment for individuals living with mental illness. Small group homes serve 3-8 clients, while large group homes serve 8-16 clients. Notably, individuals with a primary diagnosis of developmental disability are not eligible.

[34] Partial Hospitalization Programs, also known as psychiatric day treatment programs, provide short-term, intensive, day or evening individual and group mental health treatment and support services for individuals with acute psychiatric symptoms which require medical supervision and intervention. PHPs are an alternative to psychiatric inpatient care for individuals who do not require 24-hour care and can safely reside in the community. This level of service is a covered benefit for Medicaid-eligible service recipients only.

[35] See the Carelon Behavioral Health Maryland PBHS Provider Manual for details: https://s18637.pcdn.co/wp-content/uploads/sites/75/carelon-maryland-pbhs-provider-manual.pdf?_gl=1*yz3ib7*_ga*MTAzODUyOTIwMS4xNzM2MjYxNjU5*_ga_DVJWV4YXE8*czE3NDY3OTcyNzEkbzQxJGcwJHQxNzQ2Nzk3MjcxJGowJGwwJGgw

Licensing regulations, while essential for patient safety, create additional obstacles. The state requirements for provider licensure are significant, and providers from outside of Maryland willing to provide discounted or even no-cost services to residents face additional challenges. Workshop participants explain the demand by highlighting the partnership between the U.S. Army Reserve and AHEC West to conduct a ten-day, no-cost health clinic in Cumberland. This Innovative Readiness Training (IRT)[36] mission, called Mountain Maryland Wellness, provided critical no-cost medical, dental, vision, and veterinary services to more than 2,200 patients, with an estimated $1 million in health care savings for Cumberland residents.

Opportunity: Participants report that demand remains high for these services. Community applications for FY27 IRT missions are due by September 30, 2025.

While the workshop primarily focuses on the adult population, participants have raised concerns about gaps in services for individuals aged 17 and under. Providers report a lack of inpatient beds and addiction services for the minor population. Following the 2017 closure of the Thomas B. Finan Jackson Unit due to insufficient referrals, the nearest residential substance use treatment facility for this population is Brook Lane in Hagerstown, located 1.5 hours from Cumberland. This gap is further complicated by the transportation challenges that families face. Unfortunately, some of these vulnerable youth ultimately end up in the detention center.

***Urgent and Acute Services*:** Efforts to integrate 988 and 911 services are ongoing, but local lines, such as the UMPC crisis hotline, operate independently of 911 and law enforcement, leading to coordination issues. Poor coordination and provider shortages significantly impact the community's access to mobile crisis response and stabilization services. Provider shortages undermine the effectiveness of mobile response services. Although ACT teams are available 24/7 for clients, strict eligibility requirements limit the population they can serve. While two locations in the county offer residential crisis services, these facilities do not accept private insurance and are typically accessed through the emergency department, creating a barrier to hospital diversion. Additionally, individuals released from the Thomas B. Finan Center[37] sometimes present to the local emergency department in crisis. Without a behavioral health crisis stabilization center, the limited crisis receiving and stabilization services, combined with inadequate health care infrastructure, result in community members seeking care either at the local hospital or out of state. Although the emergency room "fast tracks" consumers when appropriate, insurance barriers continue to impede access to necessary treatment.

[36] Innovative Readiness Training (IRT) is a Department of Defense (DoD) military training opportunity, exclusive to the United States and its territories, that delivers joint training opportunities to refine mission-essential skills in complex environments, enhancing deployment readiness. Simultaneously, IRT provides key services (health care, construction, transportation, and cybersecurity) with lasting benefits for our American communities.
[37] The Thomas B. Finan Center is a State-operated inpatient psychiatric facility located in Cumberland.

First Responders

The community lacks a widely available diversion system, leaving law enforcement personnel with limited and undesirable options when responding to a person in crisis who is unwilling or unable to seek care voluntarily. Currently, law enforcement must choose between transporting the individual to a hospital, making an arrest, or leaving the scene. First responders describe mobile crisis team responses as essentially unavailable for providing an immediate, effective response and timely warm hand-offs. Participants unanimously agree that the county needs enhanced strategies to address this critical gap in services.

Opportunity: The local law enforcement Drug Abatement Response Team (DART) could enhance its efforts by exploring existing models from other jurisdictions. For example, Carroll County's Law Enforcement Assisted Diversion (LEAD)[38] program, funded by an Opioid, Stimulant, and Substance Use Program (COSSUP) grant from the Governor's Office of Crime Prevention and Policy, embeds a case manager and two peer recovery specialists within law enforcement. These LEAD teams respond to referrals from LEAD-trained officers, providing warm handoffs and connecting individuals to long-term, intensive services, especially those not served by traditional resources. The Quick Response Team (QRT), an expansion of LEAD, responds to overdose survivors who refuse hospital transport. Operating Monday through Friday with split shifts, the QRT offers real-time responses in the county's most populated area and has access to law enforcement radio channels to facilitate communication.

The county's focus on diversion strategies is timely, particularly for supporting community members with behavioral health needs. Recent legislation known as Gabriel's Law (PS § 3-531) requires law enforcement and EMS to simultaneously conduct requested wellness checks when they may involve life-threatening conditions. As a result, law enforcement is now required to engage with vulnerable individuals, even though the law does not require the involvement of trained mental health professionals. Workshop participants report a rise in unnecessary law enforcement interactions in the community, noting that officers no longer use discretion after visually assessing a situation before deciding to engage.

Participants have identified the discontinued crisis intervention team (CIT) program housed within the hospital as a potential tool for diverting individuals from hospitalization, provided certain changes are made. Reviving the program would require clearly defined components and

[38] Across the country, programs commonly known as "Law Enforcement Assisted Diversion (LEAD)" are also referred to as "Let Everyone Advance with Dignity (LEAD)," reflecting a broader understanding of the role of community-based support in diversion efforts. While individual programs may use different names, the National Support Bureau has adopted both. This report uses local naming conventions when referring to specific programs.

structure. In addition, sustainable funding would be essential, as current grants do not cover law enforcement shift coverage, a significant barrier for this jurisdiction.

Opportunity: The crisis intervention team (CIT) model is a collaborative approach involving law enforcement, the behavioral health system, consumers, family advocates, and community services to respond to individuals in crisis or with behavioral health needs. Its goal is to reduce unnecessary hospitalization and incarceration for those interacting with law enforcement due to health care needs. CIT provides a strong foundation for law enforcement to respond to behavioral health crises and supports broader strategies to integrate public safety and behavioral health systems, such as the co-responder framework, referral programs, and police-led diversion initiatives like the Law Enforcement Assisted Diversion / Let Everyone Advance with Dignity (LEAD) program and the Safe Station model.

The Centers of Excellence, as the statewide repository for behavioral health treatment and diversion programs related to the criminal justice system, offers resources on its webpage for developing, implementing, and securing sustainable funding for CIT training and programming.

Law enforcement officers also face challenges connecting consumers to the health care system through the emergency petition process. Sections 10-601 and 10-624 of the Health General Article authorize petitions for emergency evaluation (EP) to be submitted as electronic records, which can be transmitted and received electronically. However, jurisdictions are still awaiting guidance on implementation, and any updates to the form will need to go through the district court.

Opportunity: Anne Arundel County is piloting a strategy to streamline and digitize the EP process, which has the potential to serve as a valuable model for other jurisdictions across Maryland. For Allegany County, this presents an opportunity to observe and learn from an innovative approach aimed at improving efficiency, reducing paperwork burdens, and enhancing coordination among behavioral health providers, law enforcement, and emergency departments.

While providers emphasize the stigma surrounding addiction, first responders point to the deep-rooted impact of generational trauma and a subculture of drug use that, in many cases, stigmatizes treatment even more than addiction itself. Professionals often administer life-saving interventions at the urging of family members for individuals who are unwilling to seek or remain engaged in treatment. In such cases, families may become discouraged and eventually disengage from providing recovery support.

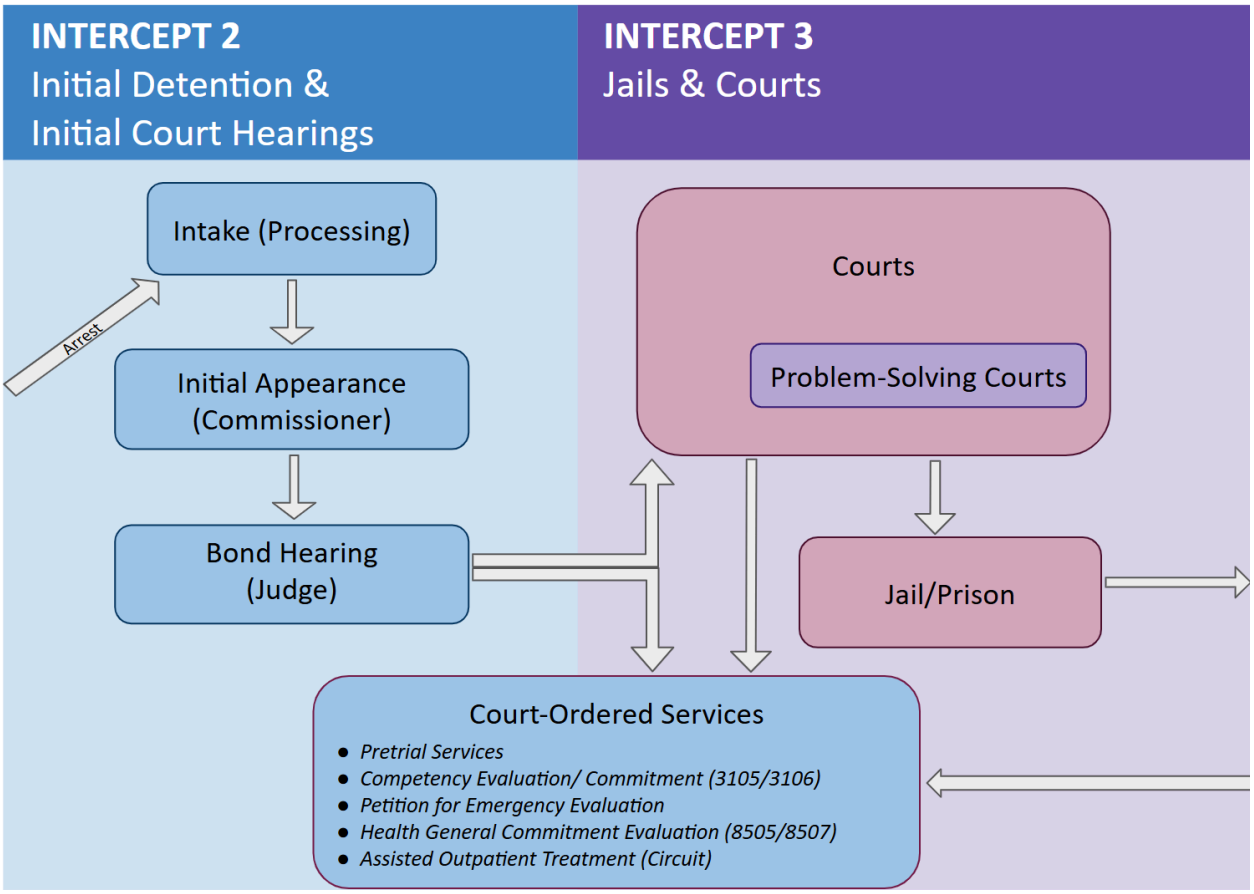
Peer Support Services

Compared to the robust peer resources related to substance use, mental health peer support is notably absent. While the county effectively integrates peer professionals in services that span intercepts, these peer support specialists are providing support for people in recovery from substance use, not people living with mental illness. The resolution of this issue lies with funding, as the public behavioral health system does not fund Medicaid-billable peer services of any type in clinical mental health settings. Further, no local chapter of NAMI Maryland exists in Allegany County to offer free, peer-led support groups for adults with mental health conditions or their family members, significant others, and friends.

Opportunity: UPMC is hiring a third full-time staff member to provide peer support services, reflecting a growing recognition of the value peers bring to recovery-oriented services. In addition to the full-time position, UPMC may also open additional part-time roles in the near future, creating further opportunities for individuals with lived experience to contribute meaningfully to service delivery. Similarly, Archway Station's ACT team is slated to include a peer; while the position is currently vacant, its inclusion underscores a broader commitment to integrating peer services into multidisciplinary teams.

Data Collection and Sharing

There is a notable lack of accessible data regarding how often county services are used, how individuals are transferred between services, and the extent to which those services are coordinated. This gap makes it difficult for stakeholders to evaluate system performance, identify service gaps, or track outcomes over time. While grant information is technically public, it often requires a Freedom of Information Act (FOIA) request to obtain, creating a barrier to timely and informed community engagement or oversight. Additionally, unlike some other jurisdictions, the county does not make public safety data available in an open and easily navigable format. The absence of transparent, real-time data across service utilization, funding, and public safety limits the ability of policymakers, service providers, and the public to make data-informed decisions, advocate effectively, and coordinate efforts to improve outcomes. Greater accessibility and integration of these data sources would support transparency, accountability, and strategic planning across systems.



Intercept 2 and Intercept 3

Intercepts 2/3 Resources

Intake (Processing)

Once taken into custody, detained persons ("detainees") are transported to central booking located within the Allegany County Detention Center in Cumberland, Maryland. Detainees are either brought in by the arresting officer or for prior commitment to serve time. Upon arrival, correctional staff physically search detainees and conduct a brief medical screening, which is typically performed by a nurse. This initial screening assesses basic health needs, including mental health, substance use, and other immediate concerns. If detainees require more thorough medical attention, they are referred to the medical department within the detention center for an in-depth evaluation, which takes place after their hearing. If detainees exhibit serious needs outside the scope of the nursing staff, they will be scheduled to see the physician on their next visit; telemedicine appointments are also available within a few minutes.

No medication is prescribed in central booking; if detainees are taking medications before their arrest, medical staff may be able to coordinate with local pharmacies, but cooperation can vary. A doctor can order current medications immediately, but it takes at least two weeks to see a provider who can prescribe new medications. For detainees with reported opioid use disorder or indications of a substance use disorder, the medication-assisted treatment (MAT) nurse will begin the process of treatment right away, even if there is a possibility that the detainee may not remain in the detention center for long.

Although the demand for translation services is low, central booking offers services to ensure clear communication. Non-English language preferred (NELP) individuals may rely on services through LanguageLine Solutions; the county also offers services for individuals who are deaf or hard of hearing to promote full understanding and participation.

Initial Appearance and Bond Hearing

Wait times vary depending on the situation, but an initial appearance before the District Court Commissioner to determine bond conditions must occur within a reasonable timeframe following arrest. Detainees attend initial appearances virtually unless an officer decides to transport the detainee to the commissioner's office for an in-person appearance.

Commissioners have limited authority in setting conditions and cannot refer individuals to pretrial supervision. However, commissioners may hold an individual without bond or release an individual on personal recognizance or bond. If detainees cannot meet bond conditions or would like a review of their bond conditions, they can see a judge the next day the court is open.

If the commissioner holds a detainee, they remain in the detention center while awaiting a bond hearing and are interviewed by the Pretrial Assessment Coordinator, who is based at the detention center. The coordinator conducts a risk assessment to evaluate the likelihood of the defendant failing to appear in court or committing new offenses while awaiting trial. Based on this interview and a thorough check of all applicable records systems, the coordinator prepares a pretrial assessment packet; a score is generated on this packet and is provided to the judge, prosecutors, and defense attorneys at the bond hearing. The judge ultimately decides to 1) continue to hold the subject, 2) release the subject with conditions, including supervised pretrial release, or 3) release the subject without supervision or conditions. More information on the outcomes of these decisions can be found in the "Court-Ordered Services" section.

The Office of the Public Defender (OPD) is responsible for speaking to every detainee before their bond hearing, serving as the first representative on a detainee's legal team. OPD policy requires public defenders to prepare for representation, even if the commissioner suggests

hiring private counsel. Clients must explicitly decline public defender services during the bond hearing if they wish to withdraw. Public defenders receive the bond review docket on the morning of the hearing and typically have the opportunity to speak with their clients beforehand, either by phone or in person. However, clients with severe medical or mental health issues may be unable to meet with the commissioner or have a meaningful discussion with their public defender. Although detainees have the right to an attorney before their initial appearance through a grant-funded program that provides on-call private attorneys, this option is underutilized. As a result, many detainees rely solely on public defenders, whose ability to engage with clients may be limited by time constraints and the challenging circumstances of the detention setting.

The bond hearing population typically includes individuals charged with a range of offenses, from minor nuisance offenses to more serious violent crimes. Many are repeat defendants who often do not meet the legal criteria for being considered a danger to the community or a flight risk. On average, approximately 10 bond review hearings are held each day in the district court. The number of individuals held without bond has increased in recent years, influenced by the Bail Reform Act of 1984 and the implementation of Maryland Rule 4-216.1[39] in 2017. This rule, adopted by the Maryland Court of Appeals, provides judicial officers with guidance on pretrial release decisions.

Court-Ordered Services

Court-ordered services are programs or interventions mandated as part of a legal ruling, typically aimed at addressing the individual's needs or rehabilitation. The types of court-ordered services available in Maryland are summarized in Table 7; additional details on the procedures and processes for each service in Allegany County are described following the table.

Table 7
Court-Ordered Services in Maryland

Type	Overview
Pretrial Services	Pretrial services are programs or agencies that support the criminal legal system by providing supervision, support, and resources to individuals released from custody while they await their trial. The goal of pretrial services is to

[39] Maryland Rule 4-216.1 is intended to encourage the release of defendants on their own recognizance or, when necessary, on an unsecured bond. Additional conditions of release should be imposed only when justified by specific circumstances of the case, such as ensuring the defendant's appearance in court, protecting the community, victims, or witnesses, or preserving the integrity of the judicial process. Whenever possible, preference should be given to nonfinancial conditions of release For the full text of the Rule, related judicial guidance, and a preliminary impact analysis, see: https://www.mdcourts.gov/sites/default/files/import/reference/pdfs/impactofbailreviewreport.pdf.

	promote public safety, ensure that individuals return to court for their scheduled appearances, and reduce unnecessary detention of individuals who may be safely managed in the community.
Competency Evaluation	Incompetency to stand trial can be understood as the lack of capacity to understand the nature and objective of proceedings, to consult with counsel, and to assist in preparing a defense; incompetency determinations require a mental disorder or intellectual disability.
Petition for Emergency Evaluation	Sections 10-620 through 10-627 of the Health General Article define the legal process to obtain an emergency evaluation for possible involuntary hospitalization of individuals experiencing a psychiatric crisis.[40] Certain mental health professionals (e.g., physicians, psychologists, clinical social workers) and law enforcement may file an emergency petition without the courts' approval. However, the courts must grant petitions filed by anyone else interested in an individual's mental well-being. Law enforcement transport petitioned individuals to an emergency facility for rapid evaluation. However, emergency facilities may only keep an individual who is emergency petitioned for up to 30 hours unless a physician or a psychologist completes certificates for involuntary admission.[41] Involuntary admission may only be deemed when an individual has a mental disorder, is a danger to themselves or others, is unable or unwilling to be admitted voluntarily, and there is no less restrictive form of care or treatment to meet the individual's needs.
Assisted Outpatient Treatment (AOT)	Sections 10-6A-01 through 10-6A-12 of the Health General Article authorize counties to establish assisted outpatient treatment (AOT) programs.[42] For counties that do not develop programs independently, the Department of Health must establish a program by July 1, 2026**.** These programs provide court-ordered treatment for individuals with severe mental illness who meet specific criteria, such as a history of non-compliance with treatment that has led to hospitalization or incarceration. The law outlines the eligibility criteria for AOT, details the procedure for initiating AOT, including court hearings and legal representation for the individuals involved, specifies provisions for training mental health professionals and law enforcement officers on AOT processes and protocols, and allocates funding for the implementation and administration of AOT programs. The law further requires MDH to collect and analyze AOT

[40] §10–620 of the Health-General Article: https://mgaleg.maryland.gov/mgawebsite/Laws/StatuteText?article=ghg&section=10-620&enactments=False&archived=False

[41] §10–624(b) of the Health-General Article: https://mgaleg.maryland.gov/mgawebsite/Laws/StatuteText?article=ghg&section=10-624&enactments=False&archived=False

[42] §10-6A-01 of the Health General Article: https://mgaleg.maryland.gov/mgawebsite/Laws/StatuteText?article=ghg&section=10-6A-01&enactments=false

	program data to evaluate the programs' impact on reducing hospitalizations and incarcerations while improving adherence to treatment plans.
Health General Commitment Evaluation	Sections 8-505 and 8-507 of the Health General Article allow for court-ordered evaluations and treatment for drug or alcohol use at all stages of criminal proceedings.[43] These orders are valuable resources for addressing substance use or co-occurring diagnoses, offering specialized support, and integrated care for individuals with multiple conditions.

***Note**. Services highlighted in blue may be ordered during a bond or court hearing, while those in red can only be ordered in a court hearing.*

Pretrial Services: The Pretrial Services Unit within the Allegany County Sheriff's Office's Alternative Sentencing Division was established three years ago to assess the risk posed by individuals who have been arrested and are awaiting trial, helping to inform bond and release decisions. Please refer to the "Initial Appearance and Bond Hearing" section for more information on the assessment process. If ordered to supervised pretrial release during a bond hearing, the defendant is assigned a level (Level 0, Level 1, Level 2, or Level 3), each with specific requirements (see Table 8). The defendant must report to pretrial release immediately to begin supervision, which will continue until the case goes to trial.

Table 8
Allegany County's Supervised Pretrial Release Levels

Levels	Conditions of Release[44]
0	One phone check-in per week
1	Alternating weekly check-ins via phone or in person
2	One in-person contact per week
3	Two in-person check-ins per week; may include electronic monitoring, curfews, and travel restrictions

The team includes a judicial unit manager and caseworkers who assess and supervise defendants, as well as peers who ensure individuals receive necessary referrals. The judicial unit manager and caseworkers can drug test and arrange evaluations for substance use and mental health concerns, as well as provide referrals to doctors and crisis beds. Peers are involved 4-5 days per week, including reporting days and visits to the detention center to build rapport with

[43] Certification Manual: HG § 8-507 Court Ordered Treatment: https://health.maryland.gov/bha/Documents/12.18.2017%20MDH%208-507%20Providers%20Manual%20(5).pdf
[44] All levels of supervised pretrial release require no new charges and routine drug alcohol testing.

detainees. They are often the first point of contact for individuals seeking help and reportedly have successfully helped over 100 people access treatment.

The Alternative Sentencing Division also operates an Adult Community Service Program that supervises defendants who are court-ordered to complete community service hours. Hours can be ordered as a condition of supervised or unsupervised probation, as a condition of a stet agreement, or for completion in advance of a court date. Nonprofit and governmental organizations in the community serve as worksites for participants to perform work in lieu of incarceration time. Examples of services include planting flowers, painting, cleaning parks, etc. The Alternative Sentencing Division also operates a Home Detention program that supervises defendants who are court-ordered to complete a sentence of Home Detention. Home Detention sentences may be ordered as a jail sentence or as a condition of supervised or unsupervised probation, even rarely as part of a stet agreement. Participants are assessed a fee for the program on a sliding scale according to income. The home detention program requires an electronic bracelet to be attached to subjects to monitor the movement and travel of the individuals confined to their homes. Individuals provide schedules to the correctional staff and are monitored 24 hours a day.

Competency Evaluation: Competency dockets are held in both the district and circuit courts. The team includes a judge, public defenders, and state's attorneys. MDH performs competency evaluations, which are generally not contested by either party. If a person is found competent, they proceed to trial. If deemed not competent but not dangerous, they are released with pretrial conditions, provided there is a plan for restoring competency. If they are not competent and are dangerous, they are committed to MDH for inpatient restoration services. MDH has 10 days to transfer individuals from the detention center, but the average wait time, according to local judges, is estimated at 3-4 months.

Petition for Emergency Evaluation: Emergency petitions can be another entry point to the judicial system. Workshop participants did not provide additional information beyond what is included in the "First Responders" section.

Assisted Outpatient Treatment: Under the guidance of the Maryland Department of Health (MDH), the Allegany County Local Behavioral Health Authority will establish the Assisted Outpatient Treatment (AOT) program by July 1, 2026.

Health General Commitment Evaluation: Workshop participants report that this evaluation process is effectively utilized within the county and operates smoothly without any barriers.

Court Structure

Court structures vary across jurisdictions in Maryland, each containing different specialized dockets and programs tailored to the community's needs and staffing capacity. This section provides an overview of the court structure in Allegany County (see Table 9), followed by additional information about the specific dockets and programs.

Table 9
Allegany County's Court Structure

Court	Specialty Program
Allegany County District Court	Mental Health Court
Allegany County Circuit Court	Drug Treatment Court
	Orphan Court

***Note**. The Orphan Court docket is included in the table as part of the comprehensive overview of the county's court system. Since this workshop focuses on adults with behavioral health needs, please contact the Allegany County Circuit Court for more information about the Orphan Court docket.*

Problem-Solving Courts: Allegany County operates two problem-solving courts: a Mental Health Court and a Drug Treatment Court, each designed to provide treatment-focused alternatives to traditional criminal justice processes for eligible participants.

Allegany County began the process of establishing the Mental Health Court program in 2020 and officially launched it in the district court in 2023 to provide an alternative to incarceration, focusing on treatment and long-term stability for participants. The program started in April 2024 with its first participant. The team includes a judge, defense attorneys, prosecutors, a mental health court coordinator, clinical staff from the Allegany County Health Department, and peer professionals. The team collaborates closely with medical providers and case managers. Most referrals come from public defenders, although anyone in the community can refer. Eligible defendants must have a diagnosed mental health condition, be competent, be charged with a misdemeanor, and voluntarily agree to participate. The program is a 2-year voluntary process divided into four phases (see Table 10). The program currently includes 5-6 participants, with one preparing for graduation. The program's maximum capacity is 50 participants per coordinator, as per problem-solving court guidelines, but the team believes a more realistic capacity is 10-15 participants due to the coordinator's workload. While based in the district court, eligible defendants from the circuit court can also be transferred to the Mental Health Court.

Table 10
Allegany County's Mental Health Court Program Phases

Phase	Description
1	Weekly court appearances and supervision meetings
2	Bi-weekly court appearances and supervision meetings
3	Court appearances and supervision every three weeks
4	Monthly court appearances and supervision meetings

In 2017, Allegany County established the Drug Treatment Court program in the circuit court to assist individuals struggling with substance use disorders and related criminal offenses through a comprehensive, court-supervised treatment program. The program aims to reduce substance use, prevent recidivism among non-violent habitual defendants, and enhance public safety by supporting participants in achieving healthier, more productive lives. The team is a multidisciplinary group that includes a judge, a program coordinator, a case manager, a representative from the State's Attorney's Office, public defenders who serve as the participant's attorney throughout the program, a parole and probation agent, and a representative from a treatment provider. This team meets weekly to review participant progress, receive treatment updates, and address any challenges that may have arisen. Referrals to the program primarily come through the State's Attorney's Office, the Public Defender's Office, or private defense attorneys, but anyone in the community can refer. To qualify, individuals must have a diagnosed substance use disorder, be legally competent, face non-violent charges, and voluntarily agree to participate. Interested individuals must complete an application and a Risk and Needs Triage (RANT) assessment. They are also required to observe a minimum of four Drug Court sessions. Following this, the individual's attorney and the state's attorney collaborate to draft a STEP agreement, an individualized, structured plan that outlines the conditions and potential legal outcomes tied to successful program completion. A guilty plea must be entered before admission, and once the STEP agreement is signed, the participant is officially enrolled, reports to Drug Court, and completes an intake packet. The program is divided into three phases, each lasting a minimum of six months, leading to a minimum duration of 18 months (see Table 11). Currently, the program serves approximately 32 participants, with additional individuals in the referral or pre-admission stage. The program's maximum capacity is 50 participants. Dismissal from the program occurs only under specific circumstances, such as being unreachable for two consecutive weeks or facing new distribution-related charges. Jail is considered a last resort for addressing program violations.

Table 11 *Allegany County's Drug Treatment Court Program Phases*	
Phase	Description
1	Stabilization
2	Intensive engagement and participation
3	Continuing care

Diversion Programs

The State's Attorney's Office (SAO) Diversion Program, established over three years ago, was initially designed to target underlying addiction issues by connecting first-time, low-level adult drug defendants to treatment and reducing prosecutions. Over time, it became clear that many offenses tied to broader substance use-related issues involved behaviors beyond simple drug possession. In response, the program expanded to address a wider range of criminal behaviors stemming from substance use, with funding from the Governor's Office of Crime Prevention and Policy (GOCPP). During the expansion, the team realized they lacked adequate data collection and tracking for individuals who graduated from the program. As a result, the program recently entered a new phase, focusing on tracking long-term outcomes and identifying effective post-termination interventions; this expansion is funded by grant funding outside of GOCPP.

The program helps eligible individuals connect with treatment providers and programs that support them and their families in addressing addiction. Defense attorneys can refer individuals, and every week, attorneys review cases and identify potential candidates from the docket. If an individual is eligible and plans to participate, their case is placed on the stet[45] docket with the court's permission, and the case will be dismissed once the program is completed. When individuals enter the program, they receive a packet including a stet agreement, an information release form, and a list of available treatment centers where they can begin their treatment. The program primarily operates during court hours, though additional overtime is often required for communication and facilitating entry into treatment centers.

Since January 1 of this year, 11 people have graduated, and 12 have been terminated, leaving 27 active members as of the time of the workshop. Participants are monitored by treatment centers on a biweekly or weekly basis, with regular updates on their compliance. Termination is considered when a treatment center reports non-compliance, prompting the diversion program coordinator to send a warning letter to the participant, outlining the possibility of termination if

[45] A "stet" is a unique legal process where a case is placed on indefinite hold ("stetted") typically as part of a negotiated agreement between the prosecution and the defense. In this context, the prosecution chooses not to proceed with the case, but not dismissing them, allowing for potential future prosecution if conditions aren't met.

compliance is not met. The participant is then given two weeks to correct the issue, though some are granted extra time; if they do not comply, they are terminated from the program. In some cases, individuals are terminated due to miscommunication, such as missing appointments because of transportation barriers and failing to disclose these challenges as a reason for noncompliance. In these situations, individuals are easily reinstated into the program.

Detention and Corrections

Structure: The Allegany County Detention Center is located in Cumberland, Maryland. The detention center was built in 2022. Today, the detention center has a maximum capacity of 234 detainees and currently houses 150. All staff receive training in behavioral health, and 72 correctional officers have received crisis intervention team (CIT) training.

For reference, while not the focus of this local mapping, it is worth noting that the state operates two maximum security correctional facilities within Allegany County: Western Correctional Institution and North Branch Correctional Institution. Additionally, FCI Cumberland, a federal correctional institution with an adjacent minimum security satellite camp, is located within the county.

Services: Services while incarcerated vary across facilities, but they can generally be organized into four different categories (see Table 12); specific information about the services available at the Allegany County Detention Center is provided following the table.

Table 12
Detention Services Available in Maryland

Type	Definition and Examples[46]
Screenings	Upon entry, screenings refer to the initial evaluations conducted to determine an individual's physical and mental health status, risk level, and immediate needs upon intake. These screenings play a vital role in ensuring safety, appropriate housing or supervision, and timely access to essential services during custody. They typically include: ● Medical: Identifies immediate medical needs, contagious diseases, injuries, or ongoing medical conditions. ● Mental health: Assesses for signs of mental illness, suicidal ideation, or cognitive impairments to determine the need for further evaluation or intervention.

[46] Not all facilities offer the following examples of services, but this provides an overview of the various types that may be available to support individuals in custody.

	• Substance use: Evaluate for signs of withdrawal, intoxication, or a history of substance use disorders. • Classification: Determines security level, housing needs/placement, and potential risk to self or others. • Legal and administrative: Confirms identity, legal status, and any detainers or holds.
Assessments	Assessments refer to comprehensive evaluations conducted after initial screenings to gather more in-depth information about an individual's medical, mental health, behavioral, and security needs. These assessments help guide treatment plans, housing decisions, and rehabilitative services. Common types include: • Medical: Detailed evaluations of existing health conditions, medication needs, and ongoing care plans. • Mental health: In-depth evaluations of psychiatric conditions, trauma history, and risk for self-harm or suicide. • Substance use: Determines the severity of substance use disorders and the need for detoxification or treatment. • Risk and needs: Identify an individual's risk level for violence, recidivism, or victimization and help inform classification and intervention strategies. • Behavioral and social: Examine factors like education level, employment history, family background, and support systems to guide rehabilitation efforts.
Mental Health and/or Substance Use Treatment	In addition to screenings and assessments, facilities offer various mental health and substance use treatment services to support individuals in custody. These may include crisis intervention, psychiatric care, medication management, and individual or group therapy for mental health conditions. Substance use treatment services often include detoxification support, medication-assisted treatment (MAT), counseling, and recovery programs. These services aim to stabilize individuals, reduce recidivism, and connect them with continued care upon release.
Other	Other services include vocational training and personal development programs, such as educational classes, job readiness training, and life skills workshops to help individuals gain skills for future employment. Religious services, recreational activities, and reentry programs help support well-being and build a foundation for successful reintegration into the community.

Screenings and Assessments: Intake at the detention center mirrors the intake process in central booking, with everyone being processed in one location for efficient resource management. The primary screening is conducted by the booking officer, followed by a secondary screening performed by a member of the medical department.

Additionally, continued screening for substance use disorders is carried out by physicians from the University of Maryland using the SBIRT (Screening, Brief Intervention, Referral to Treatment) model to ensure comprehensive care and support for those in need. If an individual screens positive for substance use disorders, they have access to two programs designed to address the specific needs of individuals based on their screening results, ensuring they receive the appropriate care and resources throughout their detention. Approximately 60% of the detention population has a substance use disorder, while an estimated 85% have been diagnosed with a mental health condition.

Mental Health and/or Substance Use Treatment: The Medication-Assisted Treatment (MAT) program was launched to replace self-administered addiction medication[47] with a safe, physician-monitored approach while addressing underlying issues through mental health and peer counseling. In 2019, the detention center began providing methadone treatment for individuals who were already enrolled in a methadone program at the time of their incarceration; Concerted Care Group currently provides this medication. In April 2021, an agreement was established with the University of Maryland to expand services, providing buprenorphine via telemedicine for the first time in May 2021. Eligible participants include newly incarcerated individuals on outpatient maintenance medication and those identified through the SBIRT screening at intake. All individuals are treated with the Clinical Opiate Withdrawal Scale (COWS)[48] withdrawal management protocol. Those on outpatient maintenance are continued on medication as soon as confirmation is received from their clinic or pharmacy. All participants will then meet with the MAT nurse for further assessments and to complete intake paperwork for evaluations by a prescribing provider. The reentry coordinator will also meet with participants to organize post-release services, while the MAT nurse administers medications within the detention center. Certified Peer Recovery Specialists also support participants in individual and group settings. The program has no capacity limit as long as providers can access medications. Currently, 62 individuals are receiving MAT medications through the program. However, many eligible participants opt for inpatient treatment over

[47] The U.S. Food and Drug Administration has approved three medications for MAT of opioid use disorder: methadone, buprenorphine, and extended-release naltrexone.

[48] The Clinical Opiate Withdrawal Scale (COWS) is an 11-item scale designed to be administered by a clinician to rate common signs and symptoms of opiate withdrawal and monitor these symptoms over time. The summed score for the complete scale can be used to help clinicians determine the stage or severity of opiate withdrawal and assess the level of physical dependence on opioids

staying in the detention center; since 2022, more than 300 individuals have sought inpatient care, including 129 in the past year.

The Jail Substance Abuse Program (JSAP) is a voluntary program that has provided intensive substance use recovery services to detainees in partnership with the Allegany County Health Department for over 25 years. The program serves 12 participants at a time for 25 working days (5 weeks), with sessions held Monday through Friday for 2 hours a day. Participants receive education, counseling, treatment, and referrals in both individual and group settings, with ongoing intervention during incarceration and upon release. Currently, the program is staffed by one counselor, with two additional counselors completing a 6-week academy training. Once all three counselors are in place, the program will offer a Level 1 outpatient program and a step-down level of care for individuals transitioning from more intensive treatment, such as Level 2.1 intensive outpatient care. This expansion will provide a more comprehensive range of services to meet the needs of individuals at various recovery stages. Individuals can join the program by requesting services and are placed on a waitlist, which typically averages 20 people, with an average wait time of 15-17 days. The program operates near full capacity, serving approximately 5% of the detention population at any given time. In fiscal year 24, JSAP treated approximately 35% of the detention population, and in the first two-quarters of fiscal year 25, it provided 894 services to participants. JSAP staff work closely with the detention center personnel to address participant needs, and certified peer recovery specialists visit the detention center to support the program. Completing the program results in four days off the individual's sentence, and the program is reported to have a 100% success rate in connecting participants to substance use disorder services upon release.

Other: The Allegany County Detention Center offers a variety of programs to support rehabilitation and successful reintegration into society. These include an Adult Education program (also known as the General Educational Development or GED program), reentry classes with workbooks to prepare for life after release, and parenting classes focused on developing effective and positive skills. A contracted kitchen company operates a culinary program that teaches valuable cooking skills, while correctional staff oversee a horticulture course that produces several tons of food for both the facility and the local food bank. The detention center also partners with Allegany College to offer a job training program that helps detainees develop essential employment skills. Additionally, a Commercial Driver's License (CDL) program creates opportunities in the transportation industry, and a flagger course is being developed to certify detainees for temporary traffic control. Detainees may access tablets for online learning, certifications, and over 30,000 free books, with Wi-Fi available to support educational opportunities.

When possible, the Allegany County Sheriff's Office's Alternative Sentencing Division, mentioned in the "Court-Ordered Services" section, operates an Inmate[49] Work Crew in the Labor Unit. Officers within the division supervise the work of inmates of the Allegany County Detention Center, with work primarily being completed for the Allegany County Government. Participation allows individuals to leave the facility with staff to cut grass, pick up trash, paint, and assist with other community programs.

Peer Support Services

Certified peer recovery specialists are embedded in the problem-solving courts to assist participants with tasks such as housing applications and arranging transportation to the Possibility Shop. There are four peers available for the problem-solving courts: two work specifically with the mental health court program, and two focus on the drug treatment court program. When forming a team for participants in each court, one peer is assigned to each team to provide tailored support.

AHEC West provides a Peer-to-Peer program that supports individuals in the detention center and pretrial release programs. This program is funded through grants from the Allegany and Garrett Local Behavioral Health Authorities. AHEC West peers engage with individuals currently involved in the court system, whether in the community on bail or bond, encouraging them to seek help if they face any substance use or mental health challenges. Peer professionals make referrals for mental health services, medically assisted treatment, or inpatient addiction treatment. They are available at the Pretrial Services Unit's office on Mondays from 1:00 p.m. to 4:00 p.m. and Tuesdays through Thursdays from 8:30 a.m. to 4:00 p.m. Peer professionals meet with detainees 4-5 days a week, building rapport and providing trusted recovery contacts to help prevent reoffending. They facilitate bi-weekly men's groups and a weekly women's group focused on alternative living methods and coping strategies to avoid drugs and alcohol. After release, peers continue to assist with housing, cell phones, social services, and treatment referrals for at least a year and accompany individuals to court as needed.

Data Collection and Sharing

Allegany County Detention Center uses Guardian RFID technology, a system used for real-time tracking and monitoring of individuals in detention facilities. This system requires detainees to wear non-implantable radio frequency identification (RFID) devices at all times. These devices send signals that allow staff to track the person's location and activities throughout the facility using mobile devices, such as smartphones or tablets. The system helps improve safety, security,

[49] Per Section 1-101 of the Correctional Services Article of the Maryland Code, the term "inmate" has been repealed; the term only appears in this document when it is quoting an existing proper name.

and operational efficiency by providing real-time data on detainees' movements and behavior. Noncompliance is subject to fines and disciplinary action, including prosecution.

Intercepts 2/3 Gaps

Intake (Processing)

Although demand for language interpretation is generally low due to the county's limited diversity, it is essential to have access to interpretation services. This is particularly important given the shortage of bilingual officers, making it crucial to ensure that non-English speakers can access services when the need arises.

Additionally, traumatic brain injury (TBI) and intellectual and developmental disabilities (IDD) are not currently included in the screening process at central booking. Without proper identification of these conditions, affected individuals may not receive the necessary support or treatment, potentially worsening their health outcomes and increasing the risk of mistreatment or mismanagement within the detention system.

Another significant gap is that there are no medications available at central booking, which creates challenges for arrestees who require ongoing medication. Nurses are sometimes unable to accept medications from outside, further exacerbating issues for individuals who rely on medication for their health.

Opportunity: Reportedly, the process would be smoother if hospitals provided both a prescription and the medication when arrestees arrive at the detention center. Hospital representatives have agreed to be more intentional about ensuring that prescriptions reach the detention center, as arrestees often lose them.

Initial Appearance and Bond Hearing

Public defenders typically meet detainees only on the day of their bond hearing, which can be particularly problematic for individuals with severe mental illness. As a result, many detainees lack representation before seeing a commissioner. Public defenders, who are often the sole legal support, face time constraints, and the challenges of the detention setting further hinder their ability to engage meaningfully with clients.

Opportunity: Although detainees have the right to counsel before seeing a commissioner through a grant-funded program that provides on-call private attorneys, this option is underutilized. To access this representation, the defendant must affirmatively request an attorney before their initial appearance. Expanding awareness and usage of this program could be particularly beneficial for defendants at the outset of the process, where legal representation may significantly impact the outcome.

In cases where individuals are in crisis due to substance use, the judge can hold them without bond in the detention center and conduct a re-review once a bed in a treatment center becomes available, typically within a week. Many individuals complete this process; however, if someone is in crisis due to mental health issues, the judge cannot directly place them in a mental health bed from the bond hearing. Mental health services are generally scarce, and inpatient beds are severely limited across the state. While some programs accept individuals with co-occurring mental health and substance use disorders, there are no services specifically focused on mental health treatment. As a result, individuals with mental health needs often go without the care they require.

One unintended consequence of the Justice Reinvestment Initiative (JRI) and the reduction in the number of individuals sentenced is a decrease in participation in programming within the detention center. With fewer individuals being incarcerated for extended periods, there are fewer opportunities for detainees to engage in rehabilitative or supportive programs offered within the facility.

Court-Ordered Services

Pretrial Services: The availability of services in the area remains a significant gap for the pretrial team. With limited service options, it becomes increasingly challenging to present viable treatment choices for individuals in need. Furthermore, certified peer recovery specialists often lose contact with detainees after their pretrial release from the detention center, making it difficult to maintain support and ensure that individuals follow through with the necessary treatment.

Competency Evaluation: In Allegany County, 17 detainees committed to MDH are currently awaiting placement while housed in the detention center. Of these, 16 are receiving medication for substance use disorders, suggesting the presence of co-occurring disorders. Statewide, more than 230 individuals committed to MDH remain in detention facilities while waiting for placement; a number that has consistently exceeded 200 for several months. Some have been waiting over 150 days for an available bed. This persistent backlog is a statewide issue, leading to significant delays in transferring individuals to appropriate state-run treatment facilities.

Furthermore, if a detainee serves the full sentence for their charge before being transferred to MDH, the judge is legally obligated to order their release. This applies even if they have not yet received the necessary treatment. This poses a significant challenge for communities, as individuals who are released without appropriate care are more likely to re-offend and cycle back into the criminal legal system. Unfortunately, law enforcement officers are often unaware of these individuals' underlying mental health or substance use issues, making it difficult to respond effectively and divert them to appropriate services.

Opportunity: Workshop participants discussed the potential benefit of pre-alerting community resource providers and law enforcement when individuals are approaching their maximum sentence release. This proactive approach would help stabilize individuals and prevent decompensation, ensuring they receive the necessary support and resources as they transition back into the community. It would also provide valuable information to law enforcement officers who may be called to a crisis, allowing them to approach the situation more effectively and potentially prevent escalation. This strategy would promote safety for both the individual in crisis and law enforcement during the interaction.

Although the workshop focused on adults, participants note that youth placed in MDH facilities who turn 18 are often released rather than transitioned to appropriate adult placements. This can lead to further criminal behavior, as these individuals may remain dangerous and incompetent, lacking the necessary support and treatment for their ongoing issues.

Recommendation: A smooth transition to adult care is crucial to prevent premature release and reduce the risk of reoffending. Collaboration between juvenile and adult systems is required to ensure continuity of care. This can be achieved through coordinated case management, with treatment plans developed ahead of release to ensure access to adult services such as mental health and substance use treatment. Additionally, mentorship programs, family involvement, and community support can provide guidance and stability during the transition.

Assisted Outpatient Treatment: The provisions of the AOT bill and its implementation remain unclear, leading to significant concerns from the affected parties, including providers, the judiciary, and other stakeholders, about the potential implications of the new legislation. The county's core service agency, in particular, has expressed apprehension, feeling that there are not enough resources or infrastructure to successfully manage and implement the requirements of the bill on their own.

Recommendation: To build a sustainable AOT program, it is essential to follow a strategic and collaborative approach. For detailed guidance, refer to the "Resources" section, which includes the Treatment Advocacy Center's comprehensive report outlining key building blocks, foundational components, and practical implementation tips. Key recommendations include securing buy-in from leadership across various sectors to ensure broad support and effective integration. It is also essential to foster a shared understanding of the law and funding landscape to guide program decisions and determine the appropriate level of judicial involvement for efficient court processes. Additionally, establish a robust oversight mechanism to monitor program progress and outcomes, and create clear written policies, procedures, and forms to maintain consistency and transparency. Regular stakeholder meetings should be held to address challenges, share successes, and refine processes. Participants should be well-informed by providing materials that outline their rights and responsibilities. Efforts should also be made to educate stakeholders and the community to build awareness and support for the program. Tracking program data will help assess effectiveness and guide ongoing improvements. Finally, mentor neighboring communities by inviting them to observe your processes and review policies, promoting regional collaboration and expanding the program's impact.

Court Structure

Problem-Solving Courts: A key challenge for the mental health court team is the need for additional coordinators. Currently, there is only one coordinator, and the team believes that adding another coordinator would improve the quality of care and management. However, problem-solving court guidelines state that additional coordinators will only be provided once the program reaches 50 participants, creating a barrier to meeting the team's staffing needs.

Another constraint in the problem-solving courts is reportedly the conflict between marijuana card eligibility and housing options. Many participants seek a medical marijuana card (MMC) to manage their conditions; however, most housing providers require abstinence from drug use, which includes medical marijuana. Additionally, the process for provider clearance for medical marijuana cards is difficult, as practitioners are clear on the law regarding prescriptions but unclear on how it impacts individuals involved in court settings. Courts that accept federal grants cannot permit medical marijuana use due to its federal prohibition. The court team works creatively to address housing challenges within the mental health court program, developing innovative solutions that are currently proving successful.

Recommendation: The courts can focus on educating housing providers and medical professionals about the specific challenges faced by participants in problem-solving courts. It is also important for all stakeholders to understand potential conflicts between state and federal policies, while also clarifying the actions that can be taken within the legal framework to support participants. To address these issues, the courts could explore partnerships with specialized housing providers willing to adopt flexible policies for individuals in treatment, such as a "supportive housing" model that offers temporary housing with on-site support services. The courts may also choose to advocate for policy changes that allow greater leniency regarding medical marijuana use in housing for court-mandated participants.

Overall, the significant stigma associated with involvement in the drug treatment court is a challenge. Many people are skeptical about the purpose and processes of the program, which creates barriers to participation and undermines its effectiveness.

Recommendation: It is essential to implement strategies that promote understanding and reduce misconceptions about the program to reduce the stigma associated with drug treatment court involvement. This can be achieved through education and outreach to both participants and community members about the program's purpose, benefits, and processes. This could include informational sessions, testimonials from past participants, and collaboration with community leaders to build trust and support. Additionally, emphasizing confidentiality and a supportive, non-punitive approach will help mitigate fears and encourage greater participation.

Diversion Programs

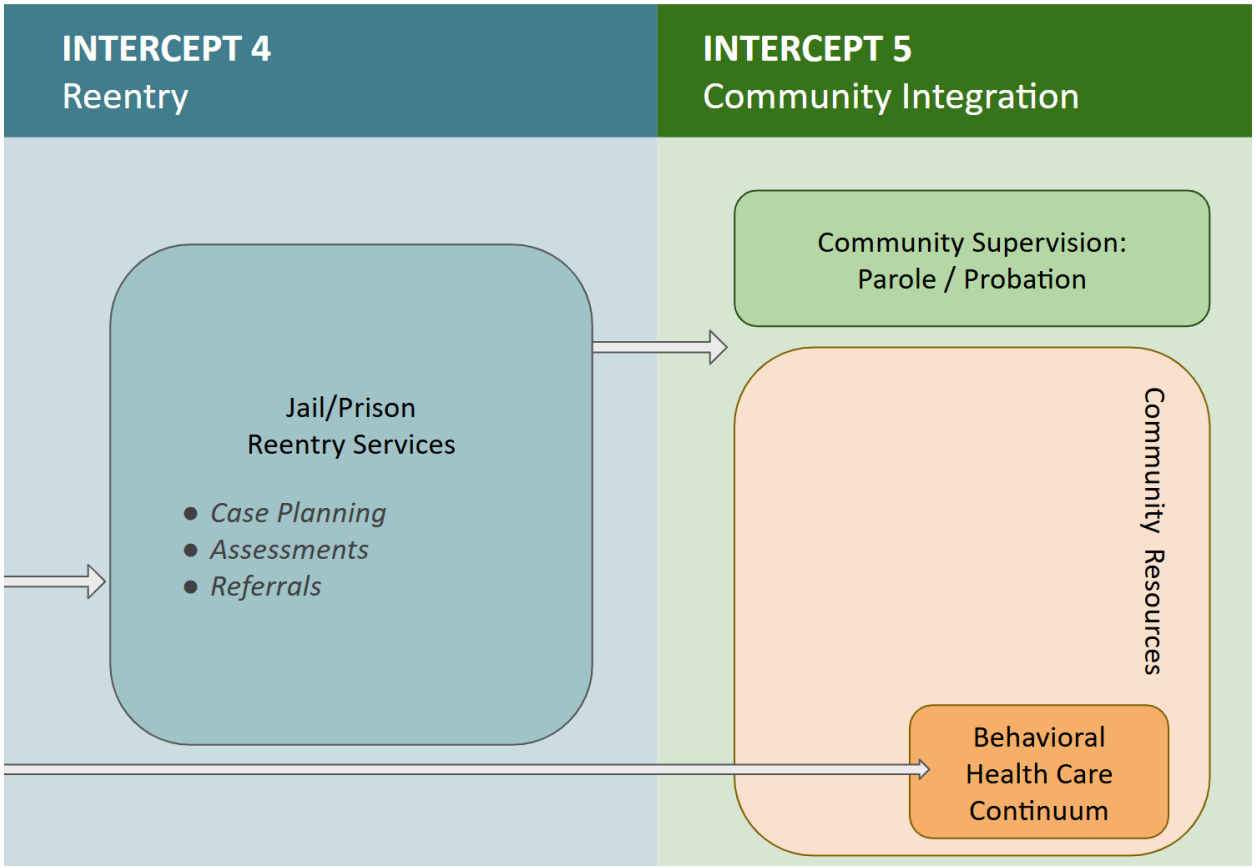
Some treatment centers are difficult to reach, often taking up to three months to respond. In these cases, the diversion program coordinator contacts the centers directly rather than relying on participants to facilitate the connection. If there is still no response, the program may either have to wait or start the warning termination process.

Detention and Corrections

Services: Given that approximately 60 percent of the detained population has a substance use disorder and 85 percent have a mental health diagnosis, it is evident that many individuals are experiencing co-occurring disorders. This underscores the critical need for integrated services that address both mental health and substance use within detention settings. While there are programs available for detainees with substance use disorders, there is a lack of mental health programs within the detention center, leaving a significant gap in care for individuals with

mental health needs. There is reportedly a need for crisis services to address urgent mental health issues as they arise within the facility.

Substance use programs in the facility also face several challenges. For example, the MAT program struggles with pharmacy cooperation, as some pharmacies are unwilling to provide buprenorphine. This creates a barrier for detainees who need the medication, limiting their access to essential treatment. Please refer to the "Parking Lot" section for more information on this challenge. The JSAP program also faces difficulties, particularly in recruiting qualified staff who meet credential requirements and are capable of working in a corrections environment. Both the MAT and JSAP programs are affected by changes in Medicaid. When Medicaid transitioned to a fee-for-service model, mental health services were excluded, which created problems for peers assisting with mental health concerns. Although new guidance now allows reimbursement for peer support services, those delivered in a mental health setting are still not covered, further complicating the provision of necessary support within both programs.



Intercept 4 and Intercept 5

Intercepts 4/5 Resources

Corrections Reentry Services

Services and Referrals: The reentry coordinator within the detention center meets with individuals within 1-2 weeks of arrival; individuals are screened to determine needs upon release (e.g., services, referrals, etc). The reentry coordinator develops a reentry service plan for participants, which can be provided to parole or probation; information packets are also available for non-county residents to assist with connection to services at their post-release destination. The caseload for the reentry coordinator averages 30 active clients at any given time.

Reentry services include individualized reentry plans, assistance in obtaining identification and social security cards, health insurance reactivation, scheduling aid for medical and behavioral health appointments, linkages to benefits, and referrals to treatment services; bus tickets, housing assistance, and other life-need referrals are also provided on an as-needed basis. The reentry coordinator collaborates with the local behavioral health authority to support effective

community integration for individuals reentering the community after incarceration. Individuals who require additional assistance are directed to community services through facilities and organizations such as Potomac, Archway, and AHEC West.

Individuals with serious mental illness are referred to the Allegany Health Department's Maryland Community Criminal Justice Treatment Program (MCCJTP). The MCCJTP program provides comprehensive coordinated services to individuals with serious mental illnesses (with or without co-occurring substance use concerns) who are leaving incarceration. The dedicated MCCJTP case manager meets with individuals to work with them to identify goals before release. Once released from detention, the case manager assists the individual with accessing mental health and substance use services, primary health services, housing, employment, education, entitlements, and other services needed to help reintegrate into the community and prevent re-incarceration. Eligible individuals have a mental illness and are leaving or have recently left incarceration. The referral form can be accessed online (see the "Resources" section).

Before release, individuals with somatic or psychiatric prescriptions are dosed if present when medications are dispensed and discharged with 30-day prescriptions and scheduled follow-up appointments. Individuals discharged to substance use treatment facilities are provided with a 10- to 14-day bridge prescription that is sent to the preferred pharmacy of the treatment facility. Every individual released from the detention center is offered a naloxone survival kit.

Supervision: The Department of Public Safety and Correctional Services (DPSCS) community supervision operations ensure that reentering individuals uphold individual requirements set forth by courts and the Parole Commission.[50] Supervision is provided at one of four levels, ranging from low (for individuals with no prior history and no present disorders) to high; home monitoring via GPS is typically reserved for mandatory releases and parolees.

All Allegany County supervision intakes are to be completed in person, the first business day after release, at the Cumberland Field Office/DDMP, where individuals are fingerprinted and photographed; various documents are signed, and individuals are assigned an agent. The agent reviews all 10 state-standard conditions and any special conditions imposed by the court with the individual. The DPSCS Division of Parole and Probation maintains specialized caseloads based on offenses (sexual, domestic violence, interstate, drug-related, pretrial services investigation, and individuals assigned to the violence prevention initiative via screening for

[50] In addition to supervising parolees, probationers, and those on mandatory release from correctional facilities, community supervision staff also conduct pre-sentence, post-sentence, special court, pre-parole, and executive clemency investigations and supervise individuals who've been court-ordered into the Drinking Driver Monitor Program (DDMP). A Community Supervision Enforcement Program monitors offenders on home detention and operates the Warrant Apprehension Unit to bring in offenders who have violated the terms of their supervision.

individuals under the age of 30). Supervision check-ins are completed face-to-face in the field or the office monthly. As a result of the pandemic, supervision has become more flexible to allow for virtual check-ins via state-issued cell phones in place of field visits. Workshop participants note that the division has recently hired regional social workers. Although their specific role is still being defined, stakeholders report that their involvement has already been helpful.

Through the Justice Reinvestment Initiative, the Division of Parole and Probation is striving to dispel the historically adversarial understanding of supervision. Supervisors complete mandated training on mental health and substance use disorders and provide referrals to the community for resources and graduated sanctions when permitted by the court, with the ultimate goal of successful termination of supervision.

Community Reentry Services

Many re-entering individuals access the Possibility Shop for support. Staff report that a significant percentage of clients are newly released; in a pattern described as a "revolving door" by some workshop participants, many clients repeatedly access reentry services following recurrent periods of incarceration. As discussed in the "Intercepts 0/1 Resources" section, staff assist clients with obtaining health insurance and a Lifeline phone (often through Assurance Wireless), a crucial tool for reentry success.

Project Connect, an initiative of the Cumberland Police Department, launched in March 2023 to connect reentering individuals to services, acts as a one-stop resource shop. Gathering every other month, community resources, including partners within the Maryland Department of Labor, the Maryland Department of Transportation, and the DPSPS Division of Parole and Probation, work to facilitate reentry and reintegration. Allegany County Public Schools social workers attend for outreach and education and bring resources back to families unable to attend. Remarkably, of the 200 individuals served by Project Connect to date, only four who received services have recidivated.

Supportive Funding: As discussed in the "Intercepts 0/1 Resources" section, Mental Health Consumer Support, a grant from the Behavioral Health Administration, is a safety net service available to individuals actively engaged in the Public Behavioral Health System

Behavioral Health Services: Several agencies provide community-based behavioral health care services for residents, including systems-involved individuals with substance use and mental health disorders; these services are discussed in the "Intercepts 0/1 Resources" section. Workshop participants also report that many re-entering individuals turn to TruHealing in Hagerstown for substance use treatment services.

Professional Development: The U.S. Department of Labor Reentry Employment Opportunities (REO) program provides funding, authorized as Research and Evaluation under Section 169 of the Workforce Innovation and Opportunity Act (WIOA) of 2014, for systems-involved youth and young adults and adults who were formerly incarcerated for the development of strategies and partnerships that facilitate the implementation of successful programs at the state and local levels to improve the workforce outcomes for this population. The Western Maryland Consortium Workforce Alliance ("Western Maryland Consortium") is responsible for local WIOA administration and coordination of the local workforce development system in Allegany County. This entirely grant-funded regional workforce development agency assists the general public in the Washington, Garrett, and Allegany counties of Western Maryland by facilitating skill enhancement and employment opportunities across the region, effectively providing the residents of Western Maryland the ability to obtain full-time, sustainable employment. The Western Maryland Consortium oversees employer participation in Maryland's Recovery Friendly Workplace (RFW) program for the region and also partners with the American Job Center Network. The Allegany County American Job Center in Cumberland is open Monday through Friday from 8:00 a.m. to 4:00 p.m.

Statewide, the Maryland Department of Education Division of Rehabilitation Services (DORS) and the Maryland Department of Labor assist with training, job coaching, resume building, workforce opportunities, and education, including preparation for the GED tests. The Maryland Department of Labor has implemented the Maryland Reentry Navigator program to connect residents with the employment opportunities, skills, credentials, and other local resources necessary to secure gainful employment. The "Resources" section contains links to the program flyer, a contact list, and a list of job and resource fairs. One reentry navigator covers the Western Maryland service area, which includes Allegany County. To break down silos, these navigators meet regularly and co-host job and resource fairs.

Regional initiatives also target gainful employment. Mountain Maryland Forward (MMF)[51] supports people in recovery from substance use challenges in Maryland's two Appalachian counties, Allegany and Garrett. This project provides an internship program that trains people participating in local treatment and recovery programs and links them to employment opportunities in local businesses. Beyond initial training and placement, MMF gives ongoing assistance through individual mentoring and evaluation activities. MMF also assumes the financial risk of hiring MMF clients by paying for the first 60 days of employment as an incentive

[51] Mountain Maryland Forward (MMF) is a project of the University of Maryland's Center for Substance Use, Addiction & Health Research (CESAR), funded by a three-year grant from the U.S. Department of Labor's Workforce Opportunity for Rural Communities (WORC) initiative and the Appalachian Regional Commission (ARC). The total cost of the Mountain Maryland Forward program is $985,419 over three years. This amount–$985,419 (100%)–is funded through a U.S. Department of Labor–Employment and Training Administration grant (#MI-38996-22-60-A-24). The program is part of WORC 4 – ARC.

for prospective employers. Local residents may also access the Work Experience (WEX) program, a collaboration between Allegany College of Maryland and Maryland's Department of Human Services, to improve the employability of recipients of services who are work-eligible and directly referred to the program by a local department of social services. WEX provides job-readiness training, assistance joining Adult Education and Literacy Services (AELS) classes through Allegany College of Maryland, and personal and occupational development activities. Classroom activities prepare participants for internships, employment in the local job market, and higher education and career development opportunities. WEX's community partners provide a variety of internship opportunities and contribute informative presentations to help participants network with local services and make informed decisions for their families. Horizon Goodwill Industries (HGI), a nonprofit workforce development organization committed to removing barriers to social mobility, serves communities in 17 counties across MD, PA, WV, and VA. One of its four resource hubs is located in Cumberland; in addition to customized assistance, the Upper Potomac Industrial Park (UPIP) Resource Center offers access to computers, printers, weekly job leads, and a community resource board.

Finally, workshop participants report success utilizing search engines such as Honest Jobs, a paid online service that offers a free list of counties and job opportunities for individuals seeking reentry-friendly employment.

Legal Assistance: Maryland Legal Aid (MLA) is Maryland's largest provider of free direct legal services. As a private, nonprofit law firm, MLA provides a full range of free civil (i.e., not criminal) legal services to low-income people in all 24 jurisdictions statewide from 12 office locations; cases involve a wide range of issues, including child custody, housing, public benefits, bankruptcy/debt collection, and criminal record expungements to remove barriers to obtaining child custody, housing, and employment. The MLA Allegany/Garrett Office is located in Cumberland.

Housing: The "Intercepts 0/1 Resources" section details housing options for county residents.

Transportation: Transportation assistance for justice-involved individuals beyond those detailed in "Intercepts 0/1 Resources" is available on a limited basis through AHEC West, Project Connect, the Possibility Shop, the Office of the Public Defender, and participating treatment centers.

Community and Family Support: Family and community members can access behavioral health peer support through organizations detailed in the "Intercepts 0/1 Resources" section. When possible, pre-parole investigation can engage with family members, explain conditions of supervision, and incorporate family members in the reentry process, thereby helping the reentering citizen remain stable and avoid violations.

Peer Support Services

Workshop participants emphasize the importance of clearly delineated peer roles; while the role of peers has historically been limited to urinalysis sample collection and client transport, the county has been diligently working to integrate peers at each intercept for the benefit of the entire community.

Data Collection and Sharing

No data collection and sharing strategies for intercepts 4 and 5 were reported during the workshop.

Intercepts 4/5 Gaps

Corrections Reentry Services

Services and Referrals: Overall, the county requires improved coordination between corrections reentry services and community reentry services to enhance reintegration. Improved collaboration can ensure a seamless transition, providing continuous support and access to essential resources while reducing the risk of recidivism.

Opportunity: Facilitating continuity of care before release is best practice, but difficult to implement. Courts can impose special conditions on individuals that allow supervisors to verify if individuals adhere to reentry plans.

Unplanned releases are a widely acknowledged statewide challenge, reducing the time available to coordinate necessary supports. This lack of preparation can complicate the reentry process, hindering effective reintegration into the community, increasing the risk of recidivism, and making it difficult to ensure that individuals receive the assistance they need.

Opportunity: The county may benefit from utilizing targeted case management (TCM) to address some of the challenges with unplanned releases, especially given the broad eligibility for TCM. Individuals can self-refer or be referred by non-professionals such as family members, and services can follow participants for several years.

Stakeholders report that unplanned releases are especially problematic in regard to providing proper identification, without which housing, employment, and social services are difficult to access. For the in-custody population receiving pretrial supervision, these challenges are amplified by uncertainty surrounding benefits activation.

Opportunity: Innovative collaboration strategies to expand state ID access exist across the country. The U.S. Department of Transportation's *Leading Practices Toolkit Concerning Government-Issued Identification for Formerly Incarcerated Individuals* offers examples of interagency strategies, including DMV services inside correctional facilities and mobile DMV units; some of these examples are implemented at a local level and are even self-funded. Additional strategies are discussed in the "Parking Lot" section.

***Supervision*:** Legal counsel is not permitted to accompany clients to supervision intake appointments, a policy that may hinder clients' full understanding of the conditions they are expected to follow. The Office of the Public Defender (OPD) has expressed concern that this restriction can lead to confusion among clients, many of whom may struggle to comprehend the terms of supervision on their own. As a result, some clients may unintentionally violate the conditions, not out of willful non-compliance but due to a lack of clarity at the outset.

Opportunity: Peers can bridge this significant gap, ensuring clients understand their supervision conditions.

Community Reentry Services

Workshop participants identify a need for enhanced communication and engagement during and through reentry and beyond to ensure that reentering residents are identified and connected to community resources.

Opportunity: Workshop participants offer several strategies to attempt to improve reentry coordination. The Possibility Shop expressed a strong interest in providing education to local attorneys and has also offered to welcome parole officers into their shared space to facilitate collaboration. Additionally, the Possibility Shop and the local detention center have agreed to begin discussions on developing a protocol to arrange for Lifeline phones to be secured prior to individuals' release.

The value of Project Connect resource fairs decreases when parole and probation agents are not available to attend due to staffing issues. At the same time, Project Connect recognizes the potential community benefits of expansion to other locations, given the availability of transportation in the county.

Opportunity: Project Connect's model can be duplicated and implemented by other local law enforcement agencies. The Cumberland Police Department is willing to partner with Sheriff's deputies to expand this valuable resource to surrounding areas.

Supportive Funding: As discussed in the "Intercepts 0/1 Resources" section, the county lacks MDRN-approved housing options.

Behavioral Health Services: The county requires the development of mental health recovery housing to support the Mental Health Court's efforts to secure housing for its participants. Legal counsel reports unsuccessful attempts to place clients with Archway Station, as the LBHA is required by BHA to prioritize state hospital discharges, which can result in longer wait times for community-based applicants.

Suicide rates are a growing concern among stakeholders, who note a significant gap in community awareness when compared to the widespread recognition of overdose fatalities. While overdose prevention has benefited from extensive outreach and public education efforts, participants observe that the lay community appears far less informed about the rising incidence of suicide. This disparity in awareness has led workshop participants to emphasize the need for more cohesive and visible public messaging around suicide prevention. They assert that such efforts are critical to building public support for increased funding and resources dedicated to suicide prevention initiatives.

Professional Development: Employment resources can be difficult to navigate due to varying eligibility criteria, which are often dictated by the specific funding source. This variation complicates efforts to broaden access and expand eligibility.

Opportunity: The Maryland Federal Bonding Program is an underutilized incentive program of the Maryland Department of Labor designed to encourage businesses to hire qualified job seekers who have certain risk factors in their background, including but not limited to a history of arrest, conviction, or incarceration. The Federal Bond is a Fidelity Bond issued to businesses to insure the company against specific actions of an employee.

Housing: Housing, a critical gap across intercepts, presents unique challenges depending on individual needs. Affordable housing is a widespread issue for all county residents, affecting access to safe, suitable living conditions and essential community resources, including reentry-related services. Judges report that warm handoffs to transitional housing are crucial to prevent unnecessary incarceration and support a smooth, successful transition back to the community. Unfortunately, transitional housing is virtually nonexistent in the county and remains severely lacking statewide.

Transportation: Allegany County's transportation challenges are detailed in the "Intercepts 0/1 Resources" section.

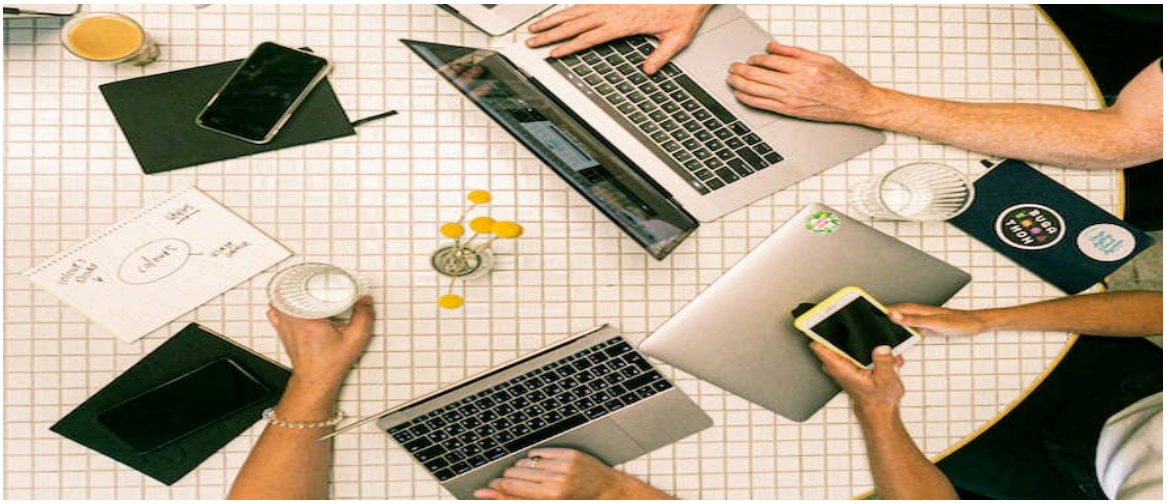
Community and Family Support: Family support plays a vital role in the reentry and reintegration process for individuals involved in the justice system. Families can provide emotional support, help navigate services, reinforce treatment goals, and assist with housing, employment, and transportation. Especially during reentry, when individuals are navigating their return to the community, family involvement can be a key source of stability and encouragement. When families are engaged, individuals are more likely to remain in treatment, comply with court requirements, and avoid recidivism. Strengthening family involvement across all stages of the justice system leads to better long-term outcomes for individuals and communities.

Peer Support Services

Peers can facilitate meaningful one-on-one interactions, allowing parole and probation supervisors to focus on providing more intensive supervision given their existing caseloads. When service gaps arise and clients need support, peers (unlike supervisors) are uniquely equipped to connect to the necessary service.

Data Collection and Sharing

Project Connect collects impact data for the Cumberland Police Department through a partnership with the Allegany County American Job Center in Cumberland; however, data related to follow-through for health care appointments is challenging to obtain due to HIPAA regulations.



Priorities for Change

At the conclusion of the workshop, participants are asked to identify a set of priorities, followed by an opportunity for each participant to cast three distinct votes to rank the priorities. The top three priorities are highlighted in bold text.

1. **Expand transportation options**. **(26 votes)** Enhancing transportation options for individuals with behavioral health needs before, during, and after involvement with the criminal legal system is essential for promoting equitable access to services and support. Allegany County offers limited public transportation options as detailed in the "Community Resources" section. Many services require payment, and their accessibility varies significantly by location. Transportation barriers pose significant challenges to individuals with behavioral health conditions, especially those reentering the community following incarceration. These barriers can be described as the 5 A's: affordability, accessibility, applicability, availability, and awareness. Reliable transportation enables individuals to easily access community prevention services, attend court hearings, and attend crucial appointments post-release, such as probation meetings, counseling, and job interviews. Federal funding for transportation initiatives is available; programs can also seek support from the community and private foundations. The Rural Health Information Hub provides resources and information focused on developing, implementing, evaluating, and sustaining rural transportation programs in the Transportation to Support Rural Healthcare topic guide and the corresponding Rural Transportation Toolkit.

2. **Develop transitional housing and low-barrier public shelters**. **(23 votes)** Safe and affordable housing is a basic necessity; its absence is one of the most significant barriers to recovery. Without it, individuals often cycle through homelessness, shelters, hospitals, and jails, hindering progress toward stability. The county has identified housing gaps, especially for special populations, detailed in the "Intercepts 0/1 Gaps" section. Barriers include strict federal program requirements, the absence of a low-barrier public shelter, limited supportive and transitional housing options, rigid recovery housing certifications, and weak housing transitions from hospitals or jails. Stigma adds further obstacles. To address these gaps, the county should pursue grant opportunities such as the Maryland Department of Housing and Community Development Shelter and Transitional Housing Facilities Grant Program, the Housing and Urban Development Supportive Housing for Persons with Disabilities Program ("Section 811"), and the Veterans Affairs Supportive Services for Veterans and their Families (SSVF) Program. Collaboration between public health agencies, housing authorities, and mental health providers is essential, as is engagement with nonprofit organizations and private partners to expand resources and housing models. Further, systemic change may require policy reform and federal advocacy to reduce service barriers. Programs and funding that follow the individual across housing options, including caregiver-provided housing, support choice, and long-term self-sufficiency.

3. **Enhance immediate crisis response**. **(14 votes)** There is a pressing need to enhance response options for law enforcement. Hospitalization and arrest are often costly and ineffective for individuals experiencing a crisis; however, the mobile crisis team's capacity is insufficient to meet the deflection demand, and the county's diversion options are limited. These factors can lead to repeated interactions with public safety agencies and contribute to the entanglement of individuals in the criminal legal system. Expansion of diversion options could include establishing community-based crisis centers, providing access to mental health professionals who can work alongside law enforcement, and implementing specialized training programs that equip officers with skills to de-escalate situations and connect individuals to appropriate services. These alternatives can reduce the burden on emergency and legal systems while promoting more compassionate and effective responses to those in crisis.

4. Increase access to mental health services, including local inpatient beds. **(7 votes)** Service capacity is the key to ensuring that people with behavioral health conditions who need more intensive and longer-term services over a longer term can live supported in the community; services also make it possible for people to be discharged successfully from stays in local hospitals or state psychiatric care institutions. As noted in the "Intercepts 0/1 Gaps" section, the county faces a critical need for mental health services and must actively

seek additional funding to preserve and expand existing local resources to improve care for residents.

5. Offer joint crisis training. **(6 votes)** Shared training of professionals in law enforcement, the behavioral health system, and the community facilitates a cohesive multi-system approach that successfully addresses local needs and reduces unnecessary hospitalization and incarceration. The crisis intervention team (CIT) model is uniquely suited to address this need, given its collaborative nature and broad applicability across domains. Training sessions need not be integrated to be effective; separate training sessions that are tailored to the audience but aligned with the county's implementation vision are an effective strategy in use in other Maryland jurisdictions.

6. Streamline access to resources. **(4 votes)** There is a desire to foster inter-organizational cooperation across all intercepts. A multidisciplinary team (or multiple teams) may be uniquely poised to address the objective of streamlining resource access; it may additionally be able to assist with planning for assisted outpatient treatment (AOT) legislation implementation, addressing insurance barriers across intercepts, connecting consumers to benefits such as SSI/SSDI, eliminating information silos, and addressing the needs of even the most challenging consumers. To successfully synchronize strategies, mission partners must identify common goals, develop trust, and establish processes to coordinate across a diverse group of organizations with differing cultures, policies, priorities, authorities, capabilities, and procedures. Transparency, inclusive access, and shared operating procedures foster unity of effort.

7. Improve early intervention and services. **(1 vote)** Early intervention has been shown to improve prognosis and long-term outcomes, minimize the risk of secondary complications, enhance social and emotional development, and promote family and community wellness. In order to promote recovery, communities should raise awareness and reduce stigma, encourage routine behavioral health screenings, improve access to behavioral health care, and collaborate with schools and community organizations. These steps assist professionals in identifying at-risk individuals, providing resources, and implementing evidence-based interventions to support impacted individuals.

8. Abolish stigma in the community. **(1 vote)** Continuous education and training ensure the well-being of individuals with behavioral health needs, those who provide services to them, and the general public. As described in the "Intercepts 0/1 Gaps" section, professionals and the community at large benefit from a shared knowledge base made possible by the various local, state, and national training opportunities. Trauma-informed care training and education is offered to clinicians, educators, service providers, medical providers, and the community through SAMHSA, the Mental Health Association of Maryland, the Collaborative

within the University of Maryland School of Social Work, and the University of Maryland Medical Center. In addition to national programs for the general public, such as Just Five and Shatterproof, implicit bias and anti-stigma education are available to Maryland health care professionals through the Maryland Department of Health Office of Minority Health and Health Disparities. Education should be provided by organizations with experience supporting diverse populations, and when possible, by instructors who reflect the community's demographics.

Quick Fixes/Low-Hanging Fruit

While most priorities identified during a sequential intercept model mapping workshop require significant planning and resources to implement, quick fixes are priorities that can be implemented with minimal investment of time and little, if any, financial investment. Nonetheless, quick fixes can significantly impact the trajectories of people with behavioral health needs in the justice system.

1. The workshop afforded several opportunities for immediate resource promotion and connection. Initiating this process, the Massie Unit offered to present its services and programs to law enforcement, aiming to raise awareness and enhance outreach efforts. Similarly, the Possibility Shop offered to present its services to public defenders to inform them about the resources available, so they have more options for referrals for their clients.

   An embedded organizer of Project Connect, an initiative of the Cumberland Police Department, offered to gather stakeholders' contact information before leaving the workshop to ensure they are added to the project's listserv for resource distribution. The organizer also invited organizations to participate in the project by setting up tables at one-stop-shop events to share their resources with visitors. Additionally, the organizer offered to provide a comprehensive list of community resources that have been developed through the project. These efforts aim to improve access to essential services, enhance communication, and ensure that individuals are better informed about community resources.

2. As mentioned in the "Intercept 2 and Intercept 3" section, detainees who are on medications when they enter the detention center often face challenges obtaining their medications immediately. To address this, representatives from the medical department shared that it would be helpful if the hospital could provide a prescription from hospital discharge directly to the detention center, ensuring that medications are accessible at central booking for those who need them. In response, hospital representatives committed to ensuring that the medical department receives the prescriptions sent with individuals to the detention center. This effort aims to reduce delays in care and ensure detainees receive the appropriate treatment without unnecessary gaps or complications, especially for those with warrants.

3. For individuals transitioning from detention back into society, staying connected with service providers is essential for successful reintegration. However, it is often difficult for service providers to maintain communication with individuals after their release for various reasons. This challenge led to the suggestion of providing Lifeline phones to detainees before their release. The detention representatives agreed to consider this initiative, which would help individuals stay connected and access essential services, such as follow-up appointments and reminders. Workshop participants note that Assurance Wireless, a provider of the federal Lifeline Assistance program, offers free monthly data, unlimited texting, and voice minutes to eligible low-income individuals, including those participating in Medicaid. This could be one avenue to explore for greater access to the population, but it is important to note that since Medicaid coverage is suspended when individuals are incarcerated, reliance on it to provide phones before release may be difficult due to lapses in coverage. A partnership with Assurance Wireless itself may offer a promising opportunity to bridge this gap and explore ways to provide phones to individuals before their release. It is important to note that the exploration of these opportunities is easily achieved with minimal investment; however, documentation, transportation, resources, and support systems post-release present known barriers that are discussed in more detail in the "Parking Lot" section.

Parking Lot

Some gaps identified during the sequential intercept model mapping are too large or in-depth to address during the workshop. Given the importance of these concerns, however, they are included in the report to inform future strategic planning at the local and statewide levels.

1. Streamline the Department of Housing and Urban Development (HUD) housing application and approval process. A significant challenge for individuals, particularly those transitioning from detention, is navigating the complex and time-consuming process of securing housing through the Department of Housing and Urban Development (HUD). The criteria for HUD housing and the application process can be overwhelming, especially for those who are incarcerated or recently released. The paperwork is often extensive and difficult to understand, requiring detailed documentation that many individuals cannot access while detained. Additionally, the approval process can take a considerable amount of time, leaving individuals without stable housing for extended periods. This prolonged waiting period is particularly problematic for those who may already face significant barriers to reintegration, such as mental health issues, substance use challenges, or previous convictions. The combination of difficult application procedures and long approval times increases the risk of homelessness for detainees once they are released, further complicating their ability to successfully reintegrate into society. Addressing this issue is crucial to ensuring that individuals have access to stable housing and can begin rebuilding their lives after detention.

2. Facilitate timely access to treatment. Jurisdictions across the state report frustration with connecting clients to network-participating providers with timely availability. A partnership with the Maryland Insurance Administration could facilitate the development of a database that expands current local resource directories. By providing a search option with filters for insurance, eligibility, location, and current openings, the counties could provide a more

accessible and user-friendly resource while also tracking trends in usage and availability to inform strategic planning.

3. Remove systemic barriers to securing documentation. Without proper identification, housing, employment, and social services are difficult to access. Policymakers and employers have the opportunity to facilitate reentry and reintegration into society by removing barriers to securing government-issued identification. A 2022 report by the U.S. Government Accountability Office detailed findings related to the Federal Bureau of Prisons' (BOP) efforts to assist incarcerated individuals with obtaining identification (ID) documents; the five recommendations can be applied to all carceral settings. Further, the U.S. Department of Transportation's Leading Practices Toolkit Concerning Government-Issued Identification for Formerly Incarcerated Individuals offers implementation strategies for local and state partners.

4. Address housing barriers for individuals with felony and sexual offense convictions. Individuals with sexual offense convictions face significant challenges in securing housing due to restrictive laws and regulations. Many housing programs, landlords, and public housing authorities impose strict restrictions on where individuals convicted of sexual offenses can live, often excluding areas near schools, daycare centers, and parks. These "exclusion zones" drastically reduce the available housing options, leaving them with limited choices and, in many cases, increasing the likelihood of homelessness. As a result, they struggle to find safe and stable living arrangements, complicating their efforts to reintegrate into society. Without stable housing, the risk of recidivism and mental health challenges may increase, further hindering their rehabilitation and integration.

   Similarly, individuals with felony convictions often experience discrimination in the housing market. Many landlords conduct background checks and automatically reject applicants with criminal histories, particularly those with felonies. This discrimination severely limits housing options for these individuals, even though stable housing is crucial for successful reintegration. While some housing programs and public assistance services do exist to support those with criminal records, they are often difficult to access due to long waiting lists, strict eligibility criteria, and complex application processes. As a result, individuals with felony convictions may struggle to find safe, stable housing, which in turn makes it more difficult for them to find employment, maintain social connections, and access other essential services. Addressing housing barriers is crucial for reducing recidivism and supporting successful community reintegration for people with felony convictions.

5. Bridge the gap between DEA guidelines and pharmacy reluctance to provide medications for medication-assisted treatment. A persistent challenge in providing medication-assisted treatment (MAT) is the reluctance of some pharmacies to fill prescriptions for MAT medications. On August 8, 2023, the DEA revised its regulations under the Easy Medication Access and Treatment for Opioid Addiction Act to allow practitioners to dispense, without requesting an exception, up to a three-day supply of methadone for the treatment of opioid use disorder to initiate maintenance or detoxification treatment. Despite updated guidance from the Drug Enforcement Administration (DEA), many pharmacies report barriers to accepting new MAT patients due to ordering limits placed on them by medication wholesalers. Further, an informal LBHA survey indicates ongoing pharmacy concerns about being flagged for audits based on prescription volume, the administrative burden of managing high volumes of controlled substance prescriptions, and perceived legal risk. This continued reluctance can result in treatment delays or gaps in care, discouraging individuals from beginning or continuing MAT and thereby worsening outcomes for those with opioid use disorders. Bridging the gap between updated DEA guidelines and pharmacy practices is essential to improving access to life-saving treatments and ensuring consistent, patient-centered care across communities.

6. Address the burden of unfunded mandates and resource gaps in local jurisdictions. Unfunded mandates present a significant challenge for many jurisdictions, including Allegany, as they require compliance with laws and regulations without providing the necessary funding to support their implementation. These mandates often stretch already limited resources, leaving local agencies and organizations struggling to meet requirements across various intercepts, such as law enforcement, health care, and social services. As a result, many programs designed to address these mandates become underutilized or ineffective, unable to fully operate due to insufficient staff, training, or funding. This creates a revolving door where compliance is pursued on paper but fails to translate into meaningful outcomes. The lack of resources leads to gaps in service delivery, reduced program effectiveness, and ultimately, a failure to achieve the intended goals of the mandates, perpetuating a cycle of inefficiency and unmet needs within the community. Addressing this issue requires adequate funding and a more coordinated approach to ensure that jurisdictions have the resources to meet the community's needs.

7. Identify vulnerable individuals to ensure safety. Individuals who serve their maximum sentence but have not received appropriate treatment are especially vulnerable upon release. While privacy considerations complicate the matter of sharing sensitive information with law enforcement, it is essential for first responders to recognize a potential issue to respond effectively and ensure the safety of all involved. Some local jurisdictions utilize strategies to offer voluntary flagging to community members. Expansion to offering flagging

to incarcerated individuals might circumvent the barriers that can be associated with sharing protected health information.

8. Facilitate the delivery of health care by out-of-state providers. The ability to deliver health care services across state lines varies based on state regulations. Cross-state licensure can involve full licensure, temporary practice laws, licensure reciprocity, a licensure compact, or telehealth registration; these options vary according to the states involved. The U.S. Department of Health and Human Services reports that many states are revisiting their cross-state licensure process to improve access; changes may be especially welcome in health professional shortage areas, where communities would benefit from access to willing out-of-state providers of free or reduced-cost care.

Resources

Local Resources

Community Services

- Allegany County Health Department: http://www.myalleganyhealth.org
- Allegany County Health Department Directory: https://health.maryland.gov/allegany/Documents/AboutUs-Administration/ACHD%20Service%20Directory%2011-2024.pdf
- Allegany County Transit: https://gov.allconet.org/315/Transit
- Allegany County Volunteer Boards and Commissions: https://alleganygov.org/152/Volunteer-Boards-Commissions
- Cumberland Housing Group: https://www.cumberlandhousing.org/the-cumberland-housing-group/
- Cumberland VA Clinic: https://www.va.gov/martinsburg-health-care/locations/cumberland-va-clinic/
- Family Crisis Resource Center: http://familycrisisresourcecenter.org
- YMCA of Cumberland: https://www.cumberlandymca.org/programs/housing/

Behavioral Health Continuum of Care

- Archway Station Inc: https://archwaystation.net/
- Baltimore Crisis Response Inc. (BCRI): https://bcresponse.org/services
- Maryland Area Health Education Center West ("AHEC West"): https://ahecwest.org/
- Maryland Coalition of Families (MCF): https://www.mdcoalition.org/
- Prescribe Change Allegany County: https://www.prescribechangeallegany.org/about/

First Responders

- Allegany County Department of Emergency Services: https://alleganygov.org/168/Emergency-Services
- Maryland State Police Barrack C: https://mdsp.maryland.gov/Organization/Pages/FieldOperationsBureau/BarrackCCumberland.aspx
- Office of the Sheriff for Allegany County, Maryland: https://alleganygov.org/279/Sheriffs-Office

Corrections Reentry Services

- MCCJTP Referral Form: https://health.maryland.gov/allegany/Documents/BHSO/MCCJTP%20referral%20form-%201%20page%20updated%2011-16.pdf

Community Reentry Services

- Horizon Goodwill Industries Upper Potomac Industrial Park (UPIP) Resource Center: https://horizongoodwill.org/locations/cumberland-md/
- The Western Maryland Consortium Workforce Alliance: https://westernmarylandconsortium.org/

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Assisted Outpatient Treatment

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APPENDIX A

Workshop Agenda

Time	Item	Lead
8:15 a.m. - 8:30 a.m.	Registration	Planning Group
8:30 a.m. - 8:45 a.m.	Welcoming and Opening Remarks	Planning Group
8:45 a.m. - 9:00 a.m.	Overview of Sequential Intercept Model (SIM)	COE
9:00 a.m. - 10:00 a.m.	Intercepts 0/1 Resources and Gaps	Facilitators
10:00 a.m. - 10:15 a.m.	Break	All
10:15 a.m. - 11:15 a.m.	Intercepts 2/3 Resources and Gaps	Facilitators
11:15 a.m. - 11:30 a.m.	Break	All
11:30 a.m. - 12:30 p.m.	Intercepts 4/5 Resources and Gaps	Facilitators
12:30 a.m. - 1:30 p.m.	Lunch	All
1:30 p.m. - 2:00 p.m.	Review Gaps, Low-hanging Fruit, and Parking Lot	Facilitators
2:00 p.m. - 3:00 p.m.	Identify Priorities	COE
3:00 p.m. - 3:30 p.m.	Voting on Priorities for Change	All
3:30 p.m. - 4:00 p.m.	Next Steps/Adjournment	COE

Appendix B

Allegany County Health Department Organizational Chart