# Anne Arundel County Board of Health Presentation

Dr. Tonii Gedin, RN, DNP Health Officer Anne Arundel County Department of Health

May 13, 2025
Anne Arundel County Council
Annapolis, Maryland



# Mission, Vision and Motto

# Vision

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

# Mission

To preserve, promote and protect the health and well-being of all people by advancing health equity in Anne Arundel County.

# Motto

Improving Health Together.



# **Key Staff**

- Dr. Tonii Gedin: Health Officer
- Dr. Oluwafunmilola T. Bada: Deputy Health Officer, Public Health
- Shawn Cain: Deputy Health Officer, Operations
- Megan Pringle: Director, Communications
- Sandy O'Neill: Director, Behavioral Health Services
- Jennifer Schneider: Director, Disease Prevention and Management
- Don Curtian: Director, Environmental Health
- Peggy Cruz: Director, Family Health Services
- Karen Siska-Creel: Director, School Health Services
- Courtney Scott: Acting Director, Finance
- Donna Perkins: Director, Office of Assessment and Planning

# Partner Agencies



Adrienne Mickler: Executive Director Mental Health Agency



Dr. Pam Brown: Executive Director
Anne Arundel County Partnership for Children, Youth and Families

# Department of Health Overview

**Founded October 1930** 

**Operating Budget:** \$93,100,000 FY25

**Employees:** 945 budgeted positions | 120 currently vacant positions

#### **DOH Offices:**

Annapolis Health Center (DOH Headquarters) | B&A Boulevard | Baymeadow Health Services-Glen Burnie | Behavioral Health Building-North | Behavioral Health Building-South | Brooklyn Park Health Center | Glen Burnie Health Center | Health Annex | Lula G. Scott Community Center | Magothy Health Center | North County Health Services Center | Parole Health Center



# Strategic Plan 2023 - 2025

Our vision remains the same.

Our mission is updated to identify health equity as the way in which we improve health for all.

#### **Our Priorities**

- Reinvigorating the workforce
- Enhancing Infrastructure
- Deepening and expanding community partnerships
- Advancing health and health equity

We remain committed to achieving optimal health for all county residents. Pursuing health equity was emphasized throughout the planning process.

Achieving health equity requires acknowledging and addressing the structural and social factors that contribute to health disparities.

#### View at:

AAHealth.org/strategic-plan



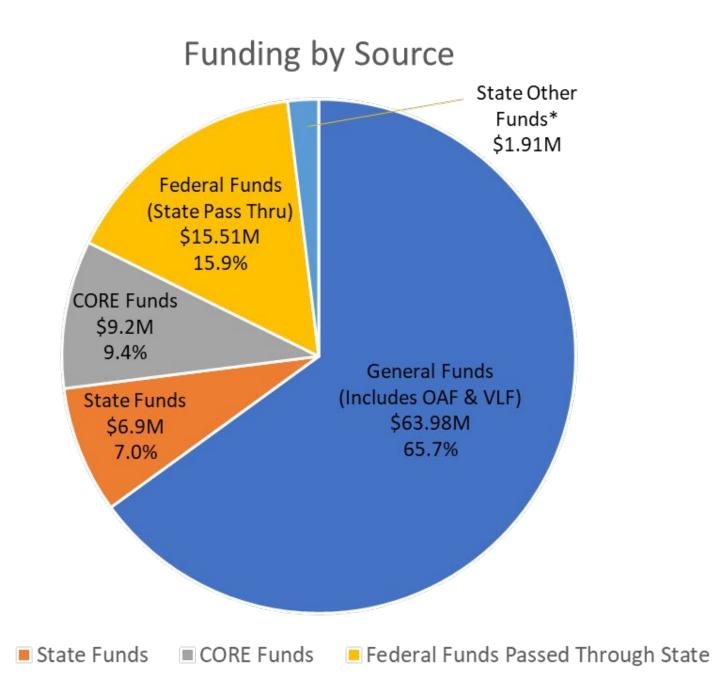




# FY26 Proposed Budget by Funding Source

General Funds

General Funds	59,404,200	61.0% 4.6%	
Opioid Abatement Fund	4,489,800		
Video Lottery Fund	90,000	0.1%	
Grants	33,444,000	34.3%	
	97,428,000	100.0%	
Grant Funding Breakdowr State	6,864,587.00	7.0%	
State		7.0% 9.4%	
State	6,864,587.00	9.4%	
State CORE	6,864,587.00 9,155,089.00	93638	



Other

<sup>\*</sup> Special & Reimbursement State Funds

# Measles

- This year, new measles outbreaks have been reported across the U.S.
- In 2000, measles was declared eliminated in the U.S.
- Before this year, there had only been three measles deaths since 2000, 2003 and 2015.

### What is measles?

Measles is a highly contagious disease caused by measles virus. It typically causes a cough, red eyes and rash.

# How does measles spread?

Measles is one of the most contagious infectious diseases. It spreads through the air and via droplets. The virus can stay in the air for several hours after an infected person coughs or sneezes; it does not require close contact with an infected person to transmit.

# Is measles dangerous?

Yes. In the U.S., about 1 in 5 unvaccinated people will require hospitalization from measles. Measles can also lead to more severe issues, including pneumonia, encephalitis, brain damage and pregnancy complications.

# **Prevention**

The Measles, Mumps and Rubella (MMR) vaccine is the best way to prevent measles. The MMR vaccine is safe and works well. One dose prevents measles about 93% of the time, and two doses prevent it about 97% of the time.

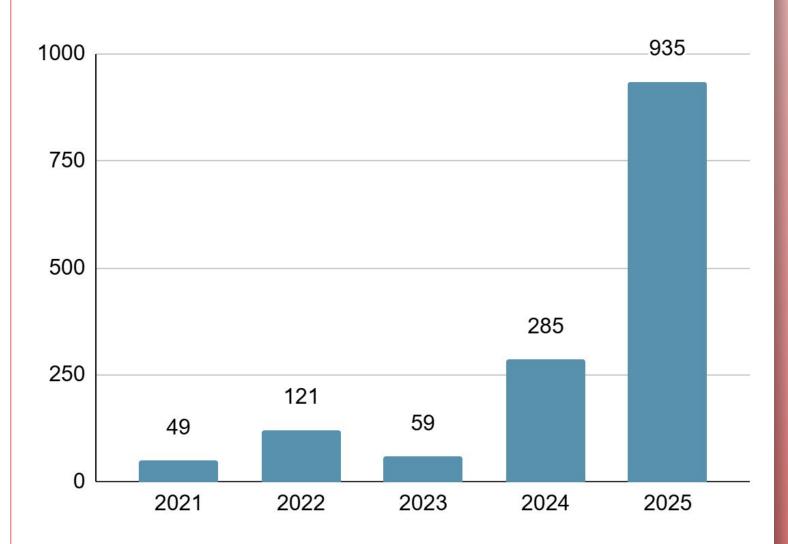
# Measles

is one of the most contagious diseases in the world

One person with measles can infect 9 out of 10 unvaccinated close contacts.

- Globally still a common disease, infecting over
   10 million people worldwide (2023).
- In the U.S., measles cases in 2025 is already more than **10 times** higher than in 2023.
- As of May 1, 2025, **935** measles cases have been reported in the U.S. from 30 jurisdictions
  - 93% of these cases are associated with outbreaks of measles
  - 96% of these cases were unvaccinated or vaccination status was unknown

# **Yearly Measles Cases, United States, 2021-2025\***



<sup>\*</sup>Data from 2023-2025 are preliminary. 2025 cases are through 4/16/25

# Measles in Maryland

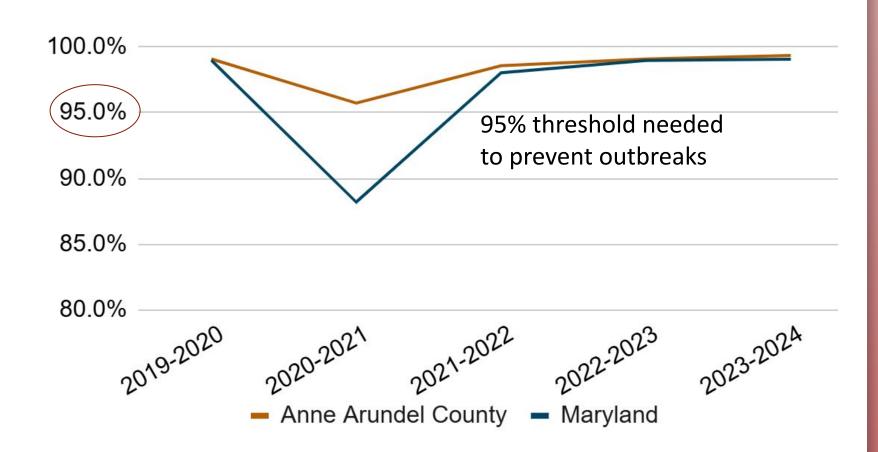
In the 2023-2024 school year, 99.1% of Maryland kindergarten students and **99.3% of county kindergarten students** were fully immunized against measles.

 Communities need to have a 95% vaccination rate to prevent measles outbreaks.

As of May 1, 2025, **three** measles cases have been reported in Maryland.

- All three cases were linked to international travel.
- None of the cases were Anne Arundel County residents.

Percentage of Kindergarten Students Fully Immunized Against Measles by School Year, 2019-2024



Highly Pathogenic Avian Influenza (HPAI) Also known as bird flu, H5N1, H5 bird flu

### **BIRDS**

U.S. outbreak of avian influenza was declared in February 2022.

Since then, Maryland has had:

- 11 affected commercial flocks
- 4 affected backyard flocks
- 2,808,751 total birds affected

**Three** backyard flocks have been detected in Anne Arundel County:

- One in September 2022
- One in March 2025
- One in May 2025

#### LIVESTOCK

U.S. outbreak of avian influenza in livestock was declared in March 2024.

Since then, in the U.S.:

- Detections in 995 herds in 18 states (mostly infected cattle)
- Maryland joined the National Milk Testing Strategy
- HPAI has **not** been detected in livestock in Maryland

# **HUMANS**

Since 2024, **70** confirmed cases of H5 avian influenza have been detected in the U.S.

- One person has died
- Most cases (93%) were exposed to cattle or poultry
- No cases have been reported in Maryland

In Anne Arundel County, wastewater testing for Influenza A H5 began in September 2024

 No detections as of March 2025

# Youth Vaping and Cannabis Prevention

The Department of Health will be using a multilayered campaign across various platforms to reach parents and youth to prevent cannabis use and vaping.



# **DOH Campaign with AACPS**

This year, the Department of Health will launch a youth-focused, anti-vaping campaign through a video contest, in partnership with AACPS. The campaign will encourage youth to create and submit short videos highlighting the dangers of vaping. The top five winning videos will be awarded prizes and featured in an advertising campaign across television, social media and Over-The-Top streaming platforms.

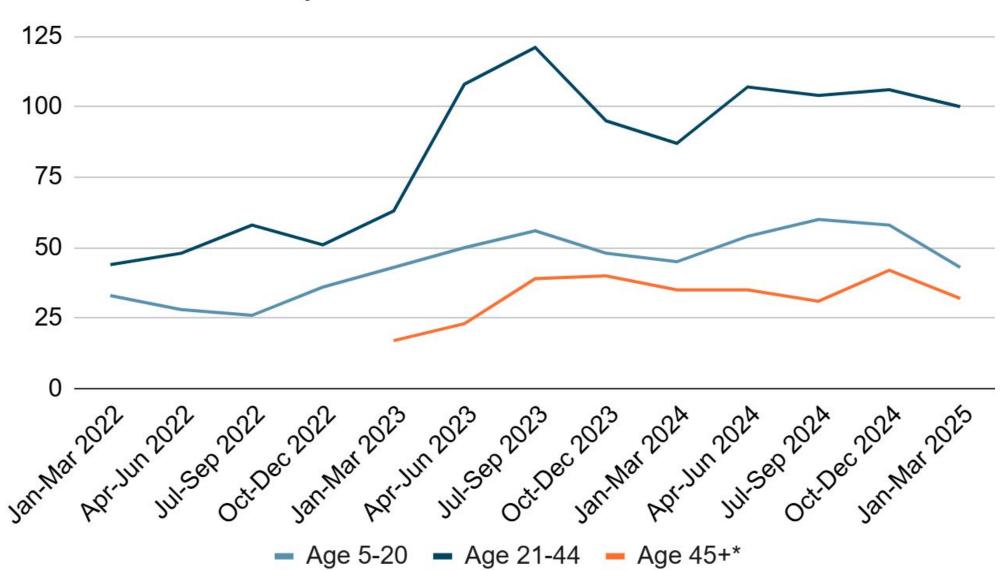
### The campaign seeks to:

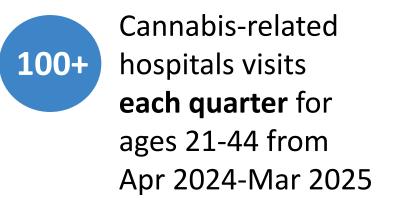
- Increase awareness among youth about the risks associated with vaping
- Encourage creative engagement from young people in spreading an anti-vaping message
- Amplify the reach of the winning videos through television and OTT advertising
- Foster community involvement and peer-led messaging to discourage vaping

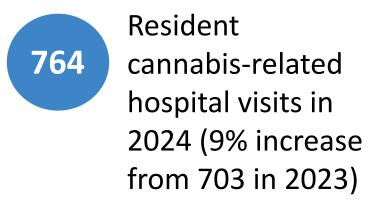
This campaign is paid with Juul settlement funds.

# Cannabis in the County

Cannabis-related Hospital Visits by Age Group, Jan 2022 - Mar 2025, Anne Arundel County Residents







Behavioral Health Services has increased awareness with outreach, storage bags and public awareness campaigns. Developing messaging specific to youth, parents and pregnant women.

Source: Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE), Chief Complaint and Discharge Diagnosis: Marijuana v3, accessed 4/7/25

<sup>\*</sup>Data prior to 2023 is suppressed due to multiple time periods with <11 visits

## **Food Protection Services**

Food Protection Services has worked to develop an online payment system for food service facility license renewals. The payment portal collects the appropriate fees associated with the renewal process.

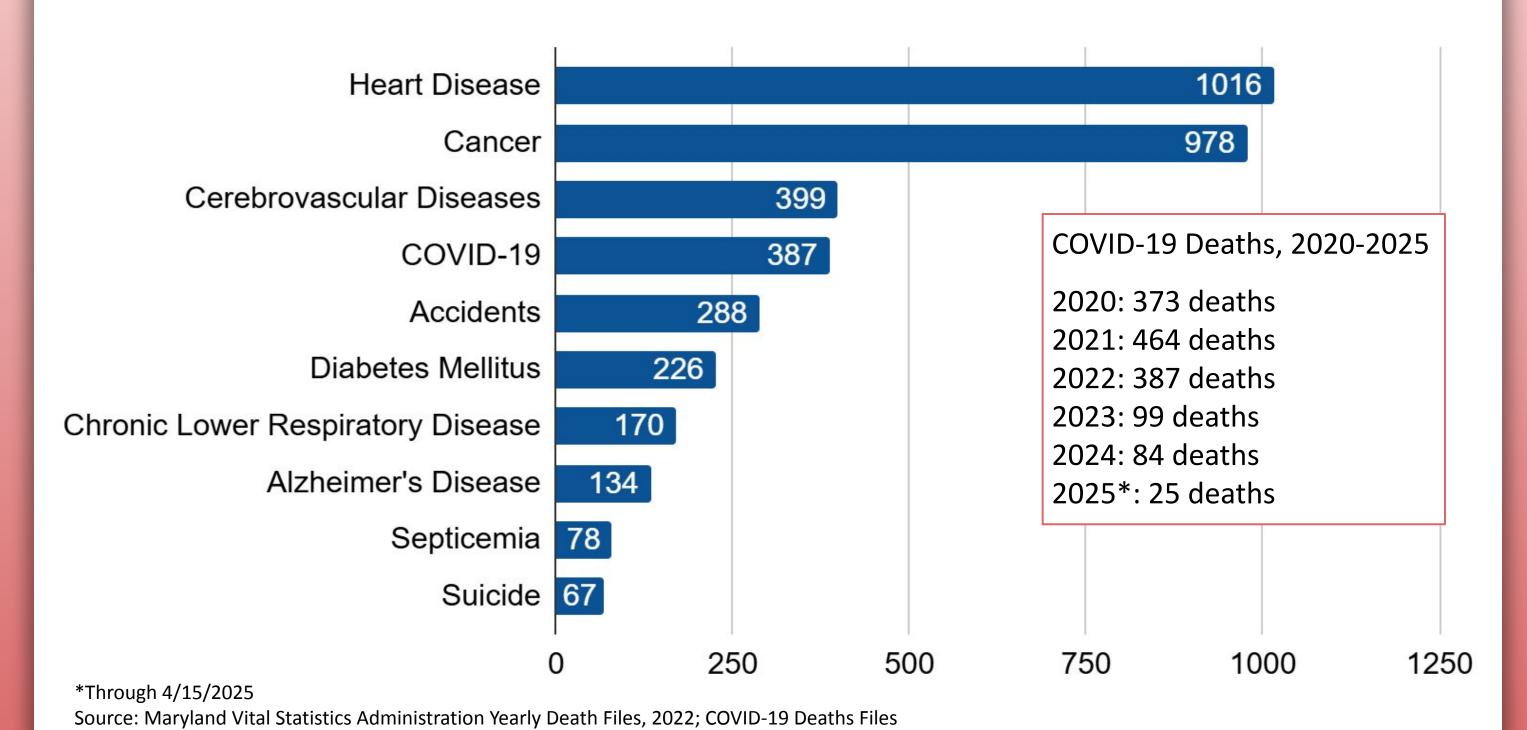
#### This allows:

- a streamlined process for food operators in the county for existing food service facilities to renew their annual licence
- → less administrative work for staff
- increased efficiency
- more transparency
- all documents needed for a licence renewal will be able to be uploaded
- faster way to collect fees, no longer relying on mail, paper checks and cash payments
- easier and quicker way to renew and receive your licence





# Leading Cause of Death in Anne Arundel County **2022** Leading Causes of Death, Anne Arundel County

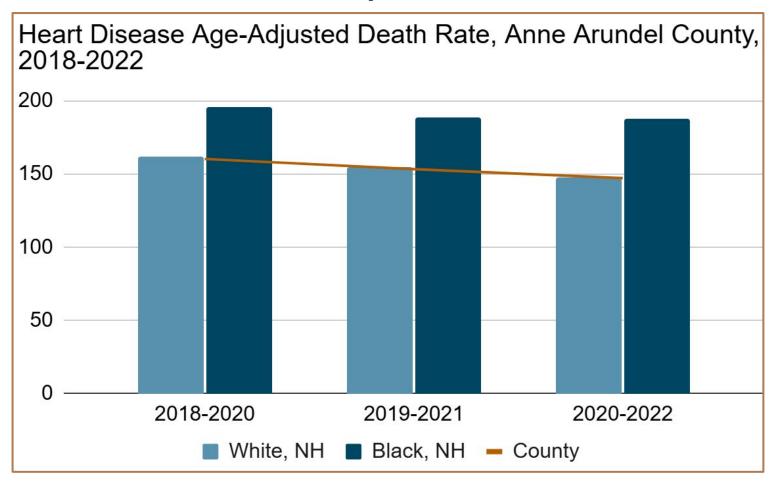


# Leading Cause of Death in Anne Arundel County

# **Heart Disease**

Leading cause of death in the county in 2022, causing **one out of every five deaths** 

- Black non-Hispanic residents consistently have a **higher** rate of death due to heart disease than white non-Hispanic residents
- Hospitalizations due to heart disease among Medicare beneficiaries ages 65+ are higher among Black non-Hispanic residents compared to white and Hispanic residents



# Heart Disease Hospitalization Rate per 1,000 Medicare Beneficiaries Age 65+ by Race/Ethnicity

	2017-2019	2018-2020	2019-2021
Anne Arundel County	38.5	35.7	34.2
White	37.6	35.0	34.0
Black	48.5	43.5	39.8
Hispanic	17.0	21.7	24.2

Age-adjustment was done using the direct method with the 2000 U.S. Standard Population.

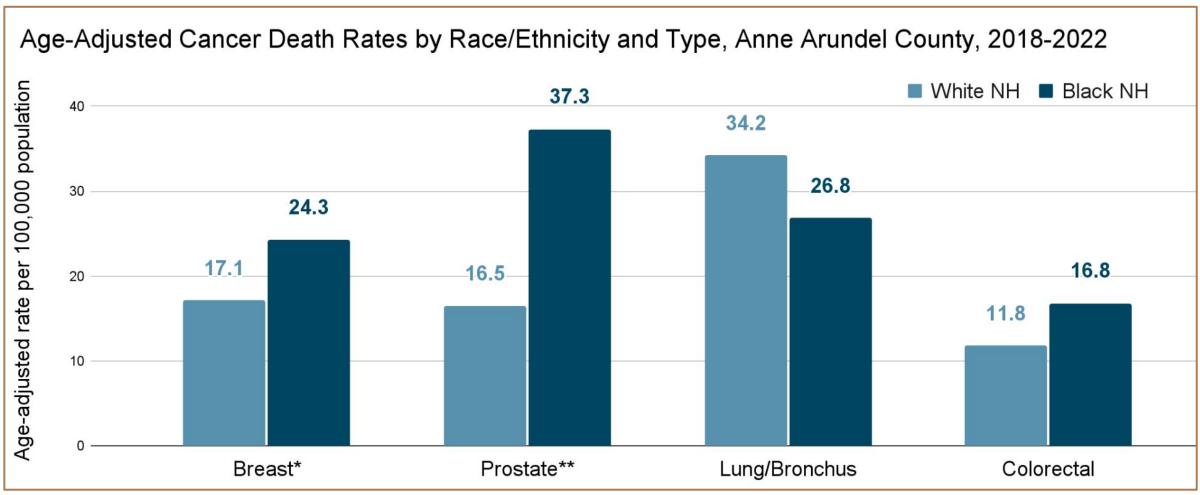
Data Sources: Maryland Department of Health, Vital Statistics Administration, Death Files, 2018-2022; CDC WONDER Single-Race Population Estimates; Centers for Disease Control and Prevention, Interactive Atlas of Heart Disease and Stroke.

# Leading Cause of Death in Anne Arundel County

# **Cancer**

Second leading cause of death in the county in 2022, causing nearly one out of every five deaths

- → Breast, prostate and colorectal cancer death rates were **higher** for Black NH residents
- → Prostate cancer death rate for Black NH males was 2.3 times higher than white NH males
- → Death rate of lung/bronchus cancer was **higher** for white NH residents



<sup>\*</sup>Denominator includes only biologically female residents, \*\*Denominator includes only biologically male residents, NH = Non-Hispanic Data Source: U.S. Cancer Statistics Working Group. U.S. Cancer Statistics Data Visualizations Tool, based on 2023 submission data (1999-2020), U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute

#### 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.

#### **Goals of the GVIT**

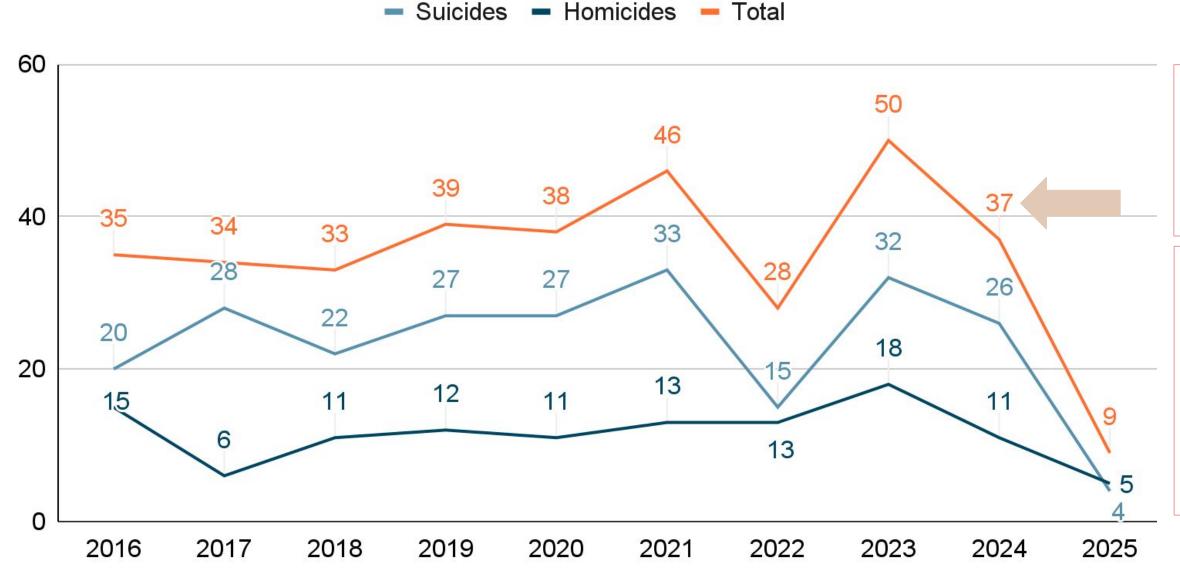
- Address gun violence as a public health issue through community engagement, data and evidence-based practices.
- Multi-agency effort focused on reducing death and harms from gun injuries.
- Utilizes a Policy-Systems-Environment (PSE) public health framework.
- Strategic Plan released on June 28, 2022.

# **Community Engagement**



Data-driven, evidence-based practices

# **Gun Deaths Occurring Within Anne Arundel County**



Gun-related deaths 26% lower in 2024 compared to 2023.

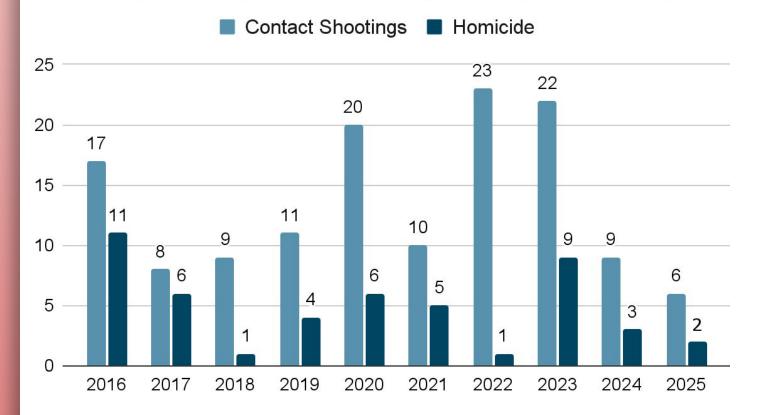
2025: gun-related suicides are trending to be lower. Homicides are higher to date compared to 2024.

Source: <u>GVIT Data Dashboard</u> as of April 10, 2025

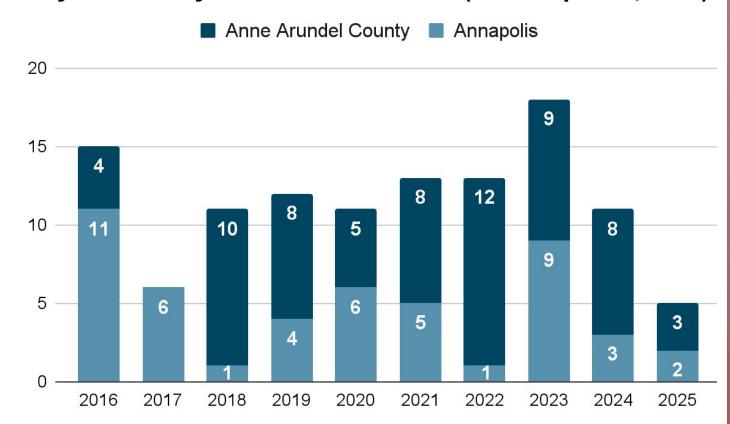
Data provided by the Anne Arundel County Police and Annapolis Police Department

Data for Gun Violence Occurring in the County (2016-April 11, 2025)

#### Annapolis City Gun Violence (2016 - April 11, 2025)



#### City and County Gun Homicide Totals (2016 - April 11, 2025)



- There were 3 Homicides in Annapolis City in 2024 compared to 9 in 2023.
- The majority of homicide victims are Black and male.
- Half (46%) of homicide victims in Annapolis City between 2016-2025 were between 14-24 years of age.

<sup>\*</sup>Data provided by the Anne Arundel County Police and Annapolis Police Department as of 4/11/2025

# **Accomplishments** March 3

**Education and Policy** 

Community

Data

- Ongoing legislation monitoring and testimony/letter preparation
- Development of policy briefs highlighting current evidence and laws
- Developed suicide prevention resources, toolkits and gun lock rack card
- Gun lock distribution (Library and partners)
- Monitoring Eastport Violence Interruption Program (VIP)
- Training new gun lock distribution partners
- Developing North County gun violence Action Plan
- Implementing North County community revitalization
- Partnered with Roca for North County after-shooting protocol
- Post-trauma/healing trainings for partners and residents
- Launched new user-friendly data dashboard (Tableau)
- ERPO data tracking through court system and police partners

# Gun Violence Intervention Team June 2025 Community Meeting

June 5, 2025 5:30 p.m. - 7:30 p.m.

Location:
Busch Annapolis Library
Annapolis

**Project updates**: Data, Violence Interruption Program, Partnership with Roca were highlighted.

Open Discussion for community residents to ask questions and obtain answers from government officials



Register at AAHealth.org/gvit-meeting

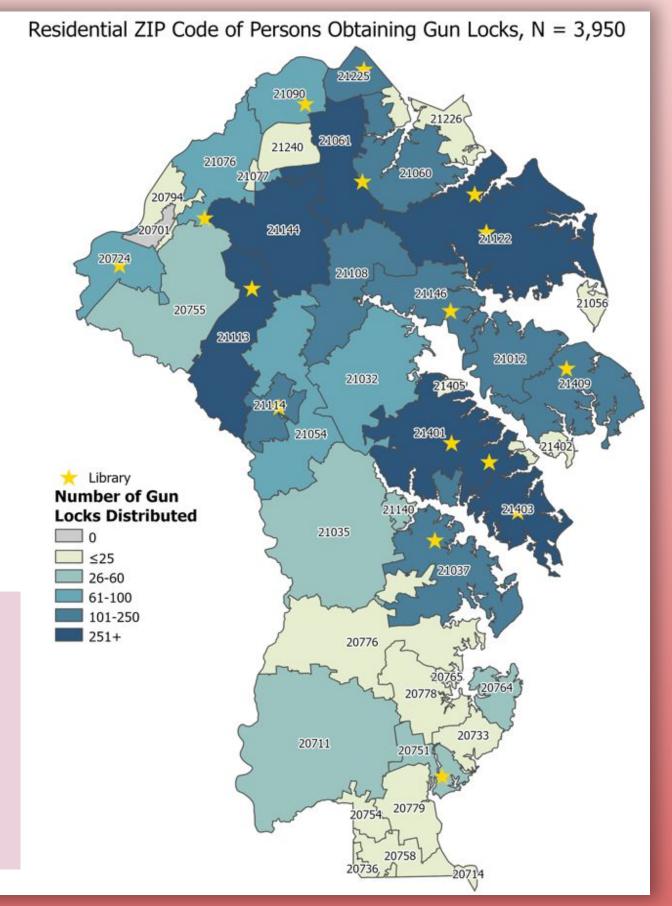
# **Gun Safety Lock Distribution**

As of March 31, 2025, **7,857** gun safety locks were distributed. The Department of Health is partnering with additional organizations, including:

- Man Up Anne Arundel
- No HARM, City of Annapolis
- Anne Arundel Community College
- Anne Arundel County Department of Social Services
- Anne Arundel County Office of Emergency Management
- Annapolis Pediatrics
- Health Ambassadors Partners
- Governor's Office of Crime Prevention and Policy

# **Anne Arundel County Residents:**

- → **141 residents** go to a Maryland hospital or emergency department due to a gun-related injury each year on average (2019-2023).
- → 56% of these injuries are due to accidental discharge meaning the injury was due to the mishandling of a gun.



# Gun Violence Prevention

# **Cure Violence Annapolis**

# What is violence interruption?

Involves working with people at risk of committing or being the target of violence to prevent violence. It is an urgent response to violence. Violence interrupters from the community work in the community to find alternatives to looming violent situations.

## What is the Impact?

- Decrease gun homicides, crime and injuries overtime.
- Empowers communities to denormalize local violence.

# **Violence Interruption Includes:**

#### **Street Outreach:**

- Youth mentorship
- Conflict mediation
- Resource navigation

# **Programs and Skills:**

- Employment
- Education
- Life Skills

#### **Collaborate with system partners to track:**

- Goals and performance measures
- Progress updates
- Impact reports

# **2024 Cure Violence Annapolis**

- Hired staff
- Conducted training for Violence Interruption
- Held trainings for database use and program management
- Moved into Eastport office space
- Started data collection
- Published reports
- Host community events



# Gun Violence Intervention Team Cure Violence Annapolis Report October - March 2025

3,521 Hours: Interruption
Staff canvass the community, intervening in crisis, mediating disputes between individuals, and interceding in group disputes to prevent acts of violence.

Staff work to change the thinking on violence at both the community level and society at large.

429.5 Hours: Behavioral Change
Staff work to change the thinking on violence at both the community level and society at large.

# **Work in Progress**

- Intentional recruitment
- Creating events to support the community

# **Challenges and Barriers**

- Operational issues
- Data logging
- Recruitment of high risk participants

# Gun Violence Prevention Gun Violence within one mile of Eastport

2023 2024 Annapolis Annapolis ★ Eastport Incident Type Assault Contact Shooting Homicide 387 Robbery/ Carjacking/ Home Invasion

# Gun Violence Intervention Team Victim Support

Roca received a state grant to expand their after shooting protocol program into Anne Arundel County starting with the northern region.

Roca aims to interrupt the cycle of violence with specific outreach tailored to the needs of shooting victims. Roca engages within 24-48 hours of the incident, offering them critical services and support.

#### Services include:

- Obtaining essential documents
- Applying for vouchers
- Workforce development and employment opportunities
- Mental health assessments
- Healing circles
- Victim services applications
- Relocation assistance

#### **More about Roca**



Identifies and focuses on young people most likely to shoot or be shot



Utilizes outreach to engage them and build trust



Use an evidence-based model, rooted in brain science to heal trauma and provide skills to change behavior

Roca is working with young men aged 16-24 and began accepting referrals on February 1, 2025. To date, they have received 3 referrals.

# Healthy Anne Arundel Coalition (HAAC)



### **FY25 Focus Areas:**

- 1. Mental Health
- 2. Obesity

# Countywide collaborative led by the DOH

- Community organizations
- Faith-based institutions
- Economic development
- Federally Qualified Health Centers

- Hospitals
- County government agencies
- Private organizations
- Non-profits



# Healthy Anne Arundel Coalition: FY25 Goals

# **Mental Wellness Workgroup**

#### **Promotion**

- Bi-weekly email county happenings with over 500 subscribers (ongoing) \( \strice{\pi} \)
- Crisis Warmline/Mental Health Resources PSA (planning) \*
- May 2025 Mental Health Awareness Month Campaign (planning soon)

#### **Policies**

- Weekly email to communicate 2024
   Maryland General Assembly mental health bills (January - April) +
- Promote policy to include mental health resources in employee orientation for county employers (starting soon)

# Healthy Eating, Active Living Workgroup

#### **Promotion**

- Training on Find Help resource platform for Community Health Ambassadors (ongoing)
- Partner showcase (ongoing)
- 2025 Healthy Anne Arundel Day (planning soon)
- Healthy Food Drives

#### **Policies**

- Support work of the Food Council (ongoing)
- Promote disability inclusion policies (in progress)

These goals align with the Local Behavioral Health Authority (LBHA) Plan priority for Education and Prevention to increase programs that promote mental well-being, reduce trauma, and prevent substance misuse, suicide, and other risky behaviors.



# Healthy Anne Arundel Coalition (HAAC)

2025 Healthy Anne Arundel Day April 7





#### **Health Fair Hub Events**

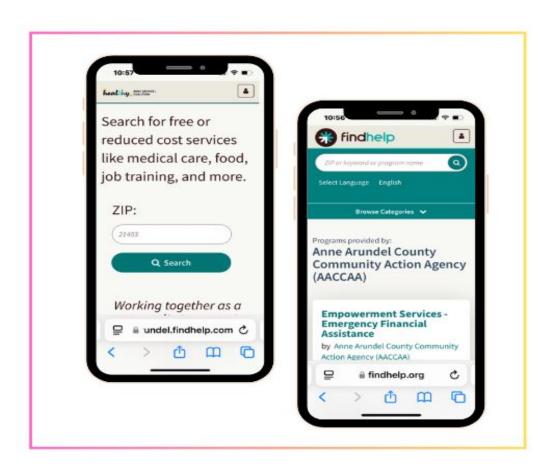
- 40 Resource Exhibitors
- 500+ Community Members Served
- Each hub featured an accessible/ adaptable program, including adaptive tennis and water fitness
- Free activities and services offered from local agencies and businesses from April 1 -7
- Pounds of healthy food collected for the Anne Arundel Food Bank Healthy Food Drive



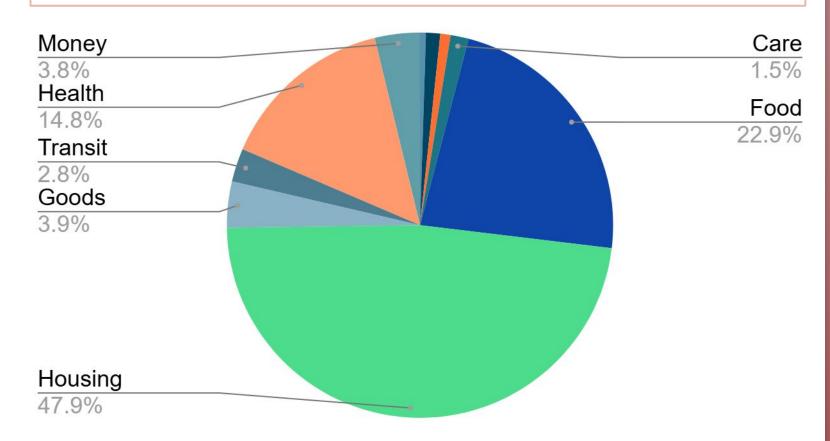
# Healthy Anne Arundel Coalition

The FindHelp tool allows us to track types of programs and services community members are seeking.

- Community Health Ambassadors (CHA) received training to use FindHelp in outreach efforts
  - 32 active CHA accounts
- Widget available for HAAC partners to feature on their websites
  - Currently used by AA County Food Bank



# **Total searches: 1,825**Searches by category July 1, 2024 - March 31, 2025



#### HAAC and DOH created a Mental Health Awareness webpage:

AAHealth.org/mental-health-awareness-month

# Health Equity and Racial Justice

Health Equity

is the state in which everyone has a fair and just opportunity to attain their highest level of health.

**Racial Justice** 

is recognizing that challenging institutional and structural racism is essential if we are to support the creation of a just and equitable society.

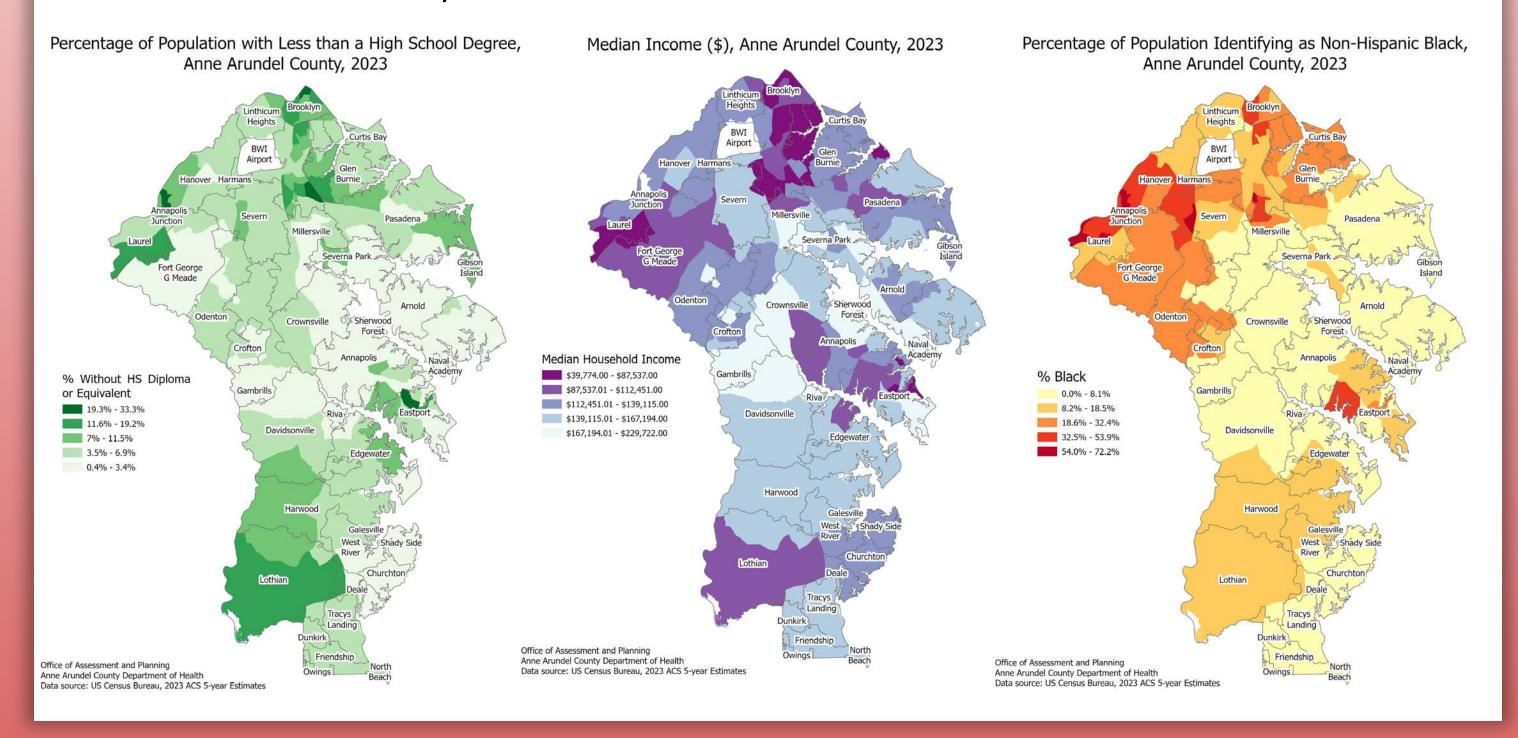
Demographic, Socioeconomic, and Health Indicators by ZIP Code in Anne Arundel County, 2023								
	_	Poverty	Percentage Without High	Percentage of Households with	2023 ED Visit Rate	Percentage Low Birthweight Infants	Minority	
ZIP Code	Area	Percentage	School Diploma	SNAP	per 1,000	(2018-2022)	Population	
20711	Lothian	13.4%	17.6%	7.8%	289.4	9.1%	40.4%	
20724	Laurel	10.1%	7.5%	8.6%	220.6	9.5%	76.0%	
20765	Galesville	9.8%	6.9%	19.0%	188.7	Suppressed	30.7%	
20776	Harwood	7%	9.0%	11.0%	271.7	5.2%	23.9%	
21060	Glen Burnie (East)	8.8%	8.8%	12.8%	298.0	8.3%	45.2%	
21061	Glen Burnie (West)	9.0%	10.2%	13.2%	317.6	9.1%	50.0%	
21122	Pasadena	5.0%	6.5%	6.5%	225.0	7.0%	19.5%	
21144	Severn	4.7%	5.4%	7.4%	232.3	8.6%	56.9%	
21225	Brooklyn	22.3%	21.0%	25.7%	379.9	12.1%	68.3%	
21226	Curtis Bay	15.5%	12.6%	21.6%	250.3	9.5%	41.3%	
21401	Annapolis	7.1%	4.4%	7.5%	276.0	6.6%	31.3%	
21403	Eastport	4.9%	9.3%	4.8%	245.8	8.2%	35.4%	
	Anne Arundel	5.5%	6.2%	6.5%	229.9	7.7%	37.3%	

Red = Higher than county average

Source: U.S. Census American Community Survey 5-year Estimates 2019-2023; HUD USPS ZIP code crosswalk files accessed 5/6/25; Maryland Health Services Cost Review Commission Outpatient Files, 2023; Maryland Vital Statistics Administration Birth Files, 2018-2022

# Education, Income and Race in Anne Arundel County

Education and income disparities that drive poor health outcomes also align with where people of color reside in the county.

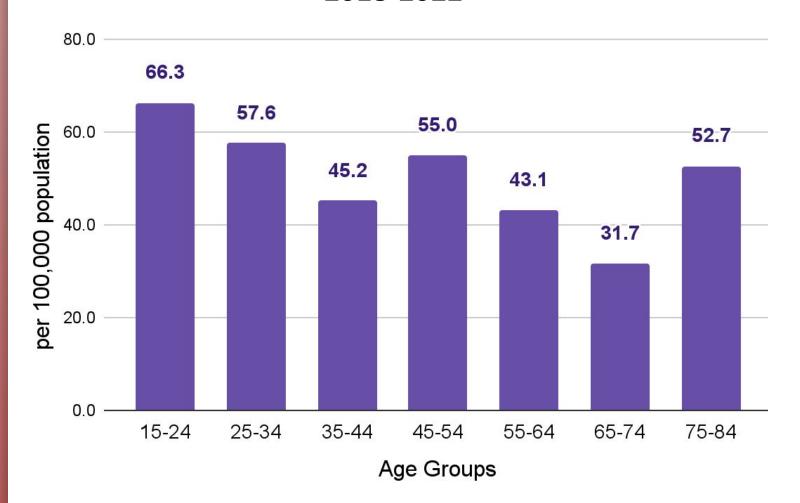


# Motor Vehicle Traffic Deaths and Injuries

Total of **253** County Resident Deaths 2018-2022

- 73% were Male
- 71% were white, non-Hispanic
- 37% were ages 15-34 years

# Age-specific Rate of Motor Vehicle Traffic Deaths, 2018-2022



# 53 (21%) of the 253 Deaths were Pedestrians

- 79% were Male
- 62% were white, non-Hispanic
- 36% were ages 15-34 years
- 2020-2023: around 4,000 emergency department (ED) and hospitalization visits by county residents related to motor vehicle traffic injuries, down from about 6,000 per year from 2017-2019.
- ED visits for pedestrians ages 0-17 years
   decreased by 26% from 76 in 2018-2020 to
   56 in 2021-2023.
- Among children pedestrian ED visits from 2021-2023, Black and Hispanic children are overrepresented:
  - 36% are Black, non-Hispanic
  - o 21% are Hispanic
  - 21% are white, Non-Hispanic

# Health Equity Racial Justice (HERJ) Office

Hosts monthly forums bringing together nearly 90 health equity experts, decision-makers, stakeholders, leaders and community members who live, work, play, worship and learn in Anne Arundel County.

Community Health Workers attended **over 40 community events** from July 2024 - April 2025, and two CHWs have obtained certification in FY25.

**Between July 2024 - April 2025:** 7 Health Equity forums were held, discussing a range of topics through a health equity lens and amplifying related resources.

- Back-To-School Respiratory Illness
- AACPS Mentorship Program
- Hispanic Heritage Awareness Month
- Telehealth Pilot in Partnership with AACDOH
- Transportation and Pedestrian Planning
- Health Equity Community Recognition
- Colorectal Cancer Awareness
- Black Maternal Health Panel

- Emergency Management Through a Health Equity Lens
- Multicultural Affairs Guide for Family Preparedness and Resources
- Cure Violence and Gun Violence
- National Recovery Month
- Suicide Prevention Awareness
- Mental Health Awareness

To register for upcoming forums and watch forum videos, visit AAHealth.org/health-equity-forums

# Community Health Ambassadors Program

FY25 Goal: Authentic engagement with Anne Arundel County community members burdened by unfair and unjust conditions that impact health.

- Engage, educate, inform and share resources on access to care, behavioral health, community safety, COVID-19 and weather preparedness.
- Hire, retain and train culturally and linguistically diverse Community Health Ambassadors who are from and trusted in local neighborhoods.
- Support community capacity building through grant awards to seven community partners.















# Community Health Ambassadors

#### **FY25 Trainings**

#### Trainings either taking place or planned include topics such as:

- Mentorship Programs AACPS Office of Equity and Innovation
- Prevention Training
- Intimate Partner Violence Training
- Community Advocacy Training
- Psychological Body Armor Training
- Instruction Training for Youth Mental Health First Aid
- Community post-Traumatic Growth
- Health-Centered Care
- AACDOH programs: Cancer Screening, Alcohol Misuse and Gun Violence prevention



#### **New Opportunity**

In Spring 2025, CHA staff have been encouraged to apply for a scholarship to a free Community Health Worker certification program through the Institute of Public Health.

One Ambassador has already been accepted in the program.



# Community Health Ambassador FY25 Outreach

#### **Community Engagement**

#### Between July 2024 - March 2025:

Community and Educational Events
Hosted or Attended

**8,166** Residents reached at Community and Educational Events

**1,503** Residents referred to resources

7,742 Resident Assessments Conducted

Assessments and referral data collected by the was used in FY25 for the Community Health Needs Assessment and the School-Based Health Center Assessment.

#### Mental Health First AID (MHFA) Training

- → 12 CHAs certified (including Korean and Spanish speaking)
- → 8 MHFA 8-hour sessions facilitated by Mental Health First Aid Association certified CHA totaling 89 participants
- → 3 Youth MHFA sessions facilitated by Mental Health First Aid Association certified CHA totaling 43 participants

FY25: Community Health Ambassadors were certified as **instructors** in **Youth** MHFA



# What Our Partners Say

Stories and Insights from some of our Community Health Ambassador Program Partners.

"..., we met a Senior Citizen. She expressed how everything was expensive and how she had a turn-off notice for her BGE bill. We referred her to the Community Action Agency for help with her bill. We followed up with her about a week later. ... She was overjoyed that we checked back in with her. She said normally if someone tells her where to get help for something, they just give her the name and number or address. She appreciated that we gave her everything she needed to apply and came back to make sure she was able to turn it in or didn't have any more questions. We learned during this experience just how important follow-ups are and sometime. Some people just need a few minutes for someone to listen, especially elderly people. If you listen more than talking, you can learn a lot from someone."



"Our most recent success story involved a young woman without housing. A resident came to one of our ongoing sessions, likely initially, to get out of the rain. ... after offering her coffee and chatting with her for a while, we found she had been without housing for some time and she only had the clothes she was wearing. We were able to hear her story, connect her to resources and eventually get her some additional clothing to select from. We have since provided her with regular access to hot meals, weekly food support and currently assisting with her stable housing journey. She expressed her thanks, to know we are available for support as needed."



# Emergency Preparedness and Response FY25 Objectives and Highlights

**Incident Command System (ICS) Staff Training and Exercise** 

The Office of Emergency Preparedness and Response (OEPR) facilitated a training event in September 2024 to apply ICS principles and explore how they structure our preparedness and response efforts. ICS Section Chief training is scheduled for May 2025.





#### **Education and Outreach**

- Developed extreme heat and cold outreach materials to educate and share resources available to individuals, communities and through the DOH Community Health Ambassador program.
- Supported the annual HERricane camp hosted by the AACo Office of Emergency Management by assisting with Stop the Bleed and CPR training, and provided all attendees with tourniquets and personal aid kits.

#### **Collaborative Planning and Preparedness**

- In partnership with the AACo Office of Emergency Management and University of Maryland Center for Health and Homeland Security, OEPR is facilitating the Department's completion of the AACo Continuity of Operations Plan (COOP) as part of the countywide COOP standardization process.
- City of Annapolis and AACo planning and training to support Family Information Center (FIC) operations, hazard mitigation and medical surge initiatives.

# Anne Arundel County Local Behavioral Health Authority

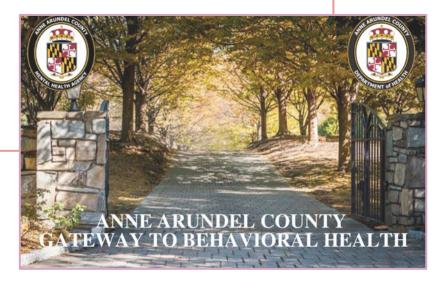
#### What is the Local Behavioral Health Authority?

The LBHA of the DOH is responsible for planning, managing and monitoring publicly funded behavioral health services.

Plans, develops and oversees an accessible, quality, equitable and comprehensive public behavioral health system that meets the needs of individuals, families and communities in Maryland. Our county extends this to include meeting the needs of all residents.

#### **Annual Behavioral Health Provider Meetings and Symposium**

- Collaboration between the Department of Health and the Mental Health Agency.
- Annual Symposium with free continuing education credits and national speakers.
- Monthly Meetings are open to all stakeholders



# Local Behavioral Health Authority (LBHA) Assisted Outpatient Treatment Planning

Assisted Outpatient Treatment is a result of House Bill 576 in the 2024 General Assembly

**Purpose:** Designed for individuals who struggle to adhere to necessary mental health treatment voluntarily, leading to a cycle of hospitalizations, homelessness or involvement with the criminal justice system.

**Goal:** To improve treatment adherence, reduce hospitalizations, improve the individual's quality of life and enhance public safety.

**Court-Ordered:** A judge issues the Assisted Outpatient Treatment order, mandating the individual to follow a specific treatment plan in the community.

#### **Treatment Options**

The treatment plan typically includes a range of services such as:

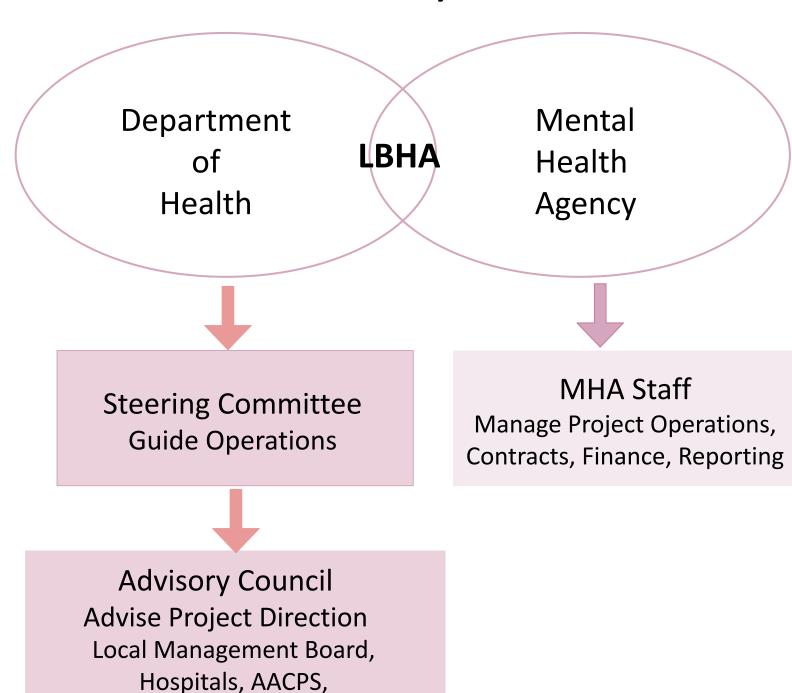
- Medication management
- Case management

→ Therapy

Other support services

# Maryland Consortium on Coordinated Community Services

- Developed from Blueprint for Maryland's Future Legislation - Hub and Spoke Design.
- Goal is to meet student behavioral health needs and other related challenges in a holistic, non-stigmatizing manner.
- LBHA was selected by the Maryland Community Health Resources Commission as "Pilot Behavioral Health Hub" under the Coordinated Community Supports program.
- Mental Health Agency serves as lead agency and fiscal agent for Hub.



Departments of: Social Services,

Juvenile Justice, Health

# Anne Arundel County Behavioral Health Pilot Hub

Maryland Consortium on Coordinated Community Supports AACPS Students. March - December 2024: **4044** students were served.

#### TIER 3

Individual 1:1 therapeutic evidence-based interventions and treatment

#### TIER 2

Small group evidence-based education and programming

#### TIER 1

Schoolwide, grade level prevention/ evidence-based programming



#### Tier 2: Early Intervention

AACO Dept. of Health
Arundel Lodge
Community Action Agency
Partnership for Children, Youth & Families
Thrive Behavioral Health

#### Tier 1: Mental Health Promotion/Education

AACO Dept. of Health
Community Action Agency
Playworks
Thrive Behavioral Health

- Adolescent and Family Services
- Road to Recovery
- System Planning and Management
- System Training, Education and Prevention Services
- Recovery Community Support Services



#### Services FY25

- Adolescent and Family Services delivered via telehealth and in person.
  - 247 families served
  - 51 new admissions
- Road to Recovery clinics in Glen Burnie and Annapolis (including correctional centers) providing opioid medication treatment with counseling (methadone, buprenorphine and naltrexone).
  - 662 individuals served
  - 194 new admissions
- Peer Support Services providing recovery support services as well as overdose outreach to individuals in the community.
  - 2273 individuals served
  - 607 individuals outreached to post overdose with 263 individuals engaged in peer support services
- System Planning and Management continues to provide assessment and linkages to treatment for county residents.
  - 275 assessments
  - o 97% individuals referred for treatment kept initial appointment

# Behavioral Health Families in Recovery

# Strengthening Families in Recovery

Provides recovery support coordinators, pregnant parenting women navigators and family support coaches to help enrolled women navigate administrative barriers.



- Evidenced-based supports
- Remove administrative barriers such as expungements
- Navigate overcoming employment barriers

# Recovery Housing Men with Children

Provides a safe, healthy, substance-free environment to single fathers who are seeking long-term recovery from substance use disorder.



- Safe temporary housing
- Peer Support
- Case management
- Vocational support and training
- Parenting support

# Recovery Housing Women with Children

Provides long-term recovery housing support for women seeking recovery assistance along with their children.



- Safe sober housing
- Peer support
- Care coordination
- Vocational support and training
- Parenting support

# **Opioid Intervention and Prevention**



#### **Overdose Prevention Team (OPT)**

- 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 from local, state and federal government agencies as well as private and non-profit sectors.
- Coordinate stakeholder operations to achieve the unified strategy.
- Develop Opioid Abatement/Restitution Funding Strategies.



#### **Strategic Priorities**

- Prevention
- Harm Reduction
- Treatment
- Recovery
- Public Safety
- Data



#### **Accomplishments**

- Joint County/City Dashboard
- Public Service Announcement:
   Signs and Symptoms of Overdose
- Expansion of Sounds of Silence
- Low barrier naloxone availability
- Community Grants for Opioid Abatement Funding Projects

# Wellmobile - Virtual and In Person

#### On demand initiation of buprenorphine services



Telehealth services for entire county Monday-Friday

- Expanded hours
- New weekend hours



#### In person treatment:

- Incorporates STI and HIV testing and treatment
- Naloxone distribution
- Syringe Services
- Wound care

#### Locations in:

- Annapolis (two locations)
- Glen Burnie
- South County
- Severn
- Brooklyn Park



#### **Wellmobile Numbers**

#### **FY25**

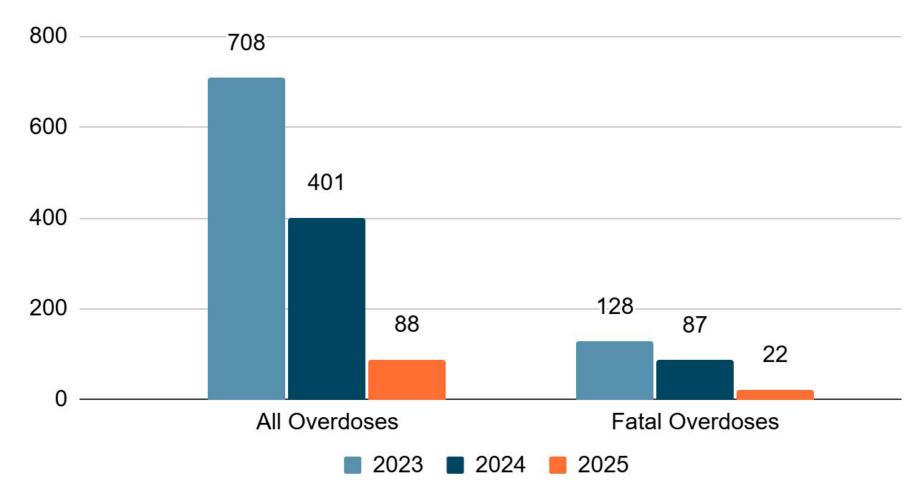
- 73% of those provided medication services referred to a community provider
  - 78% of those referred keep their initial appointment
  - 62% of those who keep their initial appointment are still active >30 days
- 504 residents served

Joint-Opioid Related Data Dashboard\*

Overdoses Occurring in Anne Arundel County, 2023-April 17, 2025\*\*

- Opioid overdoses decreased by 43% and fatal overdoses by 32% from 2023 to 2024
- 2025 has seen the fewest amount of opioid overdoses, fatal and non-fatal, since tracking began in 2019 YTD
  - 90% of **non-fatal** overdoses received at least one dose of naloxone
  - Approximately 1 out of 4 fatal overdoses **did not** receive naloxone





<sup>\*</sup> Source: Anne Arundel County and Annapolis City Police Departments

<sup>\*\*</sup> Data is preliminary and final numbers may change

# Road to Recovery (RTR)

#### **Detention Centers**

#### **Jennifer Road Detention Center (JRDC)**

Grant application to offer medications for opioid use disorder (MOUD) treatment. Includes:

- → Innovative model to leverage existing resources and expand services.
- → Assures compliance with House Bill 116 which requires MOUD to be provided within all correctional facilities.
- → Services provided via a mobile unit attached to Road to Recovery South:
  - Inmates will be offered access to methadone, buprenorphine and naltrexone
  - Access to counseling and peer support

#### **FY 2025**

- 65 individuals provided methadone at ORCC
- 151 individuals provided methadone at JRDC
- 267 individuals provided peer support services
- 100% of individuals screened for OUD

#### **Ordnance Road Correctional Center (ORCC)**

- Provides methadone and naltrexone to incarcerated inmates and connects them to care on release
- 65 inmates enrolled in program YTD FY25
- 100% of those enrolled in RTR were connected to community treatment upon release

This year buprenorphine was added to the medications offered.



#### Harm Reduction

#### What is Harm Reduction?

A set of practical, public health strategies designed to reduce the negative consequences of drug use and promote healthy individuals and communities.

#### Harm Reduction...

- provides services
- is non-judgmental
- non-stigmatizing
- Acknowledges the harms associated with drug use while presenting accurate and complete information about ways to reduce these harms as much as possible.





#### **Harm Reduction Advisory Council (HRAC)**

Developed with the goal of enhancing the quality of life for People Who Use Drugs by a coordinated effort through education and promotion of harm reduction principles.

- HRAC Recommendation Report was finalized March 2024
- Current work is prioritizing the strategies in these five key areas:
  - 1. Community Partnership and Engagement
  - 2. Education and Awareness
  - 3. Service Delivery
  - 4. Research and Data
  - 5. Equity

#### Harm Reduction

#### **Overdose Survivors Outreach FY25**

Two Peer Support Specialists respond 7 days/week to non-fatal overdoses in Anne Arundel County

**607 Overdose Survivors** 

- 100% attempts made to outreach
- 43% direct contact made
- 25% linked to treatment

FY25: Began to receive Health Information Exchange and EMS Overdose Data

#### **Syringe Services FY25**

**369** Individuals received harm reduction materials

- 215 individuals enrolled in peer support services
- 23,200 Syringes Distributed
- 1686 Sharps Containers Distributed

#### **Opioid 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.

#### Health-To-Go-Machines

#### Seven machines across the county in partnership with:

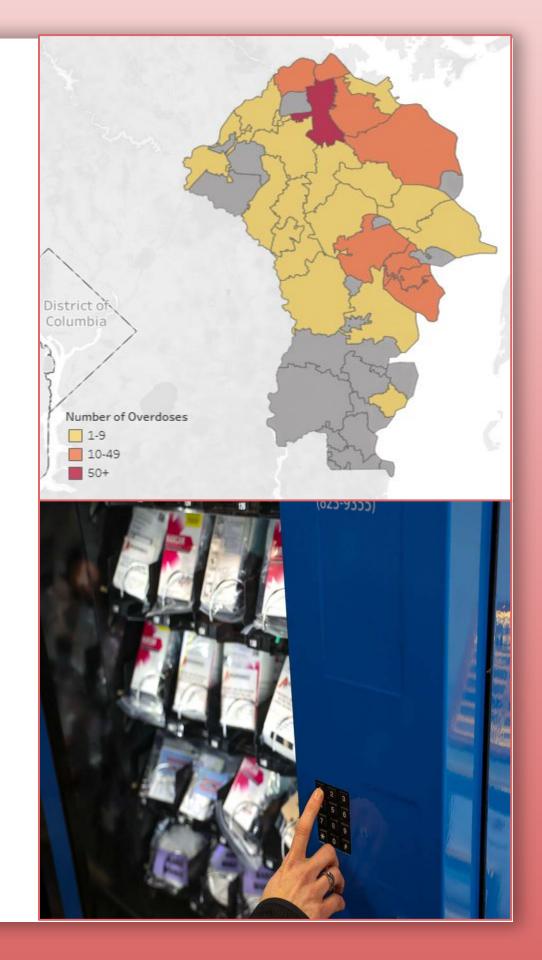
- County Libraries
- Correction Centers
- Department of Aging and Disabilities
- Housing Authority of the City of Annapolis

#### **FY25**:

- 3102 Narcan Kits dispensed
- 3525 Fentanyl Test Strips dispensed
- 5670 Xylazine Test Strips dispensed
- 1417 COVID-19 Tests dispensed

#### **Funding**

- Six machines were purchased using state Overdose Data to Action funds, and one with Opioid Abatement funds.
- The DOH has an ORP and currently receives naloxone from the state.
- All machines have information on recovery services.



# Behavioral Health Suicide Prevention Initiatives

- Incorporated the service members, veterans and ramilies into the year old countywide Suicide Preveniton Coalition.
- Community Training Offered to stakeholders:
  - Counseling on Access to Lethal Means (CALM)
  - Question. Persuade. Refer. (Q.P.R.)
  - Mental Health First Aid
  - General Suicide Prevention Topics
- Help, Healing and Hope: Equitable Care for Every Heart June 17, 2025
- Promoted mental wellness and the normalization of mental health through media campaigns, including BeWellAA and Change the Beat
- Developed a Firearm Retailer compliance sticker

14

Community
Outreach Events

23

Community
Training Events

781

Community
Members Trained

#### Help, Healing and Hope Summit 2025

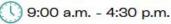


Equitable Care for Every Heart

Join us for this day-long, in-person event dedicated to discussing suicide prevention strategies and practices and collaborating with partners from across Maryland to promote hope and connection.



Tuesday, June 17





Anne Arundel Community College Pascal Center for Performing Arts 101 College Parkway Arnold, MD 21012

This event is open to anyone and features:

- Workshop Sessions
- Keynote Speakers
- Panel Discussion on Promoting Hope
- Networking and Resource Sharing Opportunities

Free Continuing Education Units (CEUs) are available and lunch will be provided



Registration is required.
To register or learn more,
scan the QR code or visit:
AAHealth.org/help-healing-and-hope





2025 Help, Hope and Healing Summit takes place on June 17.



Mental Health Agency and DOH at Out of the Darkness Walk.

# Behavioral Health Suicide Prevention Initiative Literature at Firearm Retailers

Bill 108-21 mandates that gun dealers in Anne Arundel County distribute suicide prevention and conflict resolution literature to the purchasers of guns and ammunition and make the literature available at point of sale.

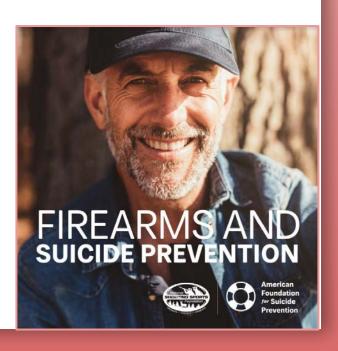
On October 8, 2024, The United States Supreme Court declined to take up an appeal related to a May 2022 lawsuit filed by Maryland Shall Issue, Inc. and four local gun shops. Anne Arundel County gun dealers must now provide the pamphlets or else face thousands in fines.

The DOH has distributed **97,090** pamphlets to 33 gun shops in the county (Between April 2022 - April 15, 2025)

 Note: In May 2022, the county agreed not to enforce Bill 108-21 while the case was being litigated in the United States District Court for the District of Maryland.



April 2025: completing annual compliance visits

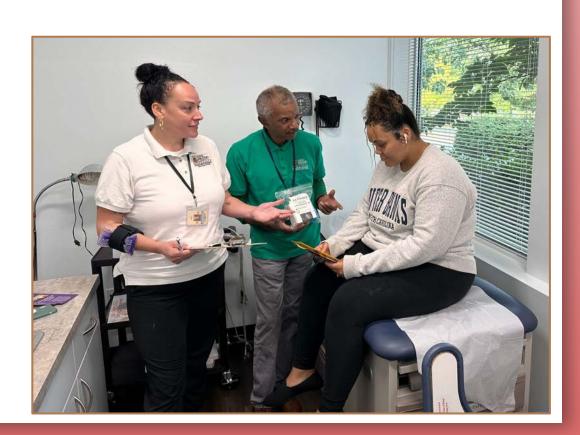


#### Overdose Survivors Outreach Services (ODSOS)

- Peers in hospital emergency departments (ED) offer overdose survivors a 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.
- Peers use the AACo Police Department overdose line item report to do street outreach to survivors not going to the ED.

#### FY25 - As of 3/31/25

- 78 individuals were provided services
- 41 linked to treatment



- Provide a 24/7/365 Crisis Response System
  - Awarded Platinum Program Certification through Crisis Intervention Team (CIT) International
  - Accredited through the Commission for the Accreditation of Rehabilitation Facilities (CARF)
- Monitor 104 grantees providing behavioral health services
- Responsible for monitoring all mental health services in the Public Behavioral Health System
- Reduce barriers for disadvantaged citizens to get needed services
- Support persons with severe mental illness with intensive, individualized supports in the community
- Act as liaison with the Criminal Justice System to reduce jail time and coordinate needed treatment
- Monitor and respond to consumer, provider and general complaints
- Respond to critical incident reports and monitor trends to improve quality







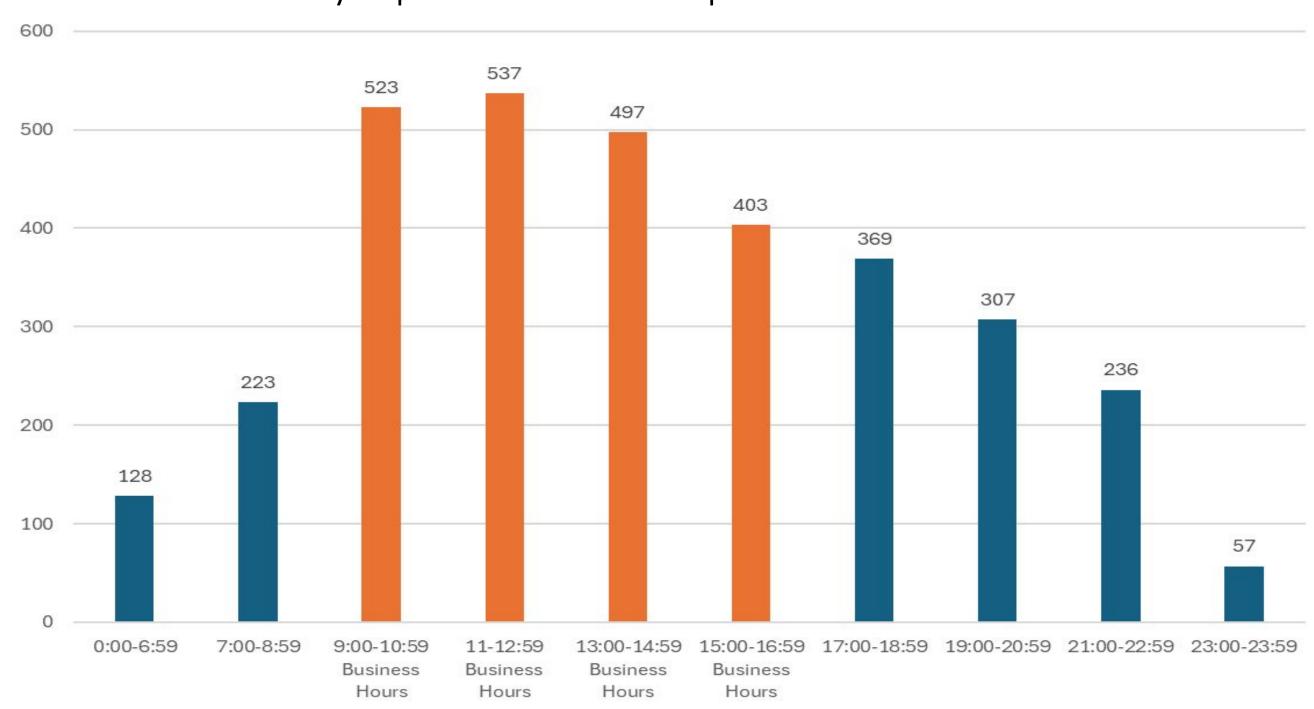


Anne Arundel County
Crisis Response System
Coordinates
Access to Care by
Enhancing
and
Leveraging
Partnerships



FY24 Crisis Response: 24/7/365

Assessments by dispatch time: 40% of dispatches are outside of business hours



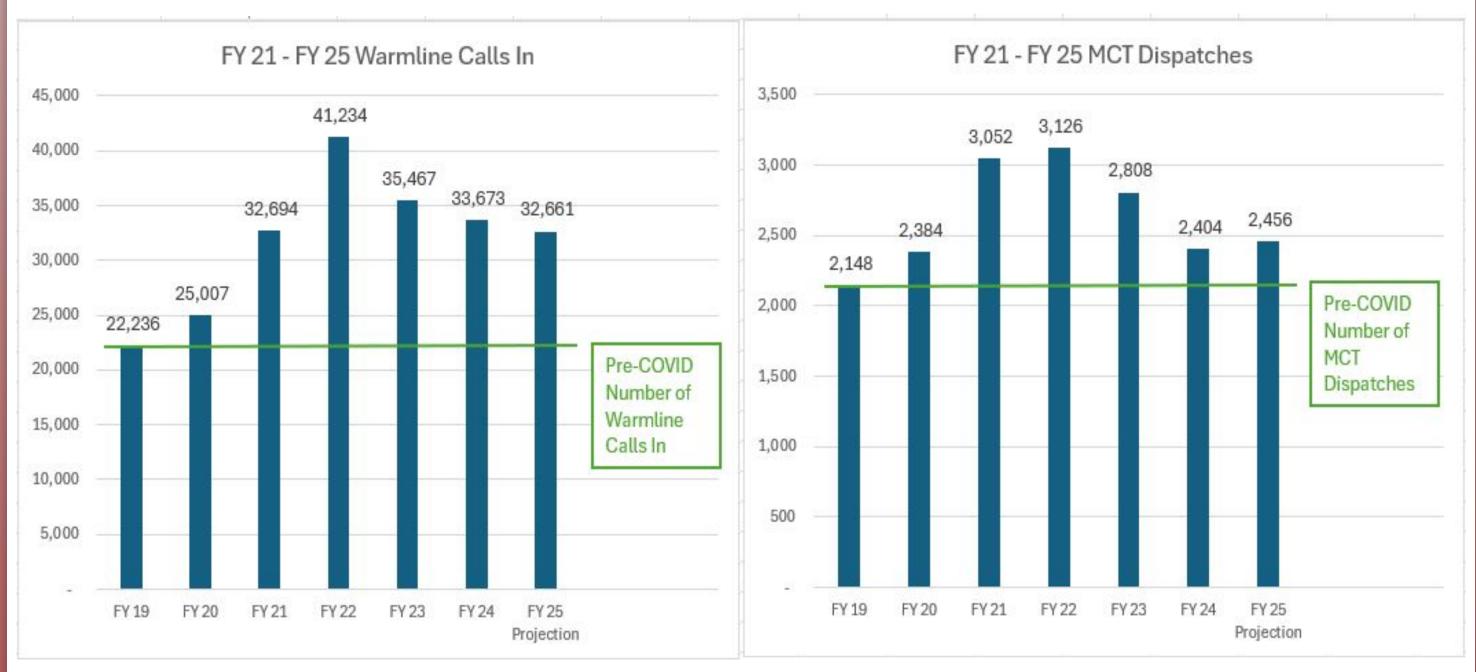
**Crisis Response Components** 

Number of Individuals Served

					FY 25
Component of CRS	FY 21	FY 22	FY 23	FY 24	Projection
Mobile Crisis Teams	2,359	2,489	2,863	2,430	2,804
Safe Stations	678	541	637	520	444
Warmline	6,456	7,547	9,776	9,231	9,953
Crisis Intervention Teams	1,278	2,307	2,149	1,404	1,121
Hospital Diversion	1,267	619	808	554	665
Mental Health Stabilization Service	40	69	79	78	121
Care Coordination & Outreach*	1,043	786	1,034	908	876
Jail Diversion	0	110	542	636	632
Total	8,890	11,872	11,926	11,144	12,069

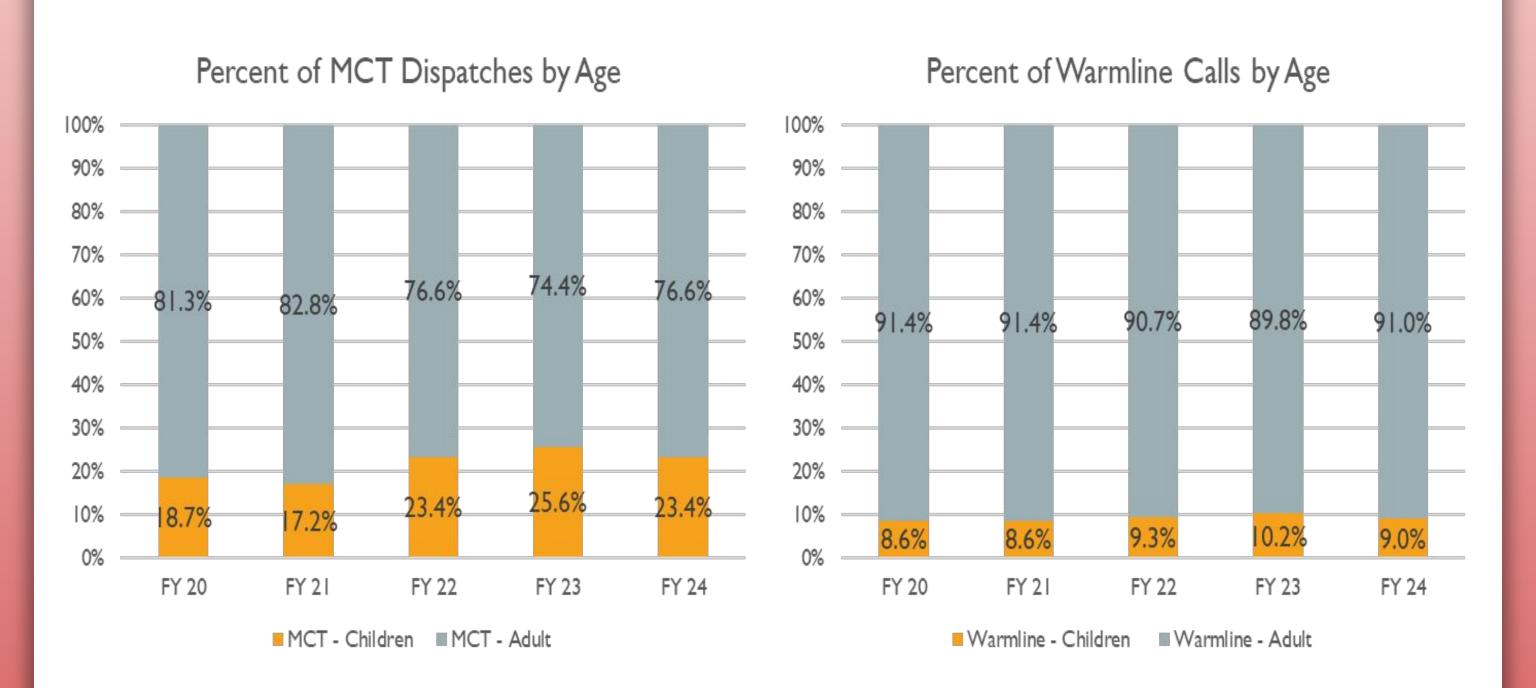
<sup>\*</sup>Individuals may receive multiple services.

Crisis Response System Services



Post-COVID services continue to be 20% to 30% higher than Pre-COVID.

Crisis Response System - Addressing Children's Needs

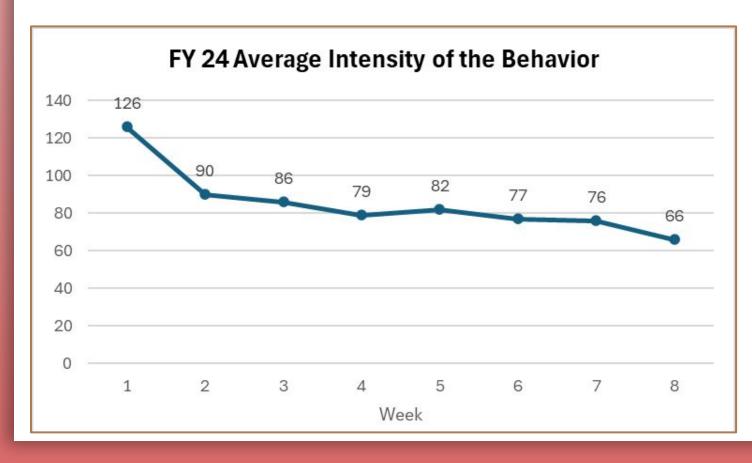


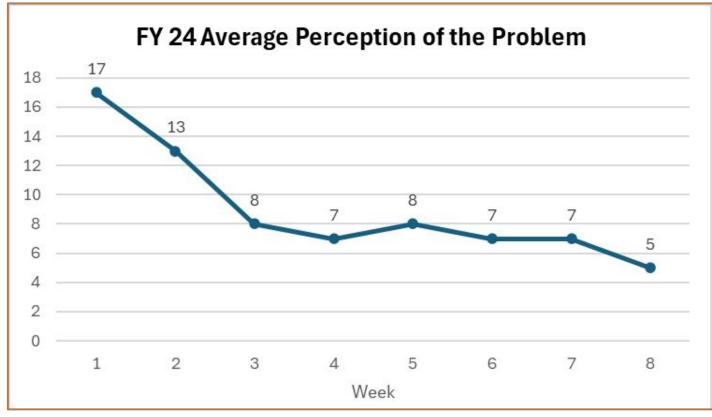
#### Crisis: Mental Health Stabilization Services (MHSS)

- Responds to schools and the community to assist youth and their families during a behavioral health crisis, provide follow up services and linkage to community-based services.
- MHSS Clinicians work to stabilize the family until they are connected to community-based services.
- 45 youth/families served in FY23, 50 youth/families served in FY24.

#### Superior Outcomes - Child Behavior is Less Intense and Less Frequent

 Parents reported a 48% decrease in the Intensity of the Behavior and a 71% decrease in the Parental Perception of the Problem on average in FY24.

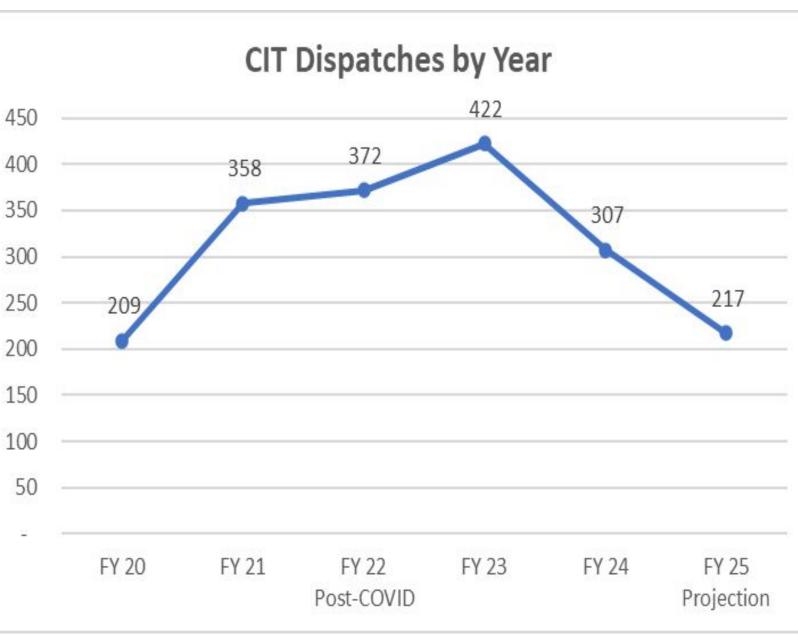




# Crisis Response System Crisis Intervention Team Challenges

- In FY24, Crisis Intervention Team (CIT) assessments were 19% higher than the pre-COVID
- Demand for CIT has increased acuity and threats
- CIT Services depend on having AACPD officers assigned to the CIT unit
- Reduction in Officers assigned to CIT Unit (from 8 to 5)





<sup>\*</sup>New cases capped due to reduction in available officers.

Crisis Response System: Safe Stations Program

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

Crisis Response clinicians respond and develop a plan of care together.

Safe Stations reduce barriers for treatment including Transportation, Criminal Justice Involvement, Entitlements, Medical Supplies and more.

- 7,562 assessments completed since program began
- 1,690 assessments were completed in the community (rather than a fire or police station)
- 71% of all individuals who were assessed were connected to substance use treatment
- 52% of individuals connected to treatment remain substance free for at least 90 days post intervention



#### Crisis Response System (CRS) Diversion Programs

#### **Hospital Diversion**

- Workers respond to Emergency Departments for care planning
- Provides support to most vulnerable residents who do not meet inpatient criteria
- Develop and coordinate plan of care with the individuals for community supports
- Reduces homelessness and/or incarceration
- Prevents suicide
- 66 assessments completed in FY 24
- Weekly meeting with Luminis Health and Baltimore Washington Medical Center hospital staff to improve patient flow, brainstorm challenging cases and improve quality

#### **Jail Diversion**

- Established in FY15, the program has an 8%
   Recidivism Rate (RR) over the last 5 years
   (Average RR in MD is approximately 40% for rearrests in the first three years post release)
- Pre-trial: Screen positive for Mental Health/Substance Use Disorder
- Develop plan of care in cooperation with criminal justice partners
- Coordinate access to care to eliminate barriers for individuals to promote success (behavioral health treatment, transportation, housing, insurance and benefits)
- Assist individuals with judicial issues to support recovery goals

#### New Program - Mental Health Court/Court Diversion

- Voluntary Program initiated on Wednesday, December 4, 2024
- District Court in Glen Burnie is designated as the **Mental Health Court**
- Fills a gap for individuals in the community who are not evaluated by CRS Jail Diversion because they are released by the commissioner without entering the detention center
- CRS Staff develops a treatment plan which needs to be approved by the attorneys and judge
- Individual doesn't have to plead guilty to enter the program a plan can be developed and they can receive a Probation Before Judgement (PBJ)
- Warrants are stamped "988" allowing the responding officers to know this an an individuals with mental health concerns and to call Crisis Response, if needed
- Individuals are assessed and followed by CRS
- Championed by District Judge Alexander

# Mental Health Agency: Housing Programs

**Permanent Supportive Housing (PSH):** In which housing assistance (e.g., long-term leasing or rental assistance) and supportive services are provided to assist households with at least one member (adult or child) with a disability in achieving housing stability.

Program	Capacity		
Continuum of Care Housing	26 individuals/families		
Supported Housing Opportunity Program	21 individuals/families		
Supported Housing Developers	40 housing units		
Housing Case Management	All individuals in Supportive Housing programs		
Eviction Prevention Housing Funds	80 individuals served in FY24		
Assisted Living Facilities (individuals discharged from state hospitals)	38 individuals housed in FY24		
Fee For Service Residential Rehabilitation Programs (individuals from state hospitals and community placements)	Up to 272 beds available		

# Disease Prevention and Management

- Breast, Cervical and Lung Cancer Screenings
- Childhood Immunizations
- Chronic Disease Prevention/Education
- Disease Surveillance/Outbreak Management
- HIV/AIDS Case Management
- HIV/Hep C/Syphilis/STI Testing and Linkage to Care
- HIV/Syphilis Partner Services
- TB Testing, Treatment and Case Management
- Pregnancy Test ing
- PrEP Referral
- Rabies Prevention
- Sexual Health/Safe Sex Kits
- Tobacco Cessation/Enforcement
- Vaccines (Influenza, COVID-19, Mpox)



# Disease Prevention and Management

#### Overview Healthy Communities Program

#### July 1, 2024 to March 31, 2025

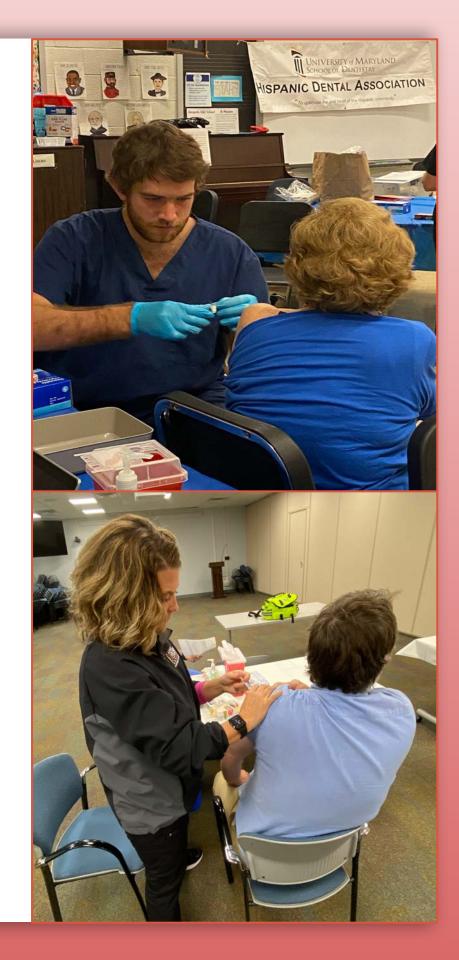
- Served **5,416** residents
- Over 12,136 vaccinations in DOH health centers and
   1,830 vaccinations in the community
- Distributed 7,940 KN95 masks
- Distributed **32,111** COVID-19 rapid test kits
- Increased capacity due to increased number of staff cross-trained to create the Healthy Communities Program
- Extended hours for Back-to-School vaccines



#### **Health Center Locations**

Expanded hours at health centers.

- Baymeadow Health Center
- Glen Burnie Health Center
- Lula G. Scott Community Center
- Magothy Health Center
- Parole Health Center



### Disease Prevention and Management

Healthy Communities Program
From July 1, 2024 to March 31, 2025:



### **Community Health Centers**

- Served 3,791 children, birth 18
- Provided 10,614 vaccinations
- Administered 2,040 flu vaccines
- Referred 360 individuals to other DOH services or other resources



#### **Mobile Services**

- **141** influenza vaccines to seniors
- 163 vaccines (COVID-19 and influenza): Homeless Shelters, Recovery Houses, Food Pantries and Minority Communities
- Partnered with School Health Services to provide 1,378 doses of flu vaccine in Title I and Community Schools
- **251** influenza vaccines to DOH employees

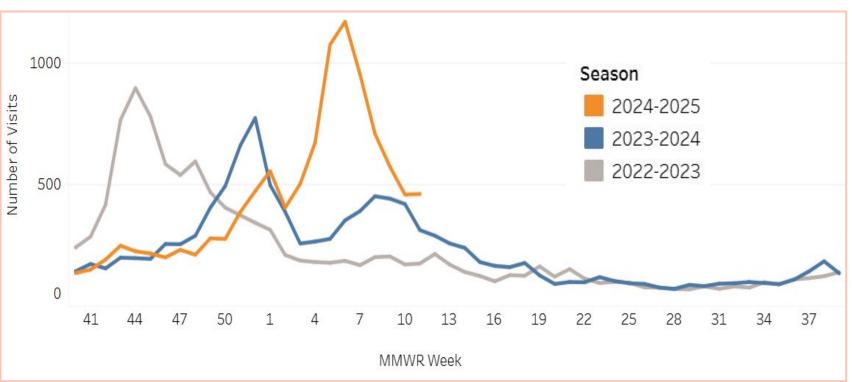
Offered the pneumococcal vaccine to homebound residents to address the rising rates of pneumonia in high risk, chronically ill residents in the county.



# Viral Respiratory Illness in 2024-2025

- In the 2024-2025 respiratory illness season, influenza-like illness (ILI) and pneumonia Emergency Department (ED) and Urgent Care visits were higher compared to the previous two seasons.
- Weekly hospitalizations for COVID-19, respiratory syncytial virus (RSV) and influenza were also higher in the 2024-2025 season compared to the previous season (2023-2024).

#### Seasonal Comparison of Weekly ED and Urgent Care Visits for ILI



#### Seasonal Comparison of Weekly ED and Urgent Care Visits for Pneumonia



Data source: Maryland ESSENCE, as of 3/18/25. Not all ED and urgent care facilities participate in the ESSENCE system, so data should be interpreted with caution.

## Respiratory Disease Monitoring

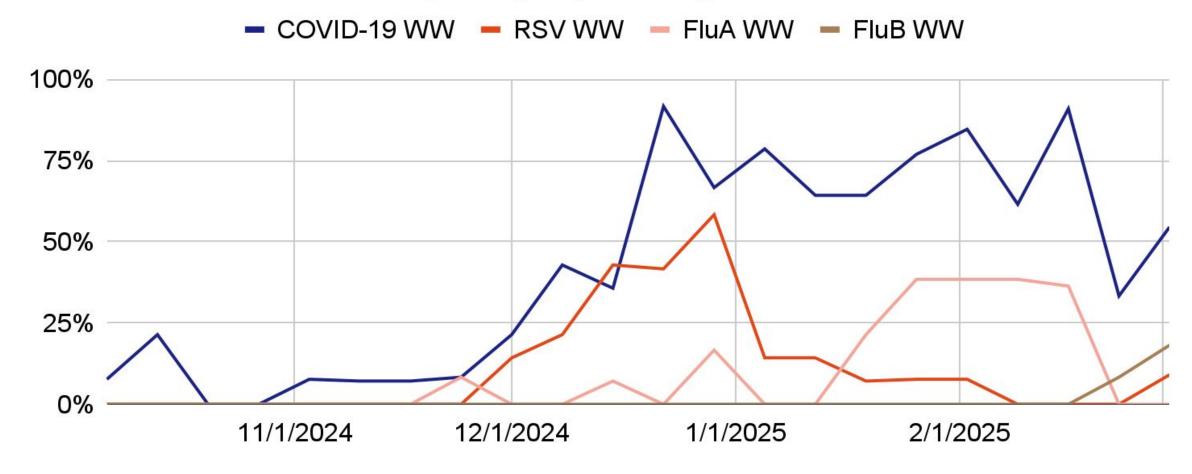
#### **Wastewater Monitoring Peaks**

**RSV**: Dec 2024

**COVID-19:** Dec 2024-Jan 2025

Influenza A: Jan-Feb 2025

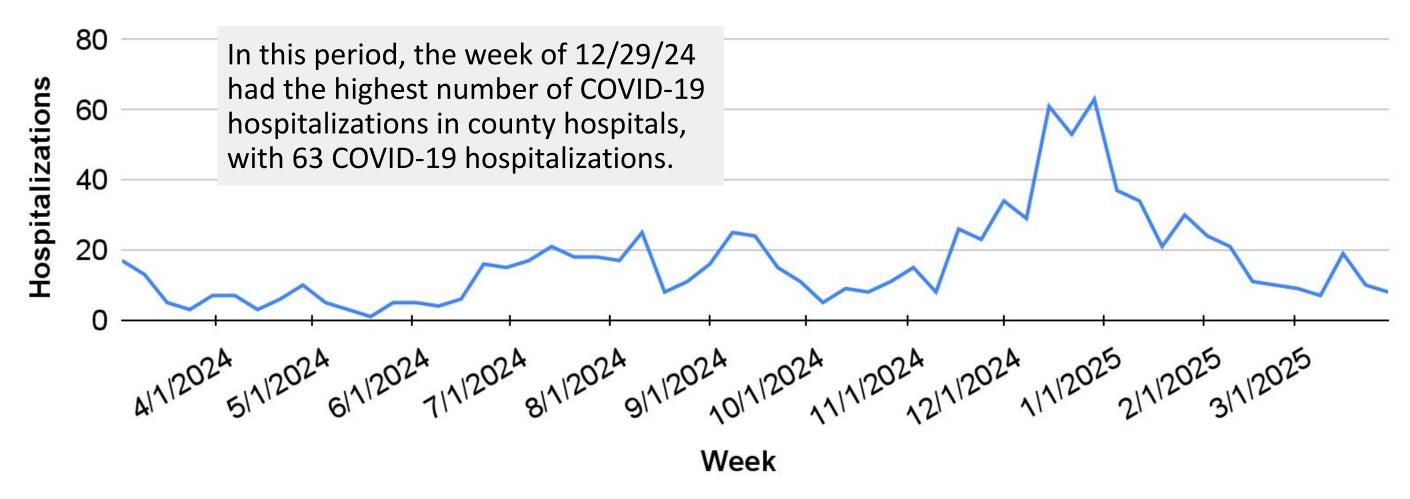
Percentage of Weekly Wastewater (WW) Samples with High/Very High Pathogen Levels



## **COVID-19 Hospitalizations**

# Weekly COVID-19 Hospitalizations in Anne Arundel County Hospitals, March 2024 - March 2025

Weekly COVID-19 Hospitalizations



Source: Chesapeake Regional Information System for our Patients (CRISP) as of 4/18/2025 Hospitalizations may be an undercount due to reporting issues after April 2024.

### Disease Prevention and Management

#### **Vaccinations**

#### COVID-19

**15**% of Anne Arundel County received the 2024-2025 formula of the COVID-19 vaccine.

#### Why is this important?

- In 2024, 84 county residents died from COVID-19
- In late December 2024, our county hospitals had around 60 patients hospitalized each day with COVID-19
   33% of county residents ages 65+ have received a current vaccination.
  - Vaccination is key in reducing these deaths and hospitalizations.

#### Influenza

**32.8%** of Anne Arundel County received the 2024-2025 influenza vaccine.

#### Severe flu season

**11,797** visits for Influenza-like illness (through week of 3/30/25)

- Over half of these visits were made by ages 18-64 (52.5%), about 40% were for ages 0-17.
- Black, Non-Hispanic residents were overrepresented for visits (27.2%), as were Hispanic residents (13.2%)

## Disease Prevention and Management

# STI Investigation, Prevention and Outreach

First local health department in the state to establish a standing order to treat syphilis in the field.

Program reduces the rates of sexually transmitted infections and provides education, outreach, intervention and treatment.

From July 1, 2024 - March 31, 2025:

- **394** HCV tests
- 454 HIV tests
- 242 Rapid syphilis tests
- Distributed **818** Safe Sex Kits
- Answered 83 STI Hotline calls and referred 437 residents for STI testing services

# HIV/AIDS Case Management

Connect county residents with HIV/AIDS to needed services, including:

- → Primary medical and dental care
- → Insurance and pharmacy coverage
- → Housing and transportation
- → Nursing services
- → Behavioral health
- → Bi-monthly clinic facilitated by Johns Hopkins

From July 1, 2024 - March 31, 2025:

- Served **203** clients in HIV/AIDS case management
- 259 clinic visits, with an attendance rate of 89.6%
- **64** mental health visits, with an attendance rate of 87.6%

### Disease Prevention Management

### Epidemiology/Disease Surveillance

Prevents infectious diseases through surveillance of 95 reportable diseases/conditions.

#### From July 1, 2024 to March 31, 2025

- **154** outbreaks (76 COVID-19 and 78 other)
- 1,483 other disease investigations
- 1,487 incidences of possible human rabies exposure
- 69 residents completing recommended rabies post-exposure treatment
- 8 animals tested positive for rabies (6 raccoons and 2 bats)

#### **Tuberculosis Control**

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

#### From July 1, 2024 to March 31, 2025

- 7 new active TB cases
- More than 10 case contacts evaluated
- 2,301 daily Directly Observed Therapy (DOT and vDOT) visits
- 101 cases of latent TB infection started treatment
- 690 Quantiferon TB tests and 31 TB skin tests

# Disease Prevention and Management

#### Infection Disease

In partnership with the Maryland Department of Health, our Bureau of Disease Prevention and Management Implemented the SHADES program.

SHADES stands for: Scrub Hands And Disinfect Every Surface

This program provides education on hand hygiene and environmental cleaning to skilled nursing facilities in an effort to decrease spread of infectious disease in our highest risk residents.



### Disease Prevention and Management

# Chronic Disease Prevention Program July 1, 2024 to March 31, 2025

#### **Cancer Screening Services**

- 837 breast and cervical cancer screenings
- **708** clinical breast exams
- **557** mammograms **2** breast cancer diagnoses
- 446 pap tests 3 cervical cancer diagnoses
- **331** HPV tests
- 1 lung cancer screenings

#### **Tobacco Enforcement**

- 379 tobacco compliance checks
- 290 retailers passed compliance checks
- 57 retailers issued first time violations
- 16 retailers issued repeat compliance violations
- 256 retailers educated on tobacco sale laws

#### **Community Education**

**Tobacco and Cancer Prevention:** 

- Conducted 172 outreach, education and media events
- Reached 24,099 individuals
- 101 participants in smoking cessation activities
- 24 referrals to the Maryland Tobacco Quitline
- Supported community partners in tobacco and nicotine product use prevention work



Chronic Disease Prevention supports

3 local TOPS chapters to help manage healthy weight and reduce risk factors for diabetes.

# Disease Prevention Management

TOPS (Taking Pounds Off Sensibly)

The program empowers residents to achieve their weight loss goals while fostering a sense of community and overall well being.

The local chapter was recognized in their national publication for second place in new membership for the year.



#### **More about TOPS**

TOPS is about connection and support.

- → Weekly meetings
- No-cost TOPS memberships are available
- → Emphasizes support, education and sustainable lifestyle changes
- → Focuses on helping each other physically, mentally and emotionally in a non-judgmental environment

### Brooklyn Park Healthy Food Pantry

- North County Recreation Center
- Addresses Brooklyn Park residents' limited access to fresh fruits and vegetables, meat, fish, dairy and shelf stable foods
- Nutrition education and free healthy food choices

#### July 1, 2024 - March 31, 2025:

- 1,538 families (over 6,332 residents)
- **82,585** pounds of food (over **41** tons)
- 32% fresh produce (over 13 tons)

#### **FY26 Priorities:**

- Sustain pantry by working with a community partner to take over food pantry operations
- Develop a robust volunteer program
- Continue Southern Anne Arundel County food access work











## Family Health Services

- Access To Care
- Assessment, Evaluation, and Review Services/Nurse Monitoring Services
- Childhood Asthma and Lead Environmental Case Management
- Dental
- Gun Violence Intervention Team (GVIT)
- Maternal and Child Health
- Medical Assistance Transportation
- Women, Infants, and Children (WIC)



### **Healthy Start Home Visiting Program**

#### Provides wrap around support to include:

- Mental health, interpersonal violence prevention and substance use screening
- Health information
- Referral to community resources and providers
- Parenting education through nurses, parent educators and mental health therapists
- Referral to peer support for high-risk pregnant, postpartum women, and caregivers with Substance Exposed Newborns (SENs)

#### Thus far in FY25, this program served:

- 8 newly enrolled women with Substance Use Disorder or SENs
- 113 newly enrolled pregnant women, 85 of which reside in high risk ZIP codes
- **112** newly enrolled infants
- 69 out of 77 babies born weighed more than 5.5 lbs
- 7 babies were born weighing between 3.3 and 5.5 lbs
- 1 baby was born weighing less than 3.3 lbs

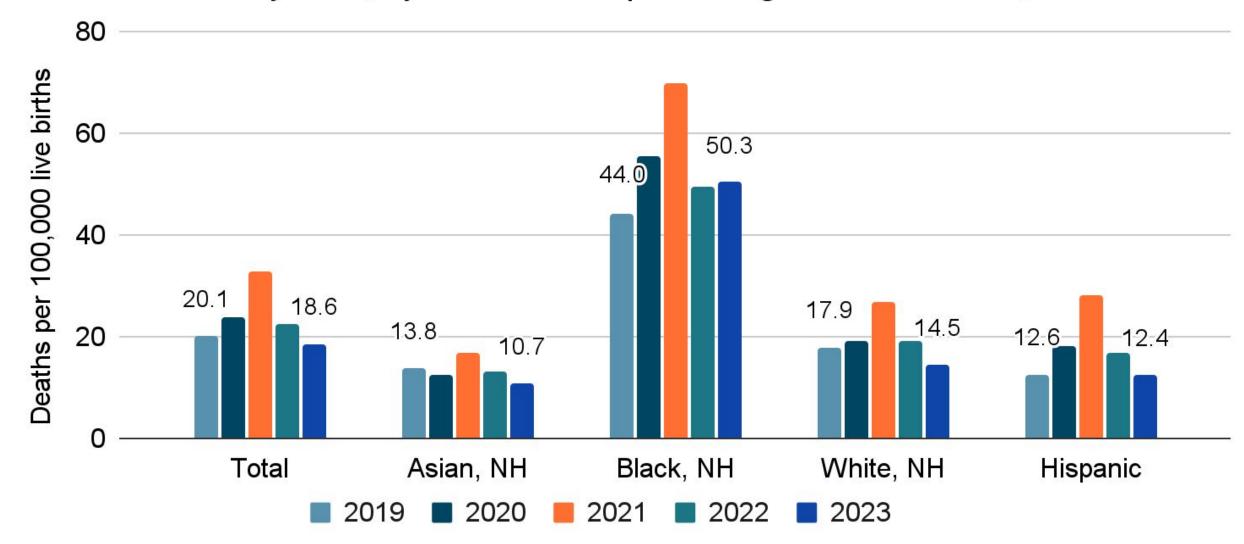




**Maternal Mortality Rates** 

U.S. Maternal Mortality Rate decreased from 2022 to 2023, from 22.3 deaths to 18.6 deaths per 100,000 live births

Maternal Mortality Rate, by Race and Hispanic Origin: United States, 2019-2023



NH - non-Hispanic

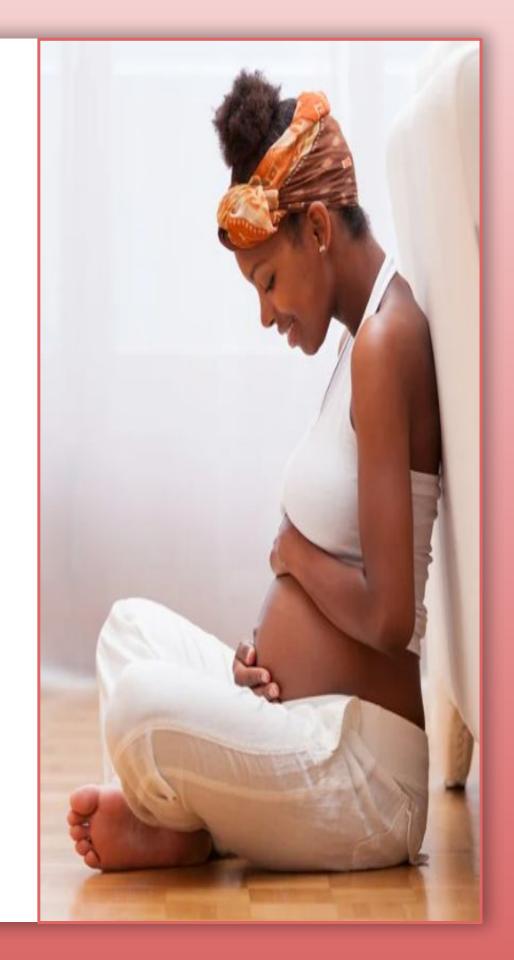
Data source: Hoyert DL. Maternal mortality rates in the United States, 2022. NCHS Health E-Stats. 2024.

### Maternal Mortality Rates in Maryland

- In Maryland, there is a large disparity between the rates among Black non-Hispanic women and white non-Hispanic women.
- From 2019-2023, rates for non-Hispanic Black women were higher than rates for non-Hispanic white women.

The 2019-2023 Maternal Mortality Rate in Maryland for non-Hispanic Black women was **30.3 deaths per 100,000 live births.** 

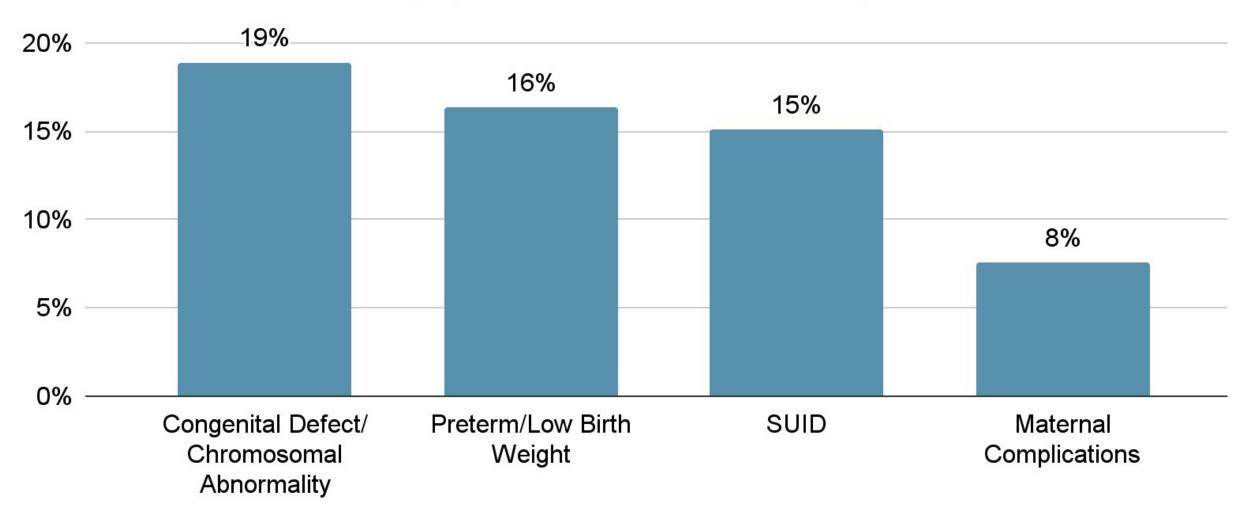
This rate is **1.4 times the rate** for non-Hispanic white women.



Data source: CDC WONDER Births and Underlying Cause of Death, ICD-10 Codes A34, O00-O95, O98-O99

# Family Health Infant Mortality

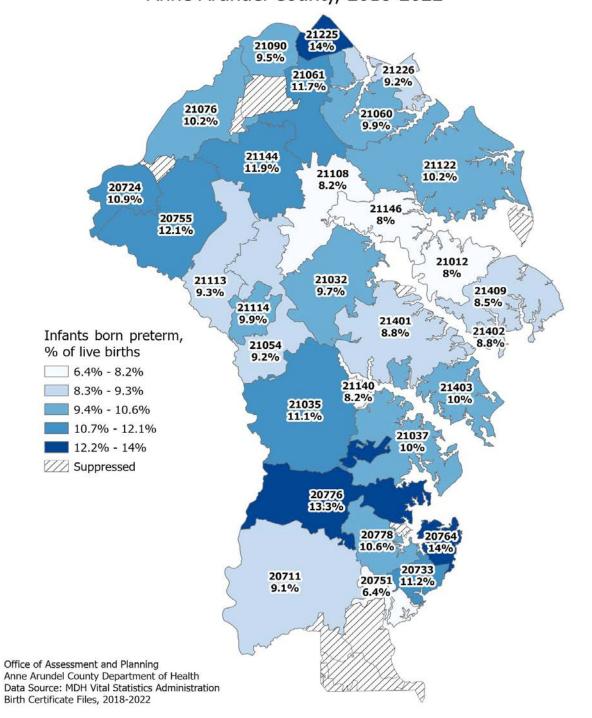
### Infant Mortality by Cause, Anne Arundel County, 2018-2022



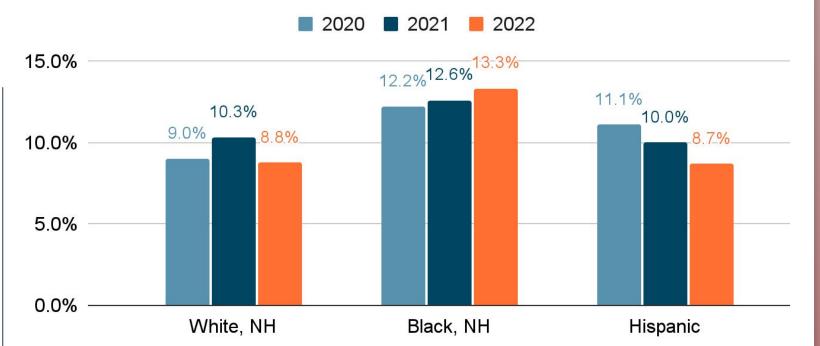
SUID - Sudden Unexpected Infant Death, Includes causes of death with at least 10 infant deaths
Source: Maryland Department of Health, Vital Statistics Administration Death Certificate Files, 2017-2021

#### Selected Risk Factors for Infant Mortality

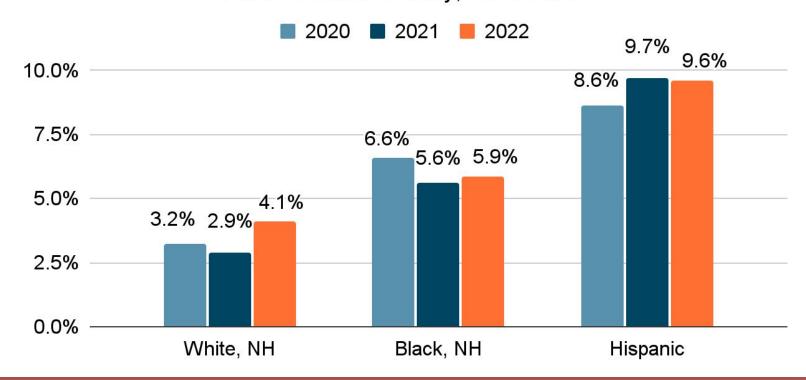
Infants born preterm (<37 weeks of gestation) by ZIP code, Anne Arundel County, 2018-2022



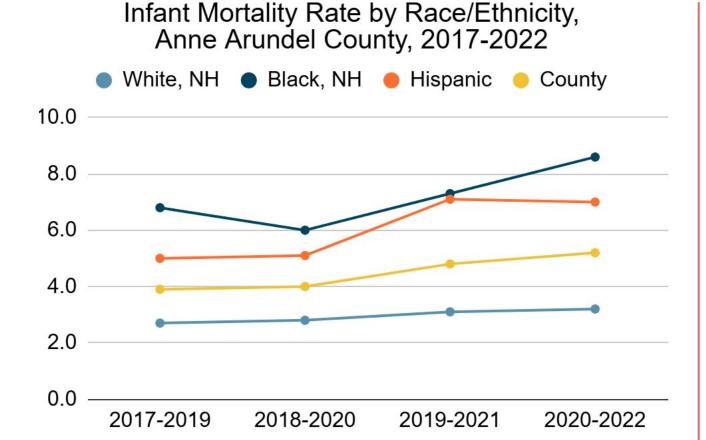
#### Proportion of Infants Born Preterm by Race/Ethnicity, Anne Arundel County, 2020-2022



#### Late or No Initiation of Prenatal Care by Race/Ethnicity of the Mother, Anne Arundel County, 2020-2022



Selected Risk Factors for Infant Mortality (continued)

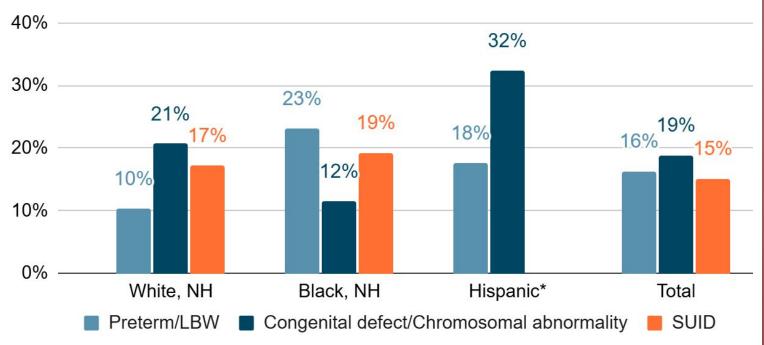


- Infant mortality rates include deaths to live births through age 1 year per 1,000 live births
- In 2020-2022, Black, Non-Hispanic and Hispanic infants had a mortality rate that was more than twice that of white, Non-Hispanic infants

The leading causes of infant mortality vary by race and ethnicity:

- Black, NH: Preterm and/or low birth weight
- Hispanic: Congenital defects/Chromosomal abnormalities
- White, NH: Congenital defects/Chromosomal abnormalities

Causes of Infant Mortality by Race/Ethnicity, Anne Arundel County, 2018-2022



### Maternal and Infant Health Task Force

Coalition of hospitals, pediatric and obstetrics providers, mental health professionals, government agencies, doulas, and other stakeholders to identify solutions and improvements for maternal and infant care in Anne Arundel County, using a birth equity approach.



Mission: To leverage community resources, address barriers to accessing care, and drive change in health care practices and perinatal education to improve health outcomes of women, birthing persons and babies.

#### **Community Advisory Council:**

Launched in 2025 and includes five women from Anne Arundel County. The council explores data and best practices, and develops an action plan.

#### **Priorities**

**Community Advisory Council** 

Advocacy
Community Building

Education, outreach and uplift lived experience

Improve care and care coordination

Maternal and Infant Health Task Force

## Maternity Community Advisory Council (CAC)

Formed in January 2025, the CAC is a group of Black women with lived experience who:

- → Lead as local experts on maternal health needs
- → Inform the work of the Task Force and Family Health Services programs
- → Identify the needs of the community to meaningfully engage in solutions

#### **Timeline:**

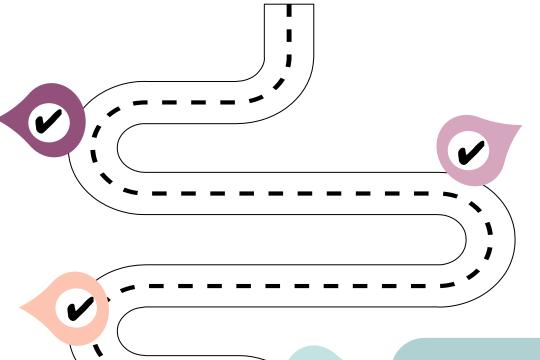
#### **Overview**

- Drivers of maternal health disparities
- Building the CAC

#### **Best Practices**

- Models for equitable maternal health
- Root causes and upstream indicators

#### **Training and Orientation Phase**



# Data, Policy and Historical Context

- Local data trends
- Relevant policy
- History of maternal health disparities

#### **Planning Skills**

- Set goals
- Create an action plan

**Taking Action Phase** 

Childhood Asthma and Lead Environmental Case Management Program

#### **Asthma**

In 2018, children aged 19 and under required emergency interventions at a rate of 7.2 per thousand for asthma-related complications. The program started with the goal to reduce this number by **20%** by **2026**, which is happening.

FY 2025 stats of home visiting program:

- **632** pediatric moderate/severe asthma referrals
- **147** clients enrolled (program is voluntary)
  - o 392 home visits

2023 data shows the Emergency Department visit rate has **decreased by 19% to 5.8 visits per 1,000**.

**Black Children** in Anne Arundel County are more than **2x** more likely to visit the **ED** for asthma than children of **ALL** other races/ethnicities combined.

Subpar housing conditions remain a primary trigger.

Childhood Asthma and Lead Environmental Case Management Program

#### Lead

#### Prevention and early detection are key:

All children entering a public pre-kindergarten program, kindergarten or first grade are required to have a Maryland Department of Health Blood Lead Testing Certificate completed.

Recommended that children are tested for serum lead level at 12 and 24 months. In 2024 lead testing rate was 60% for 12 and 24 month olds.



Home visiting program to educate family and facilitate mitigation strategies.

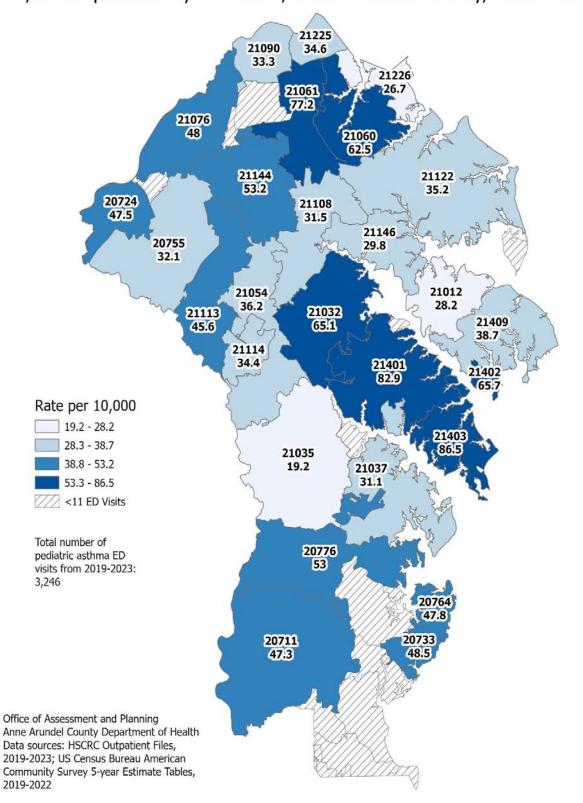


Program goal to address the disparity among Asian children, primarily due to exposure through international spices.



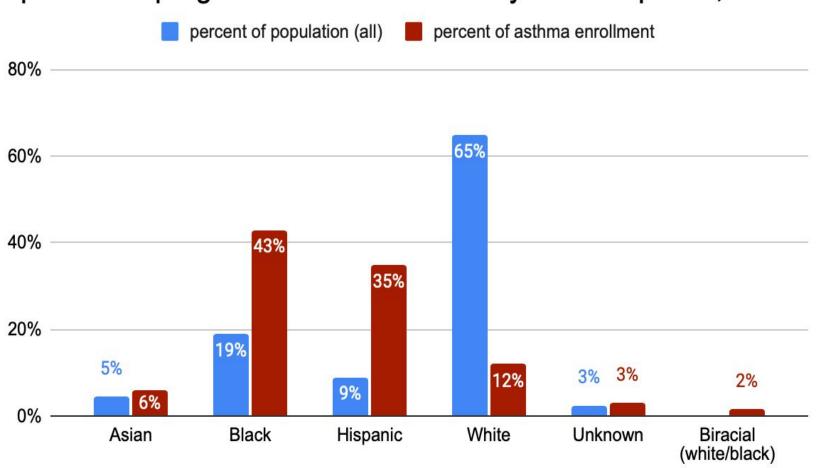
Currently 72 open lead cases.

Pediatric (0-17 years) Asthma Emergency Department Visits per 10,000 Population by ZIP Code, Anne Arundel County, 2019-2023

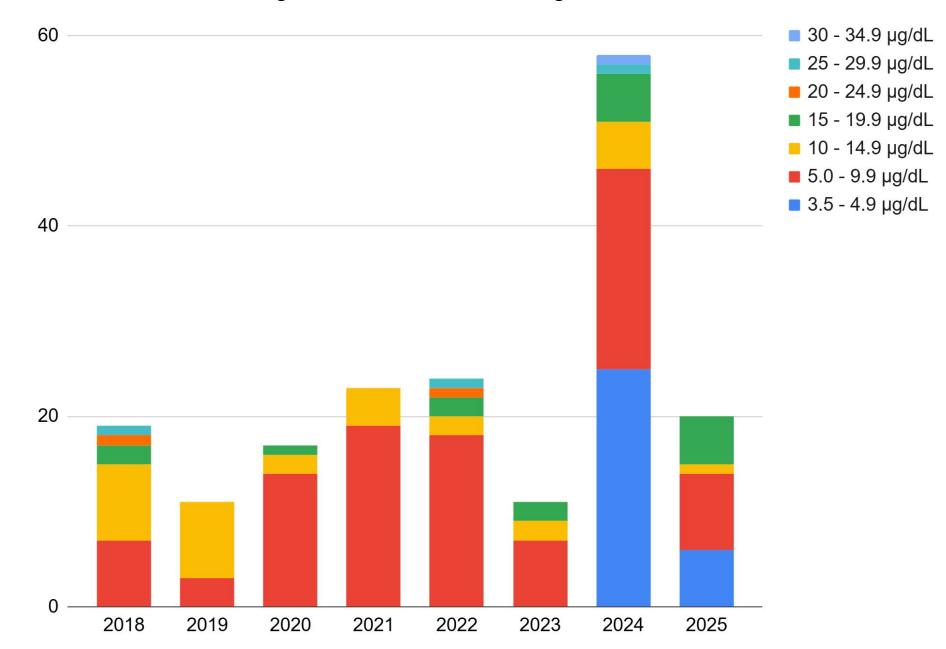


Black children in Anne Arundel County are more than 2x more likely to visit the ED for asthma than children of ALL other races/ethnicities combined.

# Disparity of Pediatric Asthma in Anne Arundel County by percent of program enrollment February 2023 - April 15, 2024



Comparison of Blood Lead Levels of Children in Anne Arundel County at Initial Diagnosis of Lead Poisoning, 2018 - March 2025



# Common confirmed sources of lead exposure include:

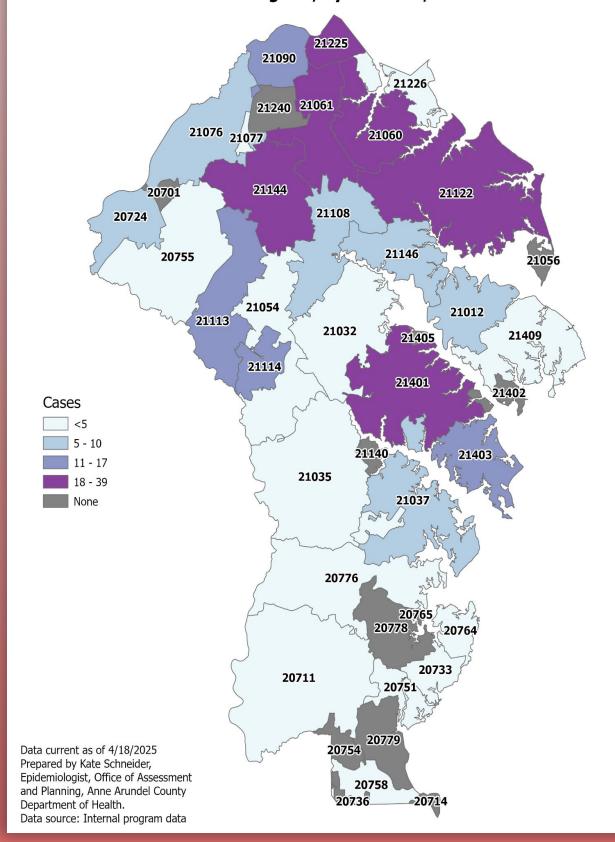
- parent occupation/hobby (primarily construction, welding and fishing)
- international spices
- deteriorating housing built pre-1978

# Unique confirmed sources of lead exposure include:

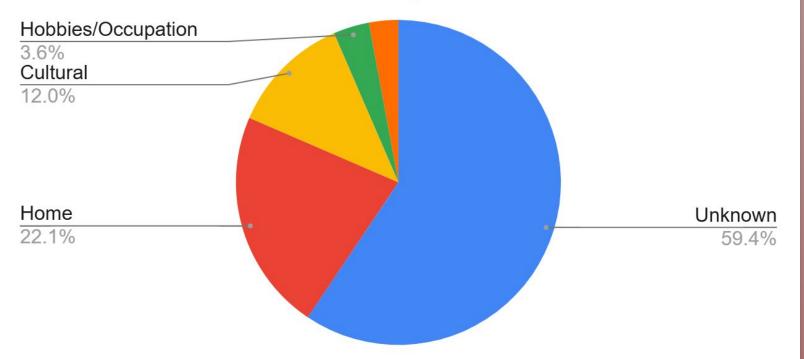
- mail order supplemental consumption of mother while breastfeeding
- prepackaged lunch kit
- recalled applesauce

Note: In January 2024, serum lead levels in Maryland indicative of lead poisoning were decreased from 5 to 3.5µg/dL to match federal thresholds.

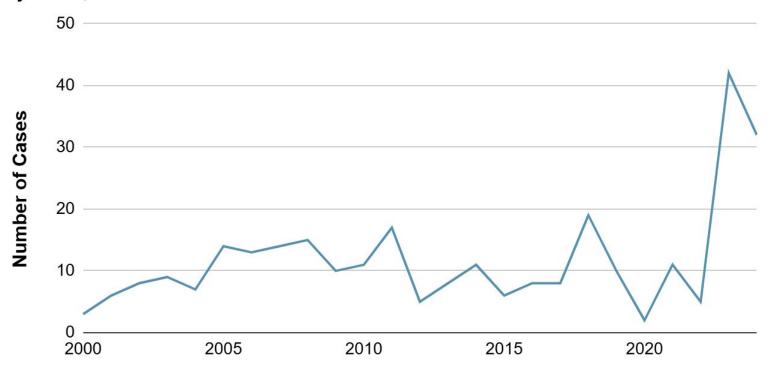
### Pediatric lead cases referred to the Anne Arundel County Department of Health Childhood Lead Program, by ZIP code, 2000-2025 YTD



# Suspected Source of Lead Poisoning for Pediatric Lead Cases Referred to the Childhood Lead Program, 2000 - 2025 YTD



Pediatric Lead Cases Referred to the Childhood Lead Program, by Year, 2000 - 2024



**Dental Services** 

So far in FY 2025, the Dental Clinic has served:



2053 Children



**276** Adults



**186** oral cancer screenings



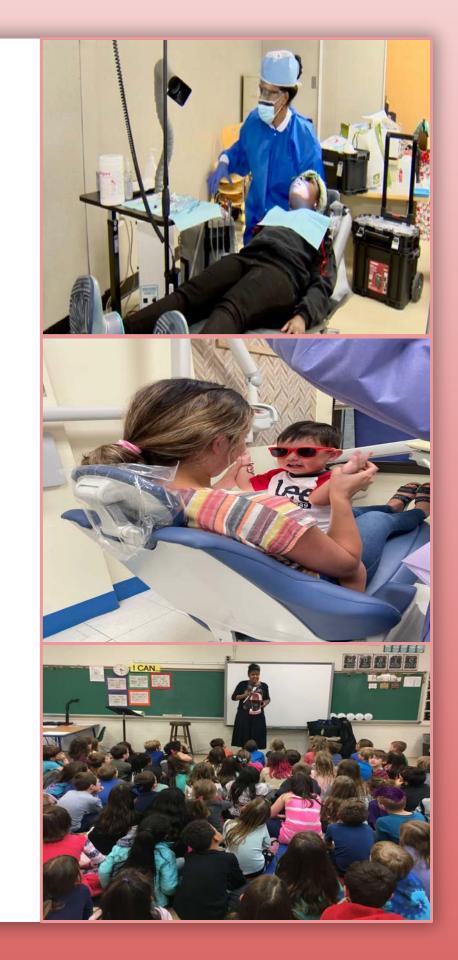
**55** emergencies



**60** Maternity clients



256 children referred for follow-up care

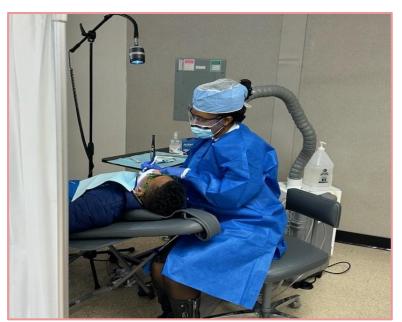


### **Dental Sealant Program**

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.

- → The Blueprint for Maryland's Future initiative at the Kirwan-designated Community Schools focus on providing wraparound services like dental sealants for students.
- → Thus far, **491** AACPS children have been treated during this academic year, and **802** sealants applied for children in the 3rd grade at the **27** Community Schools.
- Clinic staff reports increasing uptake by students at schools served so far this academic year due to increased outreach efforts.
- → Fluoride Clinics served **271** preschoolers at County Judy Centers and Head Start Programs.





# Family Health REACH

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

Between July 1, 2024 and March 31, 2025, REACH coordinated care for **1,284** enrolled members and **61** emergency cases for the following services:

Primary Care Adult: 912

Primary Care Pediatric: 70

• Specialist: **278** 

Emergency Room Visits: 58

Inpatient Hospitalizations: 30

Outpatient Procedures: 284

Program enrollment is limited due to the shortage of network providers willing to provide services and REACH staff to coordinate care. The current wait list is 89 individuals.



### **AERS and Nurse Monitoring**

#### Assessment, Evaluation and Review Services (AERS)

- Provide initial comprehensive, annual 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 participants' needs.
- Monitor activities of residential service agencies and the health, welfare and safety of participants enrolled in the program.
- Ensure plan of care is implemented in accordance with COMAR regulations and high-quality care.

#### So far during FY 2025

- AERS completed a total of 1,230 assessments. Of these, 57 were pediatric clients and
   32 were Pre-Admission Screening and Resident Review (hospital to nursing home with Intellectual Disability/Severe Mental Illness) clients
- NMS served 699 patients, excluding those who passed away and participants who are dis-enrolled
- Revenue generated from Medical Assistance (MA), non-MA and other assessments: \$795,829

### 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 5,860 individual participants.
- Locations where services are provided daily:
  - Annapolis Health Services Building
  - North County Health Services Building



### Medical Assistance (MA) Eligibility

Health insurance program for Maryland residents with qualifying income.

- Currently, 106,826 residents of Anne Arundel County receive Medical Assistance (MA) benefits
- MA population in our county has decreased by **9,683** enrollees since June 2024.

Thus far in FY25, Medical Assistance Eligibility Program Completed:

- **7,936** applications over the phone and in person
- 11,443 verifications
- 3,918 new Medicaid applications and renewals
- 490 pregnant recipients applied for full Medicaid coverage

#### **Administrative Care Coordination Program**

- Educates and helps MA recipients to navigate the Medical Assistance system.
- Received **1,260** unduplicated referrals so far in FY25
- Received **863** prenatal risks assessments
- Responded to more than **5,239** telephone calls/emails/texts
- Assisted 314 Spanish-speaking clients

#### **Medical Assistance Transportation (MAT)**

- MAT provides non-emergency transportation to Medicaid covered medical services.
- During FY24:
  - 26,360 clients screened and scheduled for transportation
  - 889 of the clients were new to MAT
  - Provided 25,731 rides to medically necessary appointments
  - 445 of these were adult clients who needed transportation to access psychiatric services



# School Health and Support

### **School Nursing Programs**

- Health Services
- Screening Teens to Access Recovery
- Telehealth

### **Support Programs**

- Birth to Five
- Vision and Hearing Screening (Schools and Senior Centers)
- Audiology



### **School Health**

**Statistics** 

August - March



504,817

**Total Number of Health Room Visits** 



17,549

Student-Parent and AACPS Staff Conferences



110,218

**Medication Administration** 



32,003

**Provided Health Education** 



79,929

**Treatments Performed** 



**123** 

**Home Visits** 



8,930

**Crisis Intervention** 



1,714

Referral for Health Care Resources



2

Narcan



403

**EMS** 

### **School Health**

Vision Screening Program

New Initiatives: Vision to Learn (VTL)

Fall - Pilot Program: Belle Grove ES and Vision to Learn Program

- Vision screening for all students
- Free comprehensive eye exam and glasses
- 309 students screened, 51 referred for exams, 44 comprehensive exams performed
- 42 students received glasses
- Glasses distribution celebration October 23, 2024

#### **Spring - Program Expanded To:**

Annapolis ES Meade Middle School

Brooklyn Park ES Mills Parole ES

Germantown ES Park ES

Georgetown East ES Tyler Heights ES

Maryland City ES Van Bokkelen ES



### **School Health**

### Kirwan Expansion of Vision and Hearing Program

- Collaborated with AACPS community schools to expand vision screening beyond the mandated grades to include third, sixth and ninth grade as part of the mobile Vision to Learn initiative.
- Vision to Learn provides comprehensive eye exams and glasses to students who do not pass the initial screening performed by the School Health Services Screening team.

A total of two full-time employee vision and hearing technicians will be funded by AACPS in FY26

- \$35,404/per technician
- \$8,042.35/per spot vision screener



#### Telehealth in Schools

#### **Expansion in Schools**

- Van Bokkelen ES October 2024
- → Maryland City ES November 2024
- → Belle Grove ES January 2025
- North Glen ES March 2025
- Germantown ES April 2025
- → Mills Parole ES April 2025
- → Park ES Pending May



#### **Mobile Health Services**

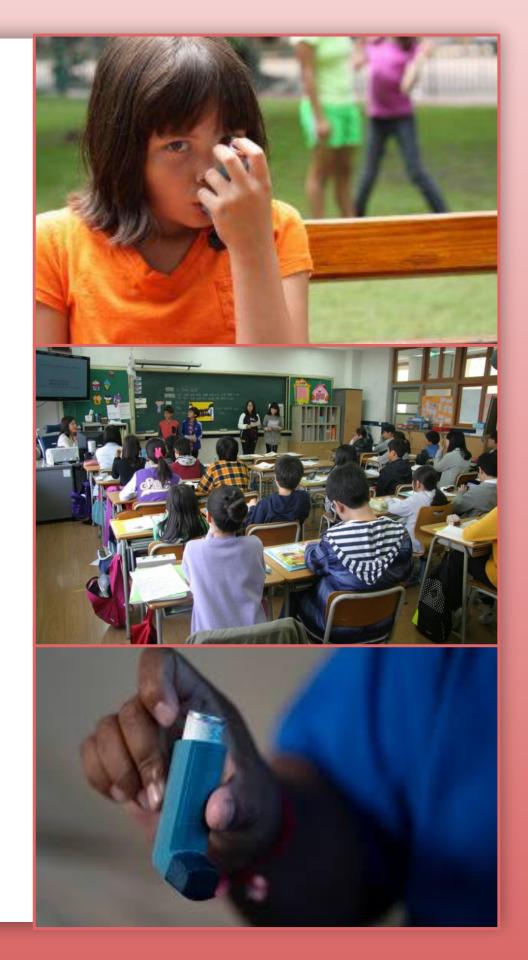
Students, parents or guardians can be seen for sick visits, wellness visits and prescribing medications.

AACPS, Total Health Care and the Department of Health are partnering to bring Mobile Health Services to Tyler Heights ES a few times a month to assist with increasing health care access.



- In 2024, Maryland became the 23rd state to adopt a stock albuterol law. This means any child who is having breathing problems can receive the medication in school.
- Anne Arundel County schools now stock albuterol inhalers in Health Rooms.

Since the new law was passed, **235** students have received albuterol using the stock inhaler in the health rooms.



School-Based Health Centers Grant August 2024 - March 2025

- FY 25: July 1, 2024-June 30, 2025
- \$100,000 Awarded
- Formed Steering Committee and Conducted Community Needs Assessment
  - Quantitative Data Analysis
  - Qualitative Data Analysis
    - Focus Groups and Key Informant Interviews
    - Countywide SBHC Survey
  - Environmental Scan/Gap Analysis
- Determining if SBHC are a viable option to meet health needs of underserved communities:
  - Developing priorities document
  - Developing business plan and work plan

Maryland School-Based Health Center Program (SBHC) **Planning Grant** 



Note: Anne Arundel County has been awarded the FY26 \$100,000 allocation for SBHC Implementation

#### School Based Health Center

#### **Steering Committee**

If the steering committee determines a School-Based Health Center is a viable solution, the work continues and the steering committee becomes long-term partners in creation of the business plan.

#### **Role of the Steering Committee:**

- Engage stakeholders and community partners
- Conduct a comprehensive, localized needs assessment
- → Determine if a School-Based Health Center could meet community needs

#### **Who's on the Steering Committee**

- Department of Health
- AACPS
- Chesapeake Regional Association of Student Council (AACPS student government)
- Anne Arundel County Mental Health Agency, Inc.
- Partnership for Children, Youth and Families
- The Hilltop Institute, UMBC



### Community Health Needs Assessment



State/Local Health Data



State/Local Education Data



**Local Data** 



Environmental Scan/ Asset Mapping



**Community Forums** 



Focus Group



Surveys



**Key Informant Interviews** 



**Listening Sessions** 

Marketing for School-Based Health Center Survey



Email Blasts 60.688 parents



Programmatic Display Ads (90,000 impressions)



Videos, Commercial (20,000 plays)

### Campaign also included:



Social Media



**Posters** 



**Flyers** 

What is a School-Based Health Center?

**PLAY VIDEO HERE** 



### School-Based Health Center Survey

#### **Conducted Focus Groups Series**

- School Health Staff
- School Nurses

Students

- Parents
- AACPS/DOH Staff Providers

#### **Interviews with Key Stakeholders**

- Department of Health Leadership
- AACPS Leadership
- County Executive's Office
- **County Council**
- **AACPS Principal**
- **Social Services**
- Maryland Assembly of School-Based **Health Centers**



### **Survey Results**

Role	Number of Respondents	Percentage of Response
Parent	649	73.6%
Student	19	2.2%
AACPS Employee	211	23.9%
DOH Employee	63	7.1%
Health Care Provider	67	7.6%
TOTAL	882	100%

# School Health SBHC Survey Results

#### **Services Most Likely to Use**

- Sick visits were the most commonly selected service overall, followed by immunizations, then sports physicals
- Students selected mental health services more commonly than any other service

#### Care Availability and Willingness to Use SBHC

- Majority in each role, and 83.3% overall, able to receive health care in the community
- Majority in each role, and 70.9% overall, would use a SBHC
- Among all roles, for both items, students were the most likely to respond "Yes"

#### **Interview Key Takeaways**

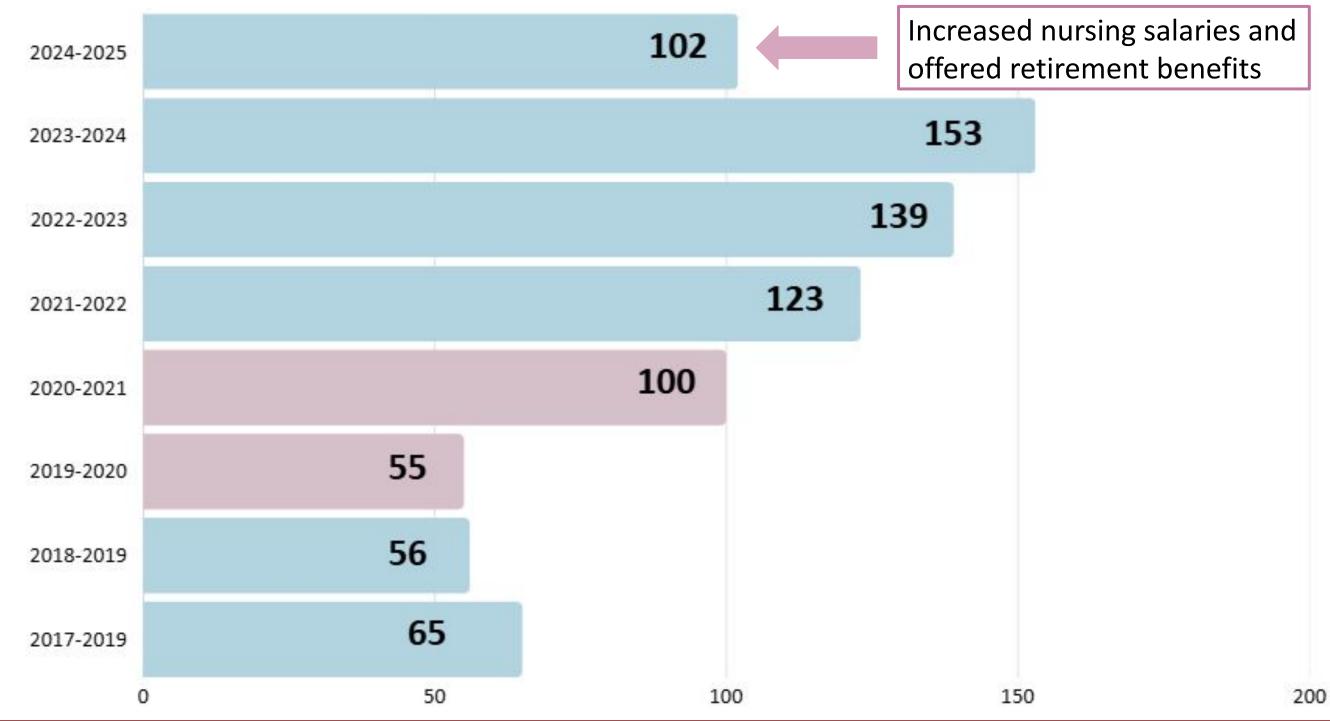


Broad support across stakeholders for establishing an SBHC for students within the county, but funding and logistics are key concerns.

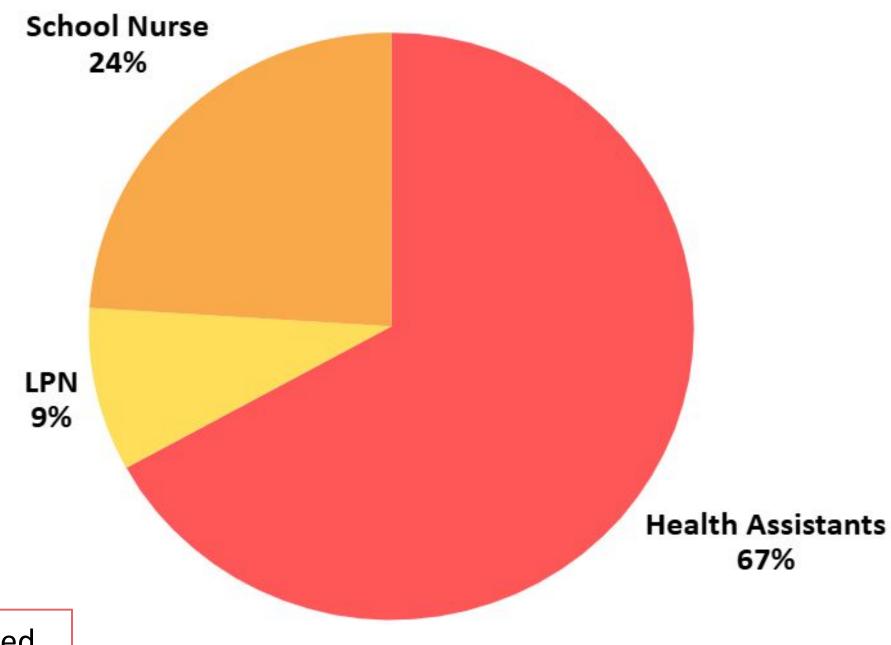


Mixed support for a SBHC serving families and/or the broader community.

Turnover Data YTD Comparison July 2024 - March 2025

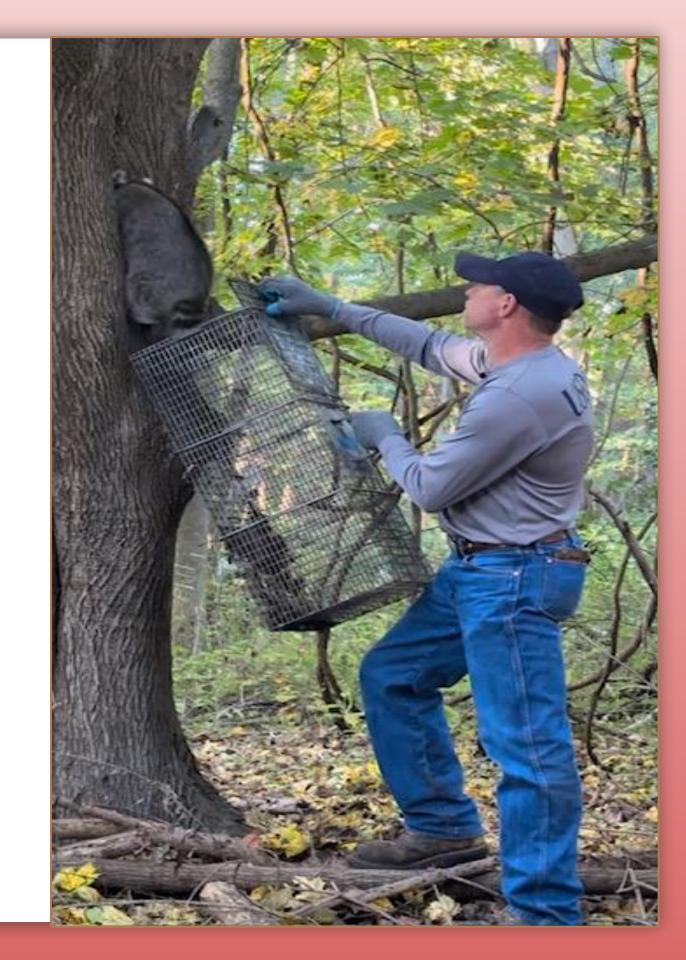


Turnover by Position FY25 July 2024 - March 2025



102 employees have resigned

- Bay Restoration Fund
- Financial Assistance for Environmental Programs
- Food Inspection and Regulation
- Housing Inspection
- Public Swimming Pools/Spas
- Rabies Prevention (ORV)
- Recreational Water Quality
- Rodent Control
- Wells and Septic
- Wildlife Control



#### **Food Protection Services**

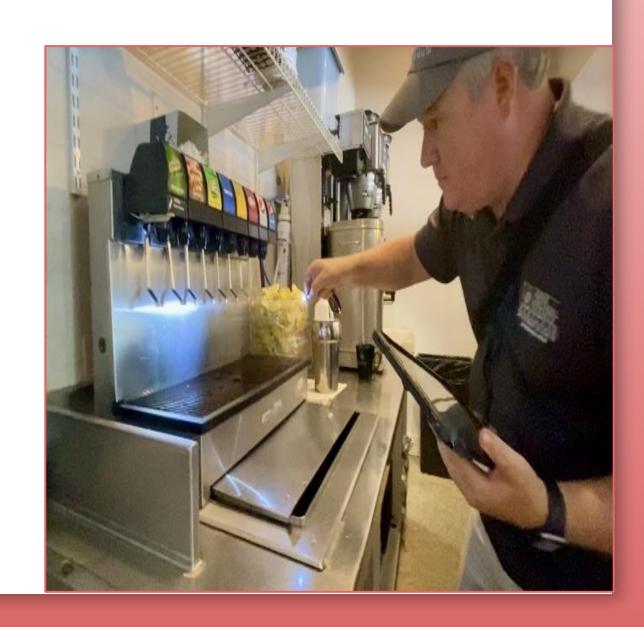
Responsible for the licensing and/or inspection of all food service facilities: restaurants, grocery stores, bars, mobile food trucks, bed and breakfasts, and temporary events.

Respond to complaints of food service facilities not operating properly or in a sanitary manner



#### **Inspections**

- 4,018 inspections at more than 2,800 licensed food service facilities
- **2,221** routine inspections on permanent food service facilities (53% of the COMAR 10.15.03 mandate)
- 515 reinspections on permanent food service facilities to ensure correction of critical item violations or numerous minor violations cited
- 860 complaint investigations and inspections for licensed and illegally operating food service facilities
- 162 routine inspections and reinspections on mobile and temporary food service facilities
- 260 pre-opening/opening inspections for new and remodeled facilities



### **Rodent Control Program**



#### **Rodent Control Expansion**

#### **Neighborhoods expanded to:**

- Arundel Village
- Belle Grove
- Brooklyn Heights
- Roland Terrace
- Country Club Estates
- Country Club Manor

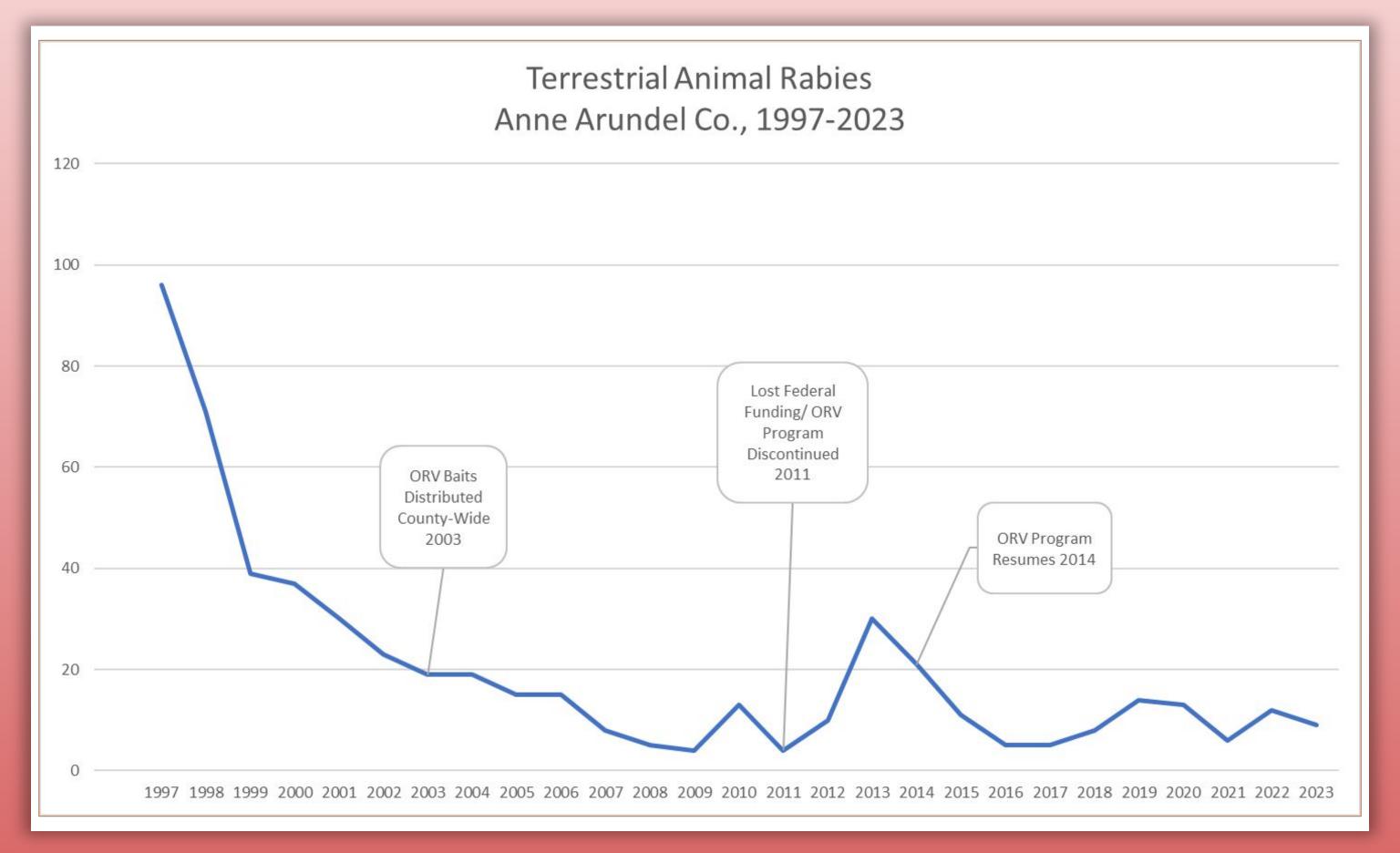
- Olde Brooklyn Park Suburbia
- Brookfield
- Curtis Heights
- Glenwood
- Stony Creek
- Maryland City
- 7,323 properties were selected to be surveyed from June October
- → **675** free pesticide services completed
- → **6,529** property assessments have been performed
- → 1694 violations were found and investigated



#### **New Education Outreach**

- community meetings
- mass mailing letters to all properties within the selected areas and posting community signs





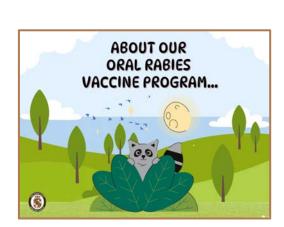
### **Oral Rabies Vaccine Program**

So far in 2025, the county has had one rabid raccoon.

#### Baiting for the 2024 ORV campaign:

- 90,720 vaccines were distributed by air and ground
- AACo Police helicopter is utilized to distribute vaccines by air
- AACo Police partners and is essential in making program successful in distributing large amount of vaccine by air
- Performed in large, wooded areas that are undeveloped
- DOH has an increase of residents reaching out reporting wild animals on their property

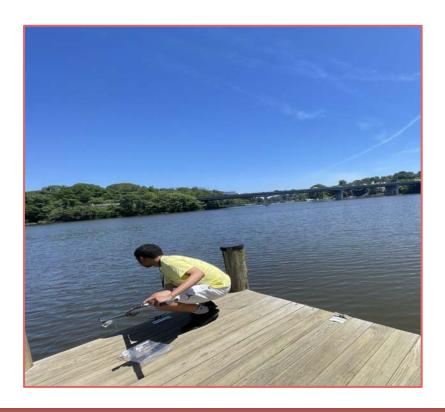
Increased campaigns in circulation to make residents aware of rabies and <u>ORV program</u>.





### Beaches Program

- Environmental Health samples 80 community beaches from Memorial Day Labor Day.
- If samples show an exceedance of the EPA acceptable level of enterococci, an advisory is posted advising against swimming and no direct water contact.
- All public sewage spills into a waterway are posted advising against swimming and no direct water contact until enterococci levels are acceptable.
- There is a preemptive rainfall advisory against no swimming/no direct water contact for at least
   48 hours after a rainfall due to predicted high bacteria levels.







### Water Wells and Onsite Sewage Disposal Systems

- Over 48,000 properties are served by private water wells and over 41,000 by onsite disposal systems.
- 327 permits were issued from July 1, 2024 to March 31, 2025 for private water wells. Restrictions and requirements for drilling are made including depth and grouting of the well. The water is tested before the well is certified for potability.
- 265 applications to construct onsite disposal systems were approved from July 1, 2024 to March 31,
   2025. The type of system is based on the soil evaluation and expected water use of the dwelling.
- Best Available Technology (BAT) for Nitrogen reduction is required for septic systems at properties in the Critical area and the Bog contributing area.



### Wet Season Percolation Testing

All drinking water in Anne Arundel County comes from groundwater and its protection is critical.

Testing during the wet season assures all on-site sewage disposal systems function properly year round, do not fail prematurely and protect the groundwaters of the county and state from contamination.

- → Wet season percolation testing is based on science and COMAR
- → Soils are mapped to determine soil characteristics
- → Soils with fluctuating water must have percolation tests performed during the wettest time of the year when water is at its highest point
- Droughts can delay the testing period, as well as postpone testing the following year
- County has a network of wells that are monitored throughout the year
- → Years of monitoring has established ranges of when groundwater is at its highest level





### Bay Restoration Fund

- Seeks to improve water quality in the bay by reducing nutrient runoff, especially nitrogen, that lead to algal blooms.
- FY 25: DOH had \$3.0 million, and funded to date:
  - 8 public sewer connections
  - 124 BAT (Best Available Technology) installations







## Thank You!



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