



Anne Arundel County Board of Health Presentation

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Health Officer

Anne Arundel County Department of Health

May 2, 2022

Anne Arundel County Council

Annapolis, Maryland



Mission and Vision

Vision

A vibrant Anne Arundel County with healthy people in healthy communities.

Mission

To preserve, promote and protect the health of all people who live, work and play in Anne Arundel County.



Anne Arundel County
Department of Health

Key Staff

- Niles Kalyanaraman: Health Officer
- Tonii Gedin: Deputy Health Officer for Public Health
- Shawn Cain: Deputy Health Officer for Operations
- Mary Lynn Bobbitt: Acting Director, Finance
- Megan Pringle: Director of Communications
- Sandy O'Neill: Director, Behavioral Health Services
- Jennifer Schneider: Director, Disease Prevention & Management
- Don Curtian: Director, Environmental Health
- Thomas McCarty: Director, Family Health Services
- Krystle Coldiron: Director, Office of Assessment & Planning
- Karen Siska-Creel: Director, School Health Services

Partner Agencies

- Adrienne Mickler: Executive Director, Mental Health Agency



- Pam Brown: Executive Director, Anne Arundel County Partnership for Children, Youth & Families



Department of Health Overview

Founded October 1930

Operating Budget: \$80,378,900

Employees: 893

DOH Offices:

Department of Health Headquarters/Annapolis Health Services Building |
Behavioral Health Building-North | Behavioral Health Services-South |
Brooklyn Park Health Center | Glen Burnie Health Center | Glen Burnie -
Baymeadow COVID Ops | Health Annex | Lula Scott | Magothy Health Center |
North County Health Services Center | Parole Health Center



Anne Arundel County
Department of Health

The background of the slide is a composite image. On the left, there are two glass vials with white caps, one in front of the other, containing a clear liquid. On the right, there is a large, detailed 3D model of a coronavirus particle, showing its characteristic spherical shape with a textured surface and numerous red, spike-like projections (spikes) extending from it. The text 'COVID-19' and 'Coronavirus' is overlaid in the center, with 'COVID-19' on the top line and 'Coronavirus' on the bottom line.

COVID-19

Coronavirus

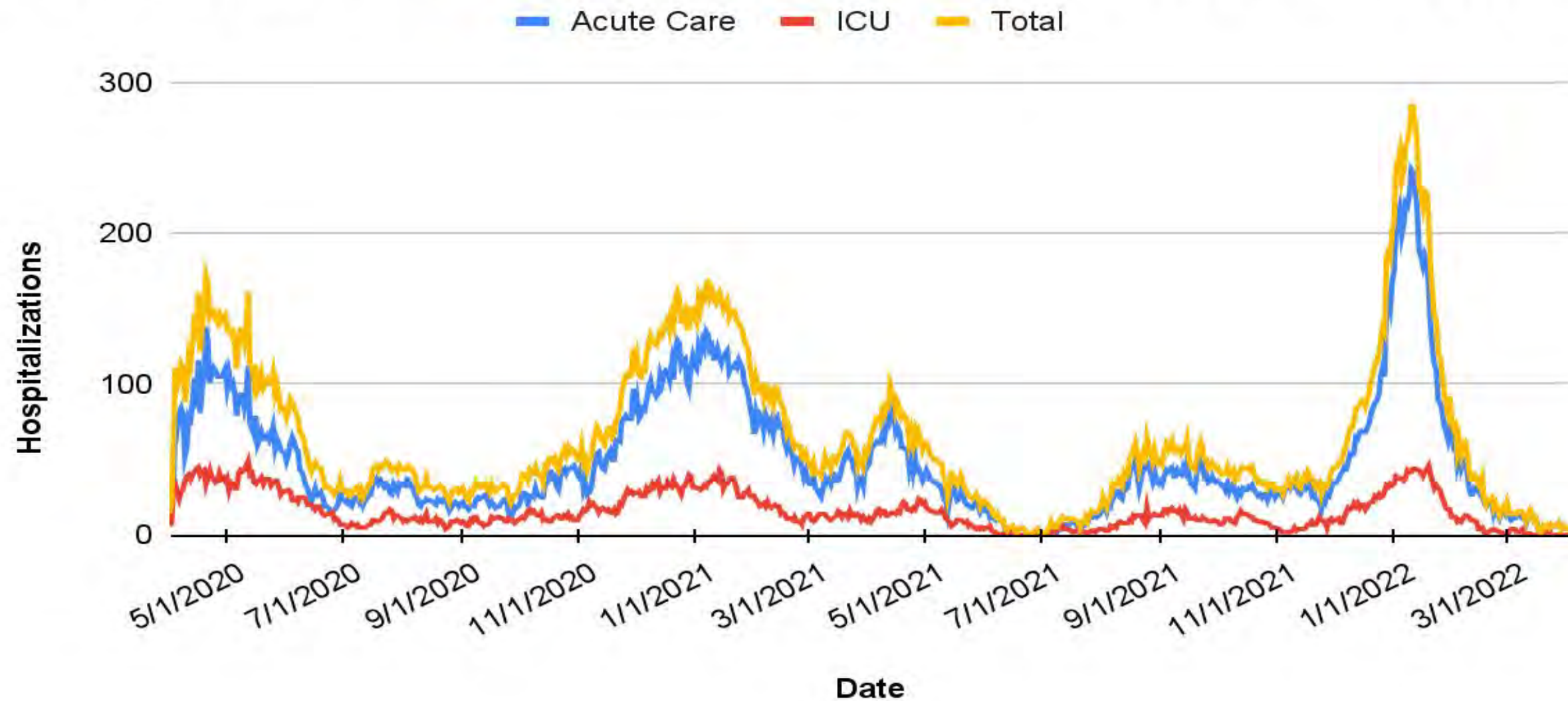
COVID-19 Overview

- As of April 27, 2022 there were **90,757 cases** and **1,055 deaths** in Anne Arundel County
- First discovered in December 2019
- First case in U.S. on January 20, 2020
- First case in Maryland on March 6, 2020



COVID-19 Hospitalizations

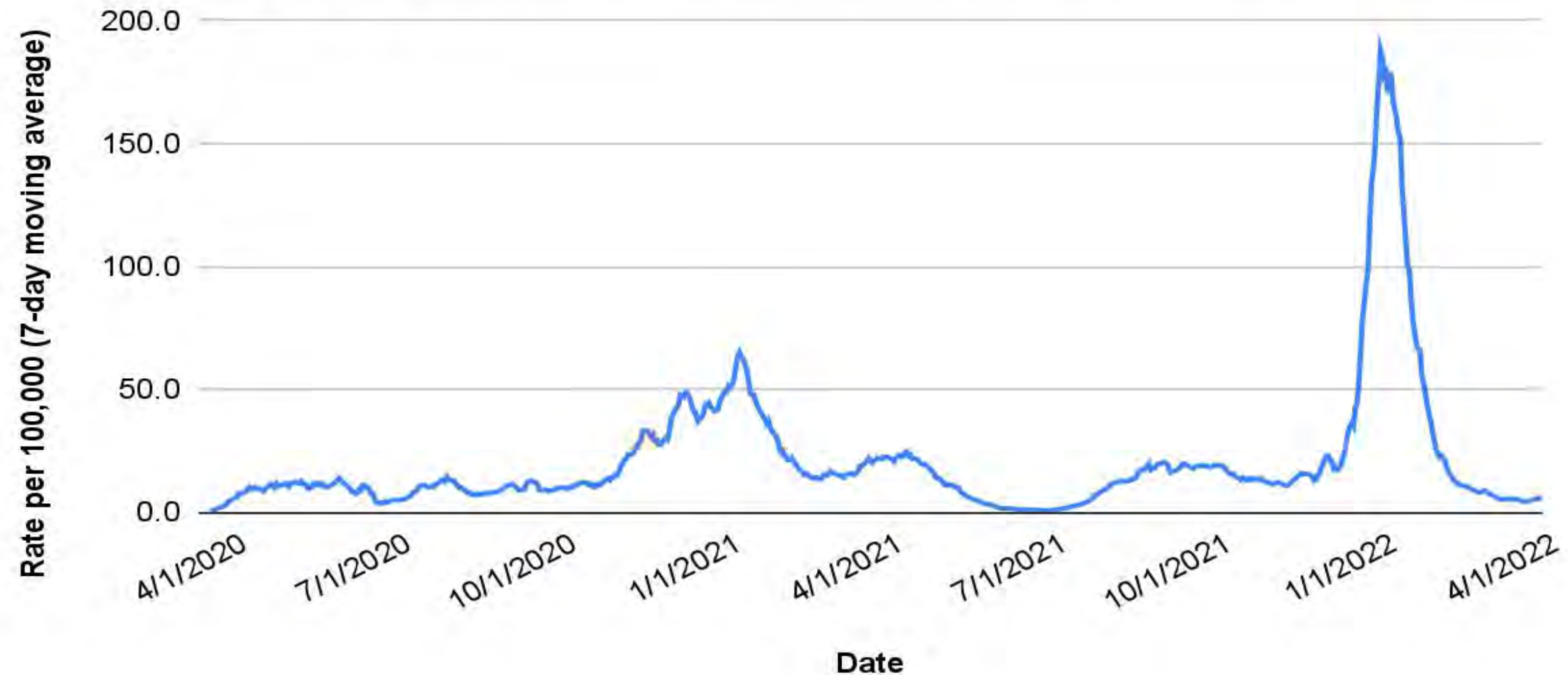
COVID-19 Hospitalizations, Anne Arundel County, April 2020 - April 2022



Source: Chesapeake Regional Information System for our Patients (CRISP) as of 4/4/2022.

COVID-19: Cases per 100,000

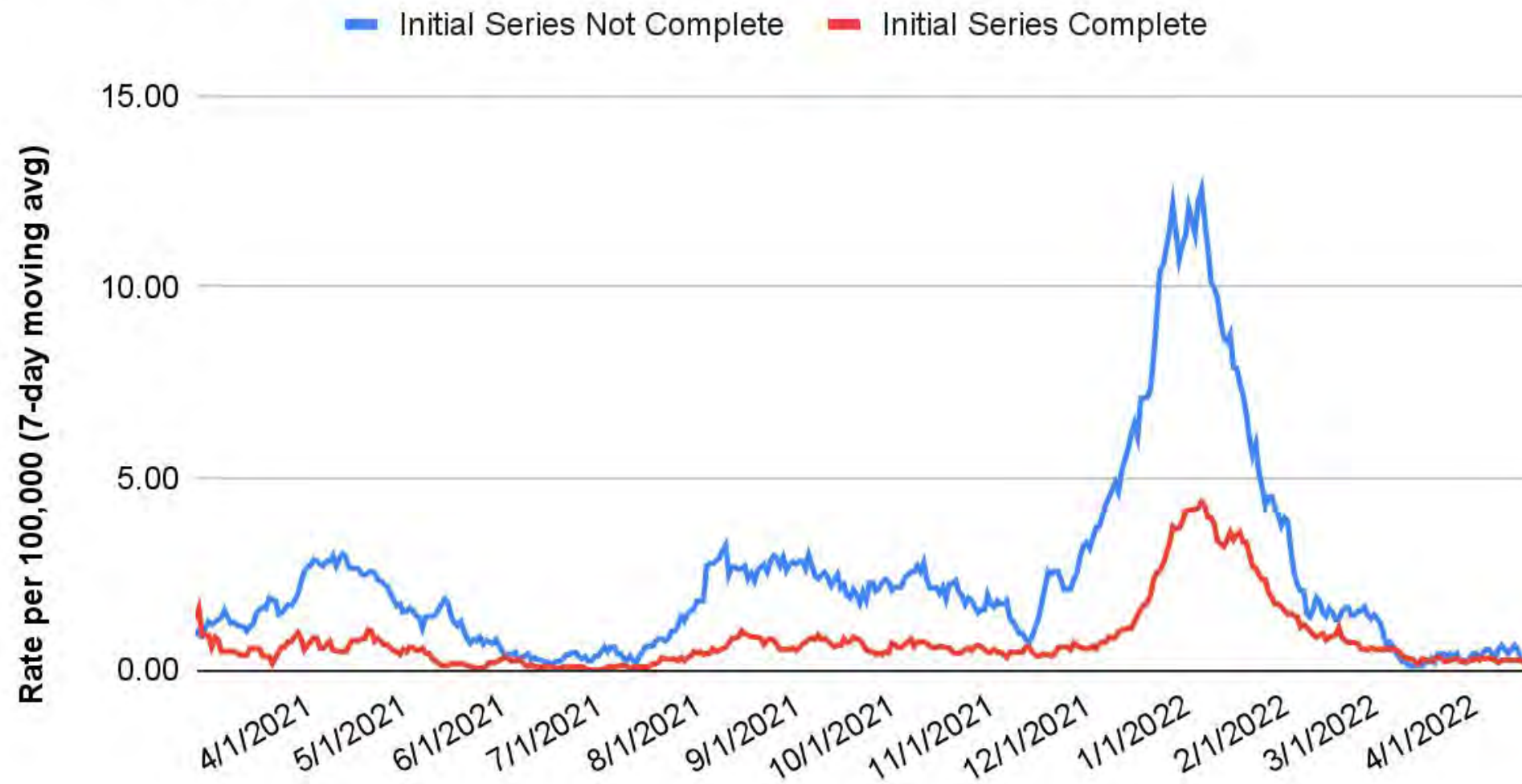
**New COVID-19 Cases per 100,000 Population, Anne Arundel County,
March 2020 - April 2022**



Source: Maryland Department of Health COVID-19 daily dashboard as of 4/4/2022.

Hospitalization and Vaccination Characteristics

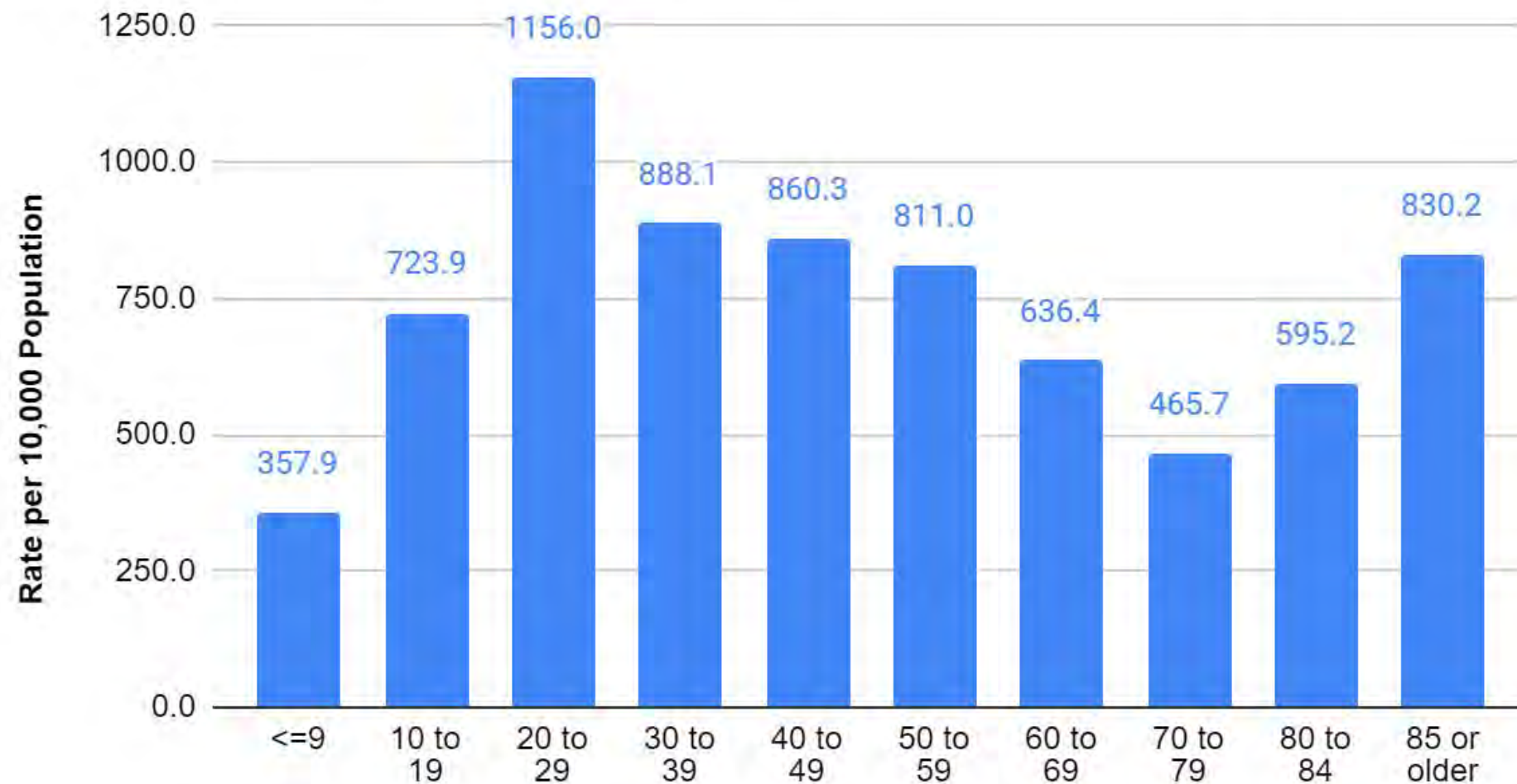
Vaccination Status and Hospital Admission Rate per 100,000 Population, Anne Arundel County, March 2021 - April 2022



Source: Maryland Department of Health COVID-19 Hospitalizations line list as of 4/25/2022.

COVID-19 Cases by Age Group*

Rate of COVID-19 Cases by Age Group, Anne Arundel County, as of 11/25/2021

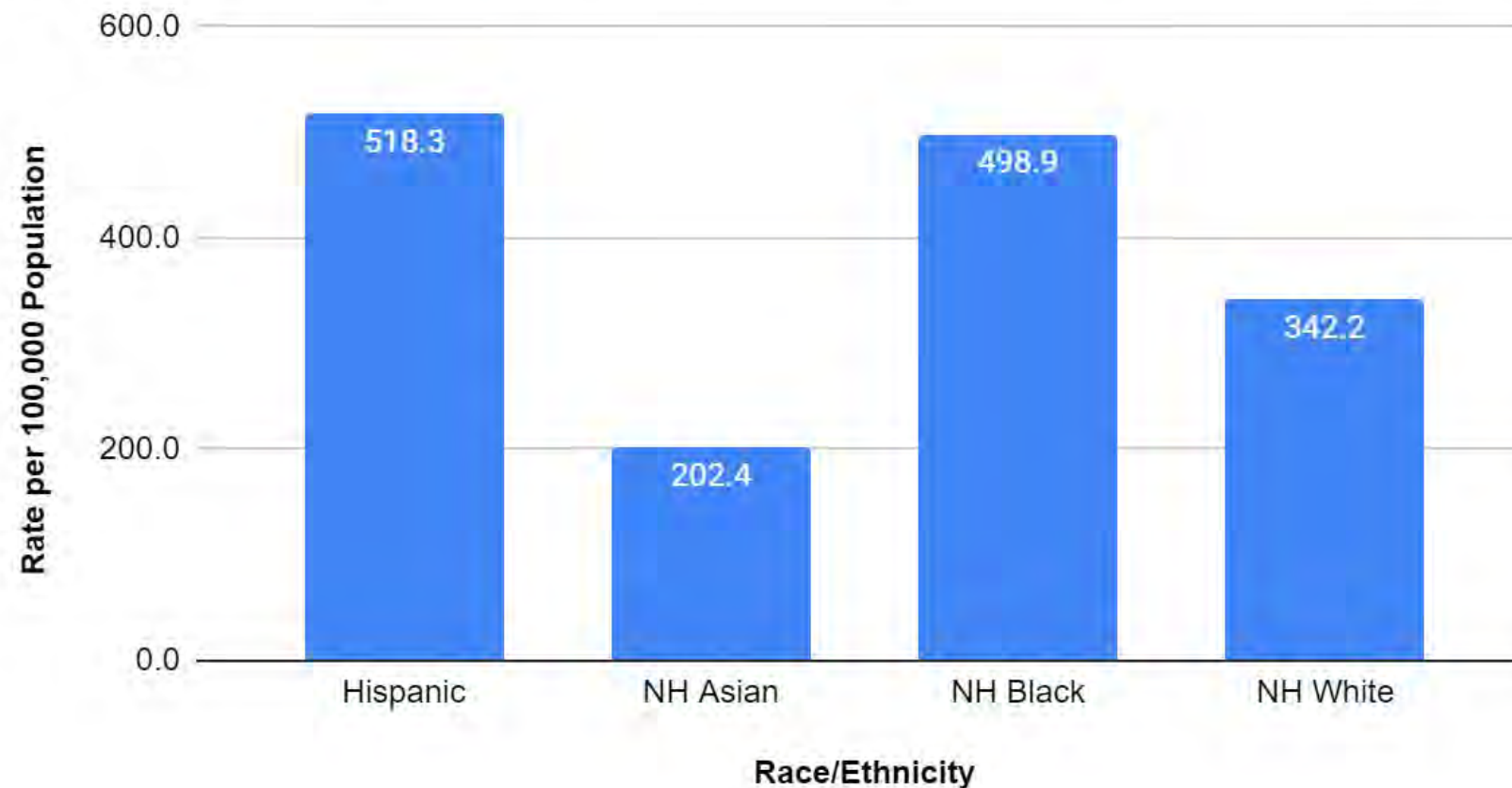


*Data is not current due to the Maryland Department of Health's network security incident.
Source: Maryland National Electronic Disease Surveillance System (NEDSS) as of 11/25/2021. Population data: National Center for Health Statistics, 2020 Population Estimates.

COVID-19 Cases by Race and Ethnicity*

Hispanic and non-Hispanic Black residents are disproportionately affected by COVID-19 compared to non-Hispanic White residents.

Rate of COVID-19 Cases by Race/Ethnicity, Anne Arundel County, as of 11/25/2021



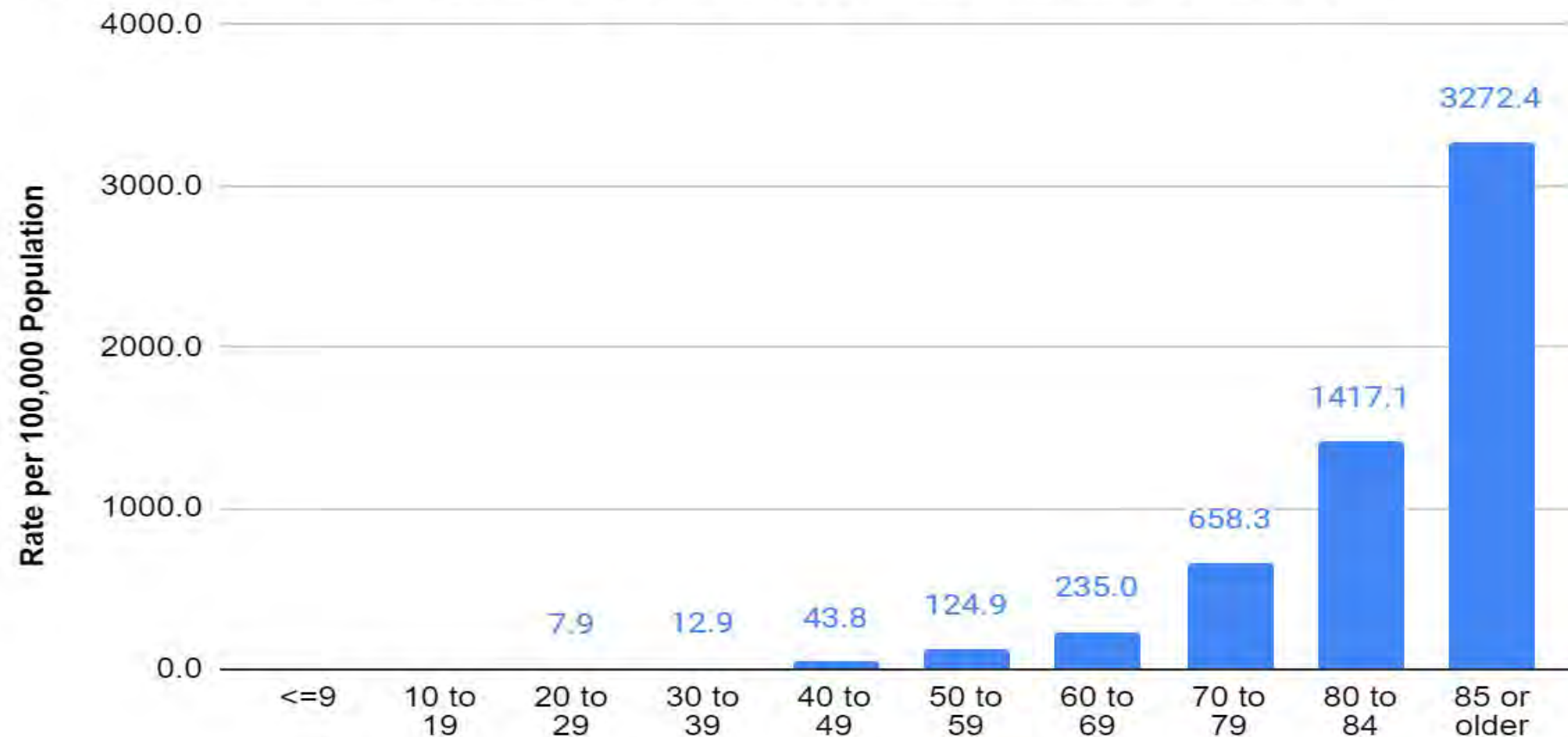
*Data is not current due to the Maryland Department of Health's network security incident.

NH: Non-Hispanic.

Source: Maryland National Electronic Disease Surveillance System (NEDSS) as of 11/25/2021. Population data: National Center for Health Statistics, 2020 Population Estimates.

COVID-19 Deaths by Age Group

Rate of COVID-19 Deaths by Age Group, Anne Arundel County



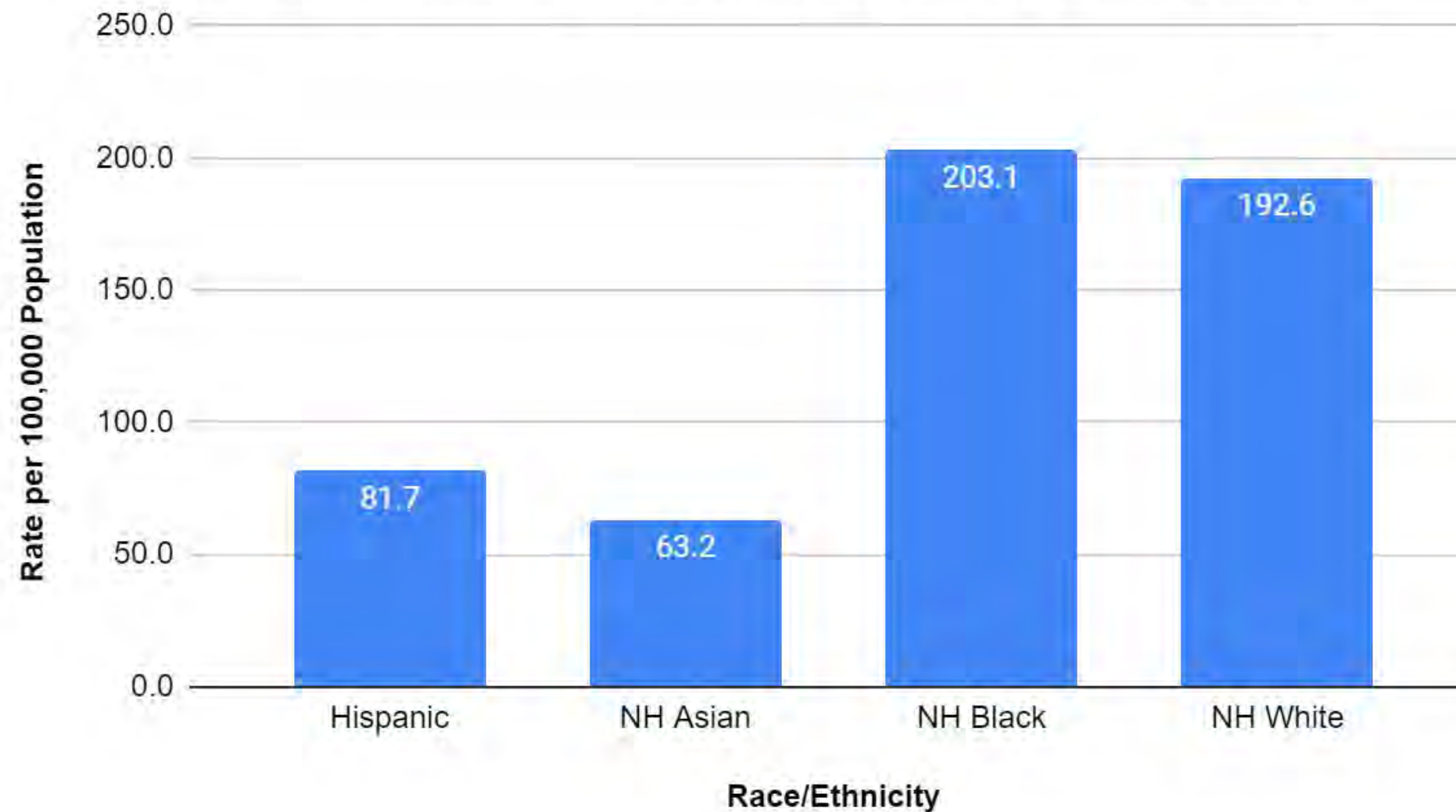
Rates for ages <=9 and 10 to 19 are suppressed due to low numbers.

Source: Maryland Vital Statistics Administration COVID-19 Deaths Files as of 4/4/2022.

Population data: National Center for Health Statistics, 2020 Population Estimates

COVID-19 Deaths by Race and Ethnicity

Rate of COVID-19 Deaths by Race/Ethnicity, Anne Arundel County



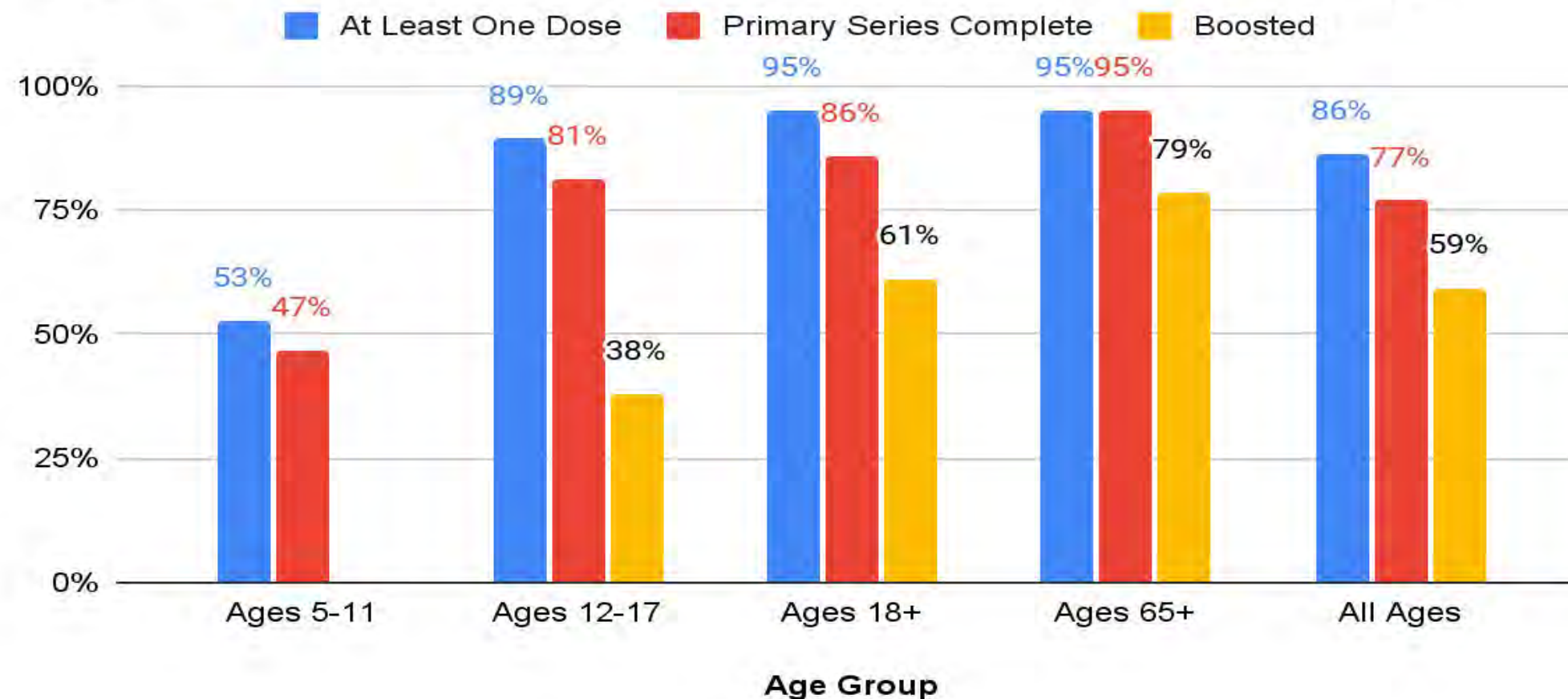
NH: Non-Hispanic

Source: Maryland Vital Statistics Administration COVID-19 Deaths Files as of 4/4/2022.

COVID-19 Vaccinations by Age Group

77% of Anne Arundel County residents aged 5 and older completed their primary series and 59% of eligible residents have received a booster.

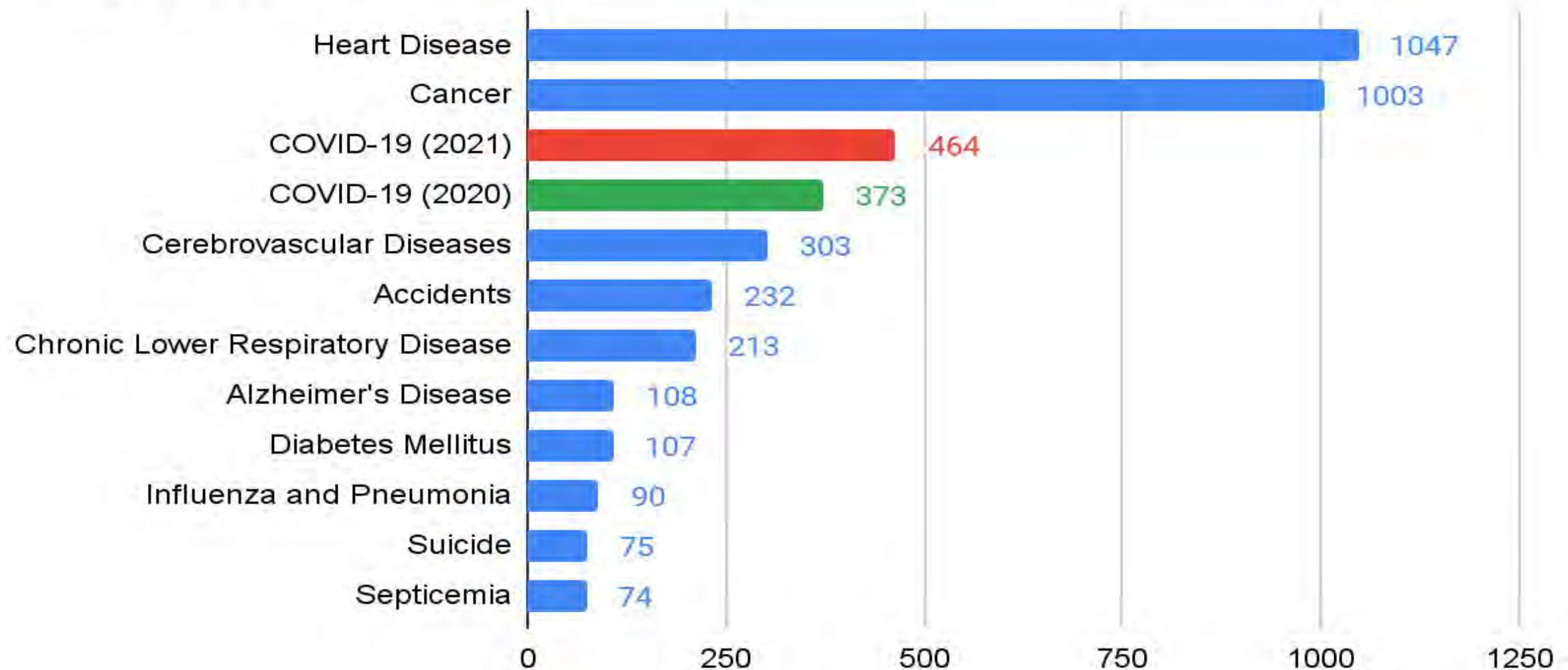
COVID-19 Vaccination Status by Age Group, Anne Arundel County



Source: Maryland Department of Health Daily Vax Report as of 4/5/2022.

Leading Cause of Death in Anne Arundel County

COVID-19 Deaths Compared Leading Causes of Death (2019), Anne Arundel County



Source: Maryland Vital Statistics Administration Yearly Death Files, 2019; COVID-19 Deaths Files as of 4/4/2022.

COVID-19: Current Response Activities

- Testing
- Vaccinations
- Contact Tracing
- Call Center/Email Bank
- Education
- Community/Business/Agency Guidance
- Mental Health Resources
- Vulnerable Populations Support
- Rapid Test Kit Distribution
- KN95 Mask Distribution



COVID-19: Continued Mitigation Tools

- Disease Surveillance
- **Vaccinations**
- **Testing**
- **Masks**
- Health Care PPE Distribution
- Health Equity Interventions
- Communication Methods
- **Treatment**
- Data Reporting

COVID-19 Operations: Vaccinations

Main Sites

- Anne Arundel Community College
- Glen Burnie and Parole Health Centers
- Lula Scott Community Center
- Pip Moyer Recreation Center



County Partners

- Anne Arundel County Public Schools
- Anne Arundel County Fire Department
- Department of Aging and Disabilities
- Anne Arundel County Public Libraries
- Department of Recreation and Parks
- Annapolis City Fire Department
- Behavioral Health

COVID-19 Operations: Vaccinations

Community Outreach

- 23 High Risk Settings
- 26 Religious Establishments
- 4 Food Pantries
- 6 Different Festivals and Special Events
- Afghan Refugees

Business Partnerships

- 3 large business partners (Northrop Grumman, Live Casino, US Postal Service)
- 10 Small Business Incentives

Health Care Partnerships

- Bay Community Health
- Matrix Medical Network (Amazon)
- 18 Private Practices
- 7 Pediatric Practices
- 4 Pharmacies



Rapid Test Kit and Mask Distribution

164,000 Rapid Test Kits Distributed

405,580 KN95 Masks Distributed

Main Public Sites

- Anne Arundel County Public Libraries
- Baymeadow Drive-through
- DOH Headquarters
- Glen Burnie Health Center
- Parole Health Center



Rapid Test Kit and Mask Distribution

Anne Arundel County/Annapolis City Partners

- Anne Arundel County Police Department
- Anne Arundel County Fire Department
- Annapolis City Police Department
- Annapolis City Fire Department
- Mayor's Office Hispanic Constituent Services
- Housing Commission of Anne Arundel County
- Housing Authority of the City of Annapolis
- Department of Social Services
- Partnership for Children, Youth and Families
- Crisis Response
- Department of Aging
- Anne Arundel County Public Schools (AACPS)

Rapid Test Kit and Mask Distribution

Community Partners

- Health Ambassadors
- Community-based events
- Vaccine clinics
- Faith-based community
- Homeless shelters
- Food pantries
- Recovery houses

Business Partnerships

- Arundel Mills Mall
- Westfield Mall
- Live Casino

Health Care Partnerships

- Federally Qualified Health Centers (FQHC)



Health Ambassador Project Goals

The program supports Anne Arundel County residents that are disproportionately impacted by COVID-19

- Expand outreach and provide vaccine information and education in underrepresented and minority communities
- Hire Community Health Ambassadors from local communities and neighborhoods
- Support community capacity building by distributing mini grants to community partners



Community Health Ambassador Accomplishments (May 2021 to July 2021)

The COVID-19 Outreach Program saw incredible success with the Health Ambassadors:

- ZIP codes where Community Health Ambassadors were present and actively performing outreach saw a 20% increase in COVID-19 vaccination rates, from 46% to 66% vaccinated.
- In contrast, non-targeted ZIP codes had a 12% increase, from 41% to 53%.
- These newly vaccinated residents were often from minority communities with low vaccination rates.
- Countywide vaccination rates increased 17% during the time period of the program. Vaccination rates for African Americans increased by 21% while vaccination rates for Hispanic/Latinos increased by 29%.

Community Health Ambassador

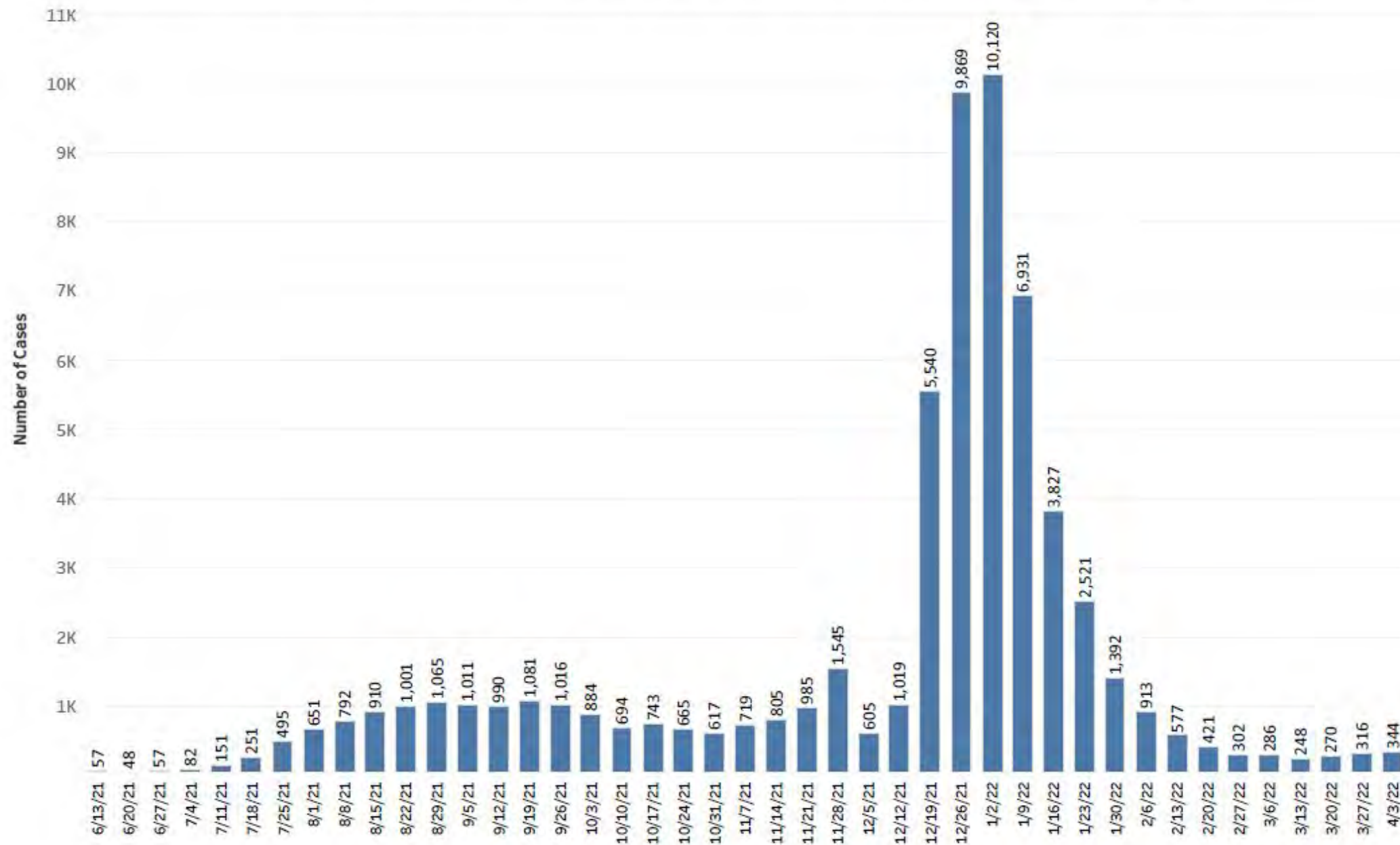
Data Snapshot May 1, 2021 - April 1, 2022



- **26,037** households visited and residents engaged in Anne Arundel County
- **1,067** residents screened who expressed interest in vaccine or booster appointments
- **19,993** PPE and face masks distributed
- **Since January 2022 - 2,146** COVID-19 home test kits were distributed to residents

COVID-19 Operations: Contact Tracing

Cases Added to covidLINK by Week, Anne Arundel County, 6/13/21 - 4/9/22



COVID-19 Operations: Phone/Email Bank

28,283 Calls

July 1, 2021 - April 1, 2022

1,884 Emails

July 1, 2021 - April 1, 2022



COVID-19 Operations: Vulnerable Population Support

Homeless Shelters

- 3,392 tests completed
- Over 200 vaccines administered
- 2,171 rapid test kits distributed

Corrections

- Provided testing support routinely and during outbreaks.
- Provided vaccines to Wellpath to vaccinate inmates and staff as well as visited bi-weekly for new inmates and staff.

Homebound - “no arm left behind”

- 747 vaccinated

Will continue to partner to vaccinate, test and provide technical support during outbreaks.

It's Worth A Shot Media Campaign

“

If you're on the fence
about getting vaccinated,
just know that it's quick,
easy, and safe.”

Aolani Gutiérrez



Visit aacounty.org/covidvax or call **410-222-7256**



Anne Arundel County Executive Steuart Pittman
Anne Arundel County Department of Health

VAX PARA LA ESCUELA

El aprendizaje en persona es fundamental para el bienestar y el éxito académico de los estudiantes. Vacunar a los estudiantes contra el COVID-19 es la mejor manera de mantenerlos sanos, en el aula, capaces de participar en deportes y actividades extracurriculares, y fuera de la cuarentena

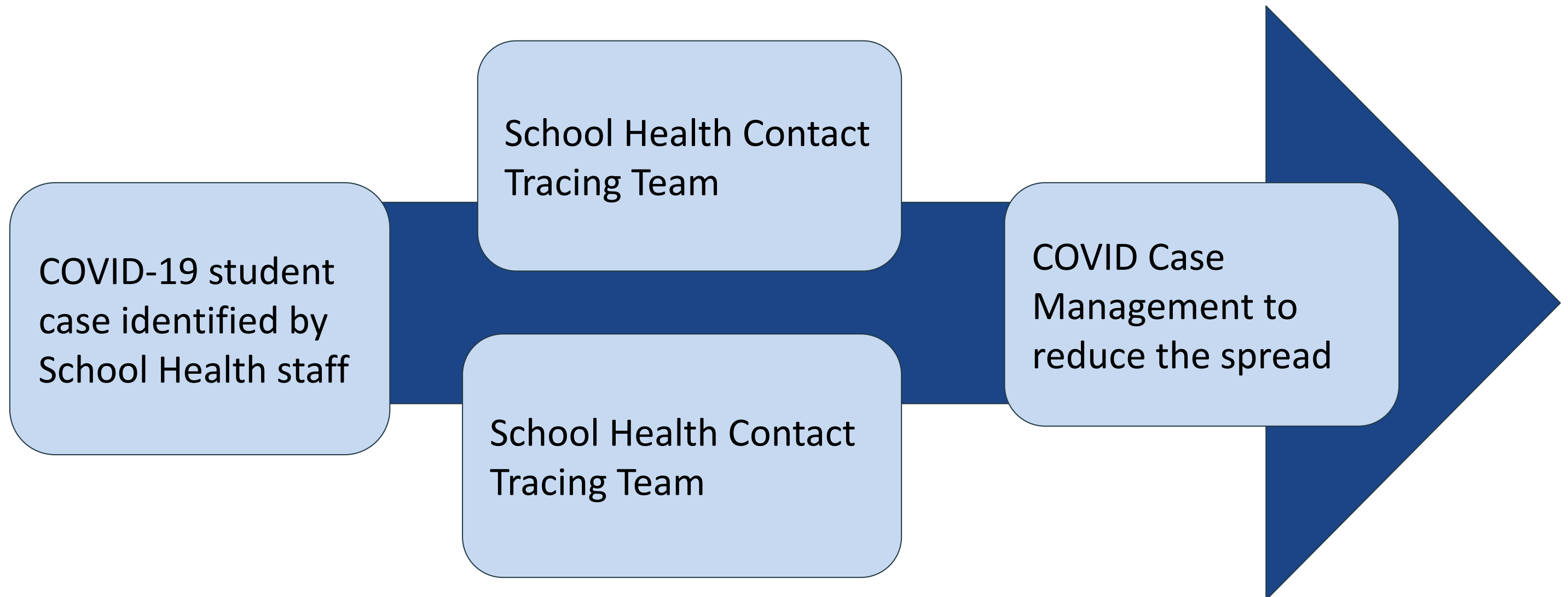
Demos a nuestros hijos el año escolar que se merecen. Programe su vacunación hoy mismo.

Para obtener una lista de las clínicas del Departamento de Salud, visite:
aacounty.org/covidvax



Ejecutivo del Condado Steuart Pittman
Departamento de Salud del Condado de Anne Arundel

Managing COVID-19 in AACPS



September 2021 - December 2021: COVID-19 in AACPS

- Case management of AACPS students with symptoms of COVID-19 and who were COVID-19 positive.
- School Health performed case investigation and tracking, contact tracing activities and COVID-19 testing to identify and isolate cases, and quarantine close contacts to reduce transmission

| Positive COVID-19 Student Cases | Students with COVID-19 Symptoms | Probable Student Cases | Total Isolation and Quarantine |
|---------------------------------|---------------------------------|------------------------|--------------------------------|
| 3,663 | 12,215 | 399 | 22,414 |

January 2022 - March 2022: COVID-19

Change in AACPS COVID-19 Protocols and MDH Guidance

- Reporting and case management of COVID-19 positive students
- No quarantine of asymptomatic close contacts in the school setting
- Shift from contact tracing to identification and management of outbreaks
- Isolation/quarantine reduced to 5 days consistent with MDH guidance

**Positive COVID-19
Student Cases**

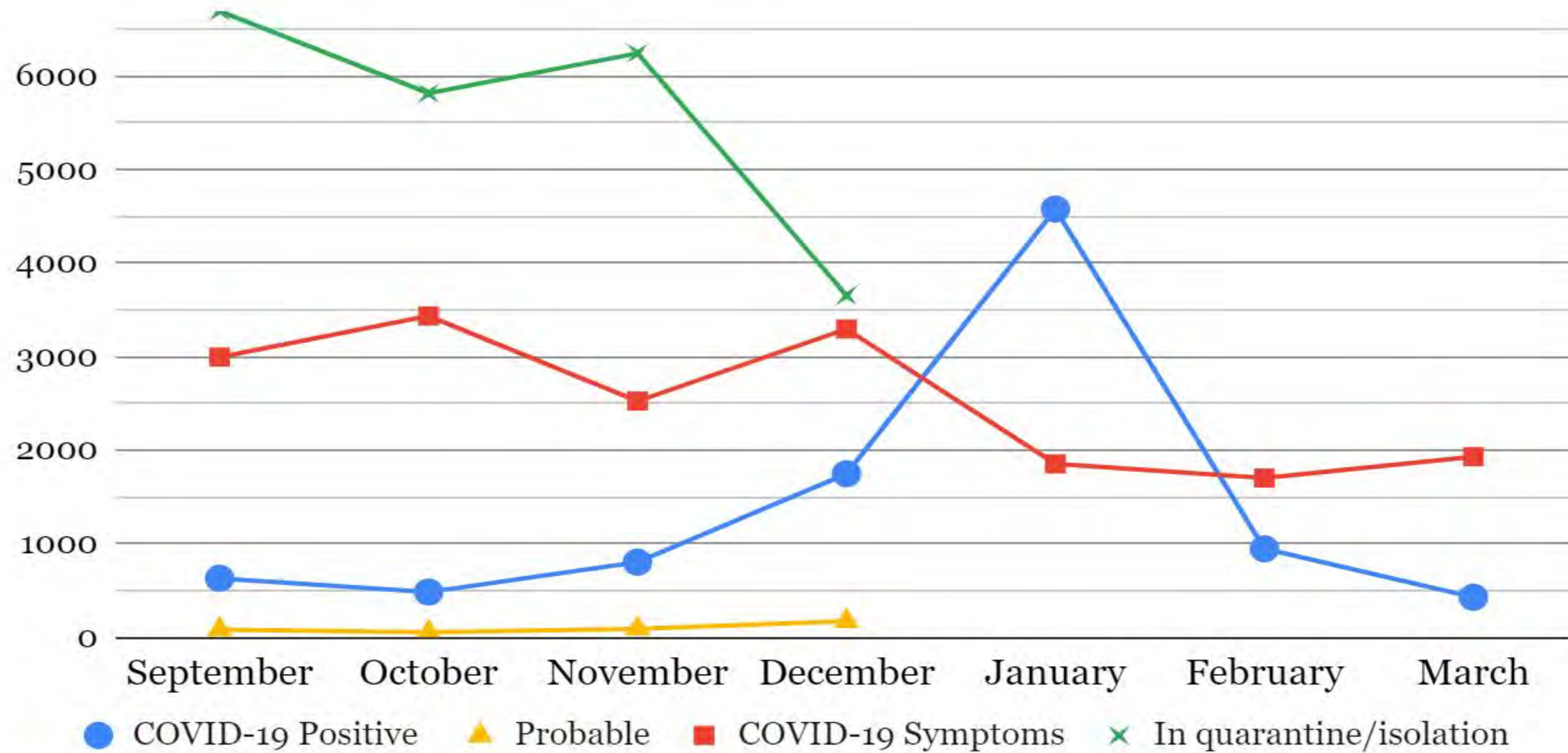
5,954

**Students With
COVID-19 Symptoms**

5,488

School Health COVID-19

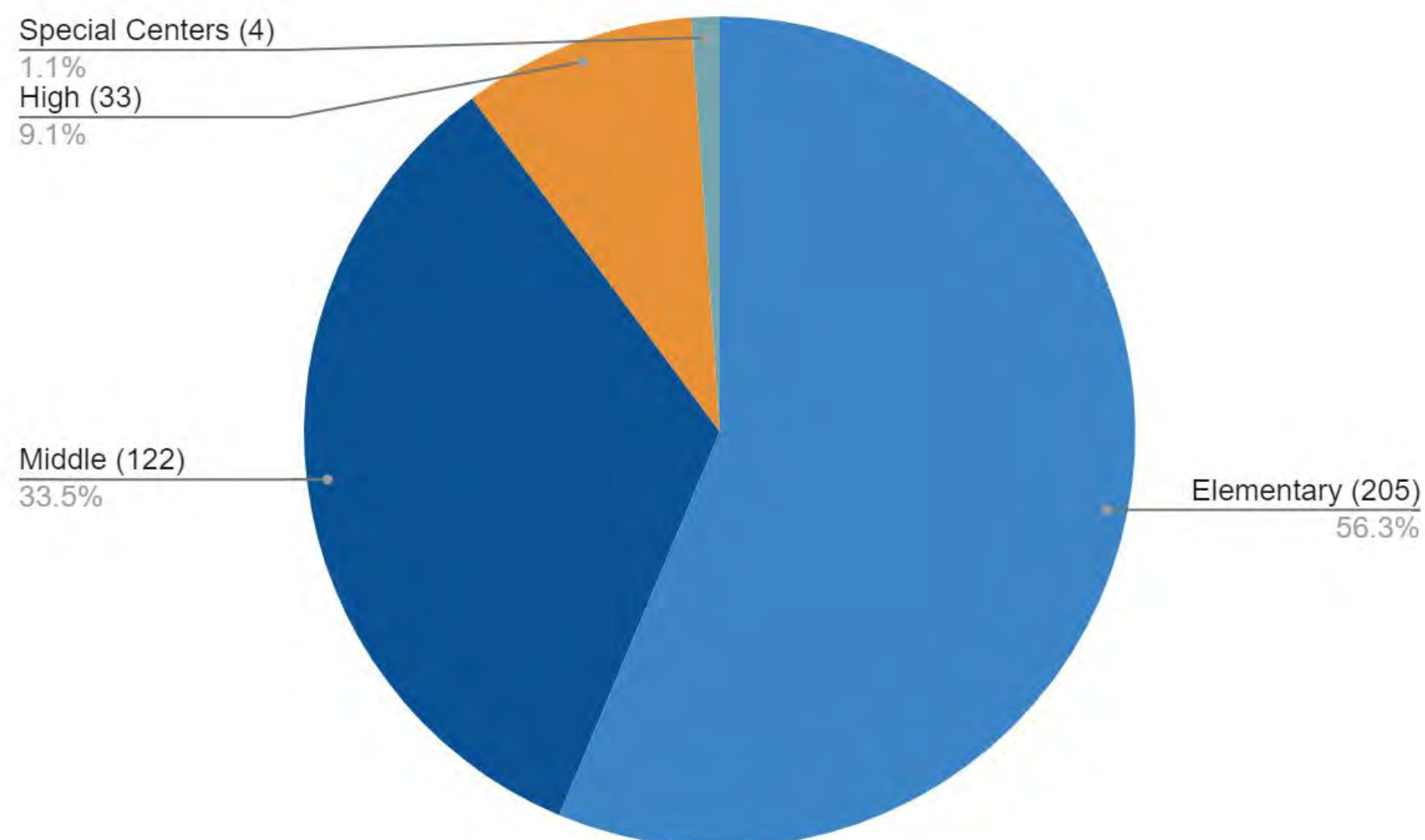
September 2021 - March 2022: Health Room Data



School Health: COVID-19 Outbreak Surveillance

Outbreak Totals September 2021- April 28, 2022:

Total Classroom/Cohort Outbreaks n = 364



**MDH
Outbreaks
Opened**

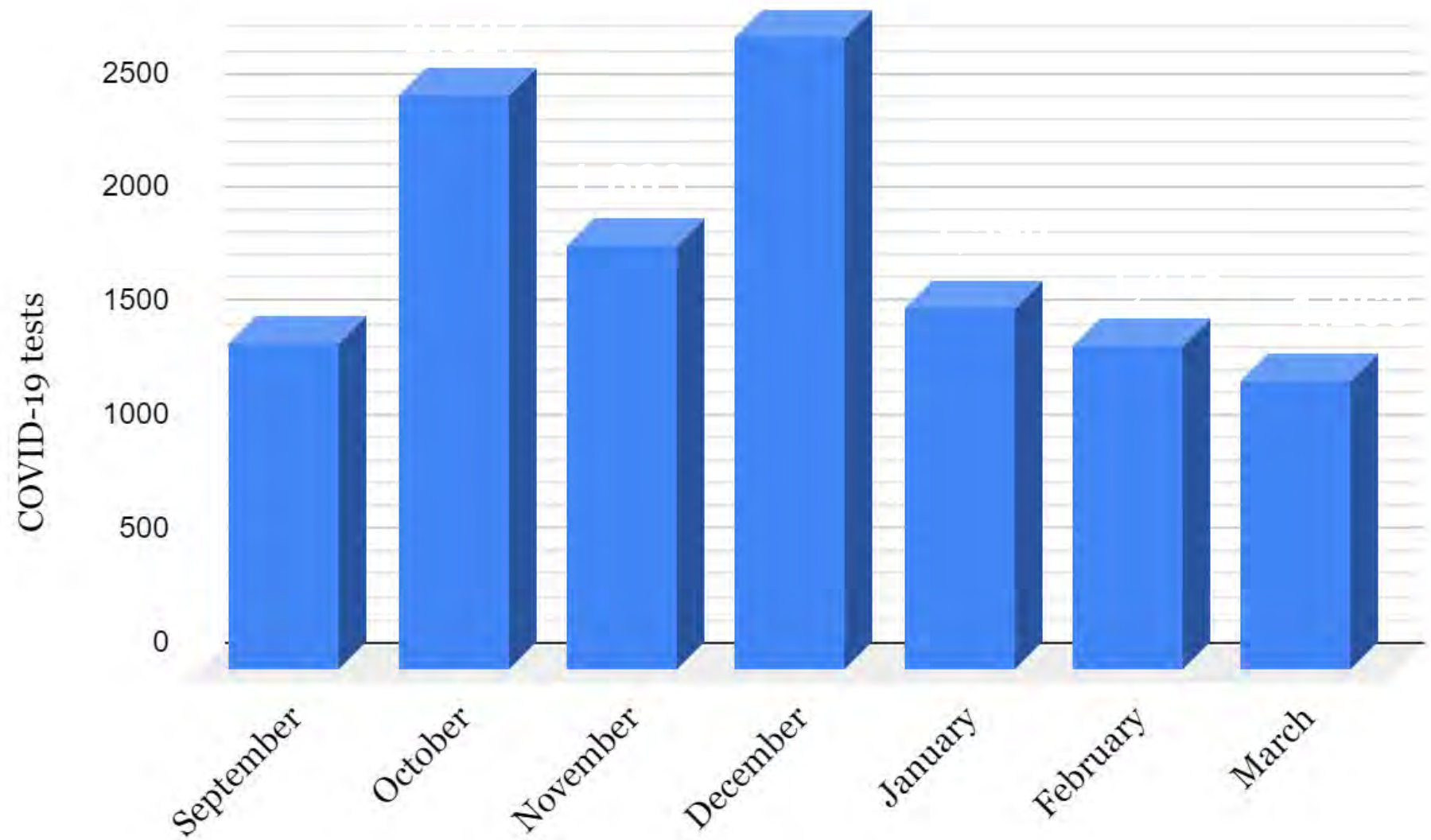
194

**School Wide
Outbreaks**

26

COVID-19 Diagnostic Testing Program

Number of COVID-19 Rapid and PCR Tests Performed



**Total
Tests
12,874**

**Rapid
12,663**

**PCR
211**

Anne Arundel County Department of Health: Programs and Services



Anne Arundel County
Department of Health

Healthy Anne Arundel Coalition (HAAC)

Countywide collaborative led by the DOH

- Community organizations
- Faith-based institutions
- Economic development
- Federally Qualified Health Centers
- Hospitals
- County government agencies

Goal:

- Identify and address community's priority health needs
- Align resources within each member organization to achieve common goals





Common Agenda

Focus Areas: Mental Health, Obesity, COVID-19, Health Care Access



Vision

All people have the knowledge, resources and equitable access to care to improve their health and well-being.

Mission

Working together to remove barriers and create optimal conditions that improve the health and well-being of all people, focusing on people impacted by health inequities.

Values

- Equity
- Cultural Relevance
- Prevention
- Quality and Length of Life
- Collaboration



**ANNE ARUNDEL
COALITION**

Results by 2030

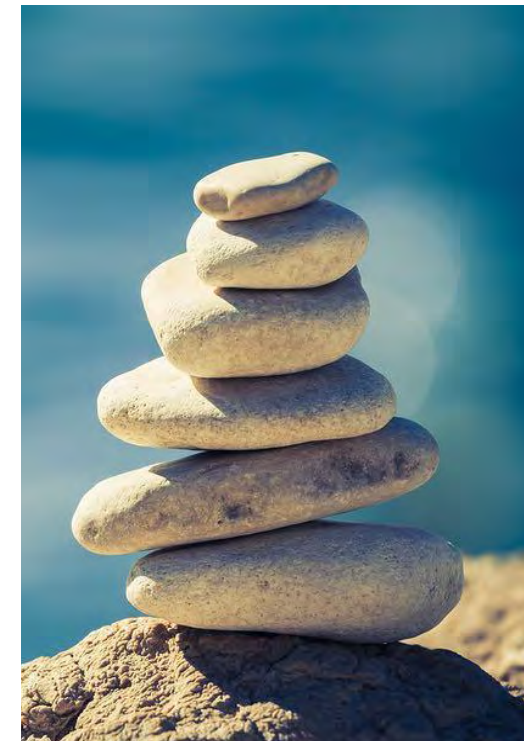
- 1. All communities are healthy and safe**
- 2. Improved physical and mental health and well-being**
- 3. Improved quality of life and life expectancy**

HAAC: Mental Wellness Workgroup

- **Action 1:** Promote the Anne Arundel County Network of Care through the development and implementation of a **communication strategy that effectively informs the community** of the network.
- **Action 2:** Create a more robust Network of Care by **engaging providers**.
- **Action 3: Recruit community members** (community leaders, business owners, etc.) to join the coalition and actively engage in the workgroup.

Highlights:

- 51 active workgroup members
- Two bi-monthly meetings in 2022
- Current initiative: Coordinating the Network of Care relaunch



HAAC: Healthy Eating Active Living Workgroup

Focus Areas

- Increasing community access to healthy and nutritious foods across the county.
- Increasing community options to participate in exercise and physical activity.
- Educate the community on healthy eating and active living habits, as well as risk factors for diabetes.
- Create partnerships with various healthy eating and active living partners in the community.



Highlights:

- 40 active workgroup members
- Two bi-monthly meetings in 2022

Communications and Outreach



www.healthyannearundel.org

- Inaugural quarterly newsletter printed and distributed to **30 libraries and community centers** throughout the county.
- Newly branded and customized website visited February 28 launch.

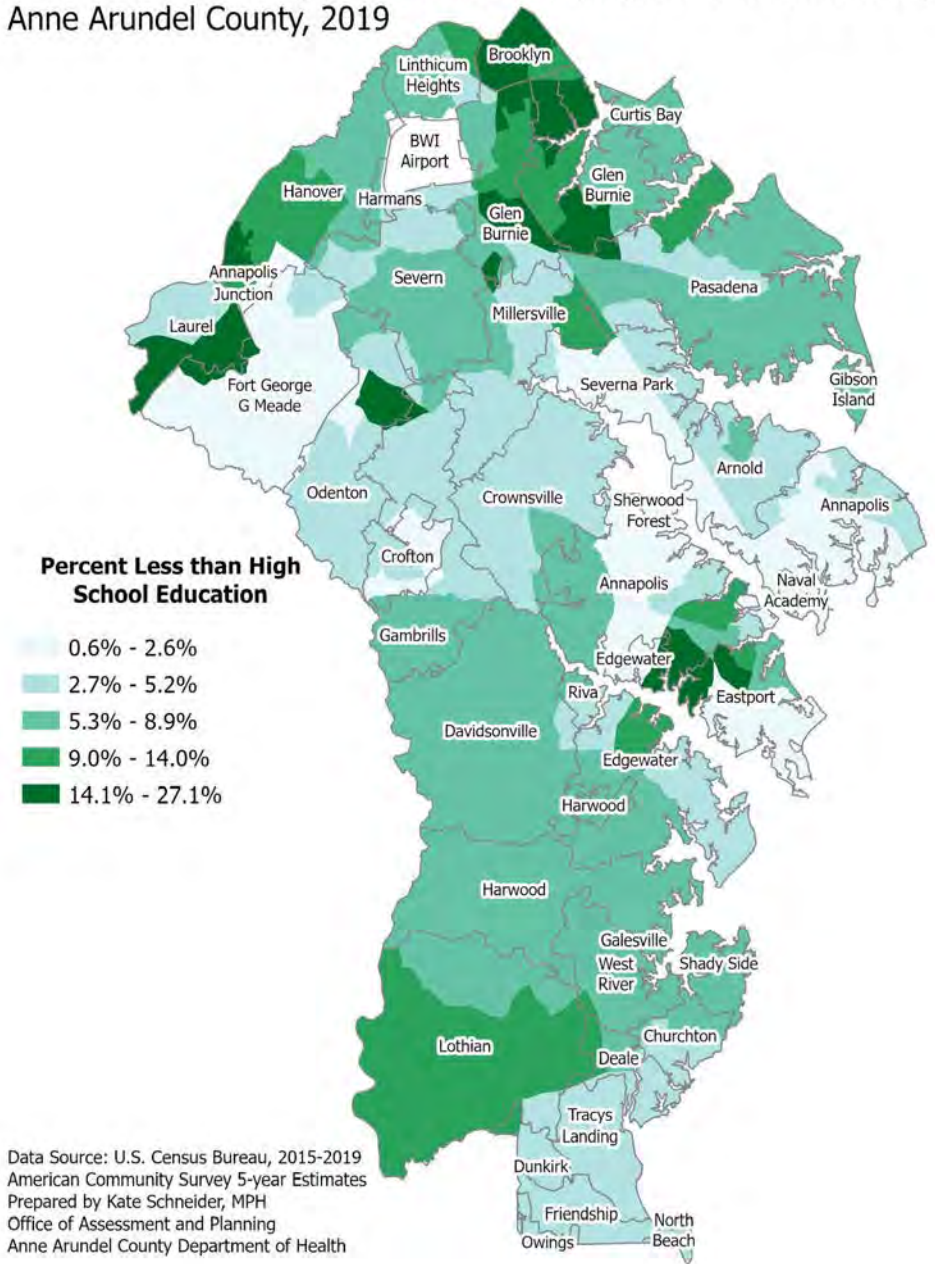


Health Equity and Racial Justice

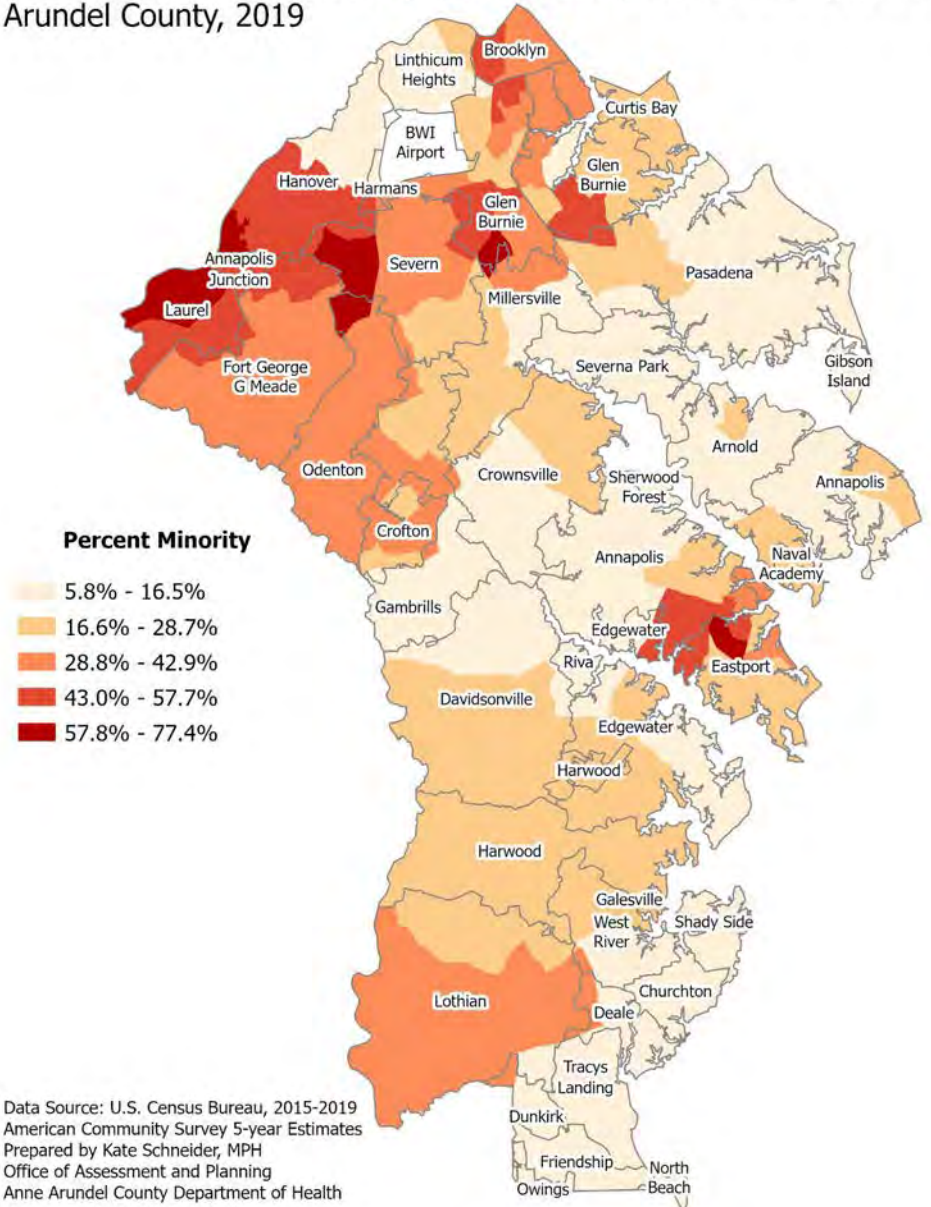
- **Health equity** means that everyone has a fair and just opportunity to be as healthy as possible.
- **Racial justice** means recognizing that challenging institutional and structural racism is essential if we are to support the creation of a just and equitable society.
- Data shows that racial, ethnic, income and geographic disparities were persistent in health measures.
- In November 2019, Anne Arundel County declared racism a public health issue.
- Chosen as a winner of the 2020 County Innovation Award presented by the Maryland Association of Counties (MACo)



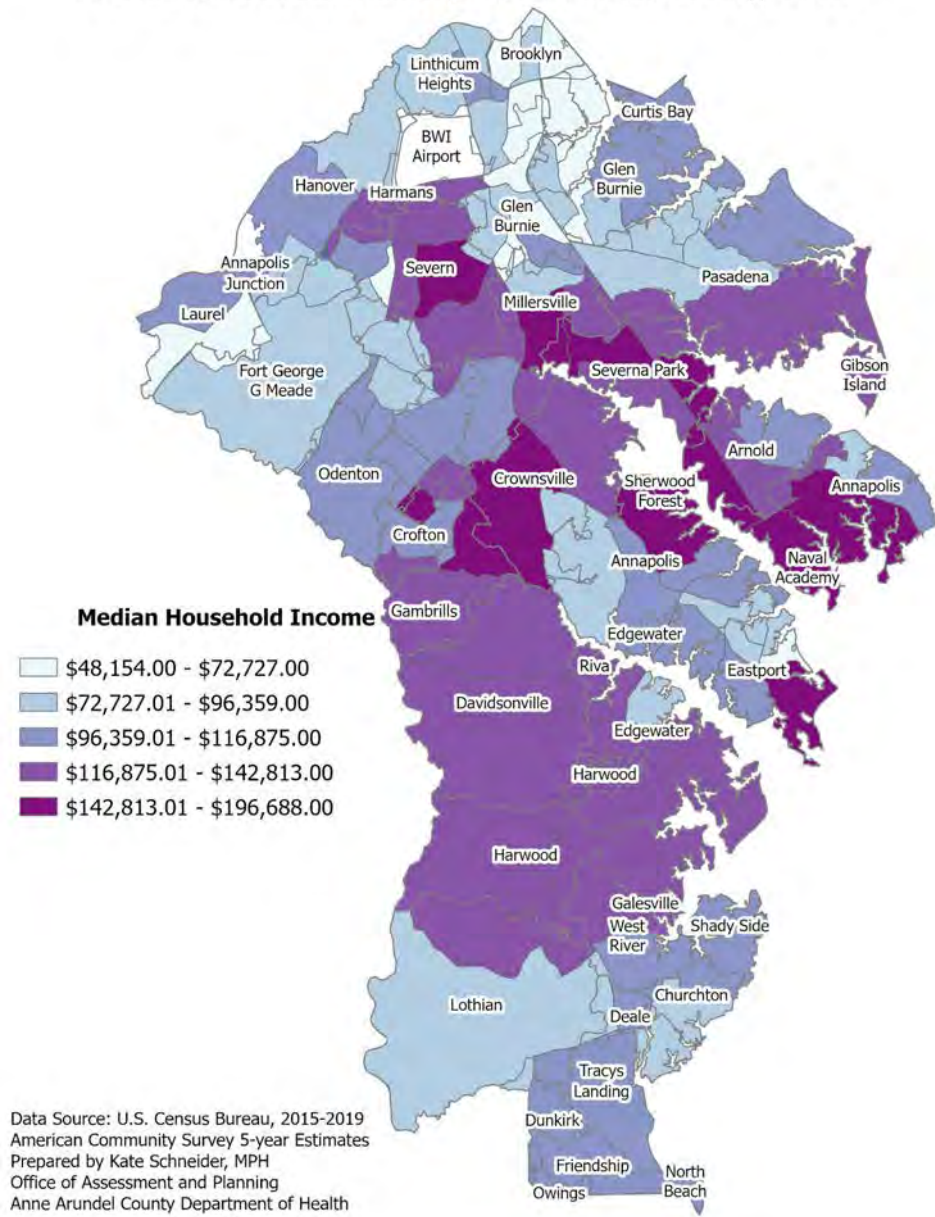
Percent Less than High School Education, Age 25 Years and Older, Anne Arundel County, 2019



Percent of Population Identifying as a Racial/Ethnic Minority, Anne Arundel County, 2019



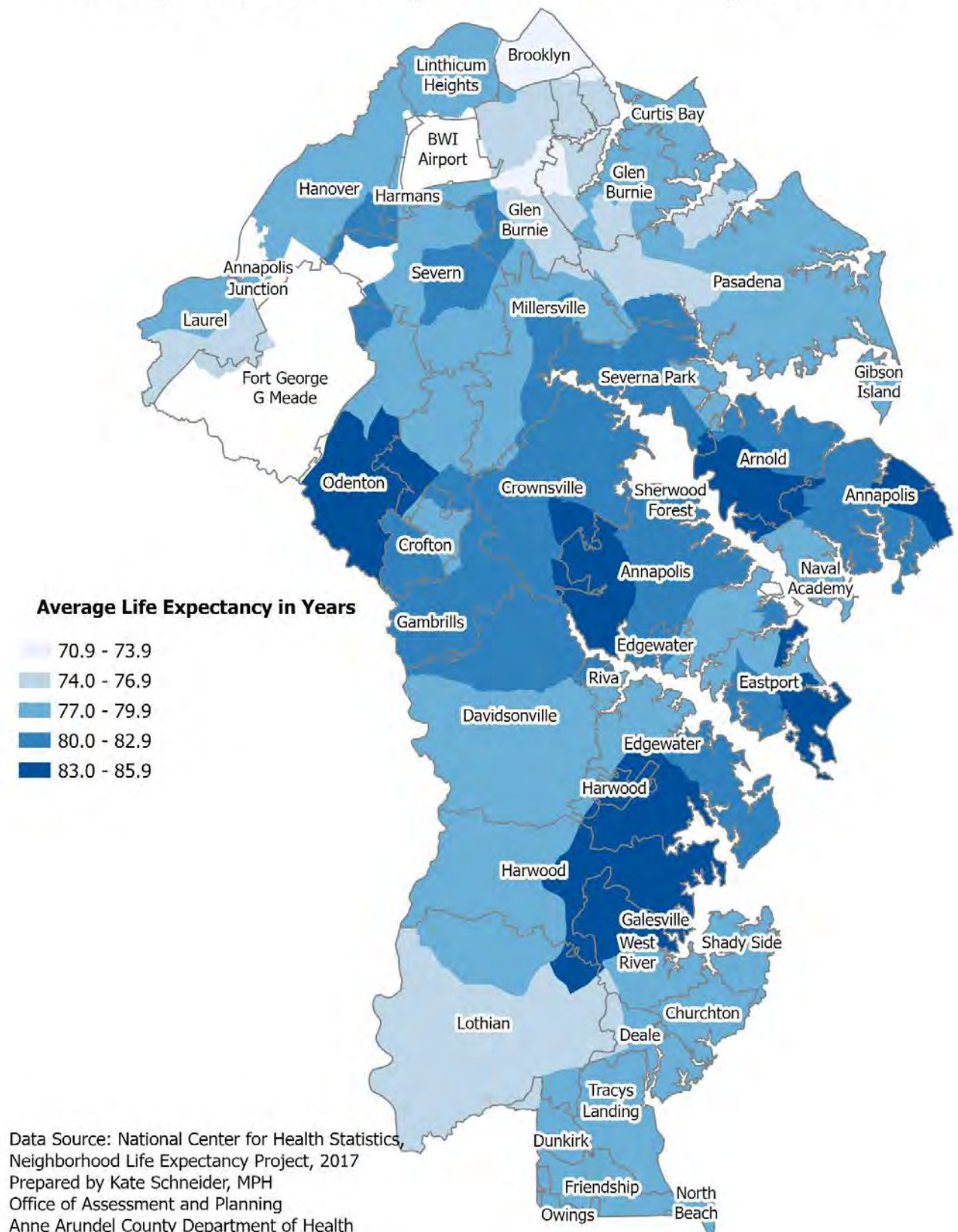
Median Household Income, Anne Arundel County, 2019



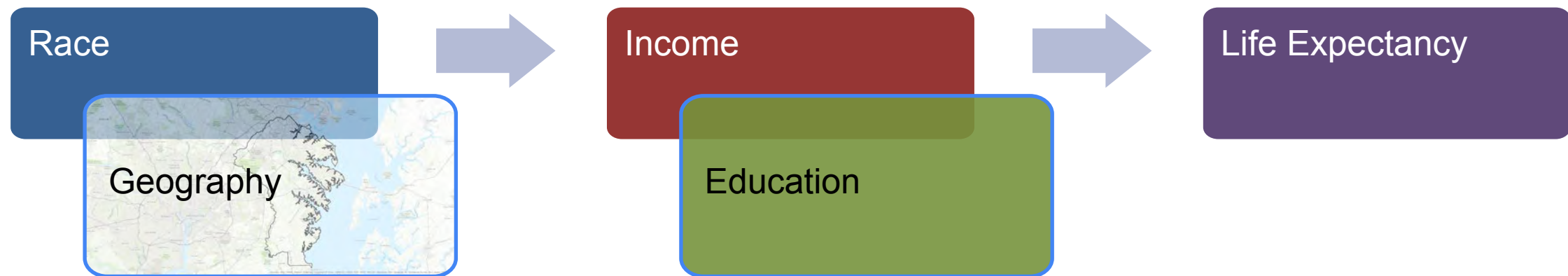
Average Life Expectancy

- Highest average life expectancy:
 - Arnold (85.9 years)
- Lowest average life expectancy:
 - Brooklyn (70.9 years)

Average Life Expectancy, Anne Arundel County, 2010-2015



Drivers of Life Expectancy



HERJ - Community Health Worker (CHW)

CHWs serve as liaisons with the goal of linking the community to services such as financial assistance for rent/utilities, food support and transportation for medical appointments.

January 2022 - March 2022

- **407** residents were screened for health services
- **51** residents were connected to health services

Primary needs expressed during CHW screening

- **19%** - Food support
- **18%** - Financial assistance
- **5%** - Health Insurance

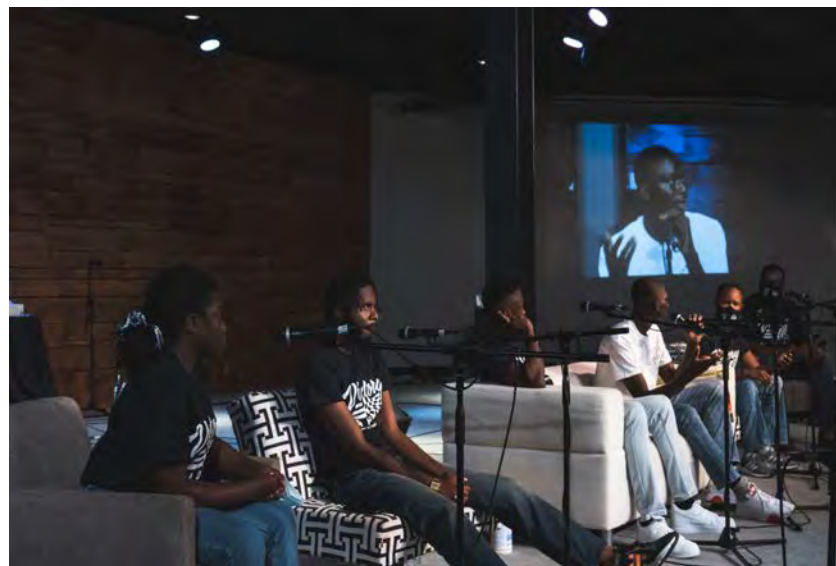
In April 2022, the CHW will be able to provide direct assistance for rent/utilities and food support through grant funding.



HERJ - Power of Change(POC) - Youth Engagement



- POC has conducted three youth virtual conferences focused on social determinants of health, financial literacy and social justice, nearly 300 youth and youth workers registered for the virtual conferences.
- August 2021 was the first in-person youth event since the start of the pandemic. Over 100 youth and youth workers participated at the Victory Lap event. The purpose was to encourage youth, give them a platform to share their experiences during COVID-19 while surrounding them with resources and accurate information related to COVID-19 and the vaccines.



Health Equity and Racial Justice Office - Monthly Meeting

- Meet with the community to understand current concerns, barriers, opportunities for collaboration
- Share and explain data trends to inform community interventions and strategies for community outreach



COVID-19 and Health Equity

- Principles for Equitable Vaccination
 - Access
 - Communication
 - Engagement
- Grant-funded Outreach to Provide Rent and Utilities Assistance, Medical and Hygiene Care Packages and Health COVID-19 Health Education Materials



**PROTECT
THE ONES
YOU LOVE**



**IT'S WORTH
A SHOT**



Health Equity and Racial Justice Office - Innovation Award

Chosen as a winner of the 2020 County Innovation Award presented by the Maryland Association of Counties (MACo)



Gun Violence Intervention Team

Aims of the GVIT

- Address gun violence as a **public health issue** through community engagement, data and evidence-based practices
- Multi-agency effort focused on reducing death and harms from gun injuries
- Utilizes a Policy-Systems-Environment (PSE) public health framework



Gun Violence

- Gun violence affects all people but it disproportionately affects young black males and older white males.
- When we compare gun-related deaths by suicide and homicide a stark difference jumps out.
- Nearly 80% all of the suicides by firearm are in white males and 58% of the homicides by firearm occur in black males. (VSA 2013-2019)

| Sex/Race Category | Suicides | Homicides |
|------------------------|-----------|-----------|
| Black Male | 14 (7%) | 58 (58%) |
| White Male | 151 (78%) | 22 (22%) |
| Black Female | 3 (2%) | 4 (4%) |
| White Female | 21 (11%) | 8 (8%) |
| Hispanic Male | 5 (2%) | 4 (4%) |
| Hispanic Female/Others | 0 (0%) | 4 (4%) |
| Total Deaths | 194 | 100 |

Gun Violence Intervention Team

Vision

Envisions a community where all residents are safe from gun violence.

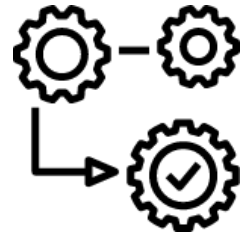
Mission

To prevent and reduce gun-related injuries and deaths in Anne Arundel County.

Goal Statements

1. Lead and coordinate gun violence interventions in Anne Arundel County and the City of Annapolis.
2. Monitor and advance evidence-based gun laws.
3. Prevent gun violence through education and public awareness.
4. Collect and report data on gun-related incidents, injuries and deaths.
5. Disrupt cycles of community violence through engagement with community members.
6. Coordinate a response process to support victims of gun violence.

Workgroup Priorities



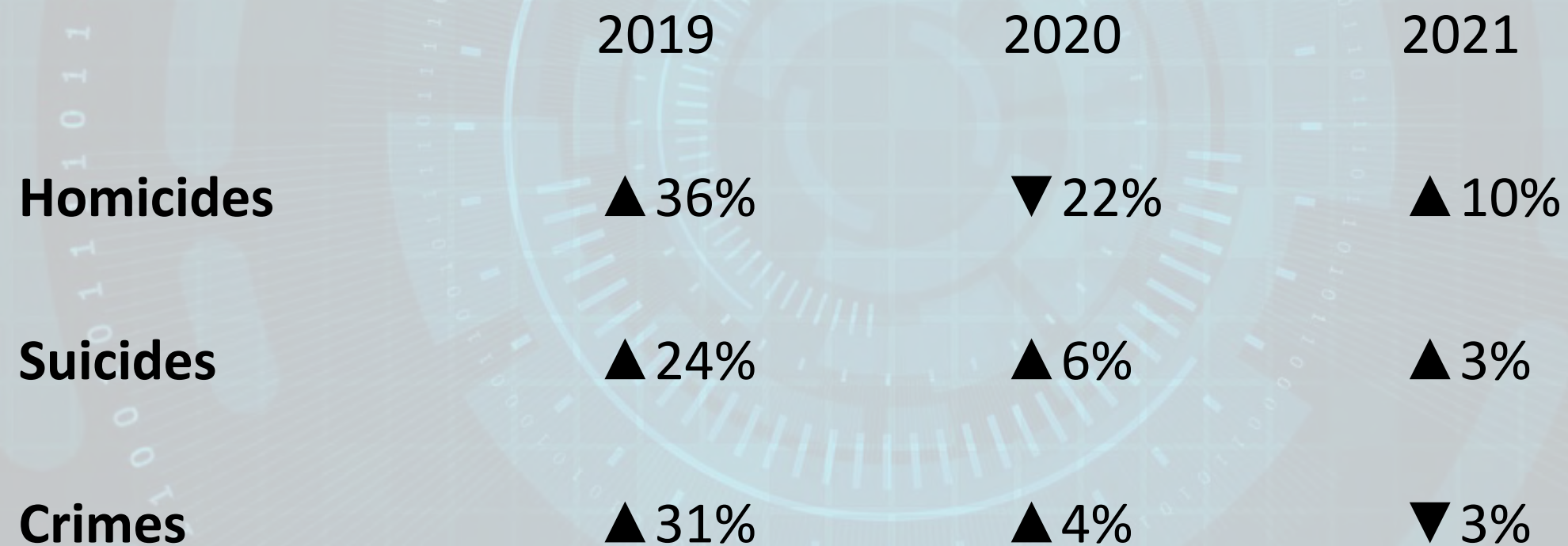
Data

- *2021: Create and publish a monthly data report.*
- Disseminate data to inform and guide intervention activities.
- Deliver gun violence interventions in communities most impacted by gun violence.

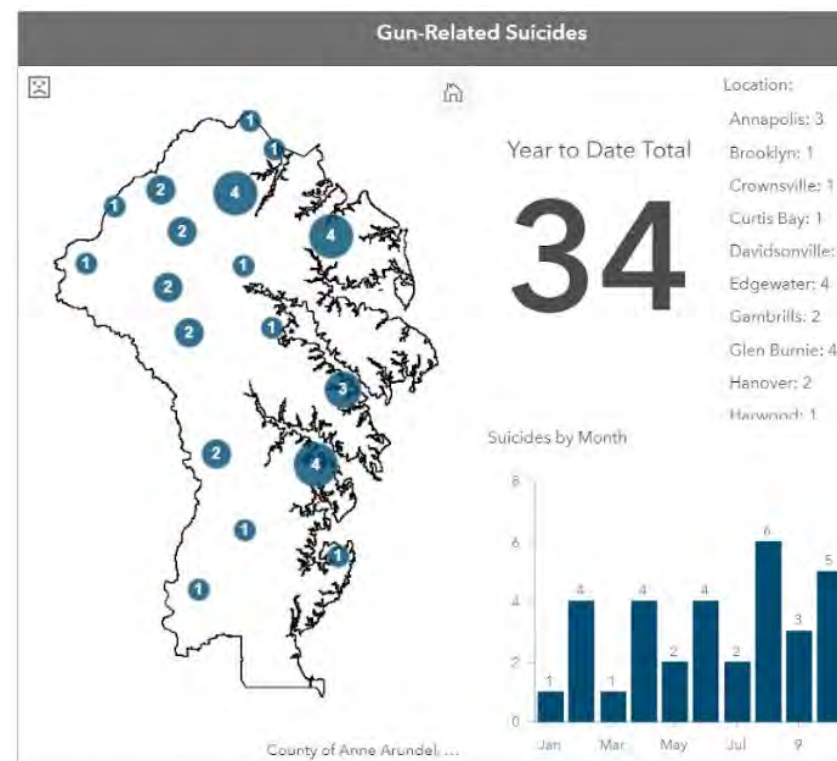
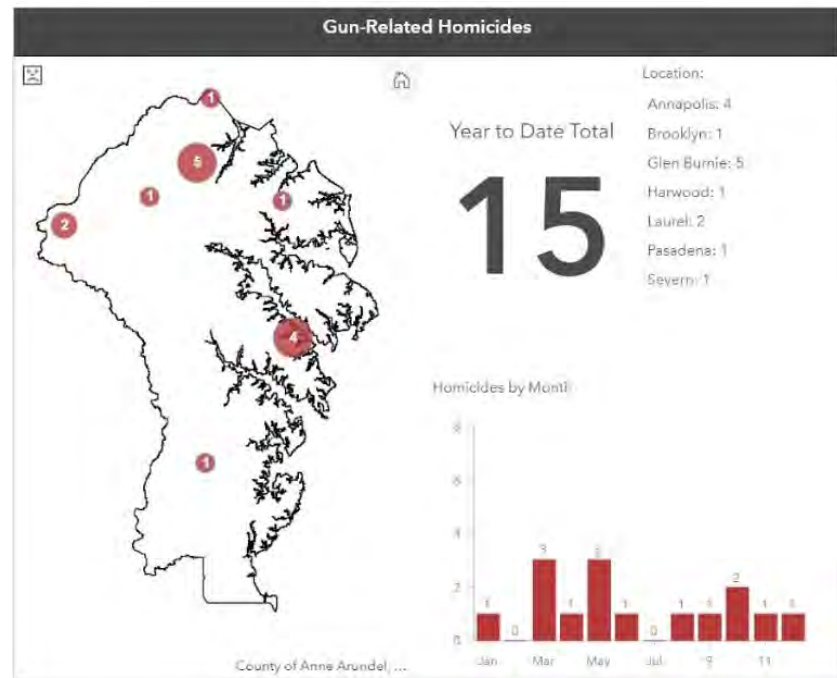


Gun Violence - Data

- Monthly gun homicide and suicides
- Gun incidents dashboard (2016-2021)
- Firearm injury data (2016-2020)
- Incident rate maps (2016-2020)

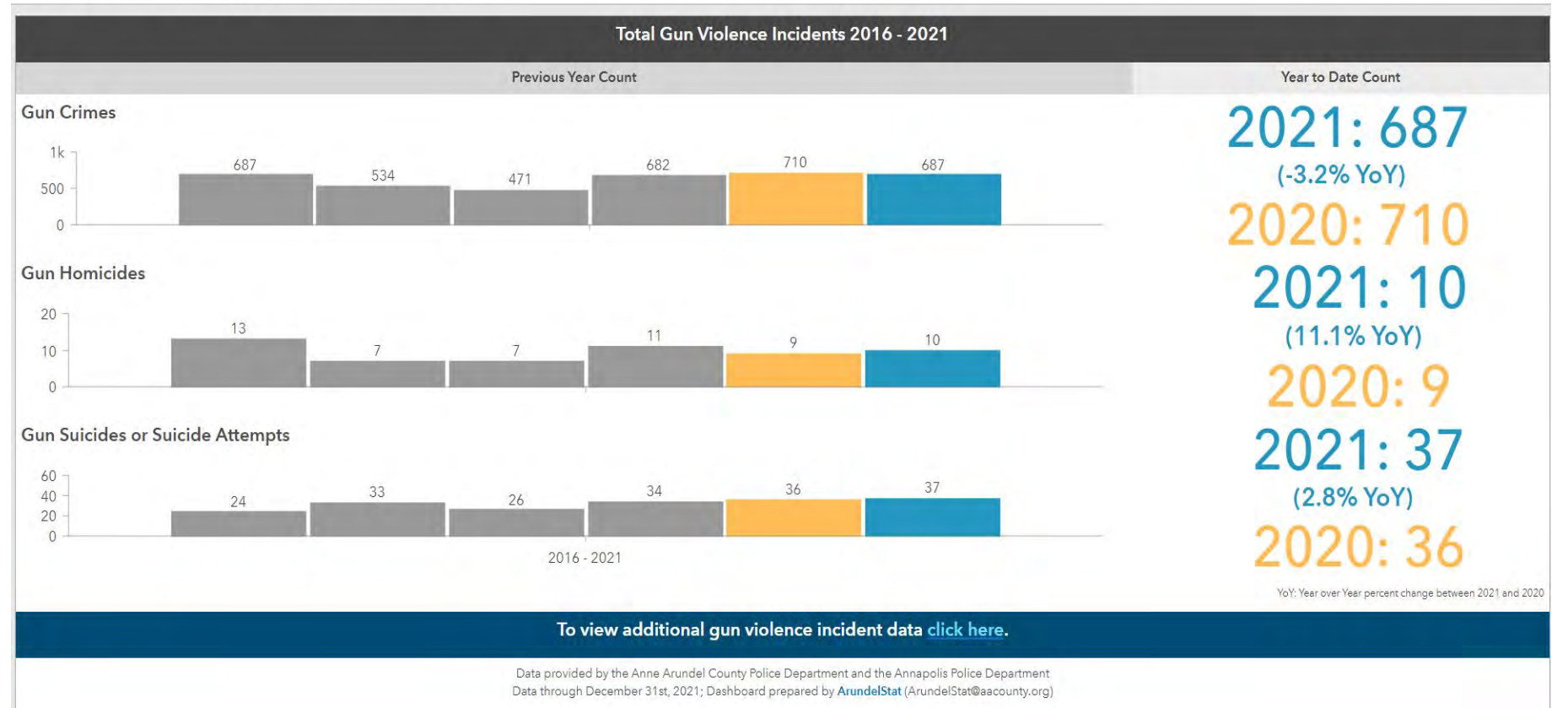


Data Mapping of Gun Fatalities



Department of Health. All numbers are subject to change as incidents are re-categorized. Dashboard prepared by ArundelStat.

Anne Arundel County Gun Violence Incidents



Workgroup Priorities



Education and Policy

- *2021: Implement a public awareness campaign about gun safety.*
- Support gun safety storage policies.
- Disseminate gun violence intervention resources and support.



Gun Violence - Public Awareness

- Community resource toolkits
 - Suicide Prevention
 - Youth Gun Safety
 - Domestic Violence
 - Responsible Gun Ownership
- Coalition website
 - status updates
 - data
 - resources
 - notification sign-up
 - event recordings



Gun Violence - Public Awareness

**Suicide
Prevention
Toolkit**



**Youth Gun Safety
Toolkit**



**Domestic
Violence Toolkit**



**Responsible Gun
Ownership**



Suicide Prevention Toolkit

You can prevent suicide.

Suicide is the most frequent cause of **gun death** in Anne Arundel County.

Firearm Deaths (2017-2020)

*Other includes gun deaths by accidental discharge and legal intervention.

Is your home secure?

LOCK UP: Securely store guns and store ammunition separately.

LIMIT ACCESS: Only the gun owner or designees should have access to keys or combinations.

TRANSFER: Use temporary off-site storage if you or a family member is suicidal.

Help is available

Suicide Prevention Lifeline
1-800-273-8255
Veterans Press 1

Crisis Text Line
741-741

Maryland Helpline
Call 211, select option 1
Text your zip code to 898-211

Community Warmline
410-768-5522
24 hours a day, 7 days a week

Putting **time and distance** between a suicidal person and a gun may **save a life**.

Concerned that a friend or family member may be suicidal?

Be alert to warning signs:

- Talking about wanting to die or to kill themselves
- Looking for a way to kill themselves, like searching online or buying a gun
- Talking about feeling hopeless or having no reason to live
- Talking about feeling trapped or in unbearable pain
- Talking about being a burden to others
- Increasing the use of alcohol or drugs
- Acting anxious or agitated; behaving recklessly
- Sleeping too little or too much
- Showing rage or talking about seeking revenge
- Withdrawing or isolating themselves
- Extreme mood swings



Youth Gun Safety Toolkit

Gun injuries are tragically common and have long-term consequences.

In Anne Arundel County every year:

An average of **149 INDIVIDUALS** seek medical care due to gun injuries

At a combined medical cost of **\$3 MILLION**

Did you know?
Gun violence costs each Maryland resident \$949 every year.

Demographics of the average gun violence victim in the county:

Median age is **32**.

Black males have the highest gun injury rate at **195 injuries per 100k people**.

This is **11x** the rate for white males.

Many survivors experience **life-long impacts** on their mental and physical health.

You can prevent gun injuries among children and teens.

Take steps to protect those you care about:

SECURE HOUSEHOLD GUNS: Lock up, limit access or remove household guns and other lethal means.

Keep guns and ammunition stored separately. Only the owner should know where keys and combinations are kept.

HAVE OPEN AND HONEST CONVERSATIONS: Talk to children, teenagers and other parents about gun safety.

Too often, the **victims** of unintentional shootings and gun injuries are **children and teens**.

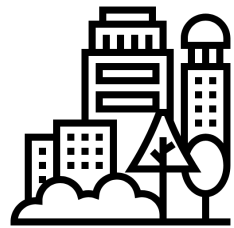
Around 1 in 7 gun incident victims are under 18. In Anne Arundel County of police report incidents where age is known.

Adolescents are curious and smart.

Teenagers know where household guns are kept and how to get to them, even in households with parents who believe otherwise.



Workgroup Priorities



Environment

- *2021: Implement a coordinated crisis response for reporting and following up on gun-related incidents.*
- Involve community members in gun violence intervention efforts.
- Deliver gun violence interventions in communities most impacted by gun violence.



Gun Violence - Coordinated Response

Build on network of crisis and emergency response teams to develop a coordinated response plan for gun violence incidents to provide trauma-based care for victims.



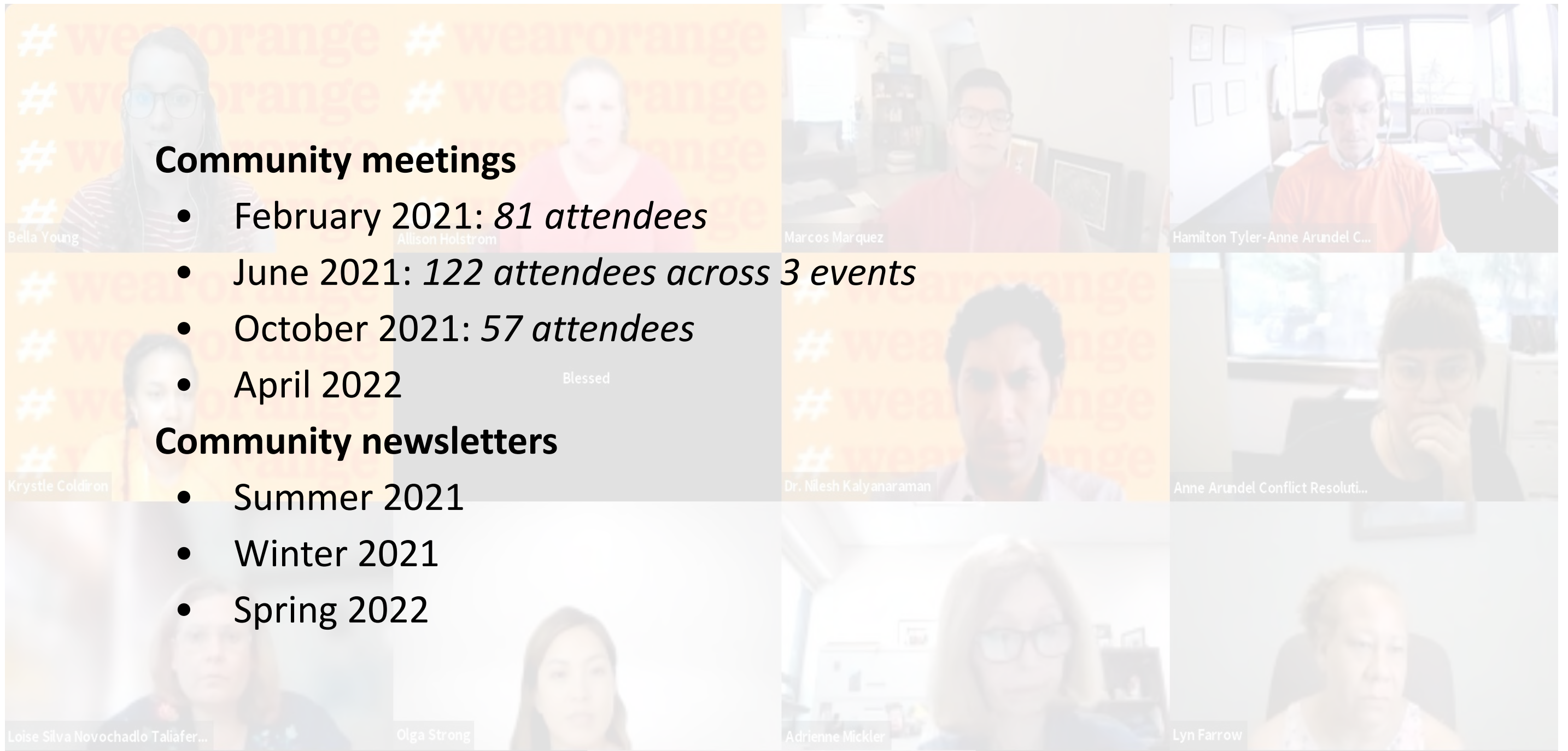
Gun Violence - Community Engagement

Community meetings

- February 2021: *81 attendees*
- June 2021: *122 attendees across 3 events*
- October 2021: *57 attendees*
- April 2022

Community newsletters

- Summer 2021
- Winter 2021
- Spring 2022



Behavioral Health: System Planning and Management

- Collaboration between AACDOH and AACMHA
- Goal: Facilitate a strong local behavioral health system that is integrated, complexity capable and contributes to the overall health and wellness of county residents



LBHA 2023 Annual Plan Priorities

- Enhance and expand a comprehensive and collaborative **COMMUNICATION** system
- Expand training and **WORKFORCE DEVELOPMENT** opportunities
- Support a system of primary **PREVENTION**, treatment and recovery services across the lifespan that adapt to county needs
- Increase public access to and **AWARENESS** of behavioral health services
- Collect, analyze and disseminate **DATA** to inform programs, policies and evaluation

Suicide Prevention

- Suicides have remained steady, decreasing slightly since 2018
- Mental Health Task Force (MHA and AACPS)
- Mental Health First Aid training to police, AACPS & School Health staff, libraries, faith leaders, community organizations
- Lethal means reduction through safe storage
- STAR Program in AACPS
 - Substance use and Mental Health referrals expanded in HS and now in MS
- Mental Health Clubs for HS
- Suicide Awareness campaign
- 24/7 Warmline
- Suicide Prevention Awareness series with Kevin Hines

Suicide Prevention Mini Grants

Two organizations received grants for the following activities:

- Activities that address mental health, suicide stigma and suicide prevention and awareness
- Suicide prevention and public awareness training
- Activities that reduce access to lethal means of suicide, notably gun suicide
- Other evidence-based activities

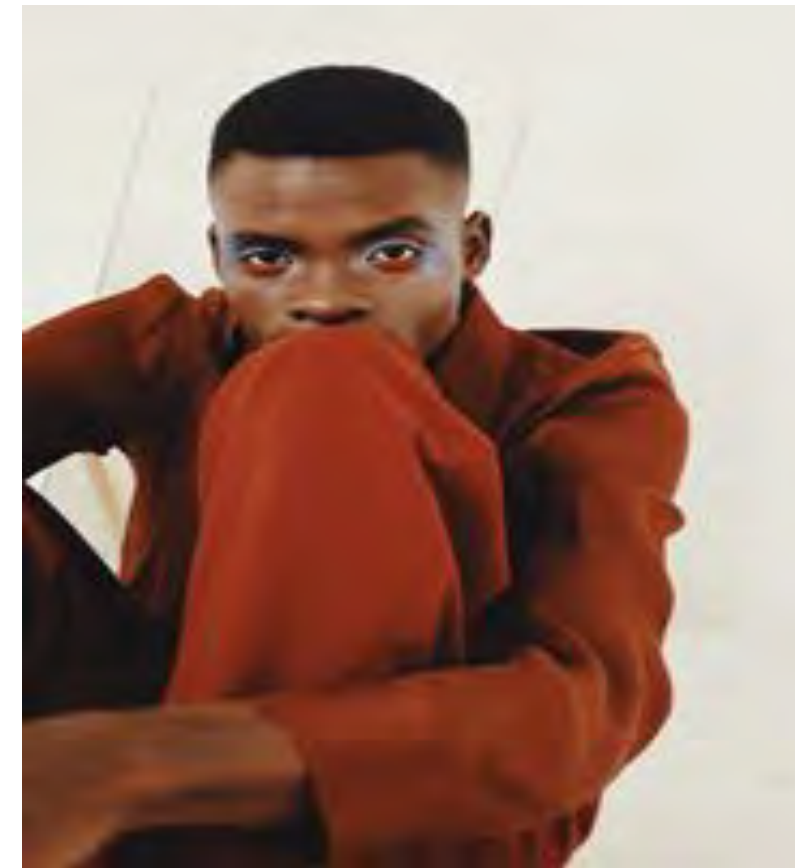
Effects of COVID-19 on Behavioral Health

- At least a 30% increase in requests for services through the Crisis Response System (Warmline, Mobile Crisis and Crisis Intervention) and the Mental Health Agency
- Opioid Overdoses in the county have decreased 18% from 2020 to 2021
- Effects on families, children and the elderly has been significant
- Isolation, loss of income, loss of family and community members



Effects of COVID-19 on Behavioral Health

- Anxiety and depression have decreased since the beginning of the pandemic, but continue to track above pre-pandemic estimates
- Changes to operations and workforce expectations in all business sectors
- Increase telehealth options for individuals seeking behavioral health treatment
- Effect on the workforce, especially health care and front line workers, has been significant
 - 20% of health care workers have left their jobs since Feb. 2020



Opportunities during COVID-19:

- More individuals are discussing behavioral health and wellness and accessing care
- Increase in service demand indicates that individuals are willing to reach out for support - decreasing stigma
- Through March 31, 2022, MHA staff provided 13 trainings on Resilience and Well-being around the state to support families, school personnel and partner agency staff. Additional trainings have been requested and will take place through the spring and summer.
- Conversations reduce stigma and normalize conversations about well-being
- Focus on prevention



Behavioral Health Crisis: What you need to know

The Signs

- Social withdrawal or isolation
- Loss of interest in hobbies and activities
- Reckless or impulsive behavior
- Paranoia
- Extreme changes in mood
- Extreme changes in sleep

The Risk Factors

- Known mental health disorders
- Alcohol and other SUD
- Hopelessness
- History of Trauma
- Sudden loss (death, relationship, job, etc.)
- Easy access to lethal means

Who to Call

- **Warmline: 410-768-5522**
- National Talk Line: 1-800-273-8255
- Coming Soon: 9-8-8

Mental Well-being Activities

Mental Health Month Activities:

- “What is your Superpower?” contest with AACPS
- Awareness campaign with AACPL
- 31 Daily Activities
- Older Adults and Mental Wellness with Department of Aging and Disabilities
- Trainings, community conversations and more



DOH Behavioral Health Services

- Adolescent and Family Services continued to provide services via telehealth and in person as needed.
 - ➡ 349 families served (126 new admissions)
- Road to Recovery correctional clinics in Glen Burnie and Annapolis continued onsite medication services, telehealth and onsite counseling services.
 - ➡ 585 individuals served (137 new admissions)
- Peer Support Services (PSS) continued virtual recovery support services as well as outreach to individuals in the community.
 - ➡ 845 individuals served
- System Planning and Management continues to process requests for funding.
 - ➡ 1,021 served in SUD crisis beds
 - ➡ 52% were admitted to SUD treatment

Strengthening Families Program (SFP)

An evidence-based, 14 session program, which provides training in parenting; children's social and life skills, and helps participants to build a healthy and positive family relationship.

- Multi-family group intervention
- Reconfigured for a virtual platform while maintaining the fidelity of the model.
- Each family had dinner delivered to their homes every session.

Program was changed to meet the needs of the community during the COVID-19 pandemic.



Behavioral Health: Telehealth

- Expansion of Medicaid regulations for telehealth
- Expansion included audio-only calls used to screen patients, refer patients to health care services, provide treatment and issue prescriptions (through 2023).
- Clinical services providers were equipped with cell phones and laptops with telehealth options including DoxyMe, Zoom and the EMR.
- Patient reports and program data suggests benefits of continuation of telehealth in a hybrid model of care.



Wellmobile - Virtual and In Person

On demand initiation of buprenorphine services

- Telehealth services for entire county, Monday-Friday
- In person
 - 2 days/week in Annapolis
 - 1 day/week in Glen Burnie
 - 1 day/week in South County at Lula Scott



Wellmobile - Virtual and In Person

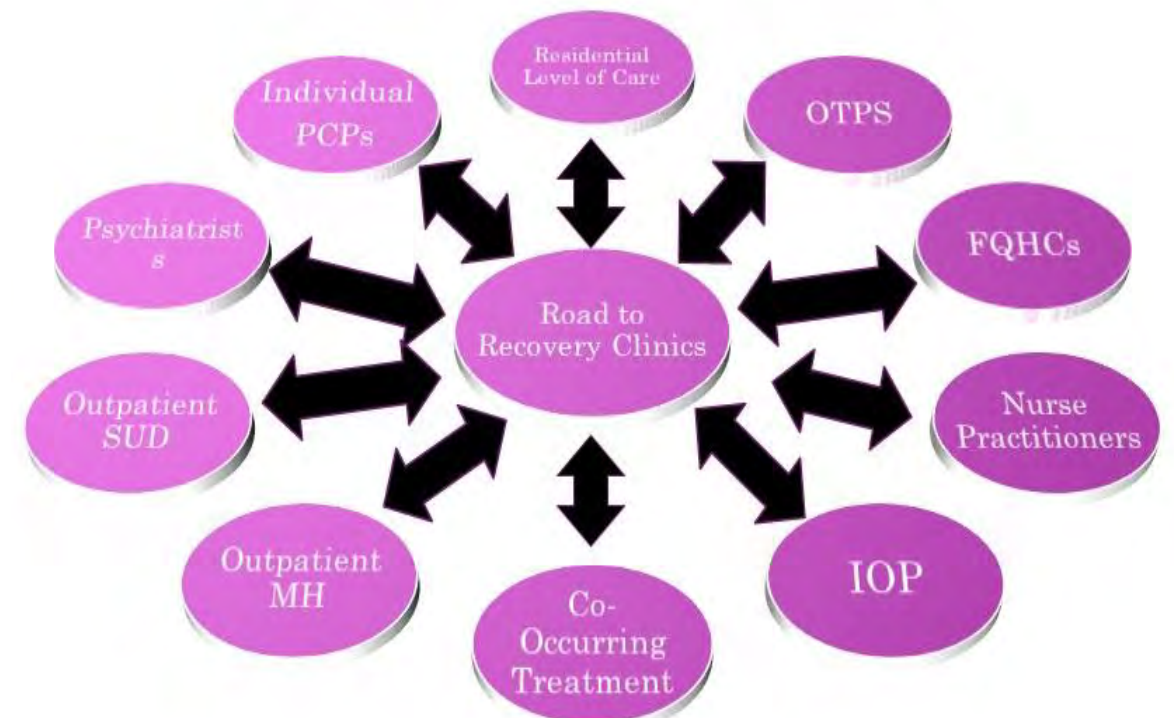


- **92%** of those served referred to a community provider
- **93%** of those referred keep their initial appointment
- **88%** of those who keep their initial appointment are still active >30 days
- **487** residents served

Annapolis | Glen Burnie | South County

Behavioral Health: Hub and Spoke

- Connects a network of community providers around a central hub that offers medications for opioid use disorder (MOUD) as a component of their care.
- Supports the treatment of opioid use disorder within the chronic disease paradigm.
- Understands that while medications are not the only treatment for opioid use disorder, it is the most effective for the most people.
- Transfers between hubs and spokes are bidirectional.
- People with less complex needs may begin their treatment at a Spoke, other patients transition to a Spoke after beginning recovery in a Hub.



Behavioral Health: Hub and Spoke

- Services began May 2021
- DOH Road to Recovery clinics including the Wellmobile are the designated Hub.
- Currently have 7 “spokes”
- MOUD Team consists of a Nurse Coordinator, Behavioral Health Specialist and Buprenorphine Coordinator who provide:
 - Coordination of transfers between the hub and spokes.
 - Outreach to engage new prescribers.
 - Learning collaboratives that enhance skills of prescribers and their treatment teams as well as facilitating systems change.

Goals:

- Increase the availability and utilization of buprenorphine in the county.
- Improve access to MOUD services.

Safe Stations

Individuals seeking substance use treatment welcome into any police or fire station 24/7

- **5,658** assessments completed since program began
- **1,039** assessments were completed in the community, rather than a fire or police station
- **70%** of all individuals who were assessed were connected to substance use treatment

The crisis response clinicians respond and develop a plan of care together.

Safe Stations reduce barriers for treatment success.



Harm Reduction is...

- a set of practical, public health strategies designed to reduce the negative consequences of drug use and promote healthy individuals and communities.
- a movement for social justice built on a belief in, and respect for, the rights of people who use drugs.” (Harm Reduction Coalition)
- provision of services to people who are actively using drugs, without the expectation that they stop using drugs.
- non-judgmental, non-stigmatizing engagement of people who use drugs.
- acknowledgement of the harms associated with drug use while presenting accurate and complete information about ways to reduce these harms as much as possible.

Harm Reduction: ORP

Overdose Response Program (ORP)

Free and open to anyone who would like to learn:

- How opioids impact the brain and body
- How to recognize the signs and symptoms of opioid overdose
- How to administer naloxone
- How to care for someone who is having an overdose until emergency help arrives

Participants receive a free rescue kit that includes naloxone (Narcan[®]), a life-saving medication that may be able to restore the breathing of a person who has overdosed on opioids.

Harm Reduction: AA POWER

A peer-delivered and judgement-free street outreach harm reduction program, with a person-first approach and a focus on quality of life outcomes. Partner with communities to provide:

- Overdose Prevention: naloxone (Narcan) kits, fentanyl test strips and overdose education
- Safer Drug Use: split safe kits, single use injection kits and safer smoking kits (without stems)
- Safer Injection Assistance: bleach cleaning kits, tourniquets, sterile water vials, syringe disposal containers, wound care kits
- Infectious Disease Prevention: safer sex items (condoms and lube), sexually transmitted infection (STI), hepatitis, and human immunodeficiency virus (HIV) testing education and referrals
- Syringe Services Program

Behavioral Health: Syringe Services

- Syringe Service Programs (SSPs) are central to reducing disease and other health burdens among people who use illicit drugs.
- Over two decades of research demonstrate SSP effectiveness in preventing HIV and other blood-borne infections, as well as connecting drug users with a range of vital medical and social services and supports.
- April 2020, MDH authorized AACDOH to operate a Syringe Services Program.
- Syringe distribution began in November, 2020.



Behavioral Health: Syringe Services

837 Individuals received harm reduction materials

Referrals made:

- 807 Substance Use Disorder Treatment
- 727 Mental Health Treatment
- 727 Health Care
- 727 Housing



Opioid Intervention Team (OIT)

Countywide collaborative led by Department of Health, Anne Arundel OEM and Annapolis City OEM


- County government agencies
- Community organizations
- Faith-based organizations
- Persons in recovery
- Family members

Purpose


- Develop a unified strategy to reduce non-fatal and fatal opioid overdoses
- Integrate all stakeholders into the OIT from local, state and federal government agencies as well as the private and non-profit sectors.
- Coordinate stakeholders operations to achieve the unified strategy.
- Develop Opioid Restitution Funding Strategies.

OIT Coordination Plan

Opioid Intervention Team (OIT)
Lucidchart Site

Anne Arundel County
Department of HealthANNE ARUNDEL
COUNTY
MARYLAND

Site Navigation:
Access all pages on this site by clicking on the buttons below. Additional navigation options are available at the top of every page.



Strategic Plan: Strategic Imperatives and Objectives


Prevention and Education

Enforcement and Public Safety

Treatment

Recovery

Data



Resources and Links

Note: This site is still under construction. Use the survey on the Resources page to provide any feedback on this draft.

Overdose Survivors Outreach

- Began January 2022
- Teams of 2 Peer Support Specialists respond 7 days/week to non-fatal overdoses in Anne Arundel County
 - 95 overdose survivors received outreach attempts
 - 35 survivors or their family members were reached and provided resources and Overdose Response (with Naloxone)
 - 2 survivors accepted referral for SUD treatment



Overdose Survivors Outreach Services (ODSOS)

- Peers in hospital emergency departments offers OD survivors path to treatment and wrap around services
- Peers, in local ED guide survivors through the process of connecting to care during and after ED visit



Road to Recovery at Ordnance Road Correctional Center

Opioid overdose death risk is 40-120 times higher on re-entry without treatment

- Provides methadone and naltrexone to incarcerated inmates and connects them to care on release
- Served 75 YTD FY21 (approximately 30% less than FY20 due to COVID-19)
- 100% were connected to community treatment upon release.
- Recognized as a National Promising Practice in July 2019
- Narcan provided to inmates upon release

Road to Recovery at Jennifer Road Detention Center

In collaboration with JRDC, applied for a grant to offer medication for the treatment of opioid use disorder at Jennifer Road.

Innovative model to leverage existing resources and expand services.

Will assure compliance with House Bill 116 which requires MOUD to be provided within all correctional facilities.

Crisis Response System Services

Crisis Intervention Teams are designed to:

- **Prevent** crises from escalating into more intense situations
- Reduce hospitalizations
- Reduce incarcerations
- Reduce homelessness

Care Coordination:

- Eliminates barriers for vulnerable populations
- Connects people to treatment resources and other benefits needed to support their treatment goals
- Coordinates with other county departments - including housing, transportation and access to primary care



Crisis Response System Services

Warmline 24/7 - 365

- 2,084 calls/month during FY 2020
- 2,725 calls/month during FY 2021
- **3,446** calls/month during FY 2022

Crisis Intervention Teams

- 17 assessments/month during FY 2020
- 30 assessments/month during FY 2021
- **32** assessments/month during FY 2022

Mobile Crisis Teams

- 199 dispatches/month during FY 2020
- 254 dispatches/month during FY 2021
- **261** dispatches/month during FY 2022

Crisis: Training

Mental Health First Aid (MHFA)

- Identify signs and symptoms of mental illness
- First in the country to train all police officers (now part of curriculum)
- Training to all AACPS administrators and librarians, school nurses, health aides and teachers, faith leaders, community organizations and others as requested

Crisis Intervention Team (CIT) School

- 40-hour training to prepare police officers in specialized, intense mental health training

Assisting Individuals in Crisis and Group Crisis Intervention (GRIN)

- 3-day training through the International Critical Incident Stress Foundation

Psychological First Aid (PFA)

- Cohort designed specifically for the Hispanic population

Enhancing the Continuum of Behavioral Health Care



- Monthly Conversations with the Health Officer
- Training
- Focus on continuing to provide quality, affordable education units and seminars
- Workforce Development
- Community planning
- Technical assistance for community providers
- Grants to behavioral health service providers
- Network of Care

Crisis: Mental Health Stabilization Services (MHSS)

- Responds to schools and to the community to assist youth and their families during a behavioral health crisis and provide follow up services and linkage to community-based services.
- Can refer youth, regardless of insurance status, to the MHSS Clinician to continue to stabilize the family until they are able to be fully connected to community-based services.
- 18 youth/families served in FY 22 YTD.
- Parents reported a **36% decrease** in the Intensity of the Behavior and a **41% decrease** in the Parental Perception of the Problem on average in FY 22.

Crisis: Jail Diversion

- Established in FY 2015, the program has a 9% Recidivism Rate (Average rate in MD is approximately 40%)
- Pre-trial: Screen positive for Mental Health/Substance Use Disorder
- Develop plan of care in cooperation with criminal justice partners - during COVID-19, CRS worked directly with judges, as there was no access to the Detention Centers
- Coordinate access to care to eliminate barriers for individuals to promote success (transportation, housing, insurance and benefits)
- Assist individuals with attending court date
- Services resumed in the detention centers 4/1/22.

Crisis: Hospital Diversion

- Provide support to most vulnerable residents who do not meet inpatient criteria
- Develop and coordinate plan of care
- Reduce homelessness and/or incarceration
- Prevent suicide
- 109 assessments completed from 7/1/21 through 2/28/22



HIV/STI Prevention and Care Program



HIV/AIDS Case Management

Provides medical, nursing and psychosocial support to people who are living with HIV/AIDS.

From July 1, 2021 to April 1, 2022:

- Served **193** clients
- Enrolled **27** new clients
- Enrolled **127** clients into the Primary HIV Care Clinic (Johns Hopkins Community Clinic)

HIV/STI Prevention and Care Program

HIV/STI Investigation, Prevention and Outreach

- Reduces the rate of HIV, Hepatitis C and sexually transmitted infections (STIs).
- Provides education, outreach, intervention, treatment for STIs.



From July 1, 2021 to April 1, 2022:

- 22 Syphilis cases*
- 354 Gonorrhea cases*
- 770 Chlamydia cases*
- 9 positive HIV cases
- Provided 492 safe sex kits
- Referred 505 individuals to STI provider for testing and treatment.

*Available data impacted by State security incident.

Infectious Disease Prevention and Control Program

Epidemiology/Disease Surveillance

Prevents infectious diseases through surveillance of reportable diseases.

95 reportable diseases including:

- COVID-19
- Campylobacter
- Chronic hepatitis B
- Chronic hepatitis C
- Lyme disease
- Salmonella

Infectious Disease Prevention and Control Program

From July 1, 2021 to April 1, 2022:

- 88,741 COVID-19 cases
- 455 outbreaks (445 COVID-19 and 10 other).
- 3 possible MIS-C cases
- 390 other disease investigations*
- 1,348 incidences of possible human rabies exposure
- 42 residents completing recommended rabies post-exposure treatment
- 7 animals tested positive for rabies

*Available data impacted by State security incident.



Infectious Disease Prevention and Control Program

Tuberculosis Control

Provides case management and treatment for confirmed active or latent tuberculosis.

From July 1, 2021 to April 1, 2022:

- **4** new infectious TB cases.
- **22** case contact investigations.
- **1,740** daily Directly Observed Therapy (DOT and vDOT) visits.
- **13** cases of latent TB infection.
- **781** Quantiferon TB tests and 99 TB skin tests.



Infectious Disease Prevention and Control Program

Childhood Lead

- Addresses high lead levels in children under 6 years of age.
- Provided case management to 25 children.

OSHA

- Oversees employee compliance with OSHA guidelines.
- Provided 164 new employees required OSHA trainings.

Immunizations Services

Vaccines for Children Program

- Vaccine safety net for children and adults.
- Outreach services to immunization-delayed children, residents, schools and private providers.

From July 1, 2021 to April 1, 2022:

- Immunized 1,459 children between the ages of 5-18.
- Provided 5,053 vaccinations.
- Provided immunization education to 1,577 people.
- Provided 1,358 flu vaccines.

Immunizations Services

Health Centers

- Diphtheria, tetanus, pertussis (DTap)
- Tetanus, diphtheria, pertussis (Tdap)
- Tetanus (Td)
- Hepatitis A and B - Pediatric and Adult
- Haemophilus influenzae type b (Hib)
- Pneumococcal (PCV)
- Rotavirus
- Human Papillomavirus (HPV)
- Polio (IPV)
- Influenza
- COVID-19
- Meningitis B
- Meningococcal ACWY (MCV4)
- Measles, mumps and rubella (MMR)
- Varicella
- Twinrix - HepA/HepB combo
- Proquad -MMRV
- Kinrix- Dtap/IPV
- Pediarix - DTap/IPV/Hep B
- Pentacel - DTaP/HIB/IPV
- Pre-exposure rabies vaccine

Immunizations Services

AACPS Partnership

Rising 7th Grade Vaccines

- Tetanus, diphtheria, pertussis (Tdap)
- Meningococcal ACWY (MCV4)

Influenza

- Injectable flu
- Flumist

Kindergarten vaccines

(new for the 2022 - 2023 School Year)

- Varicella
- Measles, mumps and rubella (MMR)

COVID-19

Chronic Disease Prevention Program

- Early detection and referral for treatment of breast, cervical and lung cancers
- Healthy eating education, cancer and tobacco-use prevention
- Tobacco enforcement and cessation programming.

Cancer Screening Services

- 621 clinical breast exams*
- 590 mammograms, 6 breast cancer diagnoses*
- 297 pap tests, 4 cervical cancer diagnoses*
- 3 lung cancer screening referrals

*Available data impacted by State security incident.



Chronic Disease Prevention Program

Community Education - Tobacco and Cancer Prevention

- 51 tobacco prevention and awareness activities; 1,404 adults and 235 youth educated
- 20 cancer prevention and screening education and outreach activities; 991 individuals educated
- 211 participated in smoking cessation activities
- 69 referrals to the Maryland Tobacco Quitline



Chronic Disease Prevention Program

Community Education - Tobacco Enforcement

- 284 tobacco compliance checks
- 208 retailers passed compliance checks
- 34 retailers issued first time violations
- 42 retailers issued repeat compliance violations
- 92 retailers educated on tobacco sale laws

Brooklyn Park Healthy Food Pantry

- Curbside Healthy Food and Health Education
- North County Recreation Center
- Operated by Community Education in partnership with:
 - Anne Arundel County Food Bank
 - AACPS
 - Recreation and Parks
 - Brooklyn Park Community of Hope
 - Maryland Food Bank
 - Restoration Community Development Corporation

Addresses the Brooklyn Park food desert by providing fresh fruit and vegetables, meat, dairy and shelf stable foods



FREE CANNED, FRESH AND FROZEN
FOOD SELECTIONS

Depending on
Availability

OPEN THURSDAYS*
*Except holidays and during weather closings
4:00 – 7:00 PM
196 Hammonds Lane
Brooklyn Park, MD 21225

From Glen Burnie continue north Ritchie Hwy (Rt 2) past the Beltway (I 695) underpass.
Make a left onto Hammonds Lane. Make a right at the North County Recreation Center sign.
The Recreation Center entrance is in the back of the building.

FOR MORE INFORMATION CALL: 410.222.1020

**Please bring reusable grocery bags with handles.**
Be prepared to carry 20 to 40 pounds of food.



Supported by the Maryland Community Health Resources Commission. The views presented here are those of the grantee organization and not necessarily those of the Commission, its Commissioners or its staff. The services of the Brooklyn Park Healthy Food Pantry are available to all without regard to race, color, religion, political affiliation or opinion, national origin, age, gender identity, sexual orientation or disability.

Brooklyn Park Healthy Food Pantry

July 1, 2021 - March 31, 2022:

- 5,661 families (19,685 residents)
- 187,475 pounds of food
- 32.5% were fresh produce

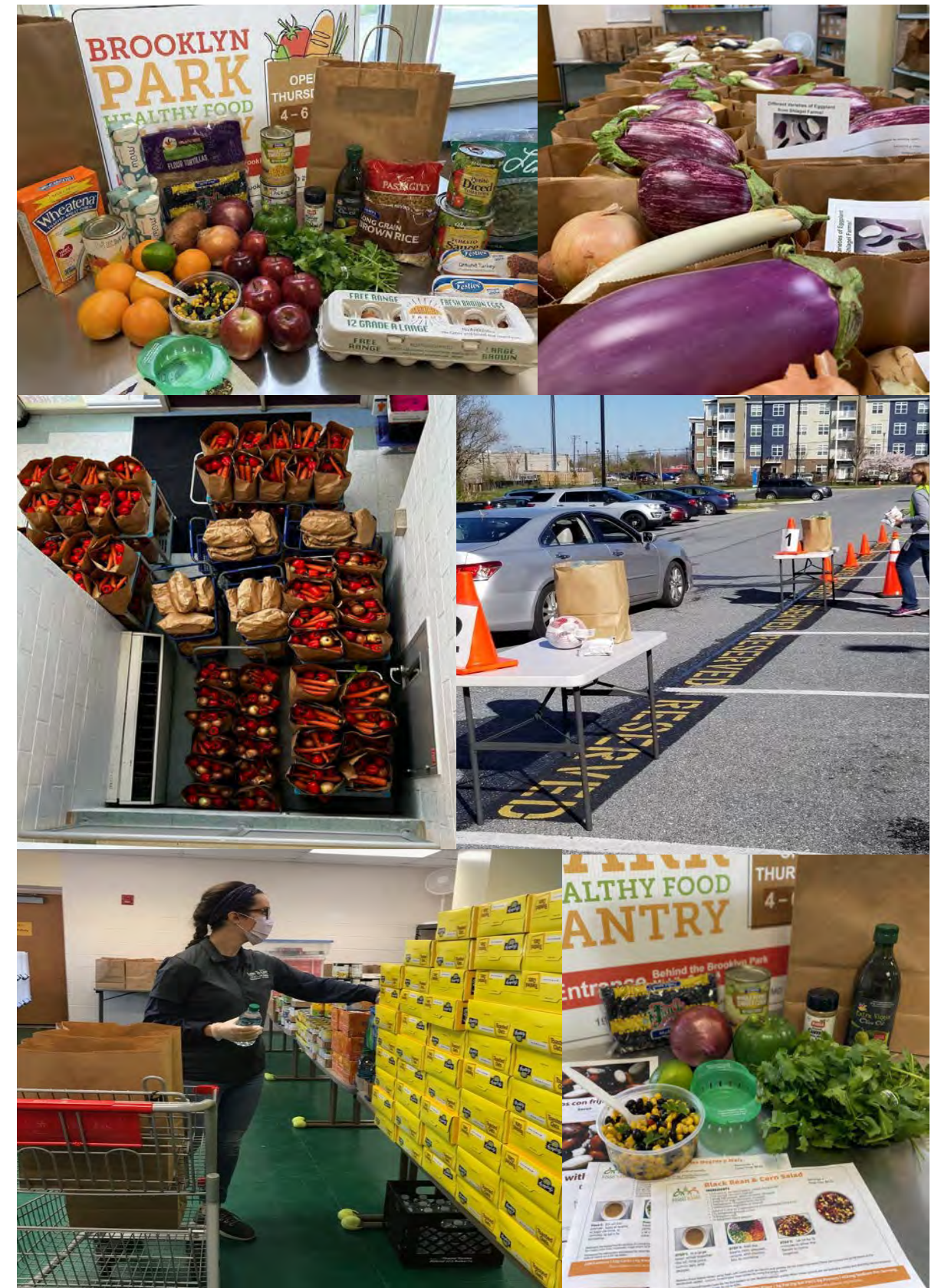
Fresh fruits/vegetables: Apples, oranges, sweet potatoes, onions, red peppers, zucchini and canned fruits and vegetables

Grains: Whole wheat pasta, brown rice, whole grain cereal, whole wheat bread, whole wheat pita, whole wheat tortilla

Dairy: 1% milk

Protein: Chicken, ground turkey, whole turkey, beans, lentils and eggs

Provide recipes in English and Spanish or ideas to use ingredients in different ways.



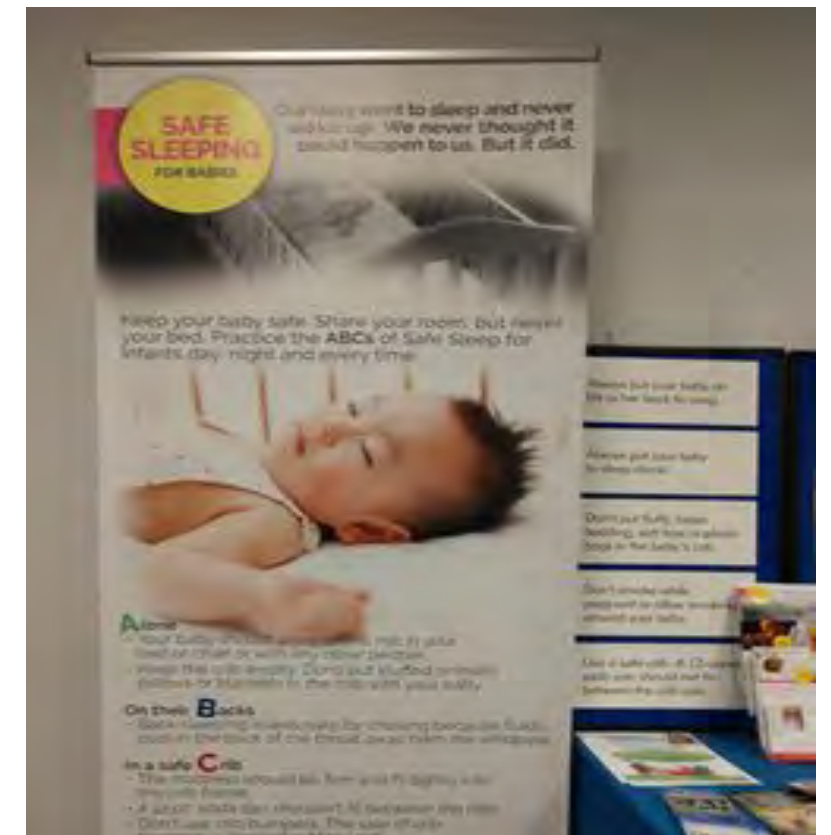
Healthy Start Home Visiting Program

Provides wrap around support to include:

- Mental health, interpersonal violence prevention and substance use screening
- Health information
- Referral to resources
- Parenting education through nurses, parent educators and therapists
- Certified peer support specialist to high-risk pregnant/postpartum women and children up to the age of two

In FY 2022, program served:

- 105 women impacted by substance use
- 63 of the 67 newly enrolled pregnant women resided in high risk census tracts
- 69 newly enrolled infants
- 13 out of 14 births were >2500 grams, 1 birth <2500 grams and > 1500 grams



Dental Services

July 1, 2021 - March 30, 2021

- 2000 children
- 325 adults
- 99 emergencies
- 29 maternity
- 32 immigrant children received no costs services through ARPA funding
- 453 uninsured adults referred to dental resources for care



Dental Sealant Program

Dental sealants are a quick, easy, and painless way to prevent most of the cavities children get in the permanent back teeth, where 9 out of 10 cavities occur.

- 127 children were seen at Mills-Parole, Tyler Heights, and Georgetown Elementary Schools.
- 426 teeth sealed



REACH

Provides access to low cost primary, preventive and specialty health care to uninsurable, low-income individuals.

Coordinated care for 1,224 enrolled members and 104 emergency cases for the following services:

- Primary Care Adult: **828**
- Primary Care Pediatric: **39**
- Specialist: **474**
- Emergency Room Visits: **93**
- Inpatient Hospitalizations: **11**
- Outpatient: **387**



**HEALTH CARE
IS WITHIN YOUR REACH**

Anne Arundel County
REACH
Residents Access to a Coalition of Health

| | |
|-------------------------------------|------------------------|
| Member Name: John Smith | Member ID: 12345 |
| Enrollment Dates: 09/07/09-09/07/10 | Date of Birth: 1/21/55 |
| Office Fee: Reduced | Procedure Fee: Reduced |

REACH, Anne Arundel County Department of Health's affordable health care program for uninsured adults, offers access to:

- Doctor visits
- Check-ups
- Prescription medicines
- Lab work and tests
- Radiology services
- Dental services

Women, Infants and Children (WIC)

- Provides nutritional counseling and dietary supplements for pregnant and postpartum low-income women and children
- Provides lactation counseling and support to nursing mothers
- Average monthly participation rate is 5,633 participants.

MarylandWIC

Better Nutrition Brighter Future



The Maryland WIC Program is a nutrition program that gives extra food, tips on healthy eating, breastfeeding help, and referrals for other services for women, infants, and children.

Call for more information

1-800-242-4942

www.mdwic.org

AERS and Nurse Monitoring

Adult Evaluation and Review Services (AERS)

- Provide initial comprehensive evaluations, annual evaluations and significant change evaluations
- Develop a Plan of Care which recommends services needed to help the individual remain at home in a safe environment

Nurse Monitoring Services (NMS)

- Provide quality oversight by regularly assessing the participant's needs.
- Monitor the activities of Personal Assistance Services, participant's health, welfare and safety

July 1, 2021- March 31, 2021

- AERS completed a total of 898 assessments.
- NMS served 624 patients, excluding those who passed away and participants who are dis-enrolled.

Medical Assistance Transportation (MAT)

- MAT provides non-emergency transportation to Medicaid covered medical services.
- As a result of the pandemic, the program has seen a reduction in services since FY 20.
- Current trends in ridership will continue due to the availability of telehealth medicine.
- July 1, 2021 - March 31, 2022: Clients have been screened and scheduled for transportation to approximately 34,063 medically necessary appointments as compared to
 - FY 19: 65,262
 - FY 20: 49,289



Medical Assistance (MA) Eligibility Administrative Care Coordination

Health insurance program for Maryland residents with qualifying income

- Currently 100,818 residents of Anne Arundel County receive Medical Assistance benefits.

Medical Assistance Eligibility Program Completed:

- 11,739 verifications,
- 539 applications from special projects,
- 1704 new Medical Assistance applications and
- 1651 renewals.

Services are provided at three locations: Annapolis, North County and South County.

Administrative Care Coordination Program

- Educates and helps MA recipients to navigate the Medical Assistance system.
- Received 1884 prenatal risks assessments and infant referrals.
- Responded to more than 6,370 telephone calls/emails/texts.
- 142 complaint resolutions resolved.
- 30 assistance request referrals from Managed Care Organizations.



School Health and Support



Whole School, Whole Community, Whole Child

School Health Room Services

Health Room Statistics for School Year September 2021- March 2022

Total Health room visits = 361,436

- Illnesses = 109,417
- Injuries = 63,148
- Medications administered = 89,031
- Treatments performed = 68,184
- 911 Calls = 320
- Individual health counseling = 21,359



School Health Room Services

Health Room Statistics for School Year September - March



Crisis Interventions (violence, suicide threats, substance misuse, abuse/neglect, and social/emotional):

- School Year 2021-2022 = 5,059
- School Year *2019-2020 = 6,840
- School Year 2018-2019 = 6,421

Narcan:

- School Year 2021-2022 = 3
- School Year *2019-2020 = 3
- School Year 2018-2019 = 1

*Note: Schools were closed from September 2020 - March 2021

Crisis Response System - Increased Children's Needs

Children's Warmline Calls In

- Average 223 calls/month in FY 20
- Average 302 calls/month in FY 21
- Average 352 calls/month in FY 22

An increase of 57.8% + from FY 20 to FY 22

Children's Mobile Crisis Dispatches

- Average 37 dispatches/month in FY 20
- Average 44 dispatches/month in FY 21
- Average 50 dispatches/month in FY 22

An increase of 35.1% + from FY 20 to FY 22

School Health: The STAR Program In Middle Schools



**In High Schools Since March 2019 and Launching in
all Middle Schools May 2022**



Substance Use and Mental Health Screening

School Health: Audiology Program

School Year 2021-2022

Provided mandated educational and clinical audiology services to over 350 AACPS students with hearing loss, including:

- Participation in IFSP/IEP/504 meetings for placement services and classroom modifications
- Observation of students and classroom environments
- Administration of audiological examinations
- Fitting and monitoring of assistive technology
- Providing in-services on hearing loss and treatment



School Health: Vision and Hearing Screening

Screening Totals for 2021/2022 School Year: (September 2021 - March 2022)



| | Vision Number Screened | Vision Number Referred | Vision Number Follow-up | Hearing Number Screened | Hearing Number Referred | Hearing Number Follow Up |
|-------------------------------|------------------------------|------------------------------|-------------------------------|-------------------------------|-------------------------------|--------------------------------|
| Public Schools | 23,198 | 3,277 | 1,054 | 23,168 | 263 | 71 |
| Non-Public Schools | 1,318 | 92 | 30 | 1,320 | 14 | 5 |
| TOTALS | 24,516 | 3,369 | 1,084 | 24,488 | 277 | 76 |

Provided vision and hearing screenings to detect vision or hearing problems that may impair a student's ability to access their education.

SH: Turnover Rate

July 2021 - March 2022

Total School Health Staff: 344

Total Resignation: 125

- School Nurse - 51
- LPN Student Aide - 7
- Health Aide - 67

Turnover Rate: 36%

Note: *70% of SHS staff have turned over since the beginning of the COVID-19 pandemic (March 2020)



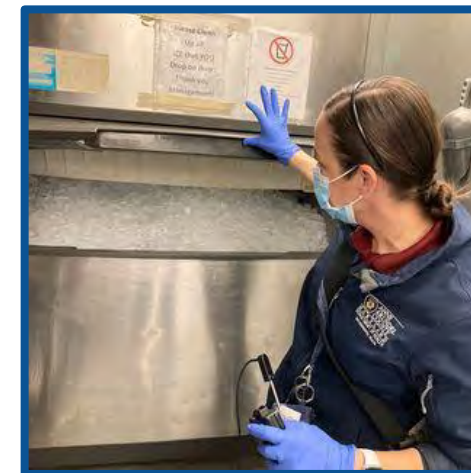
Environmental Health: Food Protection Services

- Responsible for the licensing and/or inspection of all food service facilities: restaurants, grocery stores, bars, mobile food trucks, bed and breakfasts and temporary events.
- Respond to complaints of food service facilities not operating properly or in a sanitary manner.
- Provide guidance to food service facilities on operating safely during the pandemic.



Food Service Facility Inspections

- **4,331** inspections at more than 2,500 licensed food service facilities from 7/1/2021 - 3/31/2022
- **3,157** routine inspections on permanent food service facilities (80% of the COMAR 10.15.03 mandate)
- **585** re-inspections to ensure correction of critical item violations or numerous minor violations cited
- **414** complaint investigations for licensed and illegally operating food service facilities
- **175** routine inspections and re-inspections on mobile and temporary food service facilities



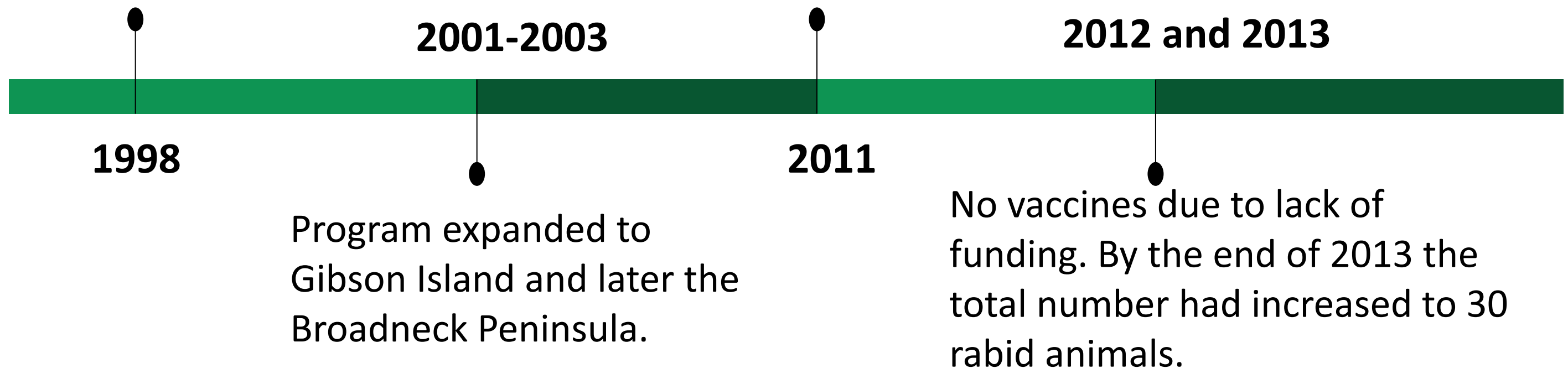
Oral Rabies Vaccination Program

- 1997: Anne Arundel County had the highest number of terrestrial rabid animals in Maryland with 97 including 79 raccoons.
- 1998 a piloted Oral Rabies Vaccination (ORV) program began on the Annapolis Peninsula.
- 2000 it was expanded to Gibson Island. 2003 it was expanded again to include the Broadneck Peninsula. The program went countywide 2011.
- Was a partial federal government grant funded program and the grant was eliminated in 2011. By 2011, Anne Arundel County only had 4 rabid animals including 3 raccoons.
- 2012 and 2013 no vaccines were distributed due to lack of funding. By the end of 2013 the total number had increased to 30 rabid animals Including 27 raccoons.
- 2014 funding was included in health operating budget. Vaccine was distributed again in 2014.
- 2015 rabid animals was down to 5 including 4 raccoons.
- 2020 ended with 13 rabid animals with 10 raccoons.
- 2021 there were 6 rabid raccoons
- 2022 in the first 4 months there have been 2 rabid raccoons

Oral Rabies Vaccination Program

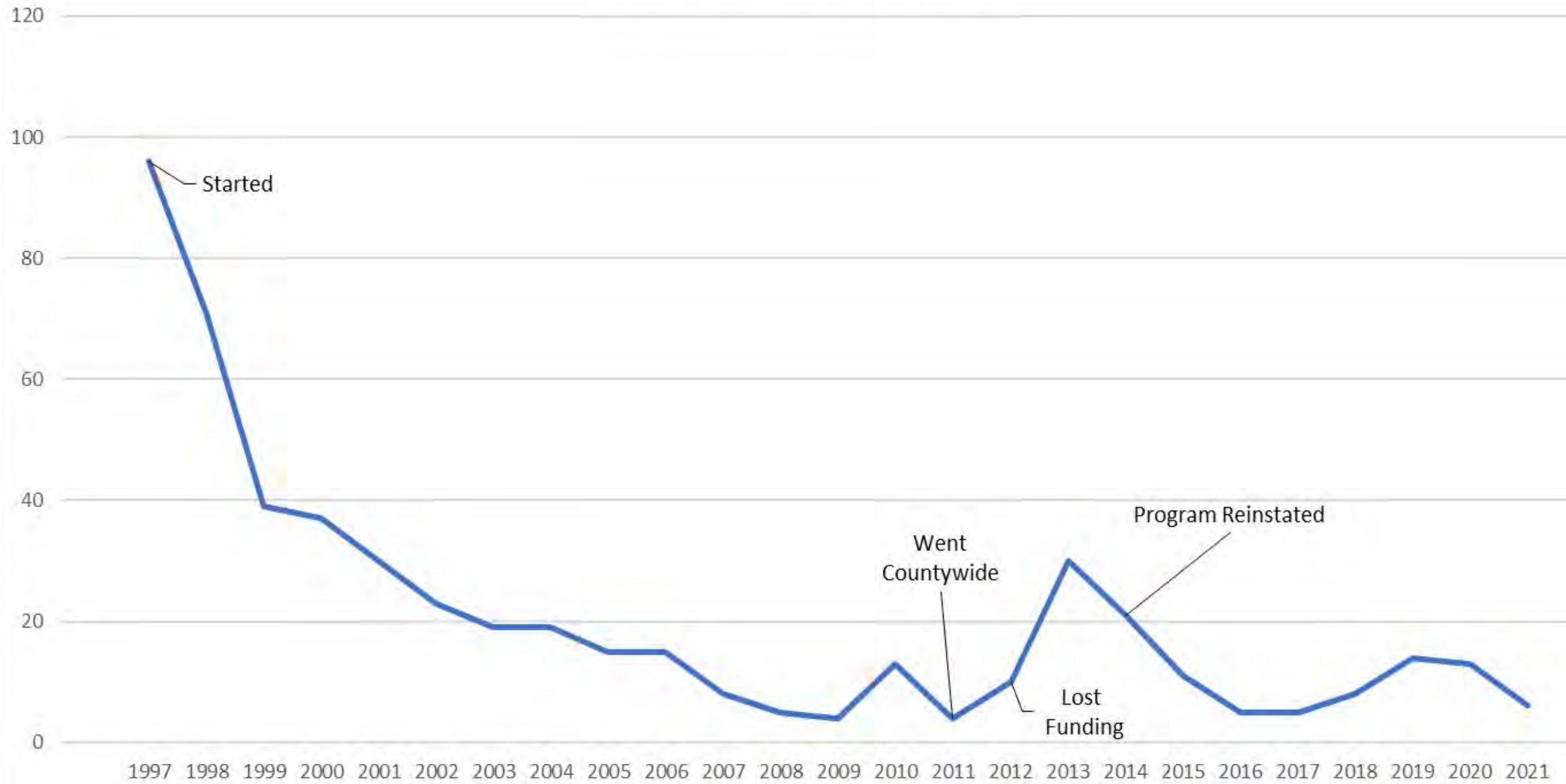
A piloted ORV program began on the Annapolis Peninsula.

Program goes countywide. By 2011, Anne Arundel County only had 4 rabid animals.



*** In the first four months of 2022, there have been two rabid raccoons**

Terrestrial Animal Rabies Anne Arundel Co., 1997-2021



Oral Rabies Vaccination Program (ORV)

- 84,500 vaccines have been distributed by air and ground teams.
- The Anne Arundel County Police helicopter is utilized to distribute vaccines by air.
- The Police partners in making this program successful in distributing a large amount of vaccine by air.
- This is performed large, wooded areas that are undeveloped.



Bay Restoration Fund

- Seeks to improve water quality in the bay by reducing nutrient runoff, especially nitrogen, that lead to algal blooms
- For FY 2022, the Department of Health had \$3.67 million, and funded:
 - 11 public sewer connections
 - 198 BAT (Best Available Technology) installations
- For FY 2022, the Department has been awarded \$3.67 million



MORE INFO



aahealth.org



aahealth.org/covid19data



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THANK YOU!



Anne Arundel County
Department of Health