University of Maryland
Charles Regional Medical Center

Charles County Health Improvement Plan

Long-Term Objectives FY 2022-2024

Overview of the Charles County Health Needs Assessment Process:

From July 2020 to February 2021, the University of Maryland Charles Regional Medical Center undertook a comprehensive assessment of the health needs of Charles County, Maryland.

To provide a comprehensive assessment of the health needs of the county, a five-method plan was developed which included five different sources of data: a long online survey of Charles County residents perceptions of health and health behaviors; a short paper survey on health perceptions throughout the county; a focus group with community stakeholders; key informant interviews of community leaders and stakeholder; and a quantitative data analysis of secondary, published data. Data collection occurred between July 2020 and December 2020.

The use of the multiple data collection methods strengthened the validity of the assessment's findings as well as ensuring that Charles County residents had an opportunity to participate in the assessment process and to feel invested in its outcome.

Due to the COVID-19 pandemic and the limitations on in person gatherings, only one small focus group was conducted in December 2020. This focus group targeted individuals working in health care and community roles focusing on access to care as well as chronic disease prevention and management. A total of eight people participated in this focus group.

The biggest issues to emerge from the focus groups included:

- Mental health resources and services
- Substance use disorders
- Transportation
- Chronic disease management
- Obesity/overweight
- COVID-19

561 Charles County residents completed the 27-question online survey that was created using Survey Monkey. The link to the survey was available on the University of Maryland Charles Regional Medical Center website and the Charles County Department of Health website. The first section of the survey asked participants about their perception of health and health services within the county. The second section asked them about their health behaviors, in order to determine their risk for the development of certain health conditions.

Most of the respondents were from Charles County (90.6%). The second largest percentage is from St. Mary's County (4.1%). Only 1.7% reported living outside of Southern Maryland

(Charles, Calvert, St Mary's, or Prince George's). Approximately 68.5% of the respondents were between the ages of 45-74 years. The highest percentage was in the 65-74-year age group (27.1%). The overwhelming majority of the respondents were female (77.4%). Minorities made up 26% of the total survey population. African Americans comprised 22.5% of the respondents. Approximately 3% of the survey respondents self-identified as Hispanic.

The survey participants were a highly educated group with 83.7% reporting having had any amount of college education. Just over half of the group had completed an undergraduate degree or higher (47.4%). Most of the participants were employed and working full-time. Individuals with a household income less than $60,000 made up one-fifth of the 2020 survey (20.2%).

Nearly all of the survey participants (98.6%) reported having health insurance. The majority of the participants also reported having dental insurance (78.6%) though this percentage is smaller than those reporting health insurance. Many of the respondents also had vision insurance (64.3%). Only 1.1% of the survey population reported having no type of insurance.

The biggest health problems that surfaced from the online survey included: crime, overweight/obesity, infectious disease, drug/alcohol use, and affordable housing.

The protective health behaviors that Charles County residents were displaying included: always wearing a seat belt, washing hands after using bathroom or making food, practicing safe sex, getting a flu shot, and following road safety rules.

Some risk factors that Charles County residents possessed that may lead to chronic disease included: not participating in physical activity each day, not eating enough fruits and vegetables, not performing self exams for cancer, not getting enough sleep at night, and not using sunscreen regularly.

The online survey participants were also asked about access to health care. 88.2% have had a routine doctor's visit in the past 12 months. 96.2% receive their routine health care in a primary care physician or provider's office.

75.3% were able to see a doctor when needed. If they were unable to see the doctor when needed, the most common reasons were that there were no available appointments (29.3%) or that it was too expensive, and they could not afford it (3.5%).

78% travel outside of Charles County for medical care at some point. Only 5.8% reported that they always travel outside the county for care. The most common medical services that people receive outside of Charles County are specialist doctor appointments (61.4%), dental appointments (22.2%), primary care doctor appointments (19.0%), and surgeries (19.0%). The most common responses among participants were that the quality is better elsewhere (37.1%) and services are not available in Charles County (23.6%).

A short five question survey was distributed throughout the county regarding perceptions of health within the county. A total of 755 short surveys were completed. Ongoing survey collection was conducted at the Charles County Department of Health; the University of Maryland Charles Regional Medical Center's Diabetes Education Center, Wound Healing Center, and Outpatient Rehabilitation. Short surveys were collected during blood drives at

the University of Maryland Charles Regional Medical Center (CRMC) and the La Plata American Legion. CRMC also coordinated with the Charles County Public schools to survey individuals at the meal distribution sites. The meal distribution sites included Indian Head Elementary (Indian Head), JC Parks Elementary (Indian Head), Milton Somers Middle School (La Plata), and My Hope/Nanjemoy Elementary School (Nanjemoy). Particular emphasis was given to the western region of the county that is more geographically isolated. The community was also surveyed at large events such as Charles County Community Resource Day, United Way pop-up events, blood drives, the Indian Head Farmer's Market, and other community outreach events.

The biggest health problems identified by the short community survey included: obesity, drug and alcohol use, mental health, diabetes, and high blood pressure/stroke.

The short survey also identified factors that prevent people from receiving the health care that they need. The most commonly cited barriers to needed health care was lack of health insurance (35.4%) and care is too expensive/can't afford it (47.4%). Under "Other," several people explained that there is a shortage of county providers accepting Medicaid, current providers are not accepting new patients, quality of providers is better elsewhere, fear of COVID-19 keeps people from seeking care, lack of dental health coverage, lack of awareness of available services, no Veterans Affairs clinic nearby, long wait times to see providers, people cannot take the time off work for health care services, stigma surrounding mental health treatment, fear from past, negative experiences, provider stereotyping and stigmatizing patients with certain health conditions, lack of providers in the western region of the county, and alternative treatments like acupuncture and massage are not covered by insurance providers.

Short survey participants were asked if sufficient services are available to address the health conditions in Charles County. Many of the respondents answered that they did not know or they left it blank. This leads us to believe that additional outreach and awareness campaigns are needed to educate people on available services in Charles County.

Access to care in the rural Charles County received the greatest number of "Many services available" responses, followed by mental health and obesity. Mental health received the greatest number of responses for "some services available" followed by infectious disease, access to food and nutritious meals, dental health, and drug and alcohol use. High blood pressure received the greatest number of responses in the "No services available" category.

Quantitative data was analyzed for various health topics including: mortality, population and demographic data, natality, infant mortality, social determinants of health, heart disease, stroke, hypertension, access to health care/health un-insurance, cancer, asthma, injuries, diabetes, obesity, arthritis, dementia/Alzheimer's disease, communicable disease, environmental health, sexually transmitted diseases, HIV/AIDS, mental health, dental health, substance use, disabilities, and tobacco use.

The current assessment findings are an update from the Fiscal Year 2018 community health needs assessment report and health improvement plan. 38% of the objectives outlined in the Charles County Health Improvement Plan reached their anticipated goals in the given time frame.

Thanks to the work of the Partnerships for a Healthier Charles County and its teams, the Charles County Health Improvement Plan objectives have been met for:

- Preventable Hospital Stay Rate decreased
- Number of County Providers increased
- Percentage of Adults at a healthy weight increased

Charles County Health Improvement Plan objectives that were not met include:

- Mental Health Emergency Department Visit Rate increased
- Addictions-related Emergency Department Visit Rate increased
- Diabetes Emergency Department Visit Rate stayed the same
- Childhood obesity percentage increased
- Hypertension Emergency Department Visit Rate increased

The data from this community health needs assessment has been used to develop the next Charles County Health Improvement Plan and subsequent action plans. They provide the county with measurable outcomes and benchmarks for 3-year program implementation.

Charles County Health Prioritization Process:

After a thorough analysis of all quantitative data on the health of Charles County and of the qualitative data gathered from the community, a list of health priorities was developed to help guide future endeavors to improve the health of Charles County.

The Steering Committee of the Partnerships for a Healthier Charles County has chosen to use the National Association of City and County Health Officials (NACCHO) recommended Hanlon Method for health prioritization. The Hanlon Method for Prioritizing Health Problems is a well-respected technique which objectively takes into consideration explicitly defined criteria and feasibility factors. Though a complex method, the Hanlon Method is advantageous when the desired outcome is an objective list of health priorities based on baseline data and numerical values.

A list of health problems was identified using the health data section of the community health needs assessment report. Then, using a scale of 0 to 10, each health problem was rated on the following criteria: size of the health problem, magnitude of the health problem, and effectiveness

The Hanlon Method: Sample Criteria Rating			
Rating	**Size of Health Problem** *(% of population w/health problem)*	**Seriousness of Health Problem**	**Effectiveness of Interventions**
9 or 10	>25% (STDs)	Very serious (e.g. HIV/AIDS)	80% - 100% effective (e.g. vaccination program)
7 or 8	10% - 24.9%	Relatively Serious	60% - 80% effective
5 or 6	1% - 9.9%	Serious	40% - 60% effective
3 or 4	.1% - .9%	Moderately Serious	20% - 40% effective
1 or 2	.01% - .09%	Relatively Not Serious	5% - 20% effective
0	< .01% (Meningococcal Meningitis)	Not Serious (teen acne)	<5% effective (access to care)

The size of the problem was based on the baseline data collected on the county population through the community health needs assessment. If more than one data measure was available for a particular health topic, an average of the percentages was calculated to determine the size of the problem. Prevalence data was used whenever available; however, mortality data was used as a proxy measure when reliable prevalence sources are not available.

The seriousness of the problem was determined by asking a series of questions regarding the status of the health problem in the community. A score was determined based on the number of questions with an answer of "yes."

The seriousness of the problem questions included:

- Does it require immediate attention?
- Is there a public demand?
- What is the economic impact?
- What is the impact on quality of life?
- Is there a high hospitalization rate?
- Is the disparity between the county rate and state and national rates?
- Do racial/age/gender/ethnic disparities exist?

The effectiveness of the interventions was determined using the Centers for Disease Control and Prevention's (CDC) Guide to Community Preventive Services. The guide gives examples of evidence-based strategies that have been implemented to address each health problems. Systematic reviews are conducted on all available interventions, and they rank the evidence-based strategies as: recommended, not recommended, or insufficient evidence. The basis of the rankings is presented below.

Recommended:

The systematic review of available studies provides strong or sufficient evidence that the intervention is effective.

The categories of "strong" and "sufficient" evidence reflect the Task Force's degree of confidence that an intervention has beneficial effects. They do not directly relate to the expected magnitude of benefits. The categorization is based on several factors, such as study design, number of studies, and consistency of the effect across studies.

Recommended Against:

The systematic review of available studies provides strong or sufficient evidence that the intervention is harmful or not effective.

Insufficient Evidence:

The available studies do not provide sufficient evidence to determine if the intervention is, or is not, effective. This does NOT mean that the intervention does not work. It means that additional research is needed to determine whether or not the intervention is effective.

Task Force findings may include a rationale statement that explains why they made a recommendation or arrived at other conclusions.

To determine the effectiveness of interventions, the percentage of available interventions that received a recommended score from the CDC's Guide to Community Preventive Services was calculated. Information was available in the guide for all health problems on the list.

Based on the three criteria rankings assigned to each health problem in Step 1 of the Hanlon Method, the priority scores were calculated using the following formula:

$$D = [A + (2 \times B)] \times C$$

Where: D= Priority Score

A= Size of the health problem ranking

B= Seriousness of the health problem ranking

C= Effectiveness of the intervention ranking

**Note: Seriousness of health problem was multiplied by two because according to the Hanlon technique, it is weighted as being twice as important as size of the health problem.*

Based on the priority scores calculated in Step 2 of the Hanlon Method, ranks were assigned to each health problem with the highest priority score receiving the rank of 1, the next high priority score receiving a rank of 2, and so on. The table below represents the results of the Hanlon Method ranking and priority scoring.

Health Problem:	Size (A)	Seriousness (B)	Effectiveness of Intervention (C)	Priority Score (A+2B)C	Rank
Heart Disease	10	7	10	240	5
Diabetes	7	10	9	243	3
Asthma/Lung Diseases	8	7	7	154	9
Cancer	9	7	6	138	11
Mental Health	7	10	9	243	3
Tobacco Use/Smoking	8	6	5	100	14
Infectious Disease/COVID-19	7	9	10	250	2
Environmental health	7	4	7	105	13
Injuries	5	6	7	119	12
Hypertension/Stroke	10	10	10	300	1
Obesity/Overweight	10	10	7	210	7
Dental health	6	6	5	90	16
Access to Care	9	8	7	175	8
Infant Mortality	4	5	10	140	10
STI/HIV/AIDS	5	4	7	91	15
Substance Use Disorders	10	10	8	240	5

Based on the priority score from the Hanlon Method, the health priorities chosen include:

1. Disease Prevention and Management
    - Major Cardiovascular Disease (Heart Disease, Hypertension, and Stroke)
    - Obesity and Overweight
    - Diabetes Prevalence
    - Infectious Diseases
2. Behavioral Health
    - Substance Use Disorders
    - Mental Health
3. Access to Care
    - Provider Recruitment and Retention, Emphasis on Mental Health and Primary Care
    - Unnecessary Hospital and Emergency Department Utilization
    - Social Determinants of Health (Transportation, Health Literacy)

Charles County Health Improvement Plan Long Term Objectives FY2022-2024:

Priority One: Chronic Disease Prevention and Management

Obesity:

1. Increase the percentage of Charles County adults who are at a healthy weight from 28.2% to 29.6% (5% increase). Source: Maryland Behavioral Risk Factor Surveillance System

2. Maintain the percentage of Charles County high school students who are obese at 14.6% (combat yearly increases). Source: Maryland Youth Risk Behavior Survey

Diabetes:

1. Reduce the Charles County diabetes emergency department visit rate from 245 per 100,000 to the Maryland rate of 232.75 per 100,000 (5% reduction). Source: Maryland HSCRC data from SHIP website

Major Cardiovascular Disease:

1. Reduce the Charles County hypertension emergency department visit rate from 469.9 per 100,000 to 446.4 per 100,000 (5% reduction) Source: Maryland HSCRC data from SHIP website

Infectious Diseases:

1. Increase the percentage of Charles County residents who receive a flu vaccination from 45.6% to the Maryland percentage of 49.6%. Source: County Health Rankings

Priority Two: Access to Care

Physician Recruitment and Retention:

1. Establish three medical practices within Charles County that will provide health care to the underserved population, with particular emphasis on mental health/psychiatry and primary care.

Unnecessary Hospital and Emergency Department Utilization:

2. Reduce the Charles County preventable hospital stay rate from 5108 per 100,000 Medicare enrollees to 4852.6 (5% reduction) per 100,000 Medicare enrollees. Source: County Health Rankings

Social Determinants of Health

3. Decrease the percentage of Charles County residents who report that they were unable to see a doctor in the past 12 months due to cost from 8.6% to 8.2% (5% reduction). Source: Maryland Behavioral Risk Factor Surveillance System

Priority Three: Behavioral Health

Mental Health:

1. Reduce the Charles County mental health emergency department visit rate from 2817.6 per 100,000 to 2676.7 per 100,000 (5% reduction). Source: Maryland HSCRC data from SHIP website

Substance Use Disorders:

1. Reduce the Charles County drug-induced death rate from 27 per 100,000 to 25 per 100,000. Source: County Health Rankings

Fiscal Years 2022-2024
Access to Care, LHIC

Strategy: *Physician Recruitment and Retention*	Enhance county capacity to provide recruit and retain health care providers and practices.			
Long Term or Outcome Objective:	Establish 3 medical practices within Charles County that will provide health care to the underserved population, with particular emphasis on mental health/psychiatry and primary care.			
Activity/Key Action Steps	**Measures**	**Key Partners**	**Timeline**	**Comments**
1. Recruit additional health care providers and specialists to the county through the University of Maryland Charles Regional Medical Center. 2. Succession for retiring providers in Charles County 3. Provide support to present PCP practices in Charles County by providing resources and offering Care Transition Organization services through UMMS for those that are part of the MDPCP program 4. A "Look Closer" campaign my UM CRMC for providers and services available locally	How long since you visited a doctor for a routine check-up (BRFSS) Charles County Population to Primary Care Provider Ratio Source: County Health Rankings Number of PCP & Mental Health practices started in Charles County Number of county practices educated on resources Number of materials disseminated Number of MDPCP practices in Charles County	UM CRMC UMCRMG CCDoH Kaiser NDG Marketing	In summer 2021 UM CRMG to launch new practices for PCP in Bryansroad and Mental Health services for pediatrics and adults in Charles County Ongoing monitoring of retiring PCP physicians in Charles County to offer succession planning Spring, 2021 meet with Johns Hopkins and Medstar as the larger practices in the county to offer resources and improve communication Launched in Jan. 2021, now we are building on the branding in other advertisement for practices and specialty areas	

Strategy:	Increase awareness of county health services in the Community by continuing an awareness campaign surrounding appropriate setting of care: primary care, urgent care, emergency department, and 911.			
Long Term or Outcome Objective:	Reduce the Charles County preventable hospital stay rate from 5108 per 100,000 Medicare enrollees to 4852.6 (5% reduction) per 100,000 Medicare enrollees. Source: County Health Rankings			
Activity/Key Action Steps	**Measure**	**Key Partners**	**Timeline**	**Comments**
1. Attend community events and programs to provide information on available county health services. 2. Engage community stakeholders in the bimonthly Access to Care Coalition meetings to share and gather information on services available. 3. Partner with the CDPMT to help manage conditions of HTN and DM in the community and prevent unnecessary ED utilization for these conditions. 4. UMMS 2.0 Risk Ranking tool implementation by the UM CRMC staff to help guide interventions.	Number of flyers developed Number of flyers disseminated Number of events attended Number of new members recruited Number of meetings held Date new risk ranking tool implemented	CCDoH UM CRMC UMMS Greater Baden (FHQC) Health Partners DSS Lifestyles Post-Acute Partners Right Time Johns Hopkins Medstar	Post COVID closures, when opportunity allows, attend at least 3-4 community events through each year of 22-24 ACC meetings set to restart in June 2021 and will be held bimonthly moving forward via WebEx or in person at a later date Attend CDPMT meetings monthly as available (Mary or other designated team member) Continue planning discussions with the UMMS Data Scientists and implement the new tool prior to fall 2021	

Strategy:	Increase health literacy of and decrease the social determinants of health and barriers to healthcare access for Charles County residents			
Long Term or Outcome Objective:	Decrease the percentage of Charles County residents who report that they were unable to see a doctor in the past 12 months due to cost from 8.6% to 8.2% (5% reduction). Source: Maryland Behavioral Risk Factor Surveillance System			
Activity/Key Action Steps	**Measure**	**Key Partners**	**Timeline**	**Comments**
1. Adapt the health literacy focus to include advanced care planning conversations and recruit volunteers, including the faith-based community, our trusted community leaders for community presentations. 2. Increase the county's capacity to implement evidence-based community health worker models which can provide culturally competent, individualized case management, patient navigation, and health education.	Number of trainings developed Number of presentations given Number of people trained on Health Literacy Number of community health worker models created, developed, or planned Number of new programs initiated	UM CRMC CCDoH CSM DSS Office on Aging Health Literacy Council Charles County Literacy Council United Way Charles County Public Schools	Attend at least one FLINT and one UM CRMC Volunteer Chaplain meetings in 2022 to present on Advanced Directives and other ways to partner with the faith-based leaders Hire a second CHW at UM CRMC in summer 2021 and work towards fully integrating the CHW as part of our transition team to help our high-risk population	
Address transportation and other SDoH barriers through new and innovative approaches. 1. Seek other resources/programs to bring care to our homebound population. Especially focusing on the MD and NP level providers. Investigate telemedicine options for pilot programs in the community. 2. NRC Health post discharge calls to identify concerns after discharge from the hospital and address concerns as well as link to resources. 3. Expand on the Lyft Health partnership to have ability for on demand cost efficient transportation for appointments and securing food and medications 4. Abbott nutrition project to help with high risk and underserved populations to get adequate nutrition and avoid unnecessary hospitalizations. 5. Explore the food as medicine (Produce Rx) program	Number of partners involved Number of new collaborations established Number of new programs developed Number of people served Risk adjusted all payer readmission rates from RRIP	UM CRMC CCDoH Lyft Health VanGo United Way NRC Health MIH CC Emergency Services DSS AAA Transport Services Tri-County Council	The MIH team will continue to offer telemedicine services throughout FY 22-24 Grow the use of Supportive Care for patients with chronic disease to be seen at home by an NP from Hospice of the Chesapeake Implemented NRC calls in Jan. 5, 2021 and looking to grow this program in the capture rate of patients by continuation on marketing efforts Lyft will be continued as part of the HSCRC Diabetes Grant and Population Health budget starting in July 2021 Abbott Nutrition project kickoff meeting and Food as Medicine presentation on 4/28/21	

Fiscal Years 2022-2024, Chronic Disease Prevention & Management, LHIC Action Plan

Strategy for *Adult Obesity*	Create a community of wellness through community engagement and evidence-based programming for adults			
Long Term or Outcome Objective:	Increase the percentage of Charles County adults who are at a healthy weight from 28.2% to 29.6% (5% increase). Source: Maryland Behavioral Risk Factor Surveillance System			
Activity/Key Action Steps	**Measures**	**Key Partners**	**Timeline**	**Comments**
Support movement in Charles County through organized physical activity	Number of social media posts # of views Number of organized walks held Number of participants	Charles County Department of Health (CCDOH), Office on Aging, Charles County Parks and Recreation	FY22-FY24	
Offer Stanford University's Chronic Disease Self-Management (CDSMP), Diabetes Self-Management (DSMP), and Hypertension classes.	Number of evidence-based programs offered Number of participants enrolled and completing CDSMP programs Number of participants enrolled and completing hypertension classes Number of Participants enrolled in DSMP programs	CCDOH, University of Maryland Charles Regional Medical Center (UMCRMC), Office on Aging	FY22-FY24	
Offer the CDC's Diabetes Prevention Program (DPP) in the county	Number of Participants enrolled in DPP programs Number of participants losing 5-7% of their initial body weight	CCDOH and UMCRMC	FY22-FY24	
Conduct a community health webinar series	Number of webinars offered Number of participants	UM CRMC	monthly	Reach out to CRMC if interested in presenting
Participate in outreach events	Number of outreach events attended Number of educational materials disseminated	CCDOH, UM CRMC, YRCP	FY22-FY24 Charles County Fair held in September every year and Community Resource Day is held in October every year.	

Strategy: *Childhood Obesity*	Create a community of wellness through community engagement for children and their families			
Long Term or Outcome Objective:	Maintain the percentage of Charles County high school students who are obese at 14.6% (combat yearly increases). Source: Maryland Youth Risk Behavior Survey			
Activity/Key Action Steps	**Measure**	**Key Partners**	**Timeline**	**Comments**
Educate children and their families on the importance of physical activity and good nutrition	Number of social media posts Number of views	CCDOH, Charles County Parks and Recreation	FY22-FY24	
Screen children for obesity and sugar-sweetened beverage consumption	Number of children screened Number of patients, at no risk (< 1 SSB / month) screened for SSB consumption Number of patients, at low risk (1 – 4 SSB / month) screened for SSB consumption Number of patients, at moderate risk (2 – 6 SSB / week) screened for SSB consumption Number of patients, at high risk: 1+ SSB / day), screened for SSB consumption Number of patients and their families education on obesity (weight loss, decreasing sugar-sweetened beverages, movement)	CCDOH, Health Partners	FY22-FY23	

Strategy: *Diabetes*	Increase capacity of Charles County diabetes and prediabetes self-management programs.			
Long Term or Outcome Objective:	Reduce the Charles County diabetes emergency department visit rate from 245 per 100,000 to the Maryland rate of 232.75 per 100,000 (5% reduction). Source: Maryland HSCRC data from SHIP website			
Activity/Key Action Steps	**Measure**	**Key Partners**	**Timeline**	**Comments**
Link health care-based efforts with community prevention activities.	Number of physician referrals to DSMP and DSMES classes	UMCRMC, CCDOH, Health Partners	FY22-FY24	
Promotion of the University of Maryland Charles Regional Medical Center's efforts to provide diabetes education.	Number of new patients receiving diabetes education Number of DSMT workshops held for under or uninsured patients Number of diabetes support group meetings held Number of participants for all	UMCRMC and CCDOH	FY22-FY24	
Patients will be referred through CRISP and providers will receive feedback	Number of referrals received through CRISP	UNCRMC and CCDOH	FY22-FY24	
Provide diabetes starter kits (glucometer, 30-day supply of testing supplies, and educational material)	Number of kits distributed	UMCRMC	Begin 1/1/22	
Participate in outreach events	Number of outreach events attended	CCDOH, UM CRMC, YRCP	FY22-FY24	

Strategy: *Major Cardiovascular Disease*	Increase evidence-based chronic disease self-management by hospitals and primary care providers			
Long Term or Outcome Objective:	Reduce the Charles County hypertension emergency department visit rate from 469.9 per 100,000 to 446.4 per 100,000 (5% reduction) Source: Maryland HSCRC data from SHIP website			
Activity/Key Action Steps	**Measure**	**Key Partners**	**Timeline**	**Comments**
Increase the capacity of primary care providers to implement screening, prevention and treatment measures for chronic conditions in adults through QI methods	Number of participating physician practices Percent of patients with their hypertension under control Percent of patients with their diabetes under control	CCDOH, Health Partners, UMCRMG	FY22-FY24	
Participate in outreach events	Number of outreach events attended Number of educational materials disseminated	CCDOH, UM CRMC, YRCP	FY22-FY24	

Strategy: *Infectious Disease*	Increase outreach to minority and vulnerable populations on the importance of receiving a flu vaccination.			
Long Term or Outcome Objective:	Increase the percentage of Charles County residents who receive a flu vaccination from 45.6% to the Maryland percentage of 49.6%. Source: County Health Rankings			
Activity/Key Action Steps	**Measure**	**Key Partners**	**Timeline**	**Comments**
Attend outreach events to promote importance of flu vaccine.	Number of events Number of educational materials Number of flu clinics held Number of Charles County residents vaccinated	Chronic Disease Prevention and Management Team Members	FY22-FY24	
Organize pop-up flu vaccination clinics in the community.	Number of pop-up vaccination clinics Number of individuals vaccinated	UM CRMC	FY22-FY24	

Fiscal Years 2022-2024
Behavioral Health Team, LHIC Action Plan

Strategy: Community Education and Outreach:	Engage and educate all segments of the community on behavioral health to promote resources, to reduce stigma, and to increase awareness.			
Long Term or Outcome Objective:	Reduce the Charles County mental health emergency department visit rate from 2817.6 per 100,000 to 2676.7 per 100,000 (5% reduction).			
Activity/Key Action Steps	**Measures**	**Key Partners**	**Timeline**	**Comments**
Expand the Mental Health First Aid training in the Charles County Public Schools and in the general community.	Number of Mental Health First Aid Trainings Conducted Number of people educated on Mental Health First Aid Number of agencies represented at trainings	Charles County Public Schools Local Behavioral Health Authority Charles County Department of Health	July 1, 2021-June 30, 2024	
Promote and create behavioral health campaigns in Charles County to increase knowledge and reduce stigma.	Number of media campaigns initiated Number of community events where the campaigns were promoted Number of county residents who were educated on the campaigns Number of UMMS Community Conversations Number of UMMS Webinars on Mental Health and Behavioral Health promoted to the community	Charles County Department of Health University of Maryland Charles Regional Medical Center All Behavioral Health Team members	July 1, 2021-June 30, 2024	
Expand Crisis Intervention Training	Number of partners recruited Number of people trained Number of crisis intervention teams established	Charles County Department of Health Local Behavioral Health Authority Charles County Sheriff's Office La Plata Police Department Southern Maryland Criminal Justice Academy	July 1, 2021-June 30, 2024	

Strategy:	Increase county capacity to provide services and treatment for opioid use and overdose.			
Long Term or Outcome Objective:	Reduce the Charles County drug-induced death rate from 27 per 100,000 to 25 per 100,000.			
Activity/Key Action Steps	**Measure**	**Key Partners**	**Timeline**	**Comments**
Train county agencies and community members on Naloxone distribution and educate on replacing Narcan kits after expiration.	Number of trainings held Number of individuals trained Number of agencies trained on Naloxone administration Number of law enforcement officers trained Number of Naloxone kits distributed Number of Naloxone kids replaced	Charles County Department of Health Local Behavioral Health Authority University of Maryland Charles Regional Medical Center Charles County Department of Emergency Services Charles County Sheriff's Office La Plata Police Department	July 1, 2021-June 30, 2024	
Educate the community on the risks and dangers of using opioids and heroin.	Number of media campaigns developed and initiated Number of adults educated on opioid risks Number of presentations given Number of youth educated on the dangers of opioid use Number of community events held on opioids	Charles County Department of Health Local Behavioral Health Authority University of Maryland Charles Regional Medical Center Maryland Coalition for Families Charles County Public Schools	July 1, 2021-June 30, 2024	
Promote and expand the Charles County Sheriff's Office Prescription Take Back Program.	Number of flyers created Number of Take Back days conducted Number of flyers distributed in the community Number of new boxes installed at CCSO locations Number of pounds of medication disposed each year	Charles County Department of Health Local Behavioral Health Authority University of Maryland Charles Regional Medical Center Charles County Sheriff's Office	July 1, 2021-June 30, 2024	
Expand the use of Peer Recovery Specialists within the county. Pilot program to dispatch peer recovery specialist to the scene of an overdose and to begin using ODMAP as a way to respond to opioid overdoses in real time. Also expand the peer recovery specialist program to conduct outreach to mothers with substance use disorders during pregnancy.	Number of peer recovery specialists currently working in Charles County Number of new peer recovery specialists recruited to Charles County Number of people assisted by peer recovery specialists Number of overdoses where peer recovery specialists responded Number of mothers educated or assisted by peer recovery specialists. Number of overdoses identified through ODMAP	Charles County Department of Health University of Maryland Charles Regional Medical Center	July 1, 2021-June 30, 2024	

Promote the Charles County Sheriff's Office HOPE trailer to teach parents about the potential for drug and opioid use among children and adolescents.	Number of parents educated using the HOPE trailer Number of events where the HOPE trailer is in attendance	Charles County Department of Health Charles County Sheriff's Office	July 1, 2021-June 30, 2024	
Develop formalized data sharing processes between county agencies to improve responses to opioid overdoses by signing memorandum of understandings, creating a communication plan, and developing a tracking process to track and follow up on individuals who refuse EMS transport after overdose.	Number of MOU's signed Number of communication plans developed Number of tracking processes developed	Charles County Department of Health University of Maryland Charles Regional Medical Center Charles County Sheriff's Office Charles County Department of Emergency Services Charles County Opioid Intervention Team		