FALL NEWSLETTER

ISSUE NO. 3 OCTOBER 2026

MARYLAND MIH
MOBILE INTEGRATED HEALTH PROFESSIONALS



Inside This Issue

In The News	1
GUEST ARTICLE The Power of Pharmacy in MIH	2
PROGRAM SPOTLIGHT Montgomery County	5
Did you Know? & Program Update	8
MD MIH by the Numbers	9

In The News-Jennifer Mott, RN, BSN, CP-C

From the Charles County Department of Emergency Services Facebook page

"Charles County Department of Emergency Services is proud to recognize Jennifer Mott, RN, BSN, CP-C, Mobile Integrated Health (MIH) Program Manager, for successfully graduating from the NAEMT Lighthouse Leadership Program Class of 2026!

As part of this national leadership program, Jenny developed and implemented a project focused on improving care for diabetic patients through Charles County's MIH program. Her work has already made a positive impact on how we identify, educate, and assist patients experiencing diabetic emergencies.

In recognition of her accomplishments, Jenny was also invited to speak at the program's graduation ceremony during EMS World 2026, representing Charles County DES on a national stage.

Additionally, Jenny has authored an article highlighting her work and the MIH initiative, which is expected to be published in EMS1 in the near future.

We are extremely proud of Jenny's dedication, leadership, and continued commitment to improving patient care and advancing emergency medical services in Charles County.

Congratulations, Jenny! Well deserved!"

MARYLAND MIH
MOBILE INTEGRATED HEALTH PROFESSIONALS



GUEST ARTICLE

The Power of Pharmacy in Mobile Integrated Health

By Melanie Chapple, PharmD

As a pharmacist serving in the Maryland Mobile Integrated Health (MIH) programs of Queen Anne's County and Talbot County, and soon to be Caroline County, I have seen firsthand how impactful it can be to bring medication expertise directly into the community. These programs were designed to reduce emergency department (ED) visits, prevent avoidable hospital readmissions, and remove barriers to care, especially in rural areas where access is not always easy. Having a pharmacist as part of the MIH team brings unique value to patients and providers alike.

Meeting Patients Where They Are

Through 15- to 20-minute telehealth visits, I am able to review patients' medication histories, assess their adherence, and provide education about their therapy. Many of the people we serve are managing complex conditions such as heart failure, COPD, and diabetes, and often take more than 10 medications. That complexity comes with risks including drug interactions, side effects, affordability concerns, and simply confusion about how to organize and take medications correctly. My role is to catch those problems early, provide solutions like medi-planners or blister packs, and ensure patients have the knowledge and resources to safely manage their care at home.

GUEST ARTICLE CONTINUED

Breaking Down Barriers

One of the most rewarding parts of this work is helping patients overcome obstacles that go far beyond the those presented by the pills in their medicine cabinet. Transportation challenges, financial strain, and health literacy all play a role in whether someone can stick with their prescribed treatment. By collaborating with paramedics, health department nurses, and community providers, we can address these barriers in real time. This might mean helping a patient obtain affordable medications, setting up remote monitoring for blood pressure and blood sugars, or simply answering questions about side effects.

Real Impact on Health Outcomes

Medication-related issues are a leading cause of unnecessary ED visits and hospital readmissions. By reconciling medications after hospital discharge, optimizing therapies, and ensuring patients know how to use their inhalers, insulin, or anticoagulants properly, pharmacists help keep people healthier and at home. The ripple effects are enormous: fewer complications, more confidence for patients and families, lower costs for the healthcare system, and stronger connections between patients and their local providers.



Why This Work Matters

For me, this is more than a job. It is a calling to improve healthcare access in the community where I live and raise my family. I would go on a lecture circuit tomorrow to advocate for MIH programs, particularly in rural areas where resources are stretched thin and gaps in care are significant. To help break down barriers -- whether social, financial, or medical -- for our neighbors is incredibly rewarding. And to do it as part of a collaborative team alongside paramedics, nurses, and providers who are equally committed to patient well-being is an experience I cherish every day.
Mobile Integrated Health is the future of community-based care. Having pharmacists integrated into these teams ensures that medications, which are the cornerstone of most treatment plans, are obtained affordably and used safely and effectively is a model that not only saves lives but strengthens communities, and I am proud to be part of it.



UNIVERSITY of MARYLAND MEDICAL SYSTEM

Biography



Melanie Chapple, PharmD, earned a Bachelor of Science in Chemistry from Washington College in 1996 and a Doctor of Pharmacy from the University of Maryland at Baltimore in 2000. She completed an ambulatory care residency with a managed care emphasis at the University of Maryland School of Pharmacy in 2001. Dr. Chapple continued her career as a staff/clinical pharmacist for 15 years at University of Maryland Shore Regional Health (UM SRH), which extends health care services throughout region served by UM SRH, which includes Caroline, Dorchester, Kent, Queen Anne's and Talbot counties. In 2016, she moved into her current role as a transitions pharmacist in the Population Health Department at UM SRH. She works hand in hand with the transitional nurse navigators and has been a leading advocate for improving medication reconciliation at UM SRH. Dr. Chapple also consults with the University of Maryland Shore Medical Group-Primary Care team and provides telehealth medication consults for the Queen Anne's and Talbot County Mobile Integrated Health teams. Over the last six years, Dr Chapple has developed outreach medication consulting programs at the senior centers throughout the five-county region served by UM SRH.

"Melanie's expertise, guidance, and commitment to Mobile Integrated Health have been an invaluable resource to MIH teams across Maryland's Eastern Shore. Having access to her expertise is especially important for rural communities, where innovative approaches to healthcare access and care coordination can make a meaningful difference in the lives of our residents."

Rachael Cox MIH Coordinator Talbot County

PROGRAM SPOTLIGHT

Montgomery County Mobile Integrated Health

Submitted by: Avital Graves, MBA, MHA, NRP - MIH Program Manager

HOW IT STARTED

Montgomery County's Mobile Integrated Health program began in 2016 and was formally taking on patients in early 2017. The original goal of the program was to address the top 250 high utilizing patients in Montgomery County. That number originated from the thought that it would offset the necessity for another fully staffed ambulance needing to be added to the MCFRS fleet (roughly $1M annual cost). The program began in the EMS Operations division being run by two career MCFRS Captains with a rotating roster of 8-10 paramedics who would pick up cases on overtime. The medics were joined on visits by a nurse from one of the hospital home health programs in the county.

GROWTH & EXPANSION

In 2019, it was apparent that the MIH program needed more staff. A deal was struck between MCFRS and the Montgomery County Department of Health and Human Services to add a full-time social worker and nurse from the Adult Protective Services division to be embedded in the MIH team. The deal also provided funding for the hiring of a full-time civilian manager and a data analyst.

Over the past seven years, the program has continued to evolve and now employs two full-time paramedics in addition to the nurse and social worker positions. The team handles a caseload of over 1,000 unique patients annually and has completed over 300 home visits. The team focuses on connecting patients with existing resources within Montgomery County, including County services, non-profits, healthcare providers, and social services.

Mobile Integrated Health in Montgomery County addresses several aspects of system utilization beyond EMS. MIH monitors 911 utilization at the homeless shelters in the County to determine which calls are appropriate and where diversion can occur before the 911 call takes place. They also provide education and training to shelter staff regarding 911 call best practices, and dispel frequent myths and misconceptions. MIH also works closely with the almost 40 skilled nursing facilities in the county to identify opportunities to reduce their 911 dependency, including partnerships with private ambulance companies, infusion centers, and on-site practitioners who can support and treat patients in place.



GROWTH & EXPANSION

MIH has also worked to increase access to Narcan in Montgomery County and became an Opiate Response Program in 2021 to order Narcan directly from the Maryland Department of Health. Thousands of kits have been distributed to the local community and beyond, contributing to an overall decline in opiate overdoses and fatalities. Collaboration with the Montgomery County Department of Health and Human Services Harm Reduction Team and grassroots peer support teams have helped MIH understand the science of addiction and how to meet people where they are. MIH engaged the MCFRS Community Action Team to offer free Narcan training in the community, along with Hands-Only CPR and Stop the Bleed programs. Most recently, MIH trained the MCFRS Community Outreach team to begin providing Narcan training in the community when they offer fire safety awareness.

LESSONS LEARNED

Over the years working in MIH, it has become evident that MIH serves as a unifier. The program has been able to bring together hospital partners, community organizations, healthcare providers and others to work together towards common solutions. MIH identifies global solutions for patient needs that can be shared and applied in a multitude of settings. Additionally, MIH strives to get all parties involved on the same page so that patients experience consistent treatment at all county hospitals.

LESSONS LEARNED

MIH has also demonstrated that it truly is a program that meets the needs of the community it serves. One example was the creation of the Montgomery County Hoarding Taskforce, founded by MIH Manager, Avital Graves. Referrals from the field indicated an increase in hoarding conditions and there were no centralized resources or groups able to coordinate responses to the issues. The Montgomery County Hoarding Taskforce brings together code enforcement, Adult Protective Services, MCFRS, Montgomery County Sheriffs, Animal Services, Housing Opportunities Commission and others to address needs and coordinate responses to these homes, ensuring safety in the community and preventing deadly fires before they happen.

LOOKING TO THE FUTURE

MIH is working towards a Treatment in Place pilot that will offer support in the Northern part of the County that was affected by the recent closure of the Germantown Emergency Center. MIH is also looking towards 24-hour buprenorphine induction available to residents once the renovated Stabilization Center opens at the Montgomery County Crisis Center. The Stabilization Center will also be able to accept Emergency Evaluation Petitions, becoming the first transport destination outside of Montgomery County Emergency Departments. This change will allow for faster EMS drop-offs with much quicker ambulance turnover times. A behavioral health Diversion Center is scheduled to open in FY29 with even more capacity for sobering services as well as inpatient monitoring with Advanced Level Practitioners. Bottom of Form

In summary, Montgomery County's MIH program has continued to grow and expand to meet the needs of the evolving community. The team strives to provide services without duplication of effort, catch those who fall through cracks in the system, and continue to identify creative solutions to common problems. The collaborative approach cultivated by MIH has expanded to a multitude of other outreach efforts being replicated within and outside of the county, and continues to be an example of what can happen when efforts are made to reach across the table and identify common goals and outcomes that interest all participants.





TALBOT COUNTY
MOBILE
INTEGRATED
HEALTH

DID YOU KNOW?

35.8% of adults in Maryland live with high blood pressure, slightly higher than the national average of 34.0%

Source: americashealthrankings.org

Mobile Integrated Health (MIH) programs help individuals manage high blood pressure through regular monitoring, medication management, education, lifestyle coaching, and connections to healthcare and community resources to improve blood pressure control and prevent complications.

Program Update

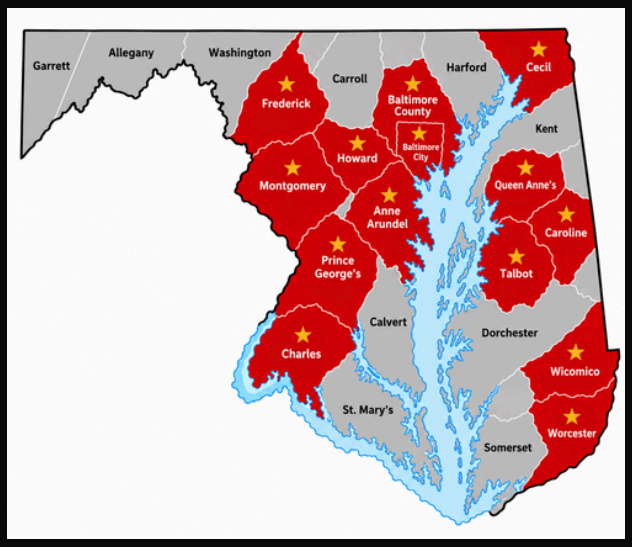
In celebration of Mobile Integrated Health (MIH) Awareness Week in October, the Talbot County MIH team is offering free blood pressure screenings at multiple locations throughout the county. As of this publication, the team has already conducted several screenings, with additional events planned throughout the month. During its first visit to a local senior center, the team identified four individuals who enrolled in the MIH program, expanding access to ongoing support and chronic disease management.

The Talbot County MIH team is also excited to announce the addition of new paramedics and EMTs, increasing its capacity to provide services and expanding availability for in-home visits. In addition to the team's registered nurse and MIH coordinator, the program now includes six paramedics and four EMTs, strengthening its ability to connect residents with personalized healthcare services and community resources.

MARYLAND MIH
MOBILE INTEGRATED HEALTH PROFESSIONALS

BY THE NUMBERS

Program updates from across the state



Howard

Since **partnering with the county's Long-Term Care Ombudsman Program** a year ago, our MIH team has helped educate EMS clinicians and residents about the program's advocacy services and available resources. Over the past year, **we have referred more than 40 patients living in nursing homes and assisted living facilities** who needed additional advocacy and support services that the facility was not providing.

You're doing AMAZING work!!

Worcester

FY 26 Served **235 unduplicated patients**

CRISP reports **$654,462** of healthcare savings after enrollment for 3 months

Wicomico-SWIFT

SAFE Fall program **enrolled 200 fall-related patients**, of those, only two had a repeat fall within 60 days

3 successful Buprenorphine inductions last quarter

Cecil

90 Day 911 Utilization Reduction
The average 911 calls per patient **fell from 5.1 to 1 per patient**

This resulted in the **avoidance of 114 hours** of unit time which equates to **$177,992 in operation expenses saved**

Readmission risk score **fell from 22% to 8.8%**

WAY TO GO!!!

Talbot

43% reduction in 911 utilization

90% success rate in closed loop referral to SDOH need

Charles County

5 Buprenorphine inductions since initiation of MODEL-T in October 2025

Diabetes improvement initiative since March 2026 **195 diabetic emergency encounters** and **35 glucometer starter packs distributed**

MARYLAND MIH MOBILE INTEGRATED HEALTH PROFESSIONALS

Stay tuned for our Spring Newsletter
May 2027

NEWSLETTER EDITORS: Lynn Wells
Rachael Cox