

Anne Arundel County Board of Health Presentation

Dr. Tonii Gedin, RN, DNP

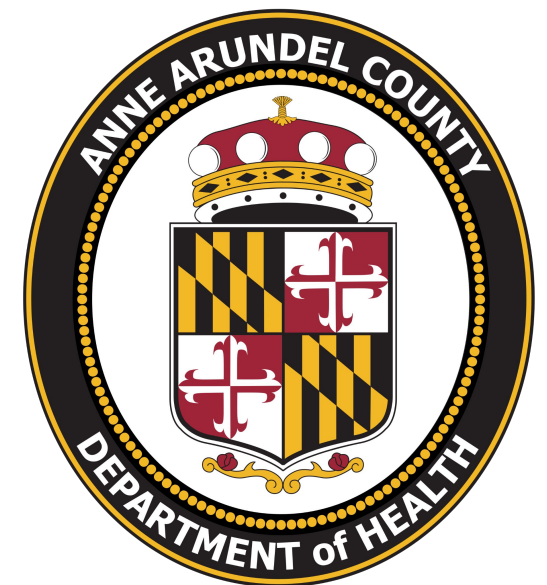
Health Officer

Anne Arundel County Department of Health

October 14, 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.



Department Overview

Founded October 1930

Operating Budget: \$97,428,000 FY26

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



Partner Agencies



Adrienne Mickler: Executive Director
Mental Health Agency



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

Key Staff

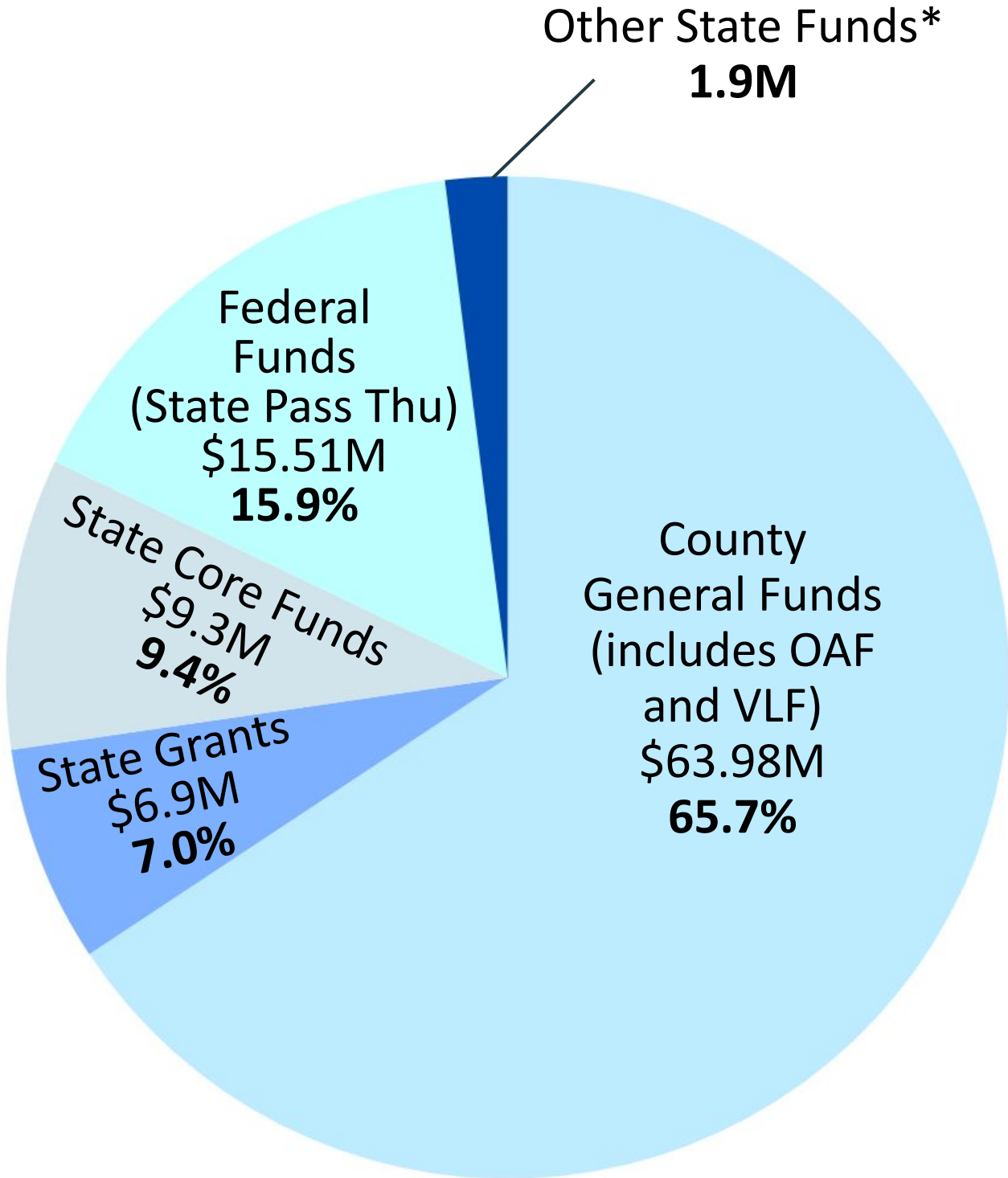
- Dr. Tonii Gedin: Health Officer
- Dr. Oluwafunmilola T. Bada: Deputy Health Officer, Public Health
- Shawn Cain: Deputy Health Officer, Operations
- Megan Pringle: Director, Communications
- Sandy O'Neill: Director, Behavioral Health
- Jennifer Schneider: Director, Disease Prevention and Management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

FY26 Proposed Budget by Funding Source

County General Funds	59,404,200	61.0%
Opioid Abatement Fund	4,489,800	4.6%
Video Lottery Fund	90,000	0.1%
Grants	24,288,911	24.9%
State CORE Funding	9,155,089	9.4%
	97,428,000	100.0%

Grant Funding Breakdown

State	6,864,587.00	7.0%
Federal	15,511,327.20	15.9%
*Other	1,912,996.80	2.0%
	24,288,911	24.9%

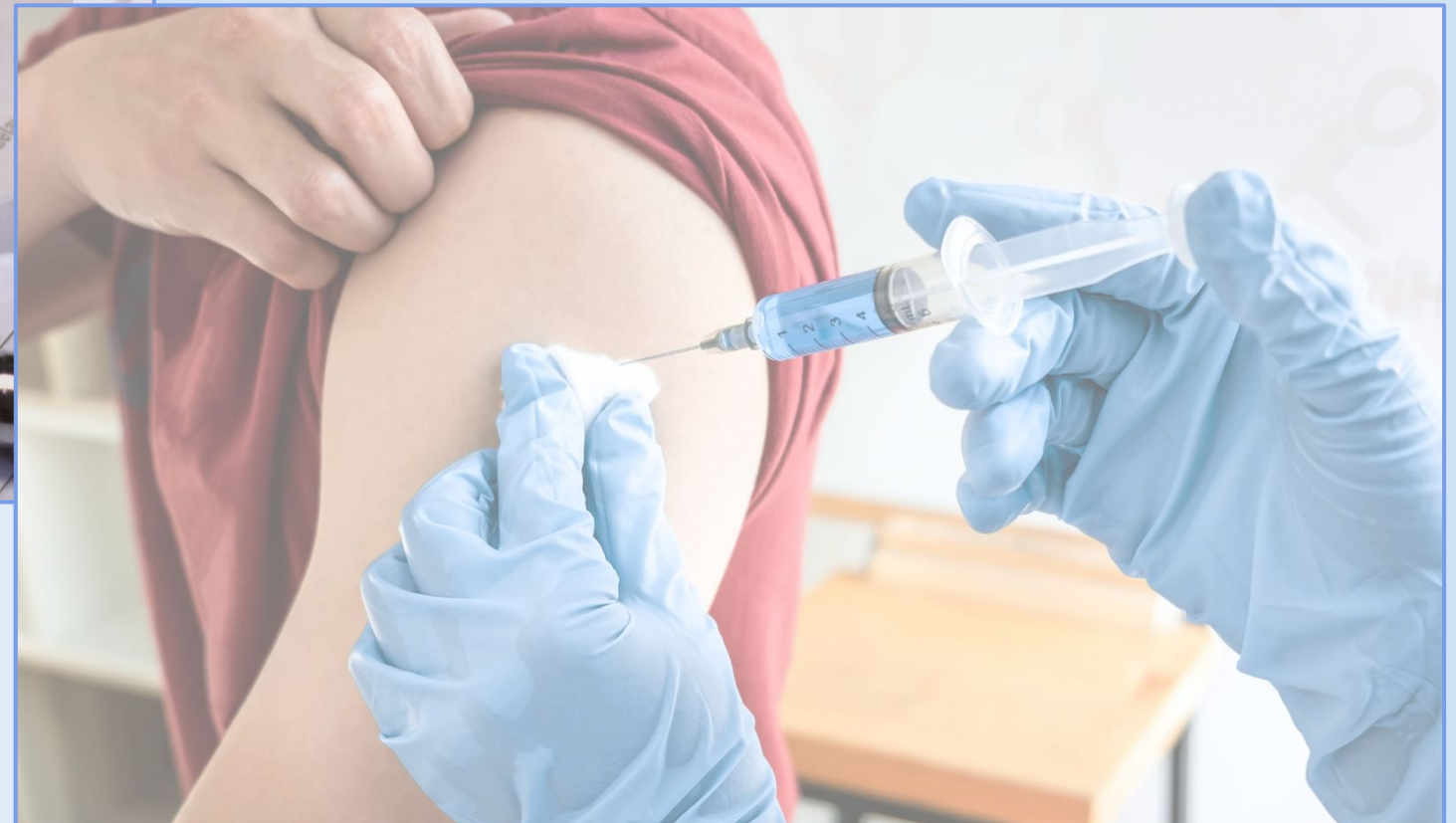
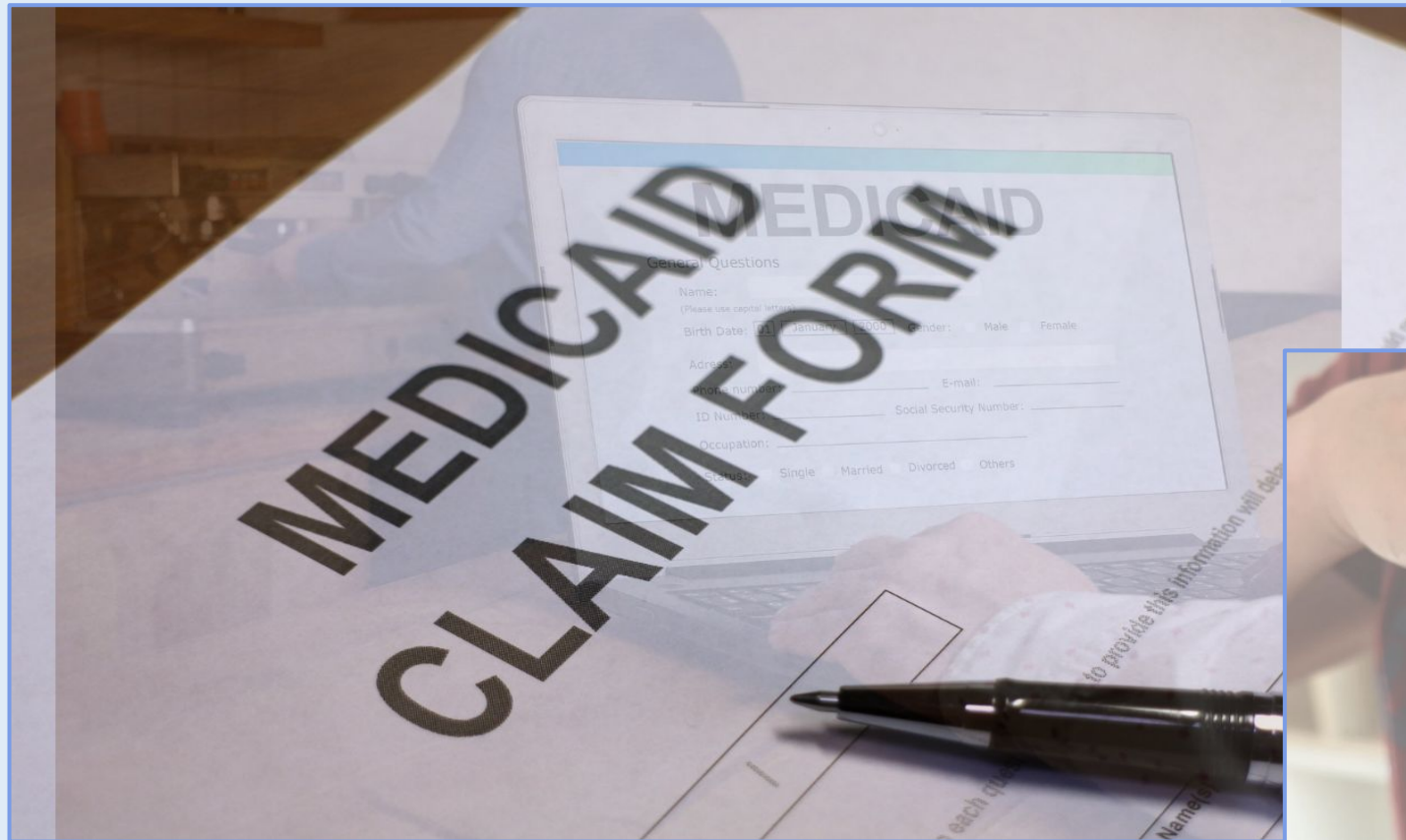


*Special and Reimbursement State Fund

Federal Updates and Potential Changes

Medicaid

Vaccine Recommendations



Medicaid in Anne Arundel County and Maryland

In Anne Arundel County

Medicaid Enrollment

- Traditional Medicaid Enrollment: 82,695
- Expansion Medicaid Enrollment: 25,505
with projections of half losing coverage
- Total Medicaid Enrollment: 107,200

How Medicaid is Utilized

- In 2024, Anne Arundel County residents visited Maryland Emergency Rooms (ERs) about 138,000 times
- Medicaid is the primary insurance for **over one-fourth of ER visits (28%)**
- In 2023, Medicaid was the primary insurance for 29% of resident births

In Maryland, Medicaid Covers:

- Over 40% of all births
- Almost half (46%) of all children in the state
- More than 320,000 adults who qualify under the Affordable Care Act
- Supports 660 hospital and 122,981 providers
- 54% of all revenue for community health centers in Maryland
- 60% of the Medicaid budget for the state comes from federal funds (\$8.5 billion) per year

One Big Beautiful Bill Act Updates: Medicaid

The federal 2025 budget reconciliation bill, One Big Beautiful Bill Act, makes significant changes to Medicaid, including for those enrolled in Medicaid under the Affordable Care Act (ACA) expansion, which provides health insurance to 25,505 Anne Arundel County residents, with projections of half losing coverage.

Planned Parenthood Funding Restriction

Takes Effect: July 4, 2025

Prior to the bill

Beneficiaries are typically allowed to receive Medicaid services from any provider that is qualified and can provide those services.

How the bill changes ACA

Restricts federal funding to non-profit, community providers who delivery family planning and abortion services who are mainly Planned Parenthood clinics.

Projected Impact

The Maryland Department of Health estimates that more than \$2.7 million federal funding is lost. As of July 2025, funding can continue due to a Temporary Restraining Order.

One Big Beautiful Bill Act Updates: Medicaid (Continued)

Provider Tax Freeze

Takes Effect: July 4, 2025

Prior to the bill

States are allowed to finance the non-federal share of Medicaid spending through different sources. This is a key revenue source for MD Medicaid program.

How the bill changes ACA

Froze implementing new provider taxes and made changes to ensure taxes meet certain criteria.

Projected Impact

Three provider taxes in Maryland may be impacted:

- Hospital Assessment
- Nursing Facility Assessment
- Managed Care Organization Assessments

Maryland Department of Health aims to ensure that these provider taxes meet criteria set in the new law in order to be grandfathered in by Centers for Medicare and Medicaid Services.

One Big Beautiful Bill Act Updates: Medicaid (Continued)

Eligibility of Immigrant Population

Projected Effective Date: October 1, 2026

Prior to the bill

States had the option to waive the five year period for children and pregnant people, and it extends coverage to certain immigrants without a qualified status in Medicaid in separate CHIP. Some states used state only funds to provide coverage for children and some adults regardless of immigration status.

How the bill changes ACA

Limits Medicaid coverage to legal permanent residents, certain Cuban and Haitian immigrants, and those living in the U.S. through Compacts of Free Association. This takes effect October 1, 2026.

Projected Impact

The Maryland Department of Health reports that at least 60,000 participants may lose coverage which includes refugees and asylees.

*Emergency Medicaid is not impacted by this provision

One Big Beautiful Bill Act Updates: Medicaid (Continued)

Limits on Retroactive Coverage

Takes Effect: December 31, 2026

Prior to the bill

States are required to provide coverage for qualified medical expenses incurred up to 90 days before the application.

How the bill changes ACA

Reduces retroactive coverage from three months to one month before applying for Medicaid for ACA expansion adults. All other enrollees are limited to two months.

Projected Impact

The Maryland Department of Health reports this increases uncompensated care and places a financial burden on families.

One Big Beautiful Bill Act Updates: Medicaid (Continued)

Semi-Annual Medicaid Renewal for ACA Expansion Adults

Projected Effective Date: January 1, 2027

Prior to the bill

Medicaid recipients renewed their eligibility once every 12 months.

How the bill changes ACA

- Requires eligibility renewals for those covered under the ACA expansion every 6 months.
- States will be required to conduct a “look-back” to determine if an individual meets requirements within the last three months prior to applying for Medicaid.

Projected Impact

The Maryland Department of Health reports this will apply to 331,577 adults and it will cost millions to implement and administer.

One Big Beautiful Bill Act Updates: Medicaid (Continued)

Medicaid Work Requirements

Projected Effective Date: January 1, 2027

Prior to the bill

Meeting a work requirement was not a condition to receive Medicaid.

How the bill changes ACA

Requires individuals that are covered through the ACA's Medicaid expansion that are 19-64 to work 80 hours per month or attend school at least half time to maintain eligibility.

Projected Impact

The Maryland Department of Health reports this will impact the 331,577 adults under the ACA and 56,000 could lose coverage.

One Big Beautiful Bill Act Updates: Medicaid (Continued)

Restrictions on State Directed Payments

Takes Effect: January 1, 2027

Prior to the bill

States typically are not allowed to determine how Managed Care Organizations pay their providers. With approval from CMS, state may use State Directed Payments to require Managed Care Organizations to pay providers certain rates.

How the bill changes ACA

Eliminates using State Directed Payments to establish rates above Medicare rates and temporary grandfathers certain State Directed Payments.

Projected Impact

Maryland Department of Health anticipates that this will impact the AHEAD model provider payments; \$27M for Primary Care Investment and \$25M for the Maryland Quality Improvement Program.

One Big Beautiful Bill Act Updates: Medicaid (Continued)

Mandated Cost-sharing for ACA Expansion Adults

Takes Effect: October 1, 2028

Prior to the bill

Optional for states to charge premiums and cost-sharing requirements. Currently, enrollees pay \$1-\$3 for prescription drugs.

How the bill changes ACA

Mandates cost-sharing for ACA expansion adults should not exceed 5% of their total income.

Projected Impact

The Maryland Department of Health reports this will impact approximately 320,000 of the expansion population. The state will also be required to track expended copays and will have to ensure that cost-sharing does not exceed 5% of the enrollee's income.

One Big Beautiful Bill Act Updates: Medicaid (Continued)

Expanded Authority for Federal Government to Take Back Funding Due to Erroneous Payments

Takes Effect: October 1, 2029

Prior to the bill

CMS can recoup federal funds for erroneous payments that exceed 3%. CMS may waive recouping funds if the state has been acting in good faith to get below the 3% threshold.

How the bill changes ACA

Expands the federal government's authority to take back funding due to federal or state audit findings regardless of whether the state is acting in good faith to address the errors.

Projected Impact

The Maryland Department of Health has not provided a specific amount that the state will be affected by but predicts that there will be a significant fiscal impact.

Medicaid Impact on Local Health Department

Local health departments will face a significant surge in demand, leading to increased complexity and volume across all operational areas. Successfully managing this influx will require a dedicated expansion of our staffing capacity to maintain service quality and compliance.

	Workload Area	Key Impact
	Increased Client Traffic and Volume	Increased volume in both calls and foot traffic
	Verification and Compliance	Increased verifications, new verifications, shorter timeframes
	Renewal and Retention	Increased renewals, increased renewal cadences
	Enrollment Instability	Increased enrollment attrition
	Community and Resident Engagement	Increased need for outreach, both physical and targeted campaigns

Vaccine Access and Information in Maryland

Recent Changes

Northeast Public Health Collaborative

In September, Maryland joined the Northeast Public Health Collaborative.

Maryland, New York, Delaware, Pennsylvania, Massachusetts, Rhode Island, New Jersey, Connecticut and Maine are cohort states developing vaccine recommendations and other Public Health guidelines based on science and data.

State Level Actions

Governor Wes Moore signed legislation to ensure insurance providers continue to cover the cost of all vaccines recommended by the Advisory Committee on Immunization Practices as of December 31, 2024.

- this stems from legislation that went into effect in June
- requires private insurers and Medicaid to cover vaccines that were federally recommended last year
- issued vaccine recommendations and clinical guidance to all licensed clinicians in the state
- issued a statewide standing order, allowing health care providers to administer the most updated version of the COVID-19 vaccine to all persons aged 6 months and older, including pregnant individuals

Maryland Department of Health 2025-2026 Vaccine Recommendations

Age/Condition	Flu Vaccine	RSV Vaccine	COVID-19 Vaccine
Infants and Children	All children six months and older. Some children six months to eight years may require multiple doses.	All infants <8 months and children 8-19 months with risk factors. Nersevirmab or Clesrovimab for infant less than eight months old, children 8-19 months should only receive Nersevirmab. Typically administered October - March if no maternal RSV vaccine.	All children 6-23 months and 2-18 years with risk factors or by parental request.
During Pregnancy	At any point during pregnancy and to lactating individuals.	32-36 weeks gestation. OR (Abrysvo only) Typically administered September-January	At any point during pregnancy and to lactating individuals.
Adults 18-50	All adults ages 18-50.	For pregnant individuals. (see previous)	All adults ages 18-50. Especially important with high risk factors or those who never had vaccine.
Adults 50 +	All adults age 50+. High dose, recombinant or adjuvanted flu vaccine preferred for age 65+.	All adults age 75+ and 50-74 One lifetime dose of RSV vaccine.	All adults age 50+. Especially important with high risk factors or those who never had vaccine.

Federal recommendations for COVID-19 vaccinations changed to age 65+ and individual-based decision-making for others.

Vaccine Access and Information in Anne Arundel County

The Anne Arundel County Department of Health is committed to timely, consistent communications with clarity and transparency, based on data and science.

Tracking, Feedback and Response Loop

Area of Focus	Tracking Mechanism	Response Strategy
Public Questions	Creating a centralized log, dedicated to recording and tracking emails, calls, messages on social media platforms.	Proactively updating website, creating messaging for response and will create FAQs with top 5 recurring questions.
Misinformation/ Sentiment	Social Listening: Monitor comments and on local social media and news sites for negative sentiment or false claims.	Will employ the "Truth Sandwich" model: State the Truth > Acknowledge the Concern > Reiterate the facts.
Internal Feedback	Internal briefings: Regularly scheduled briefings to ensure staff are aware of changes and we have consistent, transparent talking points.	Zero internal contradictions or off-script messaging reported.

Goal: Provide clear, reliable, transparent and accessible source of vaccine information in Anne Arundel County.

Anne Arundel County Vaccinate Rates

Vaccinations

COVID-19

16.3% 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
- So far in 2025, **39** county residents died from COVID-19*
- In late December 2024, our county hospitals had around **60** patients hospitalized each week with COVID-19

40% of county residents ages 65+ received a 2024-2025 vaccination.

Vaccination is key in reducing these deaths and hospitalizations.

Influenza

33.4% of Anne Arundel County received the 2024-2025 influenza vaccine.

Severe flu season

12,889 visits for Influenza-like illness (through week of 5/11/25, the end of flu season)

- Over half of these visits were made by ages 18-64 (52.2%), about 41% were for ages 0-17.
- Black, Non-Hispanic residents were overrepresented for visits (27.0%), as were Hispanic residents (13.5%)

*Through 9/8/25

Anne Arundel County Department of Health: Programs and Services



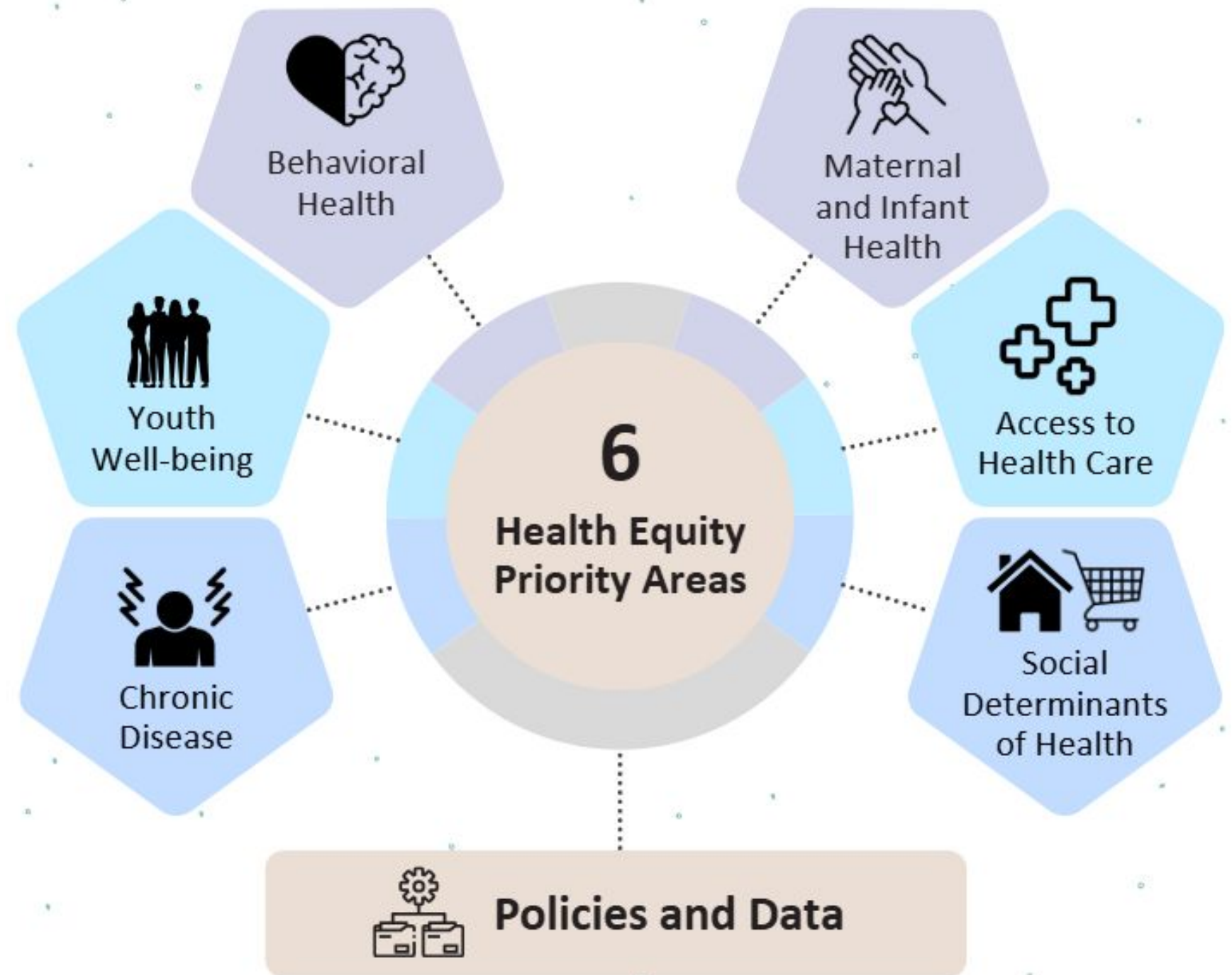
Health Equity Plan

The Department of Health developed the **first Health Equity Plan**, with six priority areas underscored by policies and data.

The plan highlights actions that align with the Anne Arundel County Equity Blueprint and the Maryland Health Improvement Plan.

Next steps include implementation, planning and monitoring.

The plan is available on aahealth.org



Strategic Plan 2023-2025

We have worked towards implementing our Strategic Plan over the last three years and will be updating our plan in 2026.

Our Priorities	Key Accomplishments
Reinvigorating the workforce	● Reviewed pay scale for lowest paid staff and adjusted salaries ● Conducted employee satisfaction survey and National Public Health Wins Survey
Enhancing Infrastructure	● Implemented a new employee website to improve information sharing ● Acquired PowerDMS platform to manage our policies and procedures ● Redesigned learning and development curriculum for staff
Community Partnerships	● FindHelp, a community resource connection through Health Anne Arundel Coalition ● Continued funding to community partners to provide education and training to residents
Health and Health Equity	● Developed the first County Health Equity Plan ● Trained all staff in diversity, equity and inclusion ● Ensured broader use and support for staff utilization of Language Line

Maternal Infant Health Task Force Strategic Plan

This Task Force is committed to advancing the health and well-being of expectant, pregnant and birthing individuals and their support networks. Strategies in the plan provide a roadmap to focus resources and expertise.

✓ The Strategic Plan Includes:

- Purpose
- Contributing Factors
- Maternal and Infant Health Data
- Process
- Community Advisory Council
- Goals and Objectives
- Next Steps



Goals

Improve Care

Improve care coordination and delivery to prevent and provide timely response to pregnancy-associated morbidities, mortalities and mental health needs.

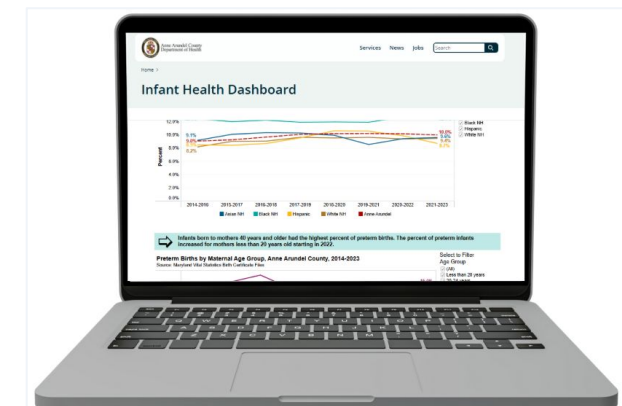
Education and Awareness

Provide perinatal education and information to ensure families, members of their support network and their providers are informed and supported.

New Online Dashboard

There is a new Maternal and Infant Health Dashboard that visually presents key data and metrics. It includes:

- birth demographics
- preterm births
- low birth weight
- breast-feeding
- infant death
- leading causes of infant death

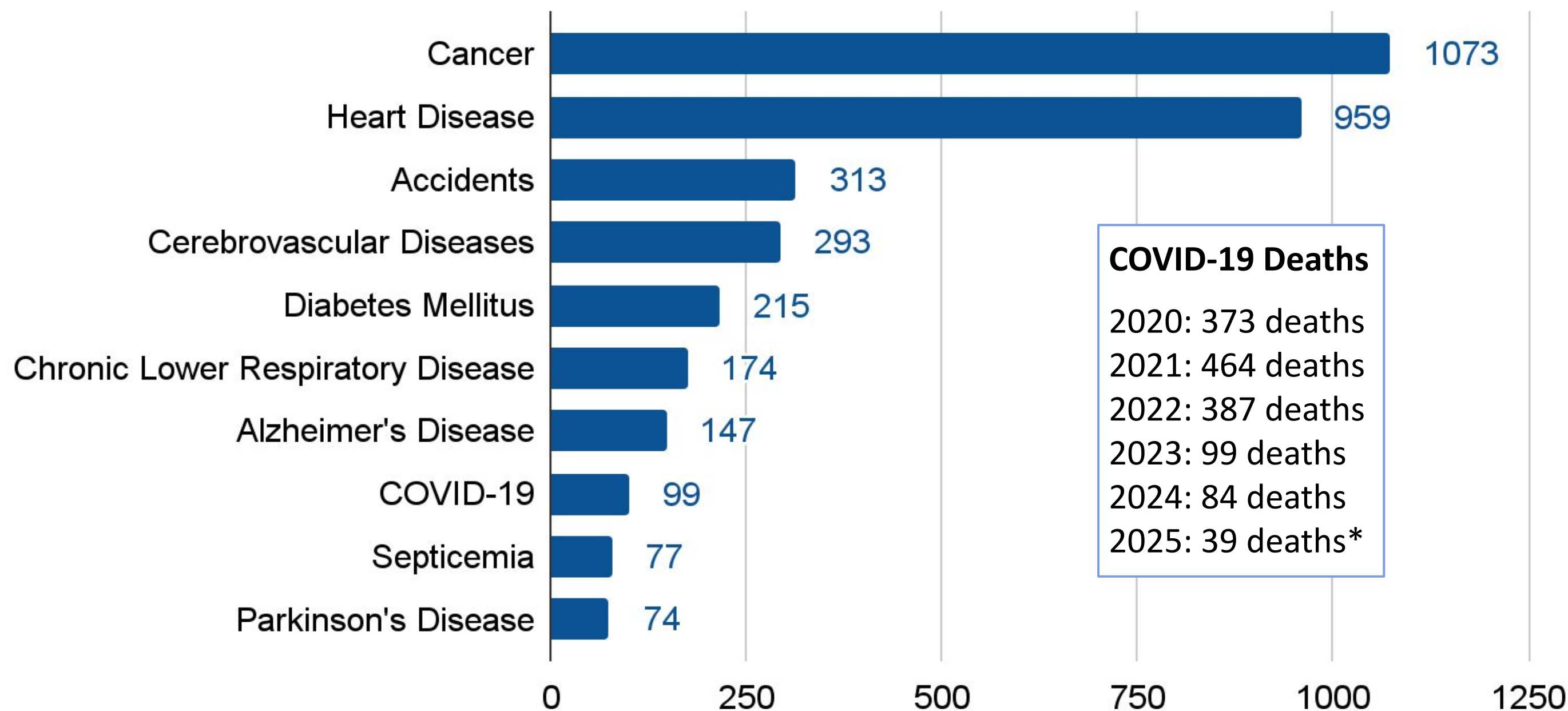


View dashboard at

AAHealth.org/maternal-health-dashboard

Leading Cause of Death in Anne Arundel County

2023 Leading Causes of Death, Anne Arundel County



*Through 9/8/2025

Data Source: Maryland Vital Statistics Administration Yearly Death Files, 2023; MDH COVID-19 Deaths Files

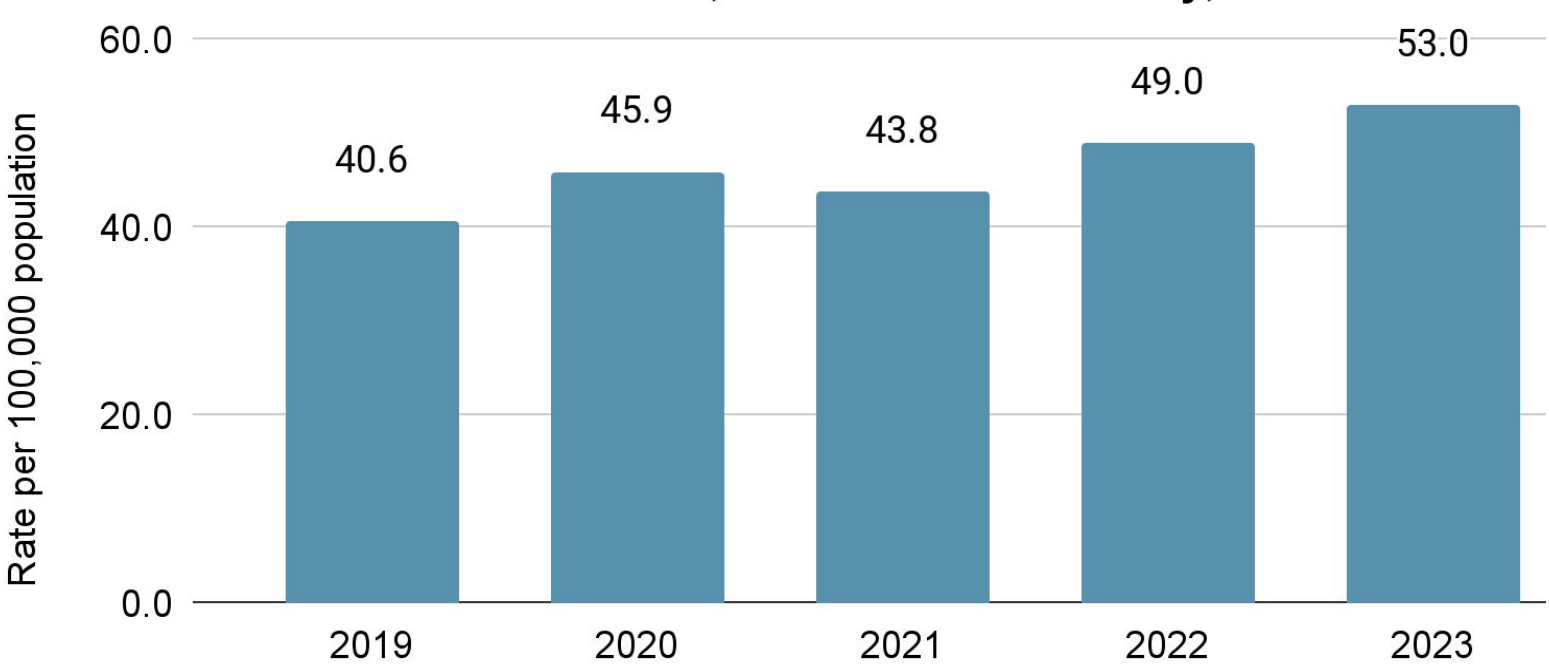
Leading Cause of Death in Anne Arundel County

Accidents

Third Leading cause of death in the county in 2023, causing about **7% of deaths**

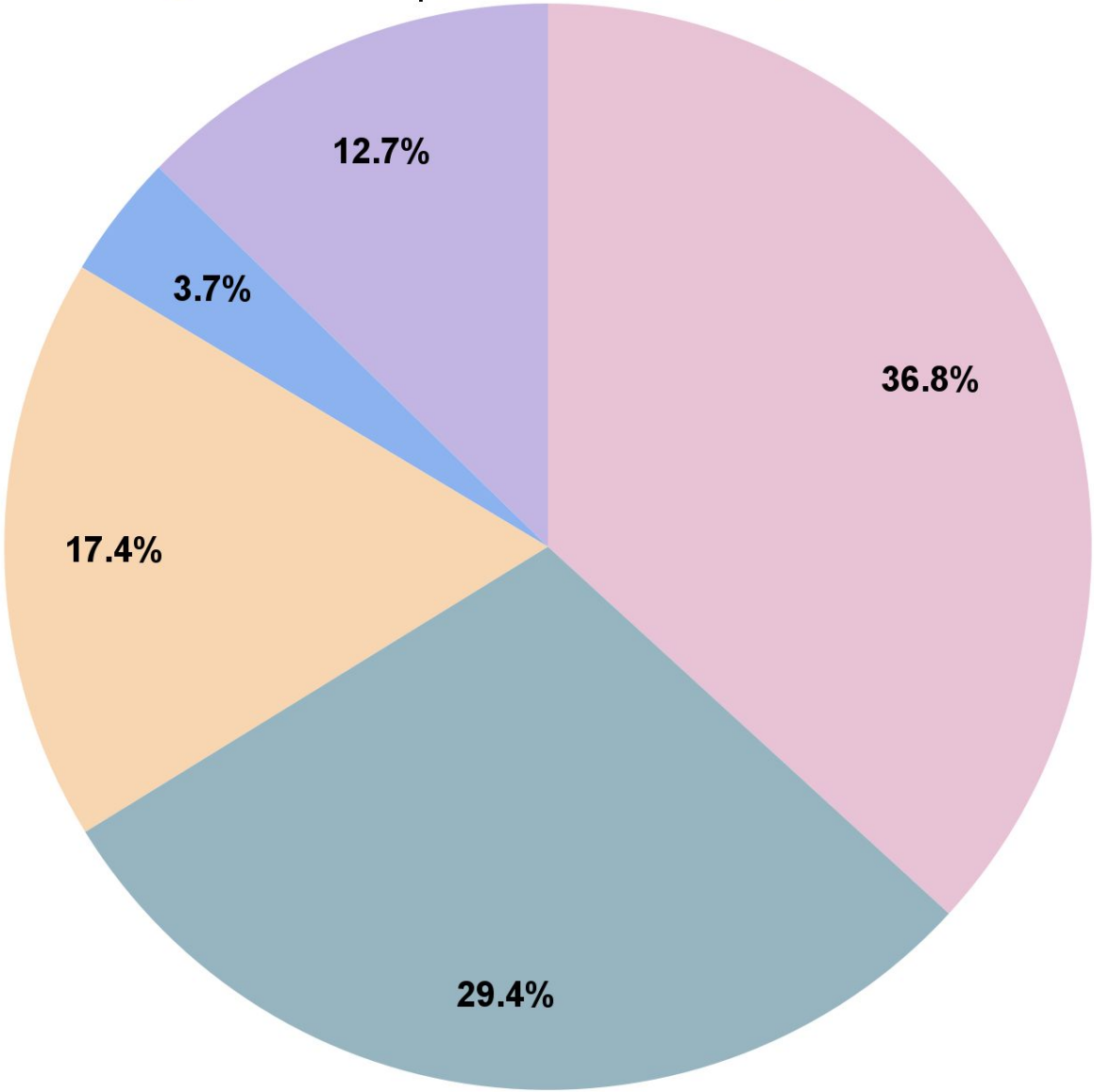
- Rate of deaths due to accidents has increased from 2019 to 2023, from 40.6 to 53.0
- From 2019-2023:
 - Over one-third (37%) of deaths due to accidents were due to accidental poisoning
 - Nearly one-third of these deaths were due to falls
 - Nearly one in five of these deaths were due to motor vehicle accidents

Rate of Deaths Due to Accidents, Anne Arundel County, 2019-2023



Deaths Due to Accidents by Cause, Anne Arundel County, 2019-2023

● Accidental poisoning ● Falls ● Motor vehicle accident
● Other transportation accident ● Other



Data Source: MDH VSA Death Certificate Files, 2019-2023

Motor Vehicle Accident Deaths and Injuries

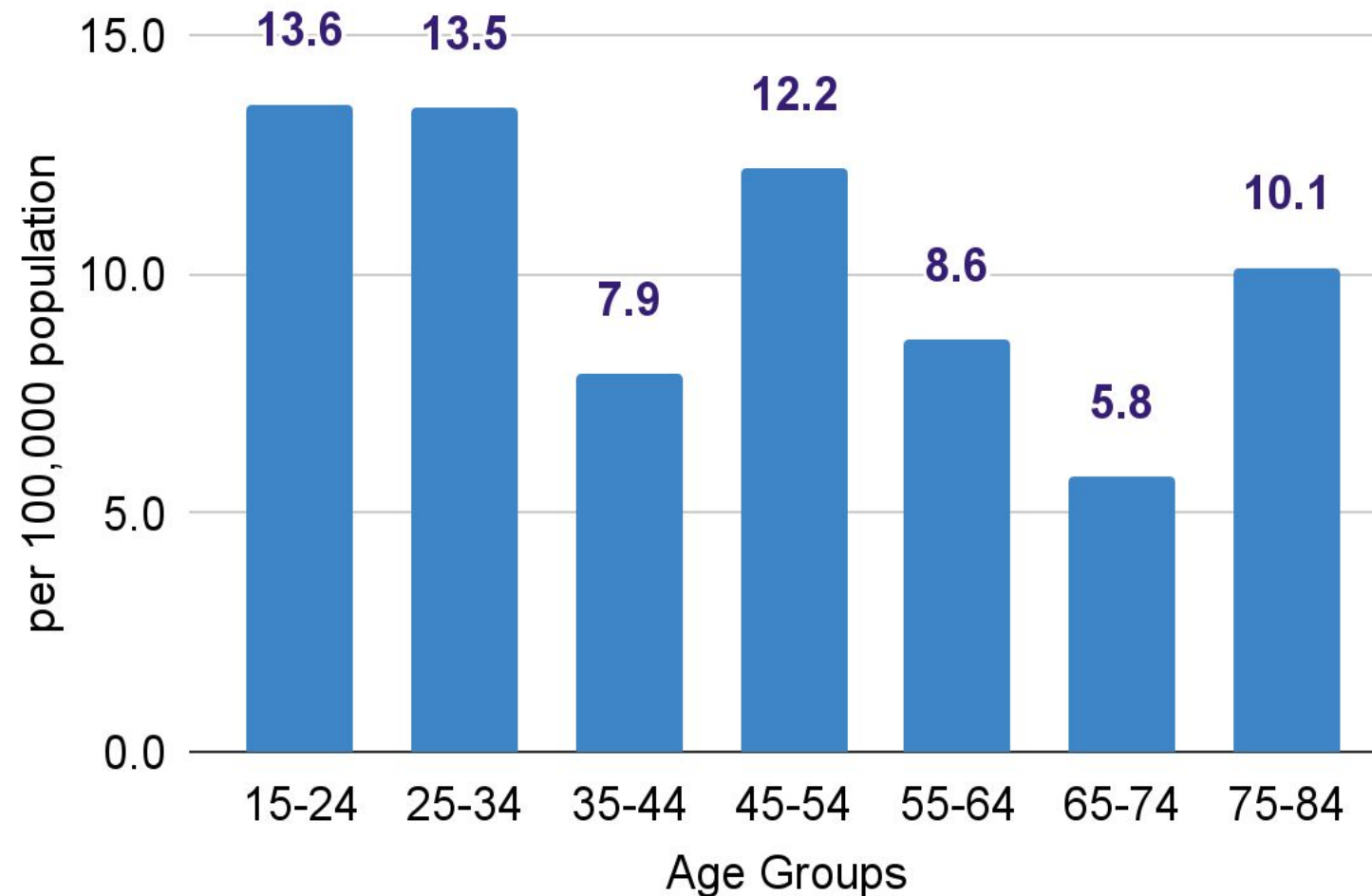
Total of **260** County Resident Deaths 2019-2023

- 71% were Male
- 68% were white, non-Hispanic
- 39% were ages 15-34 years

49 (19%) of the 260 Deaths were Pedestrians

- 69% were Male
- 65% were white, non-Hispanic
- 27% were ages 15-34 years

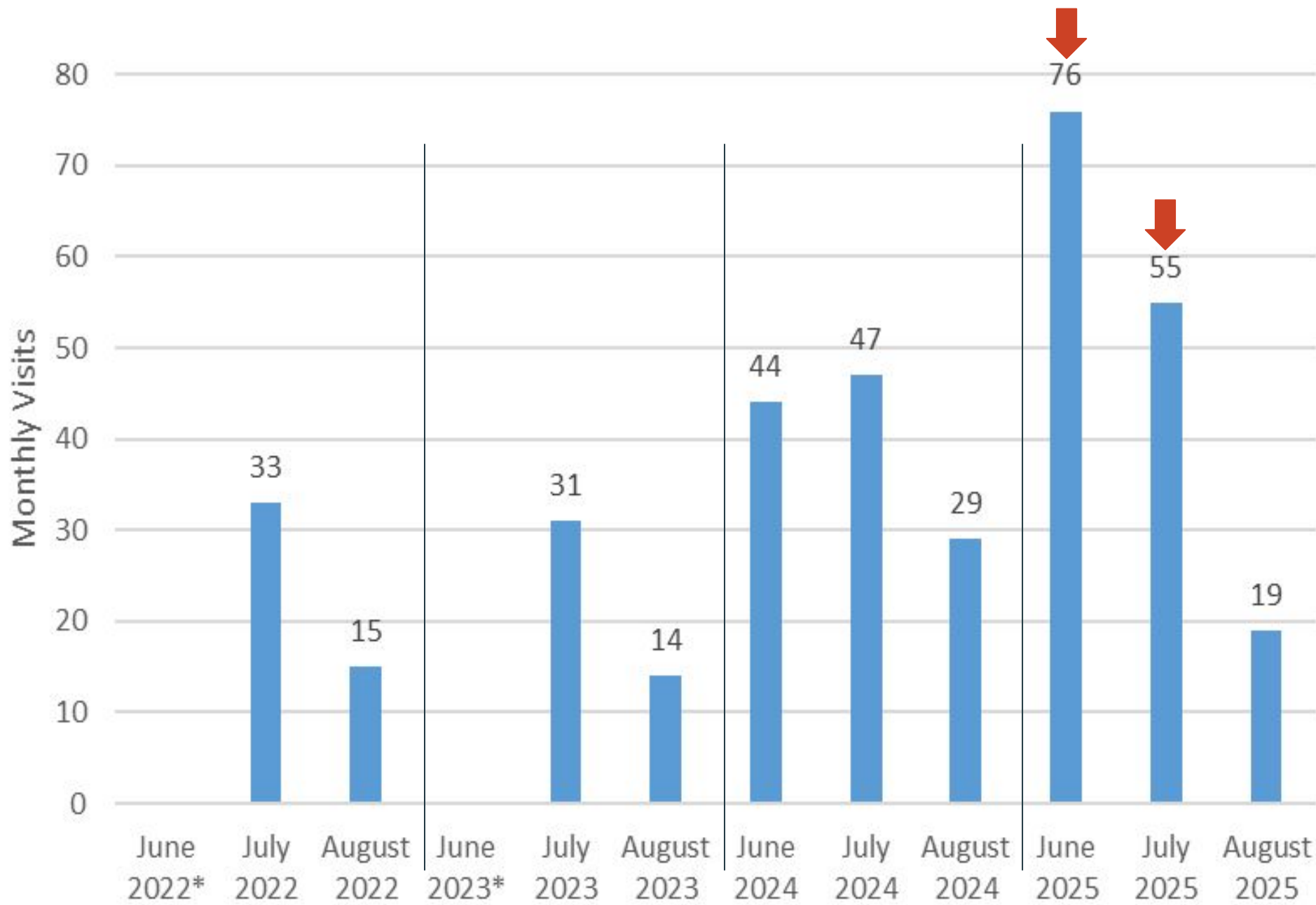
Age-specific Rate of Motor Vehicle Accident Deaths, 2019-2023



- 2022-2024: around **4,000** emergency room (ER) visits by county residents related to motor vehicle traffic injuries, a **decrease from about 6,000** per year from 2017-2019.
- ER visits for pedestrians ages 0-17 years **increased by 12%** from 60 in 2019-2021 to **67** in 2022-2024.
- Among children pedestrian ER visits from 2022-2024, Black and Hispanic children are overrepresented:
 - 33% are Black, non-Hispanic
 - 25% are Hispanic
 - 24% are white, non-Hispanic

Heat Related Illness

Emergency Room/Select Urgent Care visits for **heat-related illness** for Anne Arundel County residents, Summer 2022 - Summer 2025



In 2025:

The average max temperature in **July was 89.5 F**, with **14 days at 90 F or higher**.

The average max temperature in **June was 85.7 F**, with **10 days at 90 F or higher**. However, the last eight days of the month had an average temperature of 92.6 F during which time 62 of the visits occurred.

Overall, July is the hottest month with an average maximum temperature at almost 90 F.

* Suppressed due to small numbers; Data Source: ESSENCE, National Weather Service BWI Airport

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) ★
- 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) ★

★ 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 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

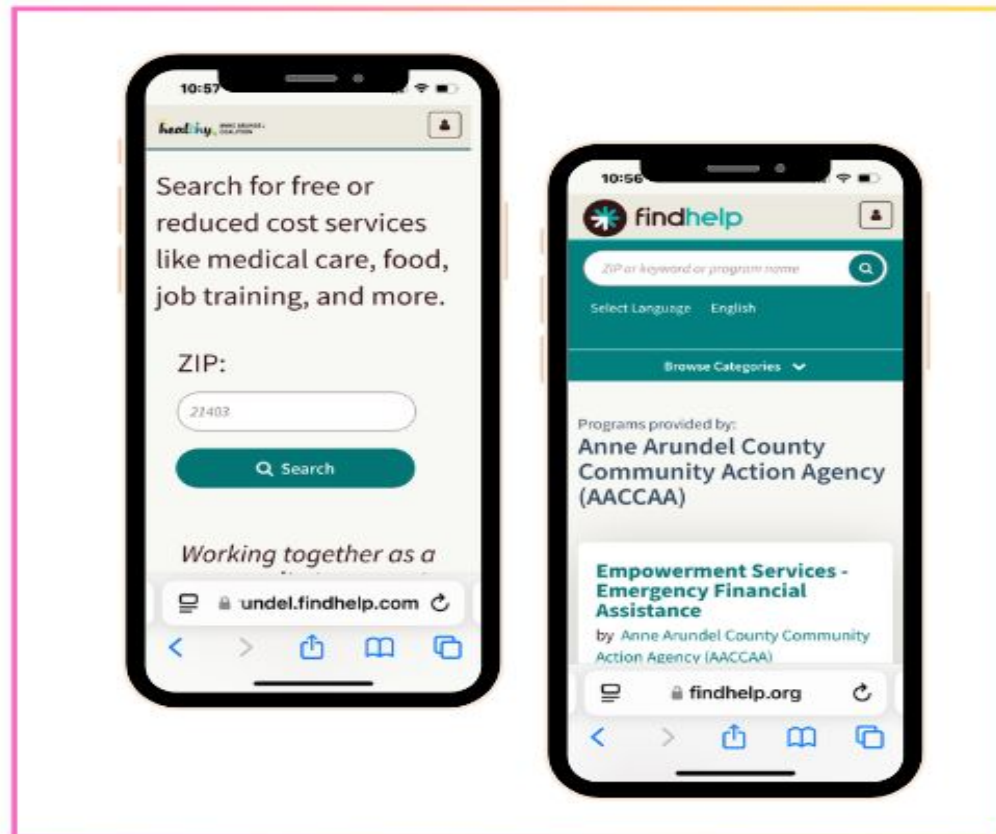
Policies

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

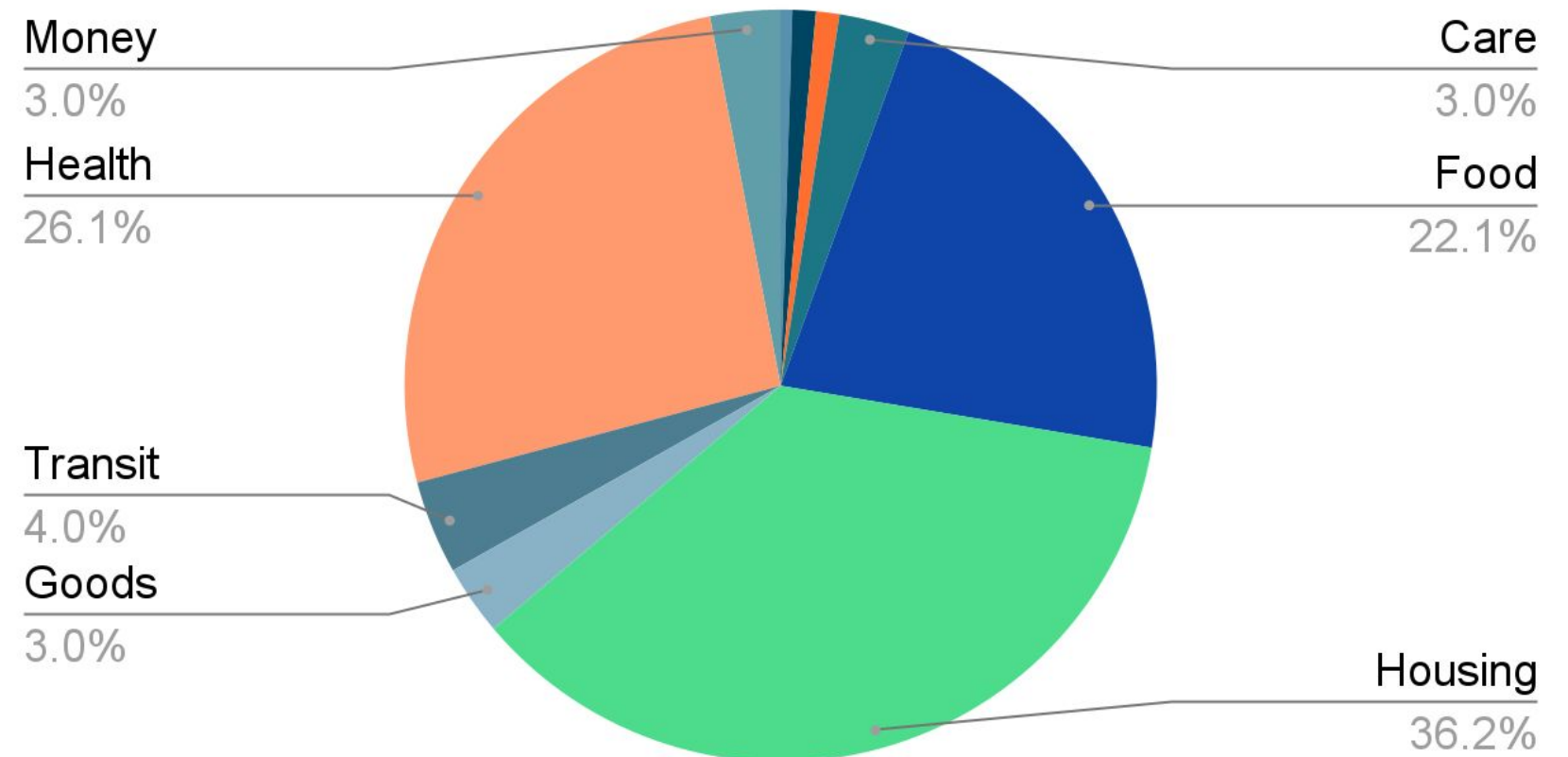
Healthy Anne Arundel Coalition

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
 - 42 active CHA accounts
- Widget available for HAAC partners to feature on their websites
 - Currently used by AA County Food Bank



Total searches: 3,415
Searches by category July 1, 2024 - June 30, 2025



What's Next: Reviewing Mental Health resources in FindHelp and ensuring local programs are represented

Healthy Anne Arundel Coalition

The Healthy Anne Arundel Coalition partner collaboration support the MDOT Walktober Initiative.

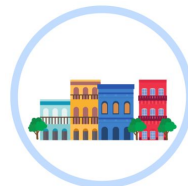
This is happening now. Here's how it works:

- Walk and your own pace and schedule
- Find a park, trail or course that works for you
- Scan the QR Code for information, details and registration

Individuals and teams can register and aim for:



The Bay Bridger: Walk 4 miles
(length of the Chesapeake Bay Bridge)



The City Stroller: Walk 10 miles
(circumference of Annapolis)



The Bay Explorer: Walk 533 miles
(shoreline mileage in the county)



The County Cruiser: Walk 24 miles
(the county's width, east-to-west)



The County Cruiser: Walk 36 miles
(the county's length, north-to-south)

HealthyAnneArundel.org/walktober



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							
ZIP Code	Area	Poverty Percentage	Percentage Without High School Diploma	Percentage of Households with SNAP	2024 ER Visit Rate per 1,000	Percentage Low birth weight Infants (2019-2023)	Minority Population
20711	Lothian	13.4%	17.6%	7.8%	294.3	9.5%	40.4%
20724	Laurel	10.1%	7.5%	8.6%	237.7	9.5%	76.0%
20765	Galesville	9.8%	6.9%	19.0%	155.3	Suppressed	30.7%
20776	Harwood	7%	9.0%	11.0%	253.1	5.3%	23.9%
21060	Glen Burnie (East)	8.8%	8.8%	12.8%	295.0	8.7%	45.2%
21061	Glen Burnie (West)	9.0%	10.2%	13.2%	320.6	8.7%	50.0%
21144	Severn	4.7%	5.4%	7.4%	243.3	8.0%	56.9%
21225	Brooklyn	22.3%	21.0%	25.7%	396.0	11.9%	68.3%
21226	Curtis Bay	15.5%	12.6%	21.6%	294.7	10.9%	41.3%
21401	Annapolis	7.1%	4.4%	7.5%	282.8	6.7%	31.3%
21403	Eastport	4.9%	9.3%	4.8%	246.9	7.6%	35.4%
	Anne Arundel	5.5%	6.2%	6.5%	233.5	7.6%	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, 2024; Maryland Vital Statistics Administration Birth Files, 2019-2023

Premature Death

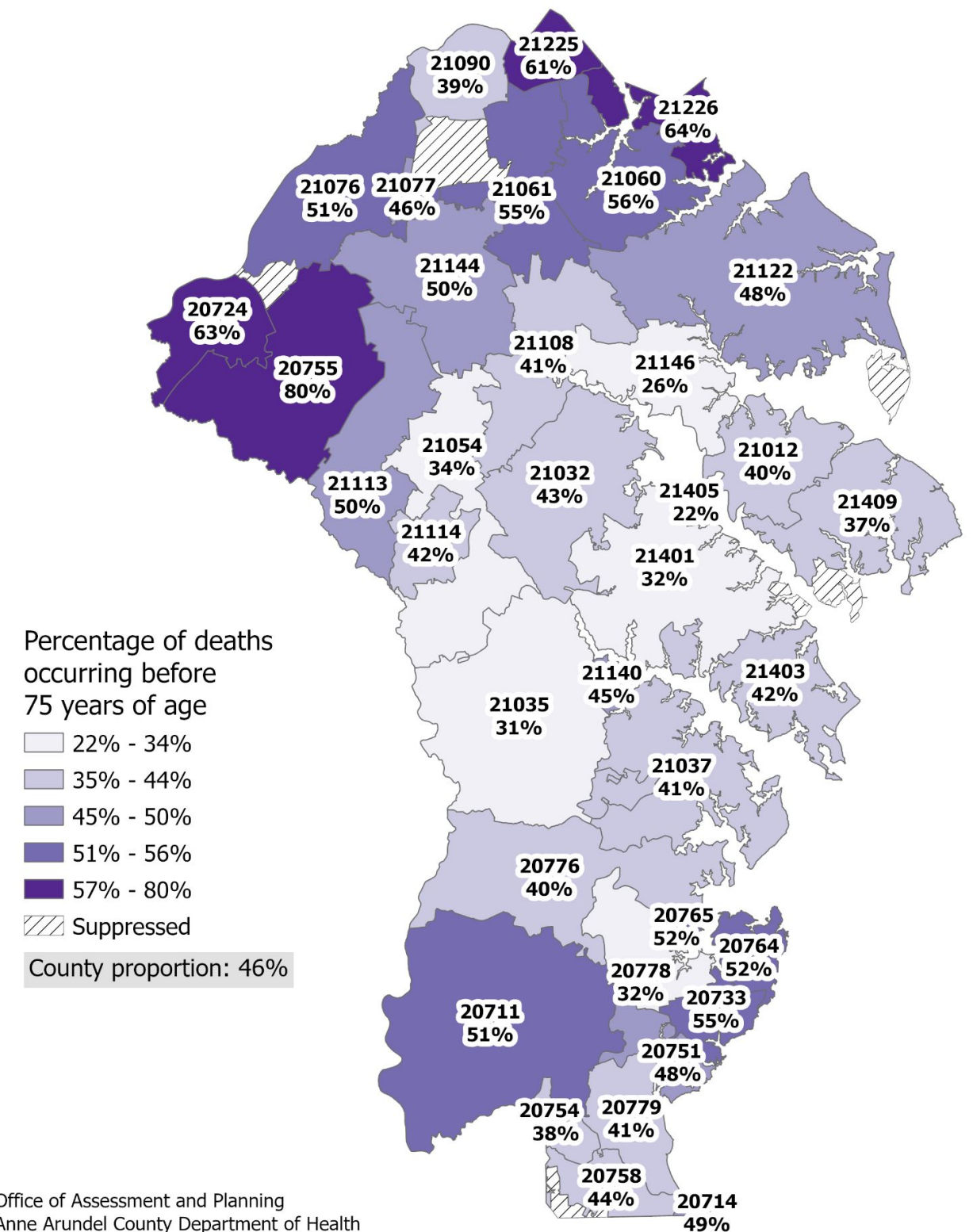
Proportion of deaths that occurred among people younger than 75 years of age.

Example: if 100 deaths occurred, and 20 of them were among people younger than 75 years of age, then the proportion of premature deaths would be 20%.

Among residents, from 2019-2023, **46% of deaths occurred in people younger than 75 years of age**

- A higher proportion of deaths among men (53%) occurred before 75 years of age compared to deaths among women (38%)
- Among Hispanic men, 78% of deaths occurred before age 75 years
- Among Black non-Hispanic men, 68% of deaths occurred before age 75 years
- Among Hispanic women, 61% of deaths occurred before age 75 years
- Among Black non-Hispanic women, 53% of deaths occurred before age 75 years

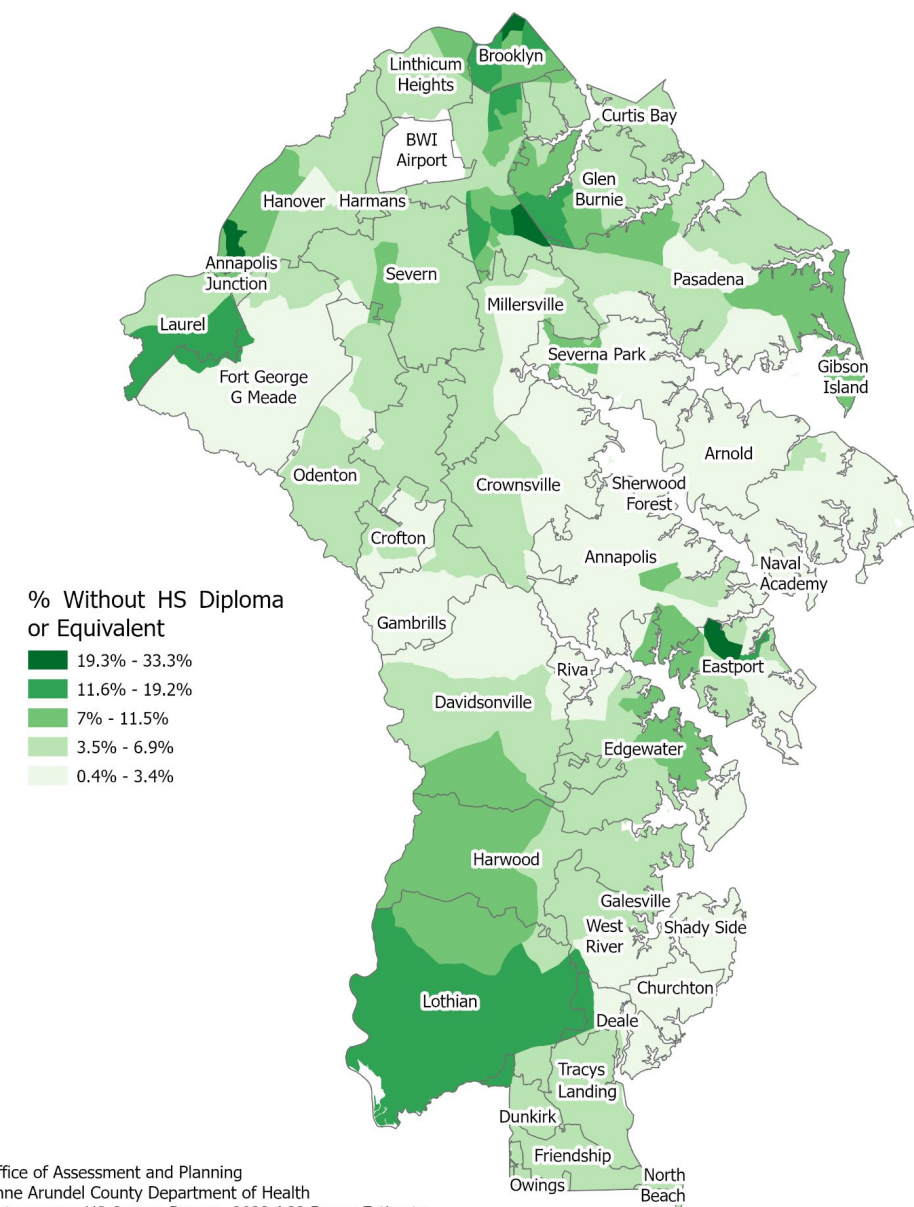
Premature Death by ZIP Code, Anne Arundel County Residents, 2019-2023



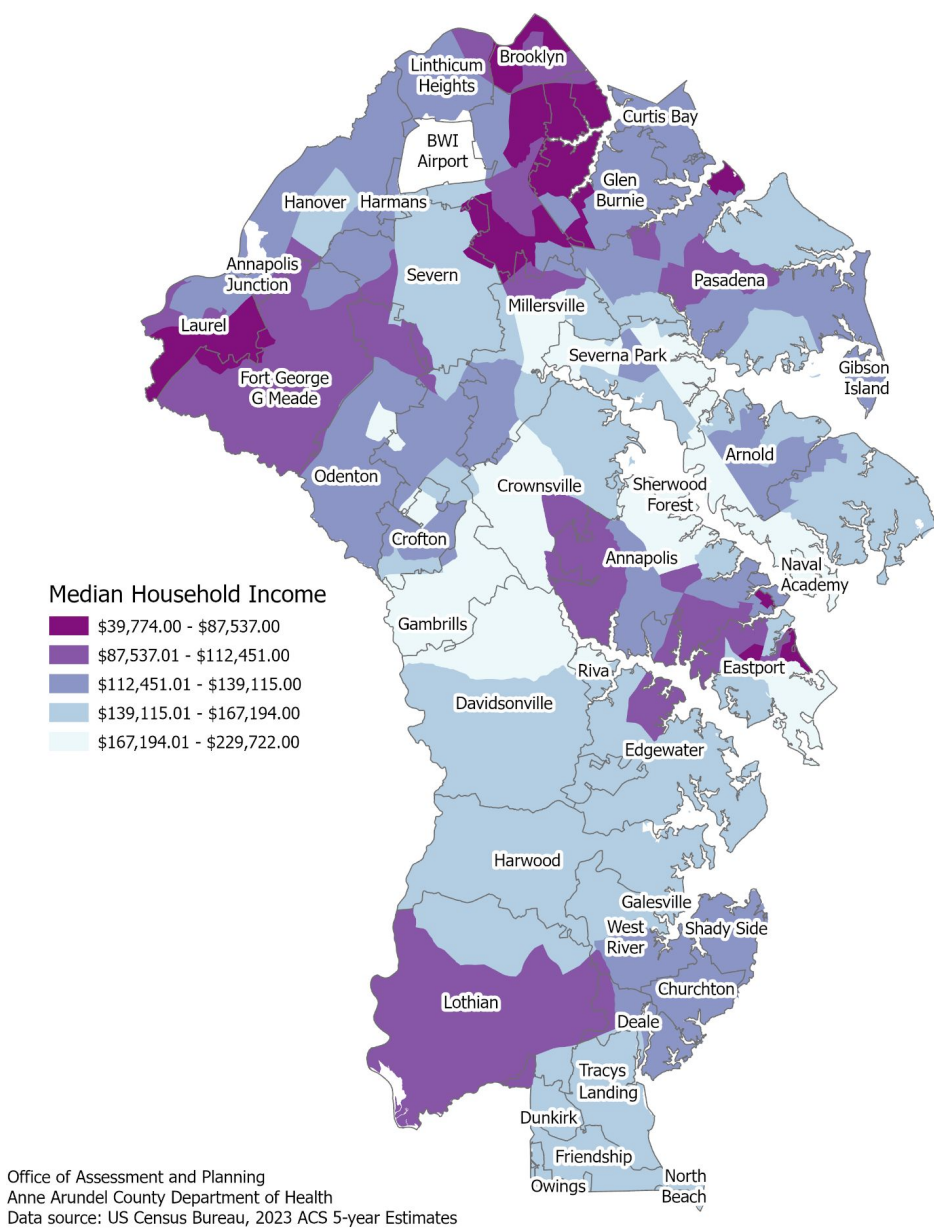
Education, Income and Race in Anne Arundel County

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

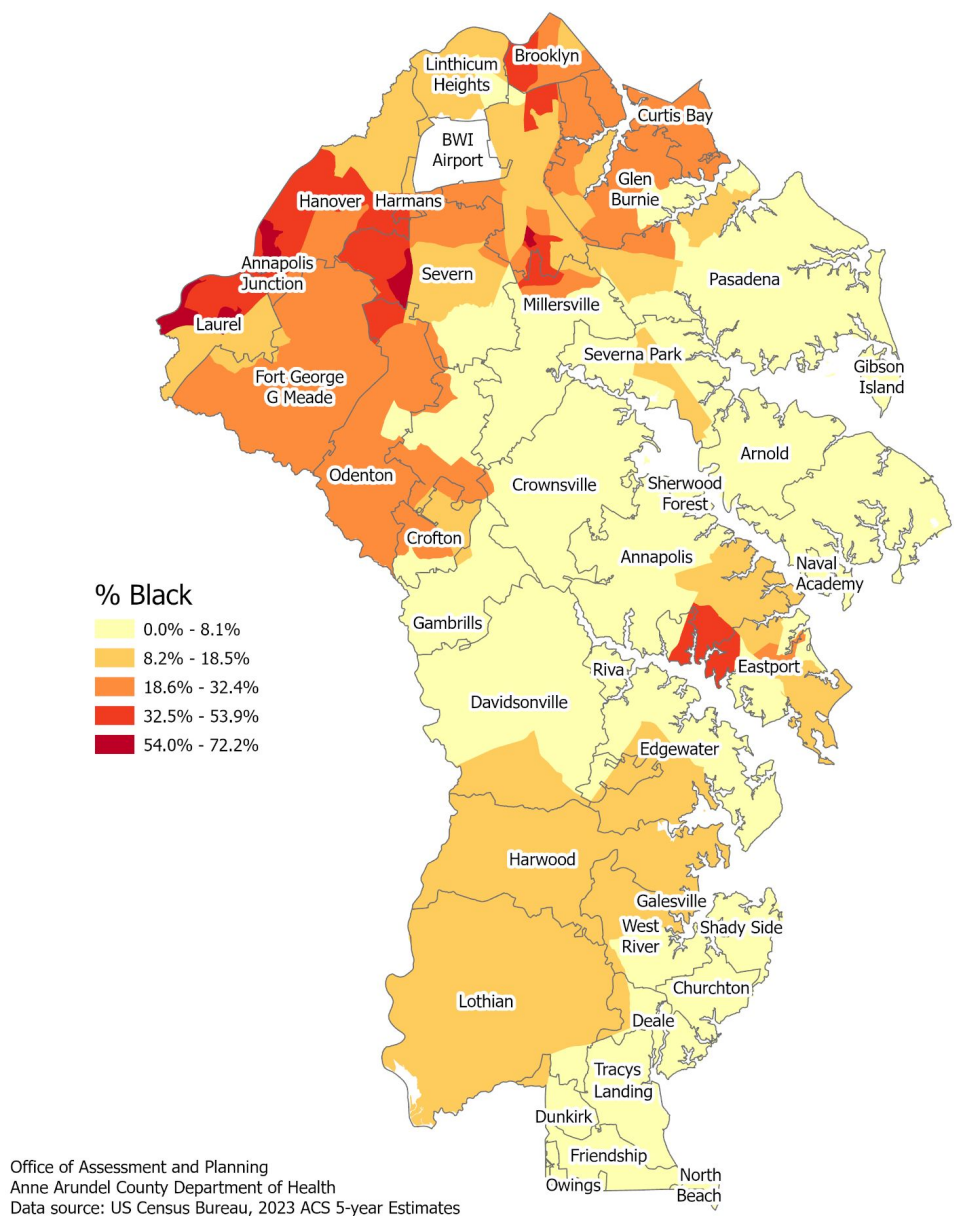
Percentage of Population with Less than a High School Degree, Anne Arundel County, 2023



Median Income (\$), Anne Arundel County, 2023



Percentage of Population Identifying as Non-Hispanic Black, Anne Arundel County, 2023



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.

HERJ Community Health Workers attended **50 community events** from July 2024 - June 2025, and two DOH HERJ staff obtained CHW certification in FY25.

Between July 2024 - June 2025: 9 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
- Mental Health Disparities - Panel
- Mental Health and Wellness Workgroup
- Housing Protection Program
- Summer injuries and illness Data

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

Community Health Ambassador FY25 Outreach

Community Engagement

Between July 2024 - June 2025:

256

Community and Educational Events
Hosted or Attended

13,243

Residents reached at Community
and Educational Events

2,185

Residents FindHelp referred resources

12,300

Resident Assessments Conducted



Assessments and referral data collected by
the CHA 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 Adults MHFA** 8-hour sessions facilitated by Mental Health First Aid Association certified CHA totaling **91** participants
- **8 Youth MHFA** sessions facilitated by Mental Health First Aid Association certified CHA totaling **103** participants



FY25: Heritage Youth Mental Health First Aid Session

Community Health Ambassadors

FY25 Trainings

- 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
- Department of Health programs: Cancer Screening and Alcohol Misuse
- Gun Violence prevention Town Hall
- Help, Healing and Hope Summit

FY26 Training Opportunities

- Findhelp training
- Access to Care training
- Lifestyle Coach training for HALT (Health And Lifestyle Training) platform
- Chronic Disease training
- Gun Violence Intervention Team (GVIT) training
- Extreme Weather Preparedness training
- Narcan Train the Trainer
- Mental Health and Wellness
- Behavioral Health Symposiums



Emergency Preparedness and Response

FY25 Objectives and Highlights

Anne Arundel County Continuity of Operations Planning Initiative

The Office of Emergency Preparedness and Response collaborated with the county contractor to manage the development of the Department of Health Annex of the AA Co. Continuity of Operations Plan.



Education and Outreach

- Provided educational opportunities to staff designated for emergency response by supporting attendance at the 2025 NACCHO Preparedness Summit.
- Provided public health preparedness outreach materials to the community via outreach events, coordination with Community Health Ambassadors and safety expos.
- Delivered annual shelter nurse training and Incident Command System (ICS) position-specific training to DOH staff.



Collaborative Planning and Preparedness

- We are an active member of the Maryland Region III Health and Medical Coalition, which is comprised of local health departments and hospitals in the Baltimore metropolitan area. Current projects include management of a regional medical surge plan and related training, resource sharing and coordinating the response to a radiation emergency.
- Recruited and managed Medical Reserve Corps (MRC) MD Responds volunteers to support 11 DOH initiatives and emergency preparedness exercises.

Anne Arundel County Local Behavioral Health Authority

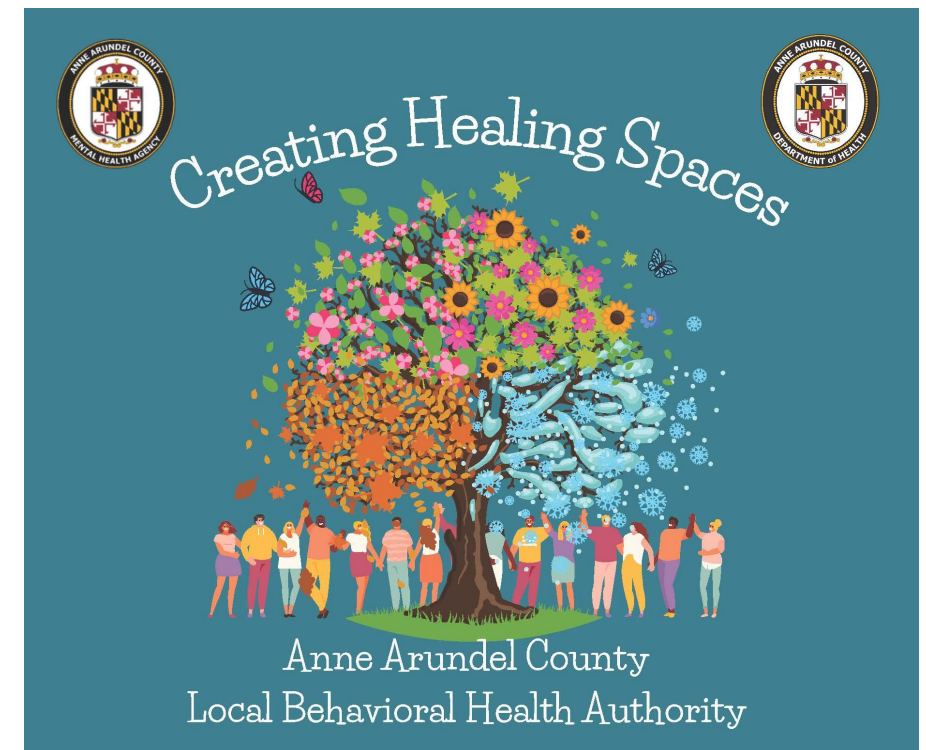
What is the Local Behavioral Health Authority?

They are 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
- Currently drafting the 2027-2030 Strategic Plan



To register for Monthly Meetings:
[AAHealth.org/behavioral-health/
gateway-behavioral-health](https://AAHealth.org/behavioral-health/gateway-behavioral-health)

Local Behavioral Health Authority

Assisted Outpatient Treatment Planning

Assisted Outpatient Treatment (AOT) 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:

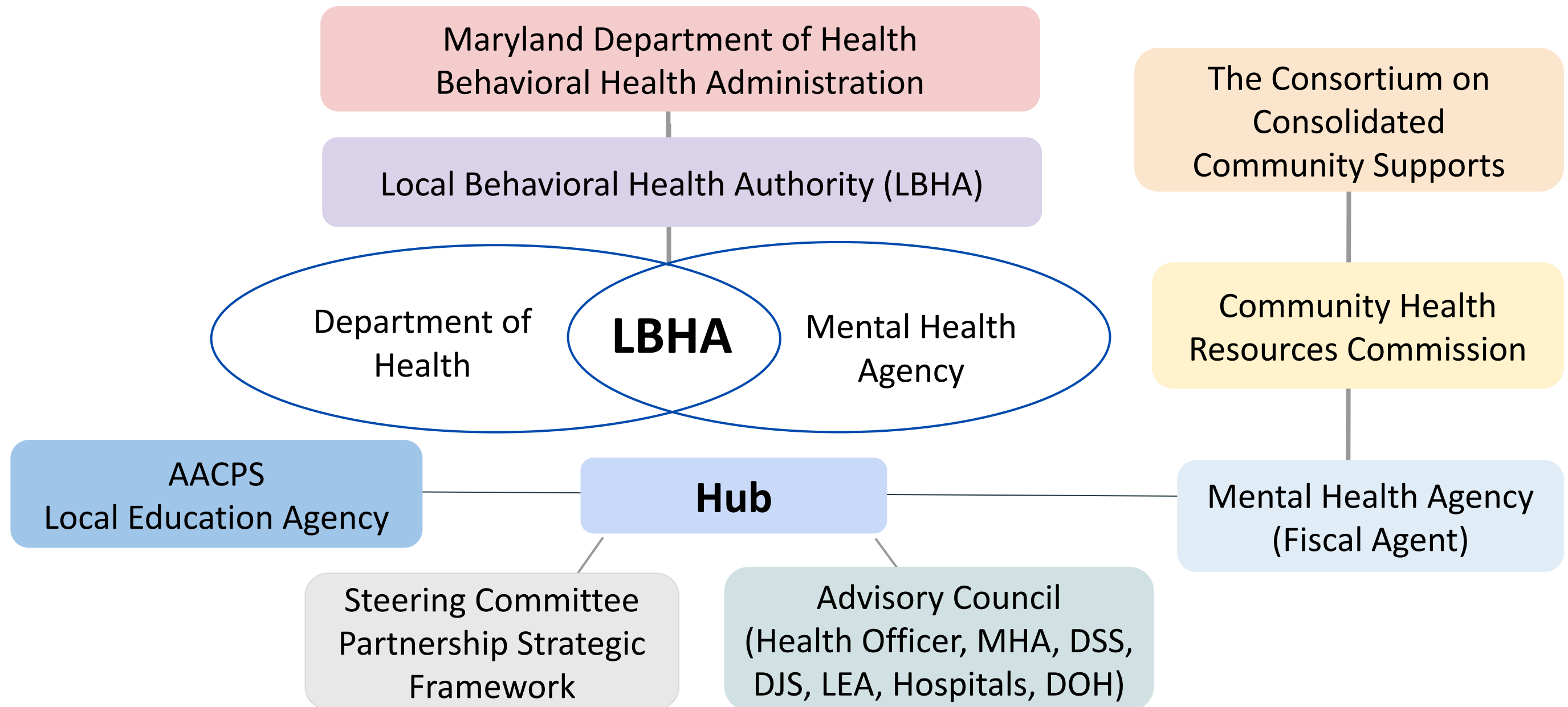
- Medication management
- Therapy
- Case management
- Other support services

The Maryland Department of Health announced a finalized model to implement Assisted Outpatient Treatment as a state-led approach and that Anne Arundel County will be one of three jurisdictions selected to rollout the program first.

Maryland Consortium on Coordinated Community Services

Local Behavioral Health Authority and Hub

The goal is to improve treatment adherence, reduce hospitalizations, improve the individual's quality of life and enhance public safety.



Anne Arundel County Behavioral Health Pilot Hub

Consortium on Coordinated Community Supports

Anne Arundel Impact Report: March 2024 – June 2025

- More than 7015 students received Behavioral Health services
- 92% of Anne Arundel schools (122) receive behavioral health services
- Behavioral assessments completed to date includes:
 - prevention services
 - targeted services
 - intensive services



15

New Behavioral Health workforce members hired.

125

Behavioral Health providers trained in proven practices to improve student outcomes.

197

School staff trained in Behavioral Health practices to improve student outcomes.

98%

Students and families satisfied with Behavioral Health school staff trained in behavioral health practices to improve student outcomes.

Behavioral Health

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



Behavioral Health

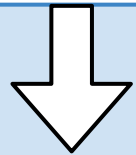
Services FY25

- Adolescent and Family Services delivered via telehealth and in person.
 - 275 families served
 - 79 new admissions
- Road to Recovery clinics in Glen Burnie and Annapolis (including correctional centers) providing opioid medication treatment with counseling (methadone, buprenorphine and naltrexone).
 - 781 individuals served
 - 272 new admissions
- Peer Support Services providing recovery support services as well as overdose outreach to individuals in the community.
 - 6365 individuals served
 - 904 individuals outreached to post overdose with 410 individuals engaged in peer support services
- System Planning and Management continues to provide assessment and linkages to treatment for county residents.
 - 976 assessments
 - 95% individuals referred for treatment kept initial appointment

Behavioral Health Families in Recovery

Strengthening Families in Recovery

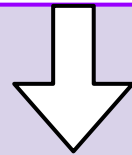
Provides recovery support coordinators, pregnant parenting women navigators and family support coaches to help enrolled women navigate administrative barriers.



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

Recovery Housing Men with Children

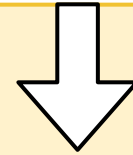
Provides a safe, healthy, substance-free environment to single fathers who are seeking long-term recovery from substance use disorder.



- 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.

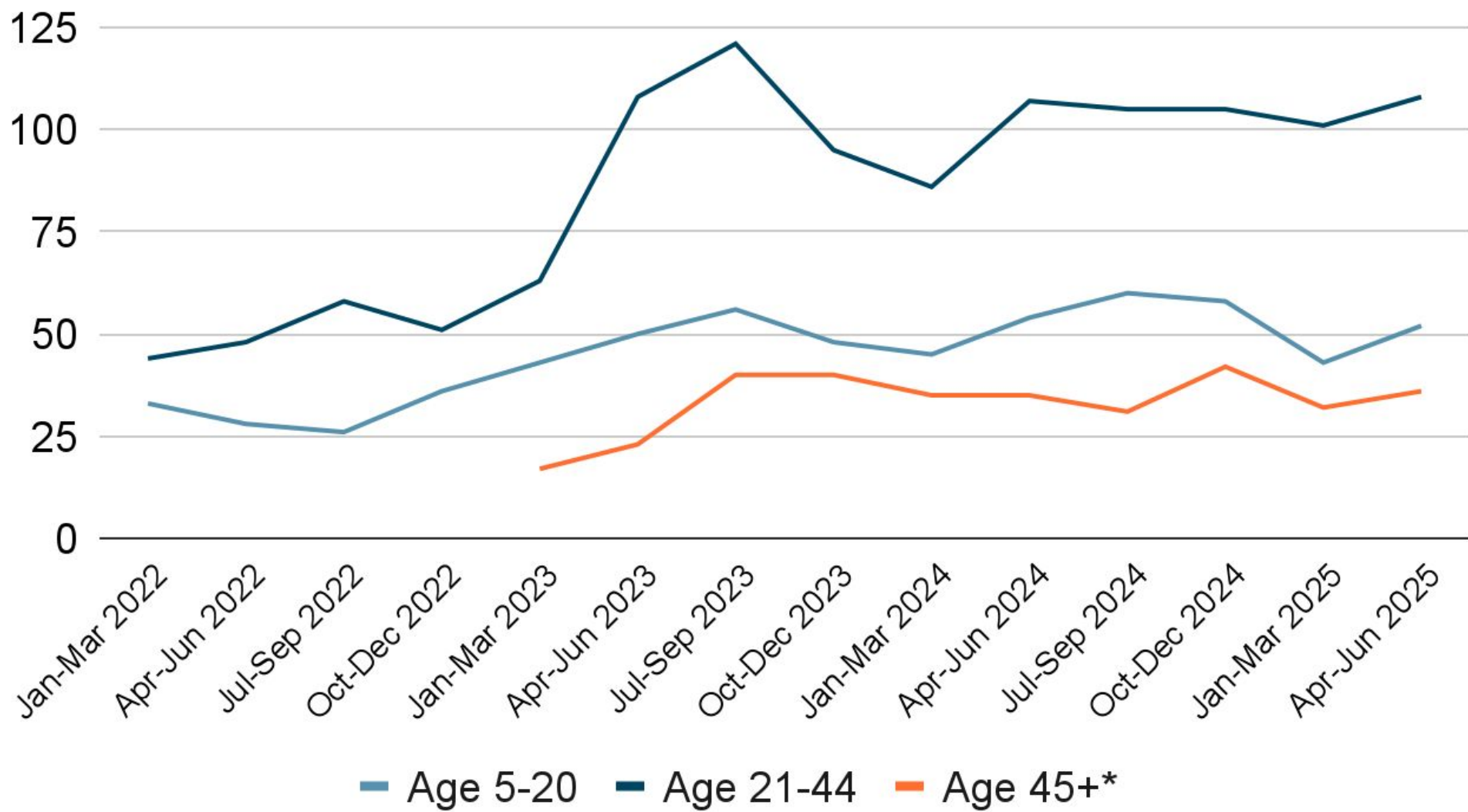


- Safe sober housing
- Peer support
- Care coordination
- Vocational support and training
- Parenting support

What's New at DOH

Cannabis in the County

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



100+ Cannabis-related hospitals visits **each quarter** for ages 21-44 from April 2024-June 2025

372 Resident cannabis-related hospital visits Jan-Jun 2025 (362 from Jan-Jun 2024)

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

Data Source: Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE), Chief Complaint and Discharge Diagnosis: Marijuana v3, accessed 9/8/25
*Data prior to 2023 is suppressed due to multiple time periods with <11 visits

Overdose Prevention Team



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

Behavioral Health

Joint-Opioid Related Data Dashboard*

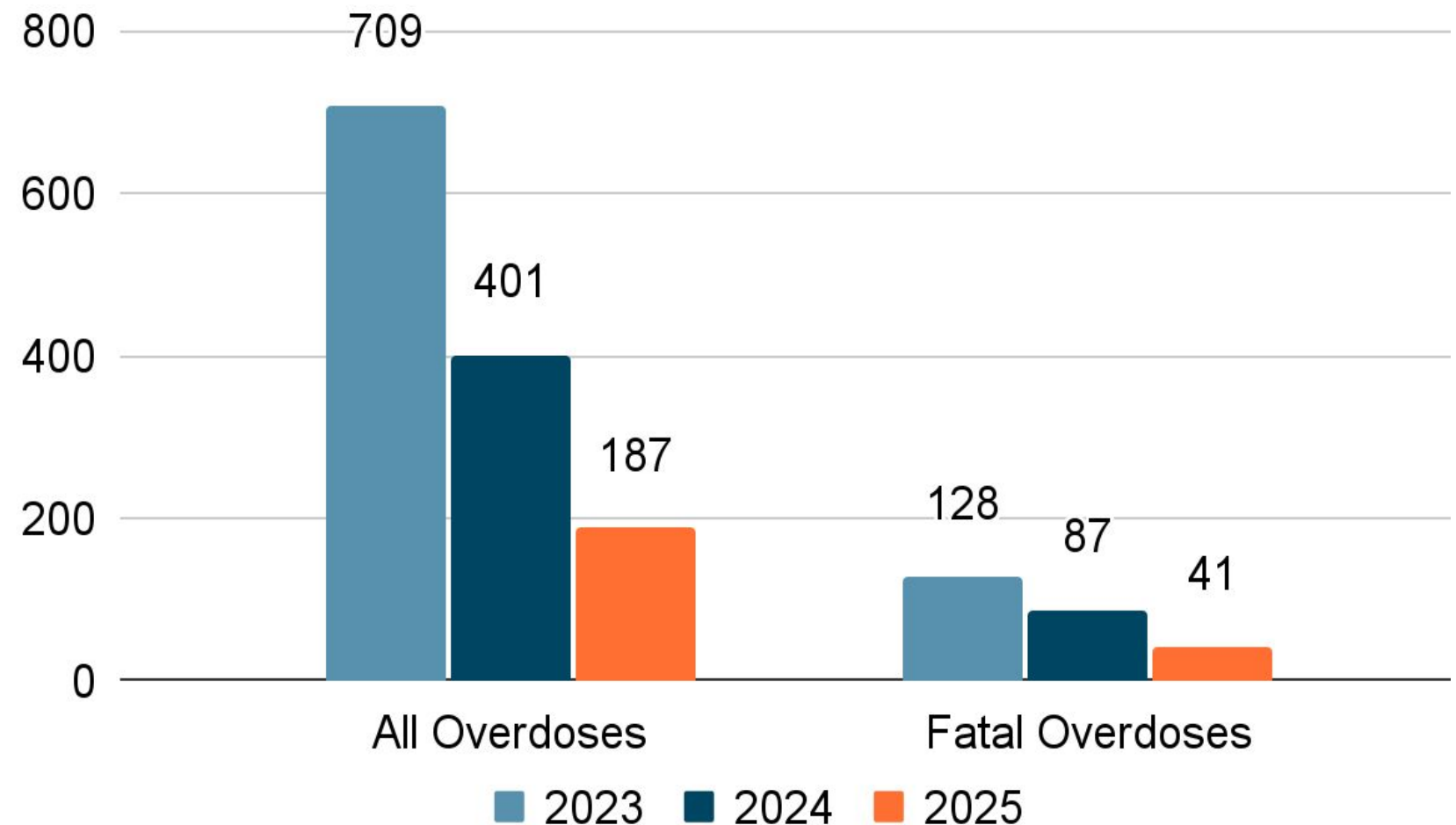
Overdoses Occurring in Anne Arundel County, 2023-August 2025**

- Both non-fatal and fatal overdoses are about one-third lower in 2025 to date compared to the same period in 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 6 fatal overdoses **did not** receive naloxone

Opioid Overdoses Occurring in Anne Arundel County, 2023 - August 2025



* Data Source: Anne Arundel County and Annapolis City Police Departments

** Data is preliminary and final numbers may change

Overdose Prevention Team (OPT)

FY 25 Accomplishments

Education and Policy

- Collaboration with the Fatal Overdose Review Team in the development and distribution of an Anti-Stigma Public Service Announcement
- Development and Distribution of a PSA that emphasizes Recovery is Possible, featuring individuals with lived experience
- Subcommittee development of updated Good Samaritan flyers for youth and adult community members

Community

- Development of a new OPT Strategic Plan for 2026-2029, including new strategic priorities that reflect updated data and emerging substance use trends
- Quarterly Overdose Prevention Team Meetings, including an in-person Strategic Planning Meeting with Key Stakeholders
- Quarterly meetings of the Senior Policy Group, Steering Committee for the OPT
- Monthly newsletters to share data updates, upcoming events, trainings, grant opportunities and relevant resources

Data

- Continued partnership with Law Enforcement to track overdose events in real time, allowing rapid outreach response from the DOH Overdose Outreach Peer Program
- Addition of Chesapeake Regional Information System for our Patients (CRISP) Emergency Medical Services (EMS) and hospital reports to enhance capture of overdose events in real time, of which approximately 1/3 were overdoses that otherwise would not be captured for outreach

Opioid Abatement Fund Community Grant Recipients

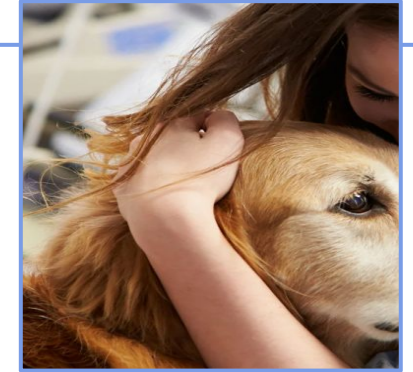
- **Luminis Health:** Substance use education for youth involved in AA Co. Police Department Youth and Victim Engagement Services diversion programs, community and school substance use education, and a Parent Advisory Council for informing programming.
- **My Life Foundation:** Opioid overdose prevention and education in Korean communities throughout the county.
- **Opportunity Ministries:** Financial Literacy classes for residents of Opportunity Ministries recovery housing. Classes include budgeting, debt consolidation, inflation and financial scams.
- **Recovery Anne Arundel:** Support and expand existing Recovery Community events, including social media marketing and promotion of events.
- **Samaritan House:** Animal Assisted Therapy (canine and equine) for residents of male residential treatment housing.
- **Serenity Sistas:** George Phillips Jr. Recovery Community Center start-up and operational costs in preparation for opening to the community.
- **Uplift Recovery:** Evidence-based assessment and recovery planning instrument implemented with peers for residents in Uplift Recovery housing. Residents are also offered EdLogics, a game-based health literacy platform.

Making A Difference: Opioid Abatement Funding

Samaritan House: Animal-Assisted Therapy Program Revision

The Animal-Assisted Therapy program was revised from a participant-led training model to staff-led group and individual sessions using dogs, as the former was unsuitable for those newly in recovery. Additionally, a new Equine Therapy program was established following a budget modification. Both revised and new programs are successful.

Positive Participant Outcomes: Data collected from the program indicates strong positive results, with an average of **96% of participants** reporting an improved sense of hope, emotional balance and a better ability to cope with challenges.



Opportunity Ministries: Financial Literacy



Program implements a financial literacy program for individuals transitioning from supportive housing back into the community. Curriculum includes budgeting, understanding inflation, identifying rental scams, creating resumes, improving job interview skills, navigating credit reports and opening bank accounts.

Impact: Participants report the program's tools and resources have given them the confidence to build a stable future.

Opioid Abatement Funding Family Support Program

Purpose

Identify, develop and/or implement new programs that serve the needs of families who have lost loved ones to overdose, with specific interest in the well-being of youth and breaking intergenerational and familial patterns of opioid use disorder.

This initiative proposes to use financial assistance as prevention, acknowledging that the instability and uncertainty caused by grief can perpetuate intergenerational cycles of trauma.

Program Objectives

- Positive financial and mental health impact on families served
- Breaking intergenerational cycles of trauma and preventing OUD
- Connecting previously underserved individuals and families to more resources



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:

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



Wellmobile Numbers

FY25

- **71%** of those provided medication services referred to a community provider
 - **78%** of those referred keep their initial appointment
 - **69%** of those who keep their initial appointment are still active >30 days
- **700** residents served

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

- 94 individuals were provided methadone at ORCC
- 212 individuals were provided methadone at JRDC
- 335 individuals were provided peer support services
- 100% of individuals screened for OUD

Ordinance Road Correctional Center (ORCC)

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



Behavioral Health

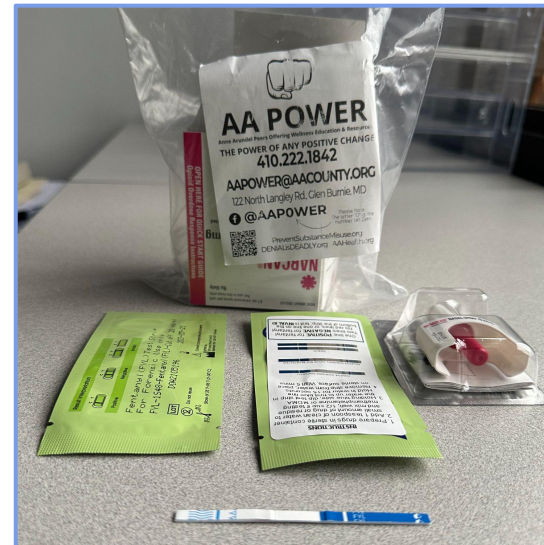
Harm Reduction

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

Behavioral Health

Harm Reduction

Overdose Survivors Outreach FY25

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

893 Overdose Survivors

- 100% attempts made to outreach
- 49% direct contact made
- 32 individuals linked to treatment

FY25: Began to receive Health Information Exchange and Emergency Medical Services (EMS) Overdose Data

Syringe Services FY25

369 Individuals received harm reduction materials

- 44 individuals enrolled in peer support services
- 29,100 Syringes Distributed
- 2276 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.

Behavioral Health

Health-To-Go-Machines

Seven machines across the county in partnership with:

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

*new units added to 3 library locations in FY26

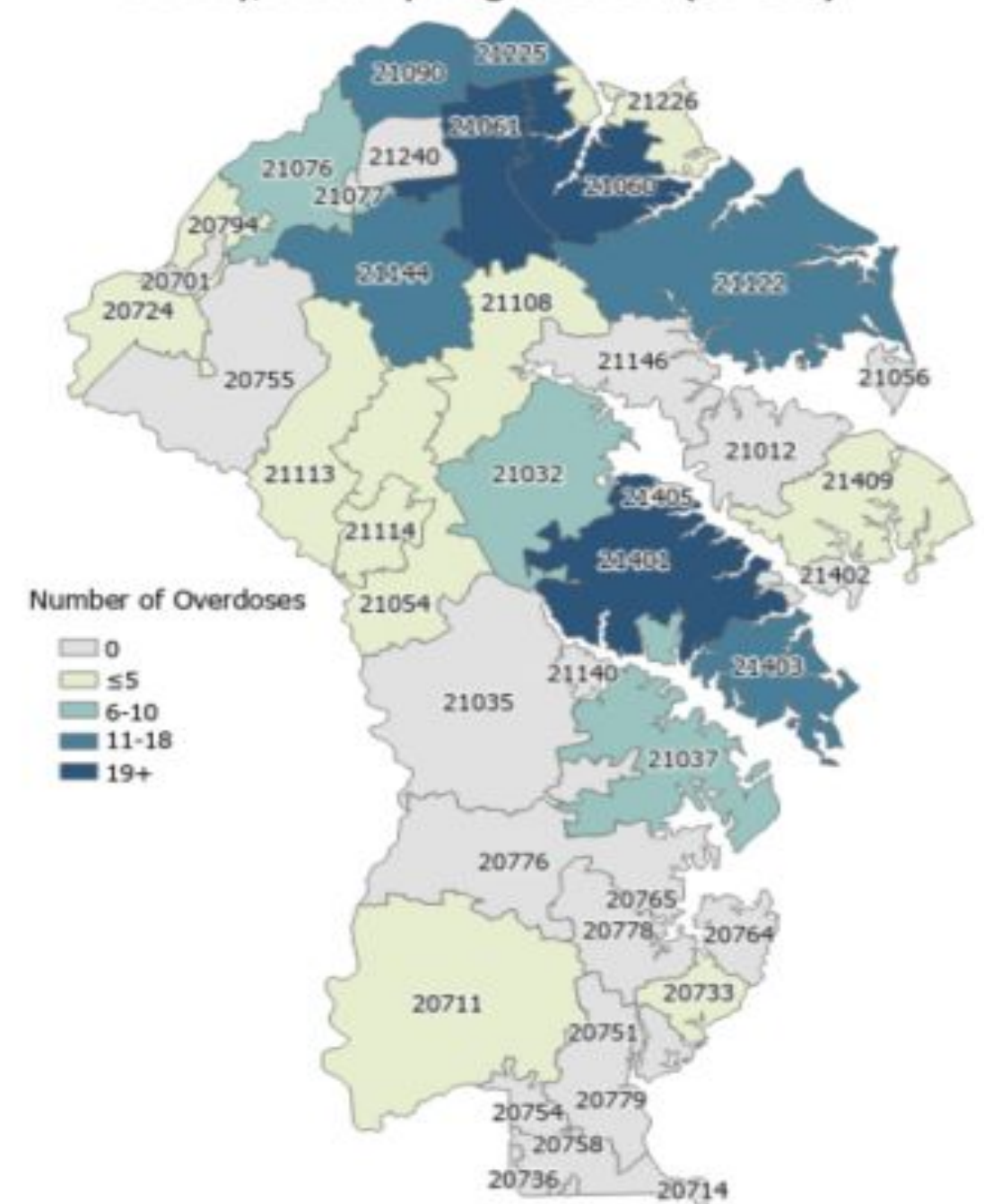
FY25:

- 3102 Narcan Kits dispensed
- 3525 Fentanyl Test Strips dispensed
- 5670 Xylazine Test Strips dispensed
- 5058 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 Overdose Response Program (ORP) and currently receives naloxone from the state.
- All machines have information on recovery services.

Opioid Related Overdoses Occurring in Anne Arundel County, January-August 2025 (N=187)



Behavioral Health Impact and Success Stories

Why Harm Reduction work matters*

- ◆ Directly reduces overdose risk (71% carry naloxone)
- ◆ Addresses high risk-behaviors (93% report using alone)
- ◆ Connects individuals to care by building trust (85% trust staff to link to needed resources)

*Harm Reduction Participant Survey

Hope in Action

Mass Casualty Overdose Response

- ➔ Part of statewide effort to respond to event
- ➔ Received appreciation and acknowledgement of response from state and city
- ➔ Informed ability to respond to similar event if occurred in county



Behavioral Health

Overdose Survivors Outreach Services (ODSOS)

- Peers in hospital emergency rooms (ER) offer overdose survivors a path to treatment and wrap around services.
- Peers in local ER guide survivors through the process of connecting to care during and after ER visit.
- Peers use the AA Co. Police Department overdose line item report to do street outreach to survivors not going to the ER.

FY25

- 183 individuals were provided services
- 57 linked to treatment



Behavioral Health

Suicide Prevention Initiatives

- Incorporated the service members, veterans and families into the year old countywide Suicide Prevention 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
 - Trevor Project's Ally and CARE Training
- 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

20
Community
Outreach Events

33
Community
Training Events

919
Community
Members Trained



Suicide Prevention Summit



Out of the Darkness Walk

Behavioral Health

Suicide Prevention Initiatives

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 **102,790** pamphlets to 33 gun shops in the county.
(Between April 2022 - September 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.*

➡ FY 2025: 100% Firearm Retailer Compliance



Mental Health Agency

- 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 77 grantees providing behavioral health services
- Responsible for monitoring all mental health services in the Public Behavioral Health System
- Reduce barriers for County residents 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



Mental Health Agency

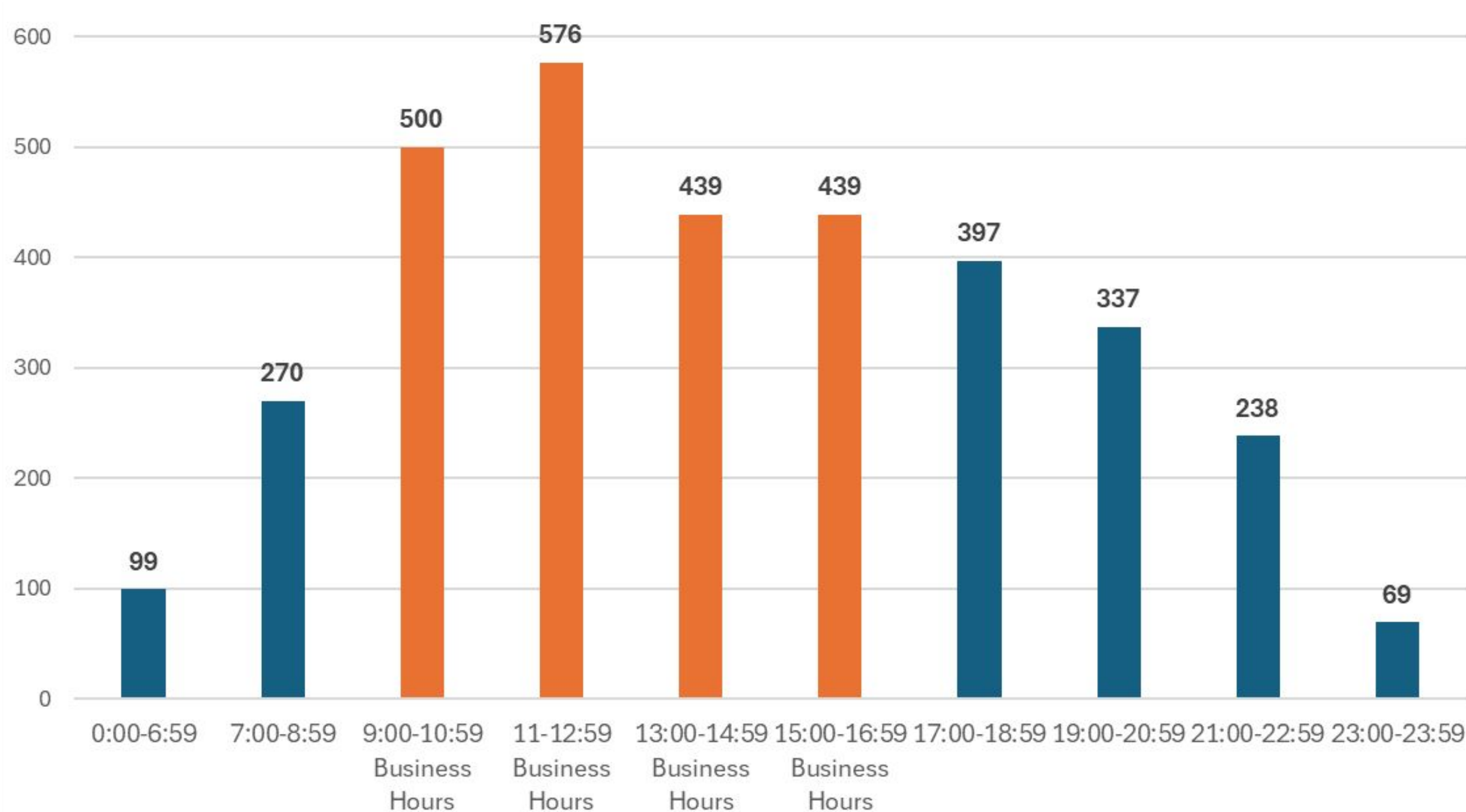
Anne Arundel County
Crisis Response System
Coordinates
Access to Care by
Enhancing
and
Leveraging
Partnerships



Mental Health Agency

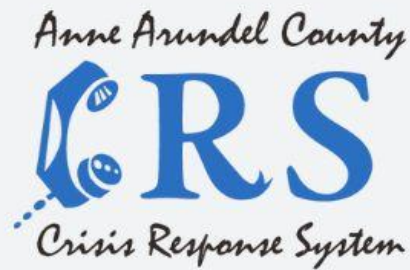
FY25 Crisis Response: 24/7/365

Assessments by dispatch time: 42% of dispatches are outside of business hours



Mental Health Agency

Crisis Response Components



FY 25 CRISIS RESPONSE BY THE NUMBERS

July 1, 2024 through June 30, 2025



41,970

11,526

4,698

3,431

92



Warmline Calls In & Out

24/7 Calls are answered by Warmline staff who provide information, support, and referrals. Can dispatch a CRS team.



Unduplicated Individuals Served

Individuals may receive more than one Crisis Response service.



Stabilization Visits

A stabilization visits is an intervention after the initial crisis to help individuals return to pre-crisis levels while connecting them to ongoing community-based services.



Program Assessments

An assessment is the process of gathering immediate information about the current crisis situation to identify potential risk, resilience and areas of strength to best de-escalate the situation and connect to services to mitigate future crisis.



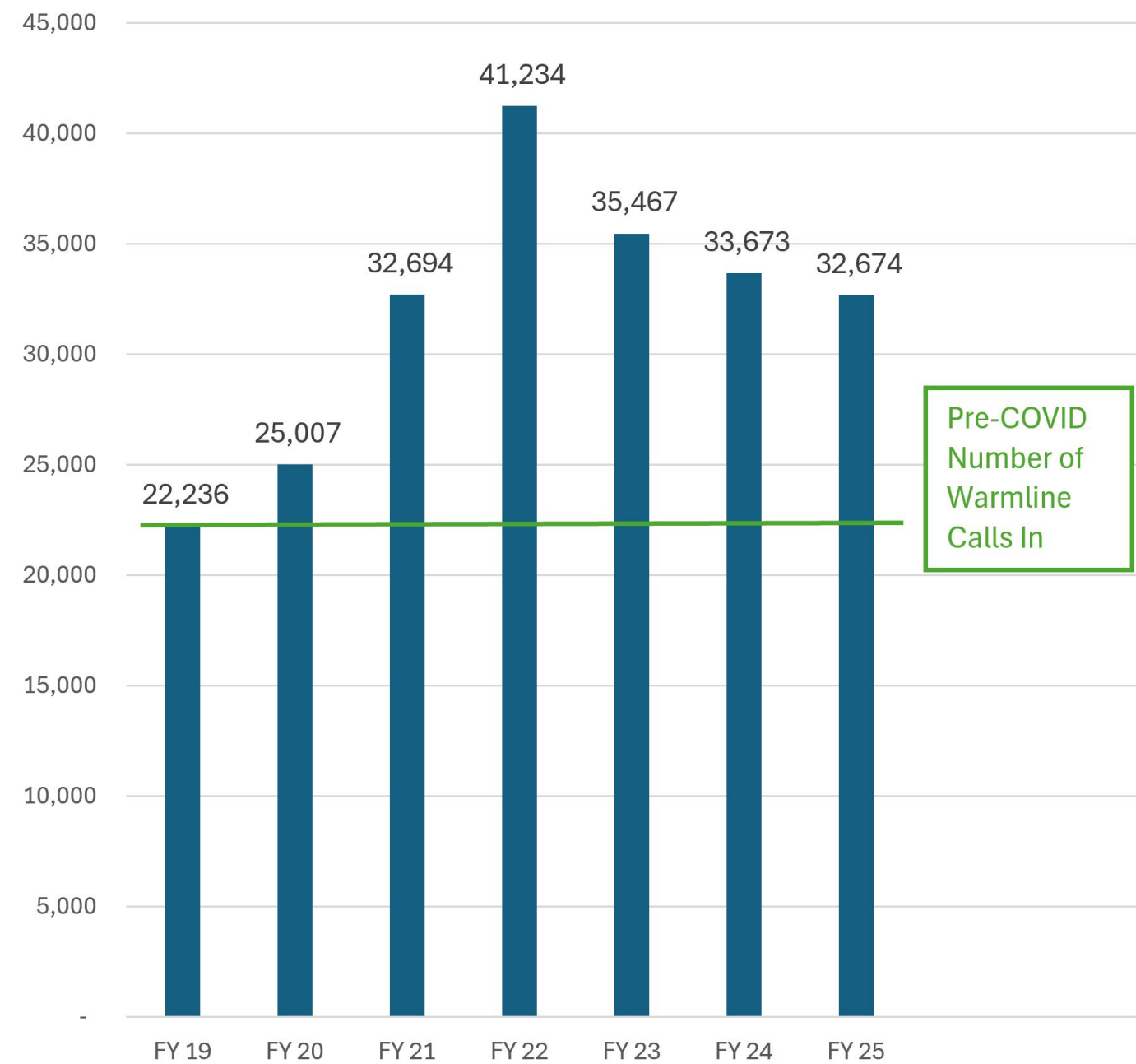
Individuals Diverted

Hospital Diversion, Jail Diversion, and Court Diversion work to divert individuals from higher cost placements to community-based services.

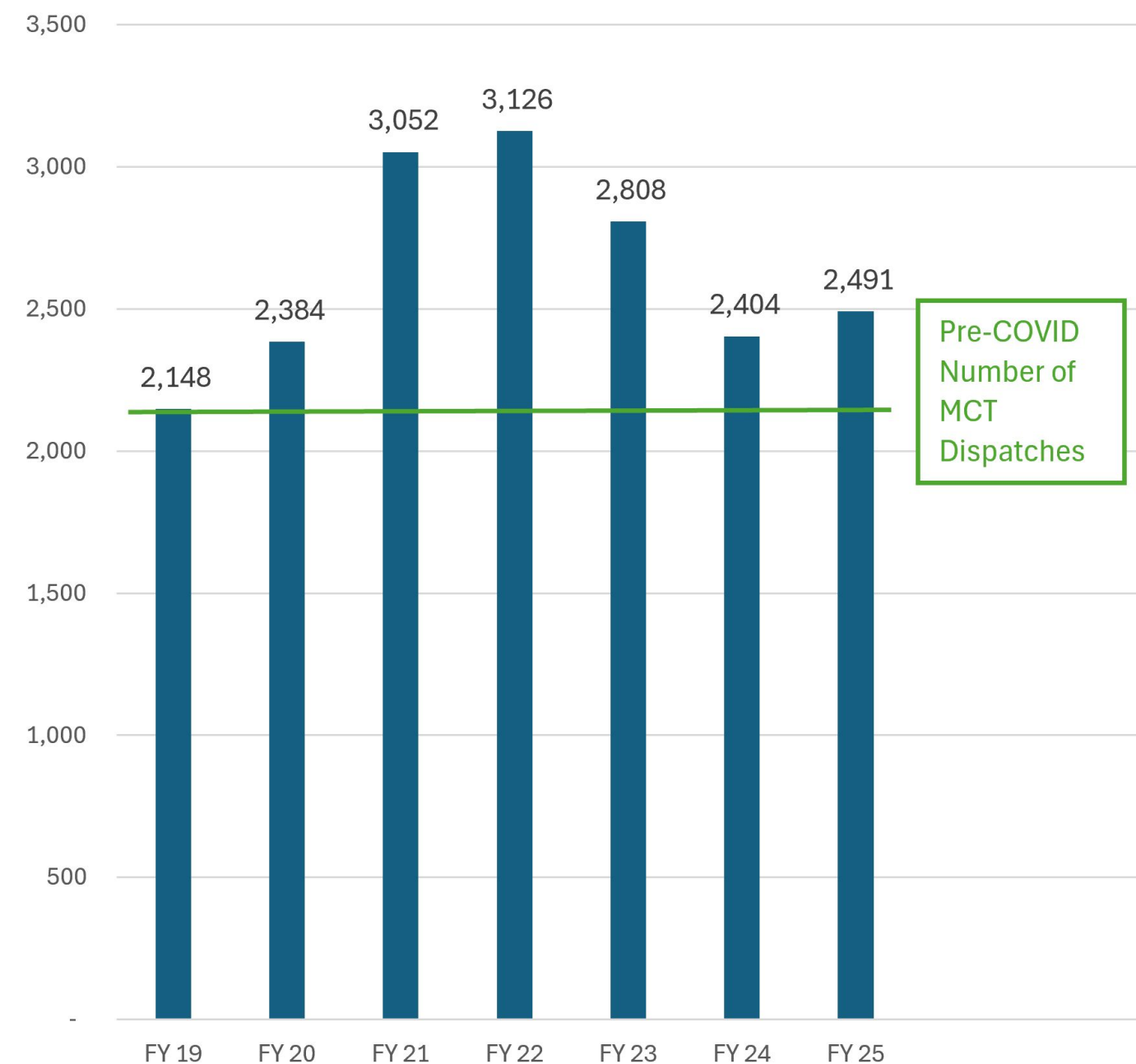
Mental Health Agency

Crisis Response System Services

FY 21 - FY 25 Warmline Calls In



FY 21 - FY 25 MCT Dispatches

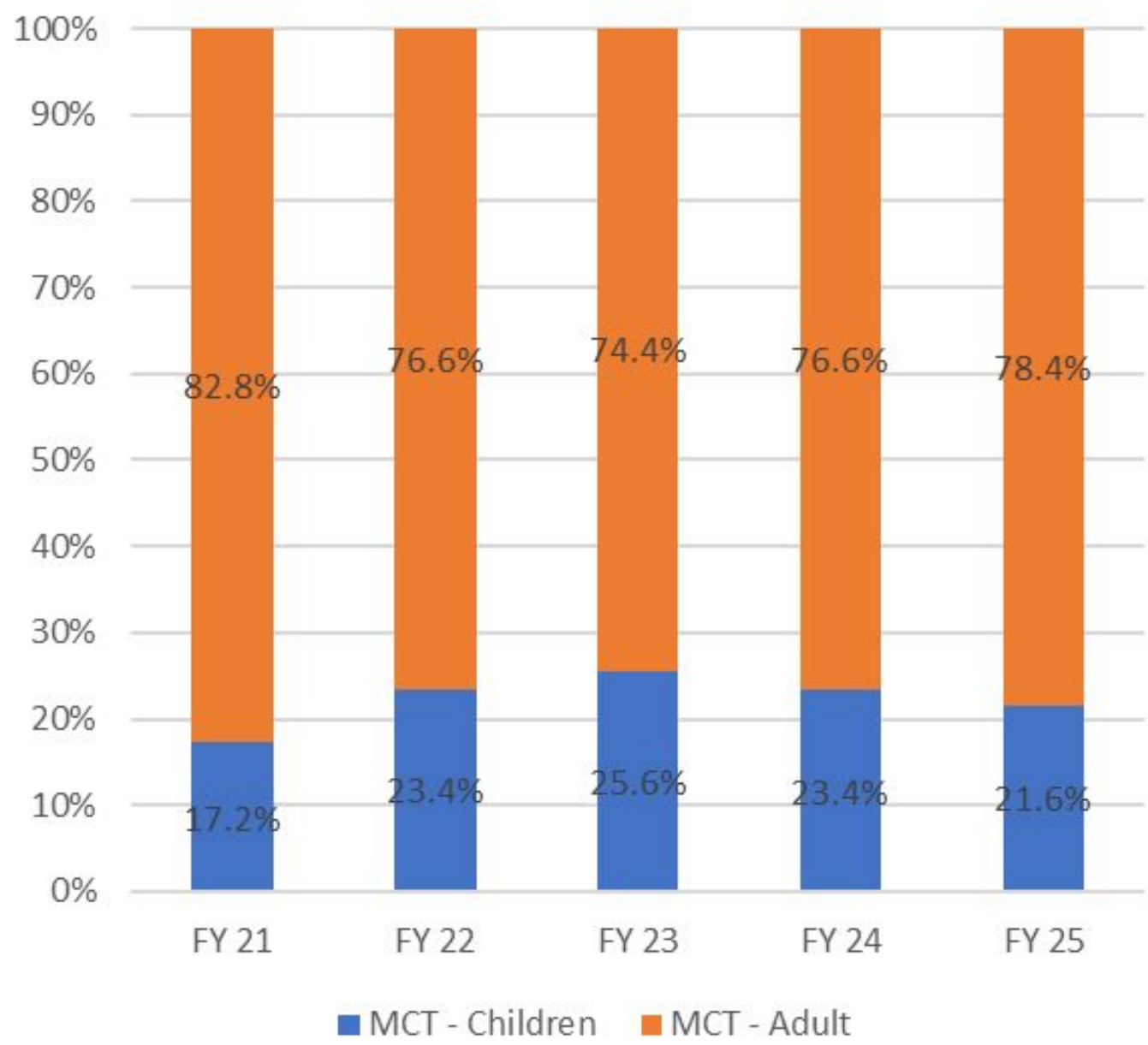


Post-COVID services continue to be 20% to 30% higher than Pre-COVID.

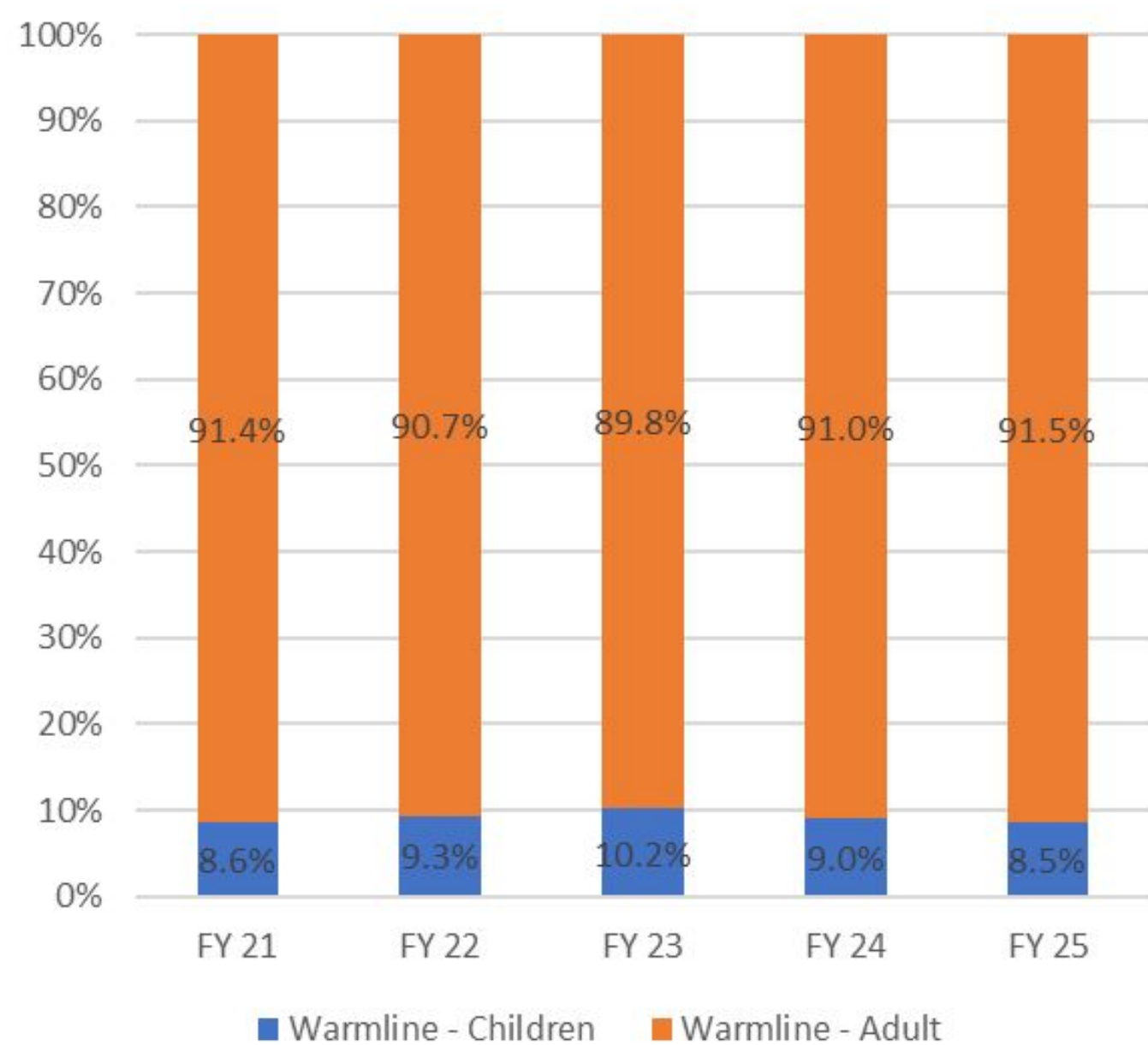
Mental Health Agency

Crisis Response System - Addressing Children's Needs

Percent of MCT Dispatches by Age



Percent of Warmline Calls by Age



Mental Health Agency

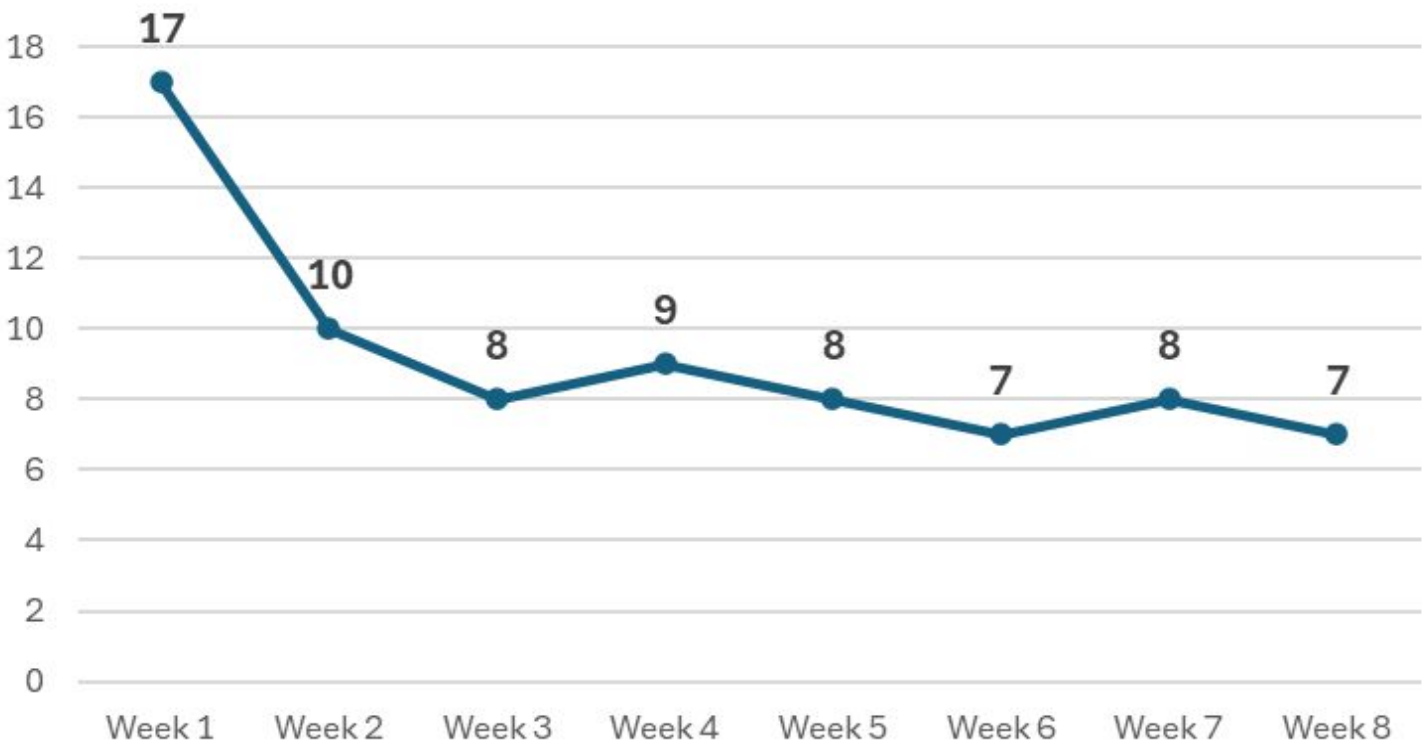
Crisis: Mental Health Stabilization Services (MHSS)

- 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.
- 35 families served in FY 25.

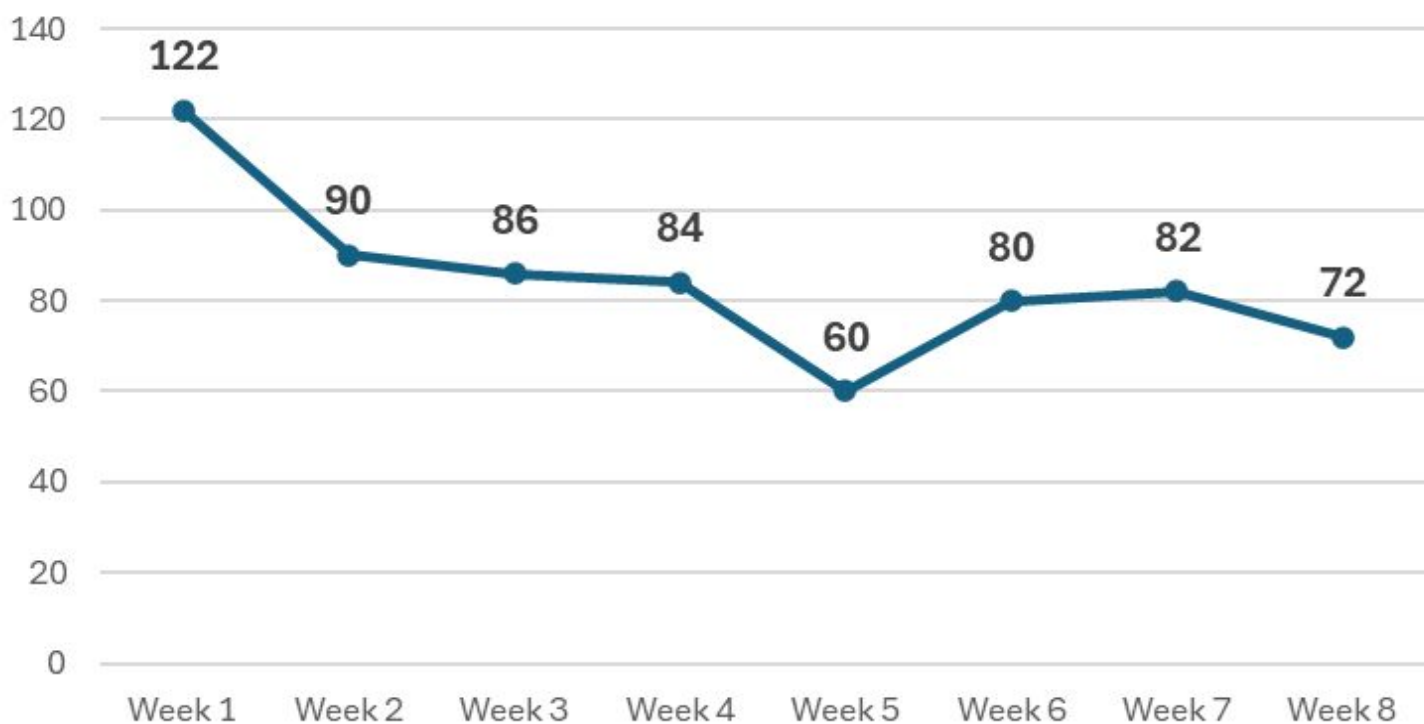
Superior Outcomes - Child Behavior is Less Intense and Less Frequent

- Parents reported a **41% decrease** in the Intensity of the Behavior and a **59% decrease** in the Parental Perception of the Problem on average in FY25.

FY 25 Average Perception of the Problem



FY 25 Average Intensity of the Behavior



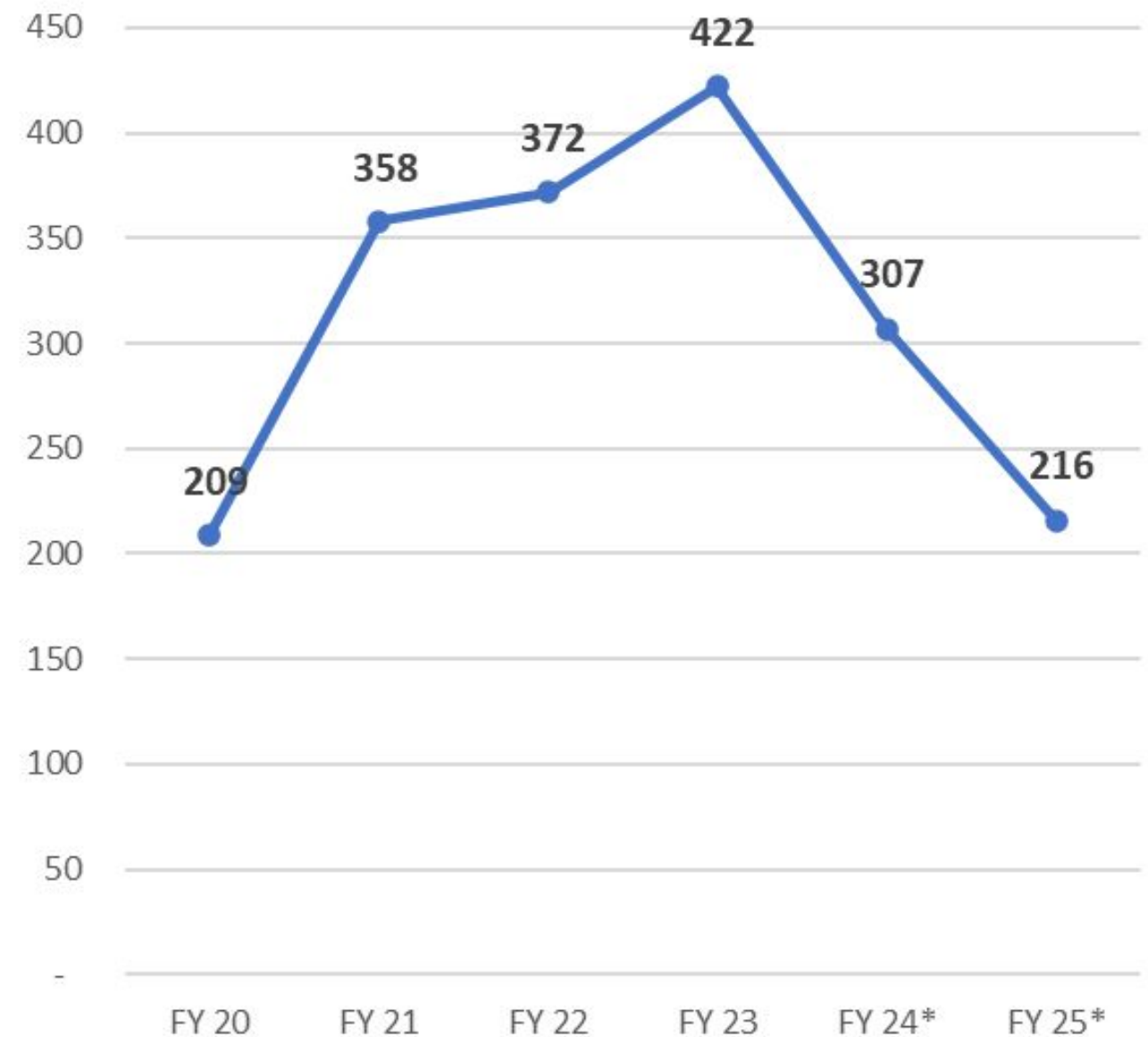
Mental Health Agency

Crisis Response System - Crisis Intervention Team

- Reduction in Officers assigned to CIT Unit (from 8 to 5)
- Demand for CIT has increased acuity and threats
- CIT Services depend on having AACPD officers assigned to the CIT unit
- Annual Camp Triumph pairs 10 at risk youth with CIT Officers for a week-long day camp



CIT Dispatches by Year



*New cases capped due to reduction in available officers.

Mental Health Agency

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.

- **7,659** assessments completed since program began
- **1,712** assessments were completed in the community (rather than a fire or police station)
- **81%** of all individuals who were assessed were connected to substance use treatment
- **45%** of individuals connected to treatment remain substance free for at least 90 days post intervention



Mental Health Agency - Crisis Response Diversion Programs

Hospital Diversion

- CRS deployed to Emergency Rooms
- Provides support to 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**
- **40** assessments completed in FY 25

Jail Diversion

- Program has an **8% Recidivism Rate (RR)** over the last 5 years (Average RR in MD is approx. 40%)
- 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
- Assist individuals with judicial issues

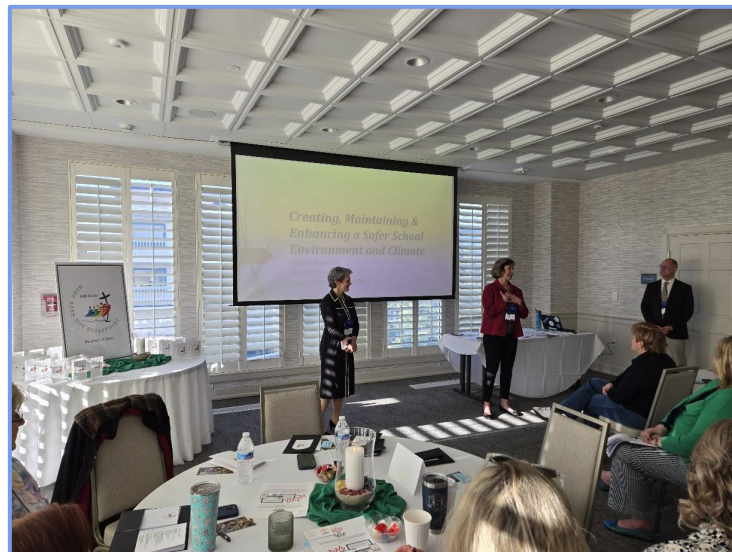
Court Diversion

- Voluntary Program at District Court in Glen Burnie
- Fills a gap for individuals who are not evaluated by CRS Jail Diversion
- CIT Clinician develops a treatment plan approved by the attorneys and judge
- Warrants stamped “988,” responding officers know to call Crisis Response, if needed
- Individuals are assessed and followed by CRS - **38 assessments** in FY 25

Mental Health Agency

Trainings

- 53 Community Trainings in FY 25
 - 1,564 attendees
 - 115 Continuing Education Units awarded
- Provided three 40-hour Crisis Intervention Team in Schools
 - 59 Law Enforcement Officers and non sworn police staff trained



Community Outreach

- Attended 87 community events, health fairs and back to school nights in FY 25
- Outreach provides information on Crisis Response and Behavioral Health resources in the county



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	25 individuals served in FY25
Assisted Living Facilities (individuals discharged from state hospitals)	55 individuals housed in FY25
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 Testing
- PrEP Referral
- Rabies Prevention
- Sexual Health/Safe Sex Kits
- Tobacco Cessation/Enforcement
- Vaccines (Influenza, COVID-19, Mpox)



Disease Prevention and Management

Healthy Communities Program



Community Health Centers

- Served **5,534** individuals and provided **13,480** vaccinations. **12,093** vaccines (90%) were provided to children, ≤18 years of age
- Administered **1,855** flu and **112** mpox vaccines
- Conducted **158** rapid point-of-care tests (HIV, syphilis and hepatitis C)
- Tested **273** individuals for TB
- Provided **194** pregnancy tests
- Educated and referred **329** individuals to other DOH services or other resources



Community Mobile Services

- **110** influenza vaccines to seniors
- **323** vaccines to Homeless Shelters, Recovery Houses, Food Pantries and Minority Communities
- Served **53** homebound individuals providing **88** vaccines (COVID-19, influenza, Pneumonia)
- Partnered with School Health Services to provide **1,438** doses of flu vaccine in Title I and Community Schools



Health Center Locations

Expanded hours at health center.

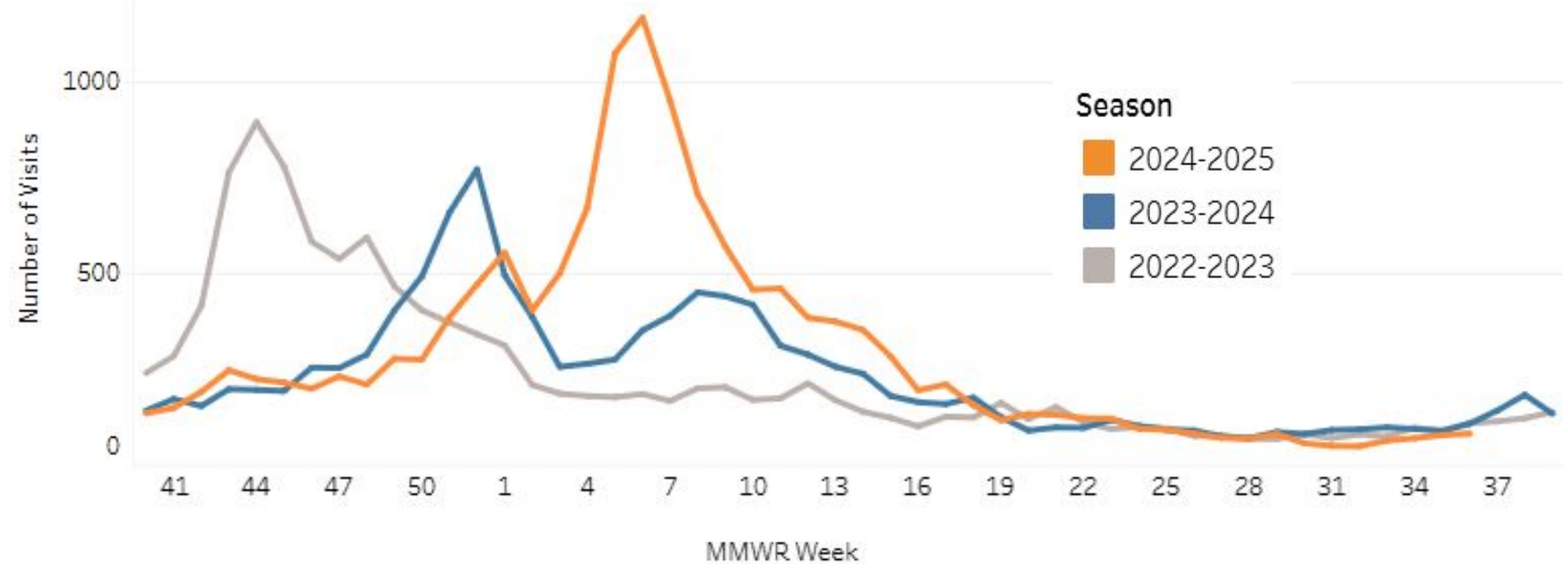
- Baymeadow Health Center
- Glen Burnie Health Center

- Lula G. Scott Community Center
- Magothy Health Center
- Parole Health Center

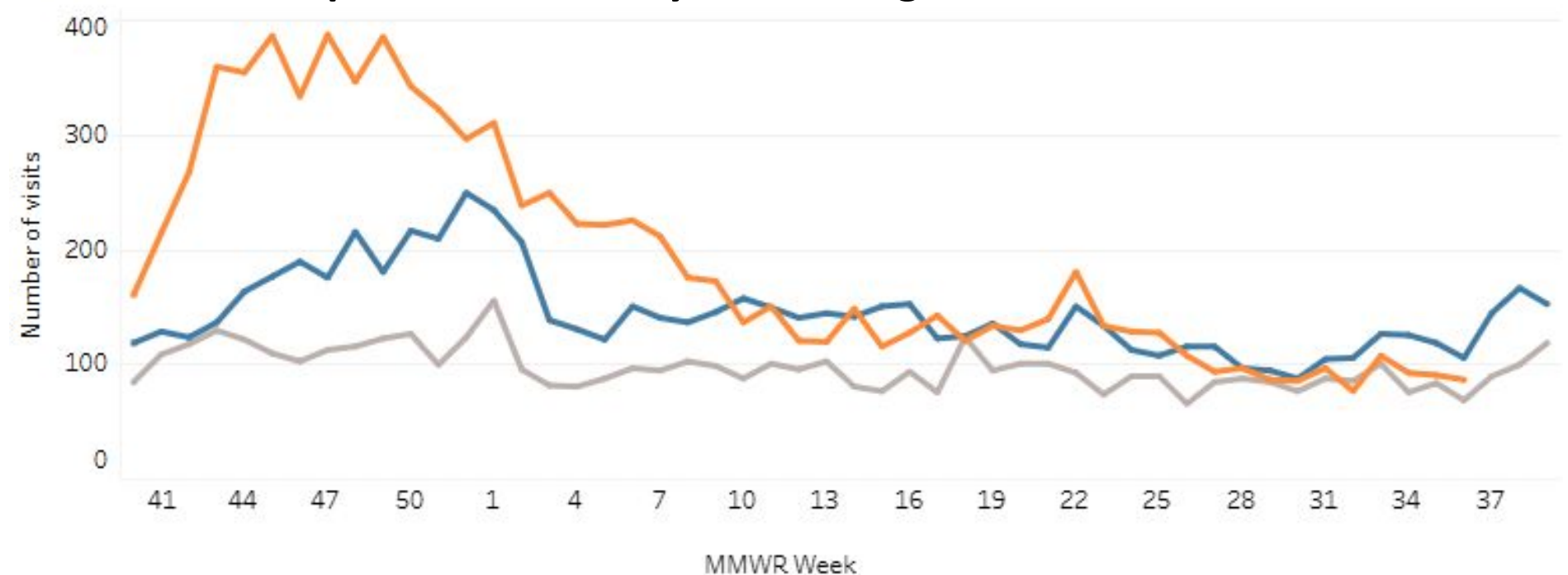
Viral Respiratory Illness in 2024-2025

- In the 2024-2025 respiratory illness season, influenza-like illness (ILI) and pneumonia Emergency Room (ER) 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 ER and Urgent Care Visits for ILI



Seasonal Comparison of Weekly ER and Urgent Care Visits for Pneumonia



Respiratory Disease Monitoring

Wastewater Monitoring Peaks

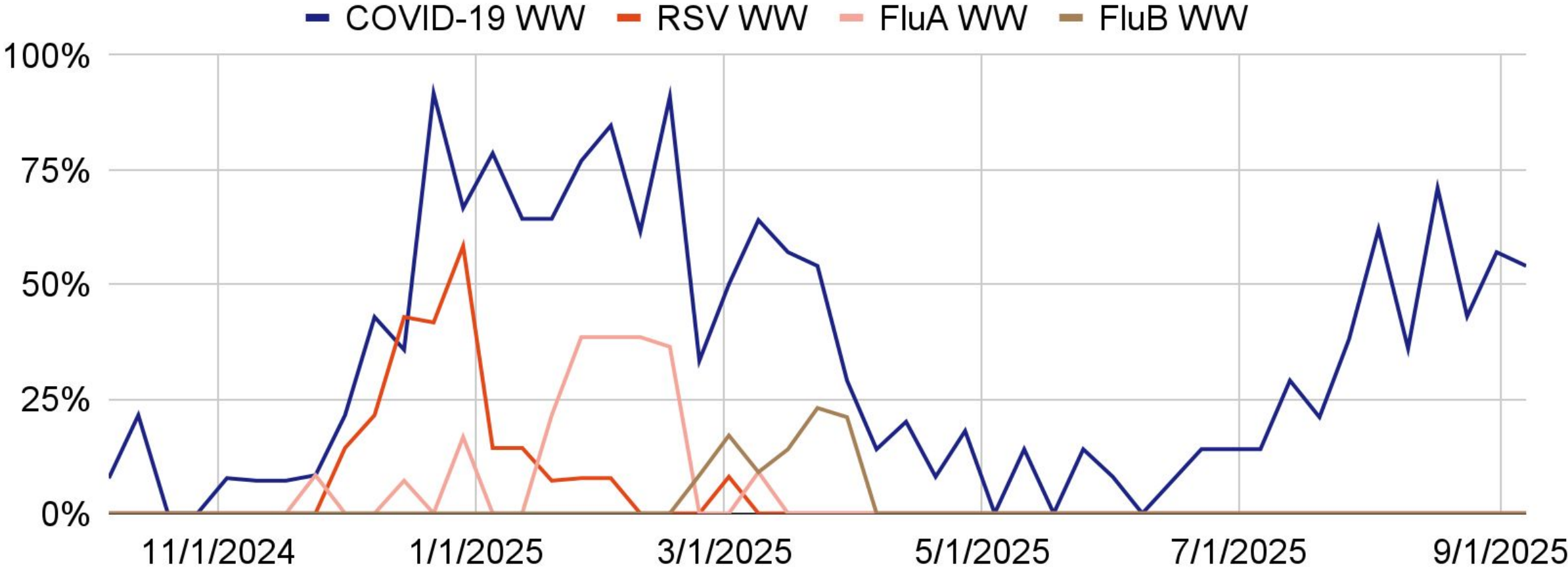
RSV: Dec 2024

COVID-19: Dec 24 - Jan 25

Influenza A: Jan - Feb 2025

Influenza B: March 2025

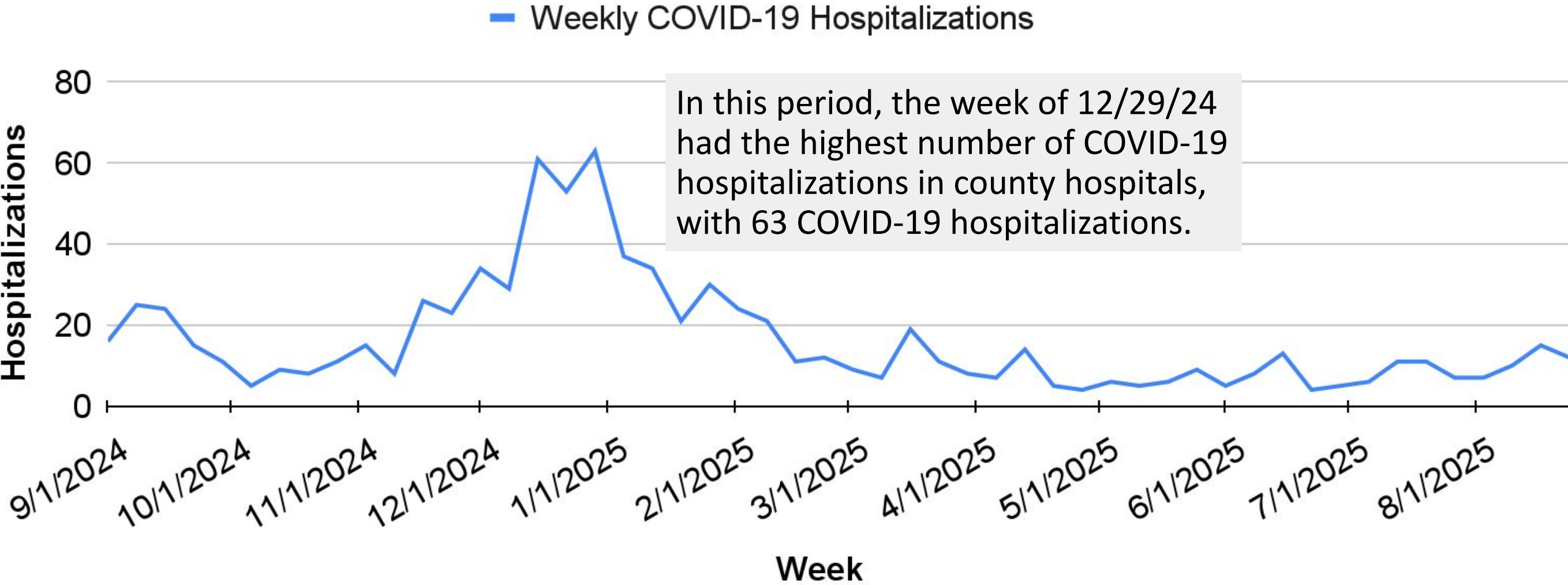
Percentage of Weekly Wastewater (WW) Samples with High/Very High Pathogen Levels



Other pathogens monitored through wastewater: measles, Influenza A H5, mpox

COVID-19 Hospitalizations

**Weekly COVID-19 Hospitalizations in Anne Arundel County Hospitals,
September 2024 - August 2025**



Data 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.

What's New at DOH

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
- 6 affected backyard flocks
- >2.7 million total birds affected

Four backyard flocks have been detected in Anne Arundel County:

- One in September 2022
- One in March 2025
- One in May 2025
- One in September 2025 (presumptive positive)

LIVESTOCK

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

Since then, in the U.S.:

- Detections in 1,085 herds in 19 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 September 2025

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 - June 30, 2025:

- **502** HCV tests
- **579** HIV tests
- **297** Rapid syphilis tests
- Distributed **1,065** Safe Sex Kits
- Answered **106** STI Hotline calls and referred **668** residents for STI testing services

HIV/AIDS Case Management

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

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

From July 1, 2024 - June 30, 2025:

- Served **245** clients in HIV/AIDS case management, including **12** new diagnoses
- **354** clinic visits, with an attendance rate of 89.3%
- **84** mental health visits, with an attendance rate of 80.7%

Disease Prevention and Management

Reintroducing Sexual and Reproductive Health

Prior to 2014, Family Planning and Maternal Health Care was an integral clinical service provided at the Health Centers throughout Anne Arundel County.

-  Sexual and reproductive health is foundational to overall well being, disease prevention, and community health
-  Broadening access to community members aligns with the Department of Health’s vision, and mission
-  STI testing and treatment have been an integral service, our objective is to provide the full continuum of care - including testing, diagnosis and treatment - eventually across all health centers

Current Focus	Gradual Introduction	Soft Launch
Planning and Preparation	Anticipate a gradual introduction of contraceptive care including various forms of birth control.	Proposed soft launch during the second quarter of 2026.

Disease Prevention and Management

Epidemiology/Disease Surveillance

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

From July 1, 2024 to June 30, 2025

- **169** outbreaks (83 COVID-19 and 86 other)
- **1,970** other disease investigations
- **2,017** incidences of possible human rabies exposure
- **101** residents completing recommended rabies post-exposure treatment
- **10** animals tested positive for rabies (8 raccoons and 2 bats)

Tuberculosis Control

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

From July 1, 2024 to June 30, 2025

- **10** new active TB cases
- More than **10** case contacts evaluated
- **2,639** daily Directly Observed Therapy (DOT and vDOT) visits
- **126** cases of latent TB infection started treatment (47% increase from FY24)
- **107** B-waivers investigated (328% increase from FY24)
- **772** Quantiferon TB tests and **37** TB skin tests

Disease Prevention and Management

Chronic Disease Prevention Program

July 1, 2024 to June 30, 2025

Cancer Screening Services

- **1,274** breast and cervical cancer screenings
- **1,048** clinical breast exams
- **1,061** mammograms - **2** breast cancer diagnoses
- **493** pap tests - **5** cervical cancer diagnoses
- **413** HPV tests
- **1** lung cancer screening

Tobacco Enforcement

- **546** tobacco compliance checks
- **445** retailers passed compliance checks
- **101** retailers issued first time violations
- **19** retailers issued repeat compliance violations
- **378** retailers educated on tobacco sale laws

Community Education

Tobacco and Cancer Prevention:

- Conducted **187** outreach, education and media events
- Reached **30,692** individuals
- **123** 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 **5** local Take Off Pounds Sensibly (TOPS) chapters to help manage healthy weight and reduce risk factors for diabetes.

Brooklyn Park Healthy Food Pantry

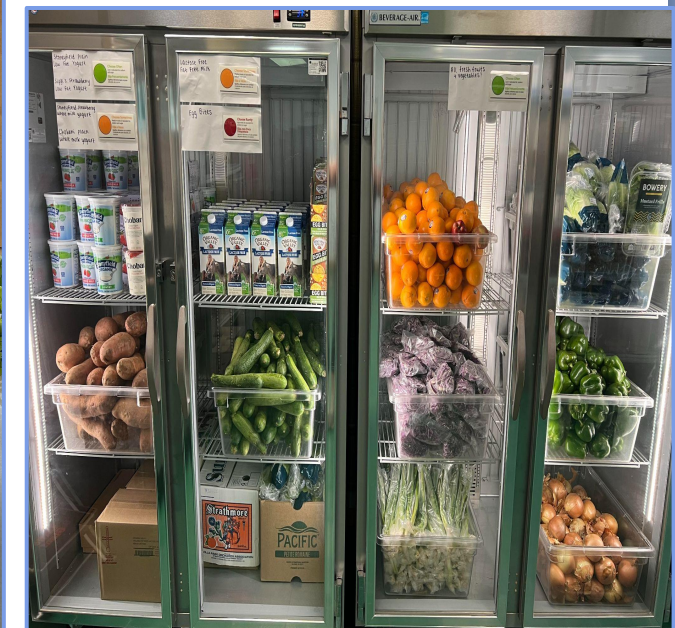
- North County Recreation Center
- Addresses Brooklyn Park residents' limited access to fresh fruits and vegetables, meat, fish, dairy and shelf stable foods
- Nutrition education and free healthy food choices

July 1, 2024 - June 30, 2025:

- **1,998** families (over **8,239** residents)
- **106,634** pounds of food (over **53** tons), over 4,000 more pounds of food than in FY24
- **31%** fresh produce (nearly **17** tons), 6% increase or 5 more tons than in FY24

Sustainability Update:

- Food4Thought Community Outreach Services, Inc., run by Dr. Shawn Ashworth, selected to take over operations of the pantry
- Will remain at current location
- DOH to support community partner



Family Health

- 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)



Family Health

Gun Violence Intervention Team

Vision

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

Mission

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

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.

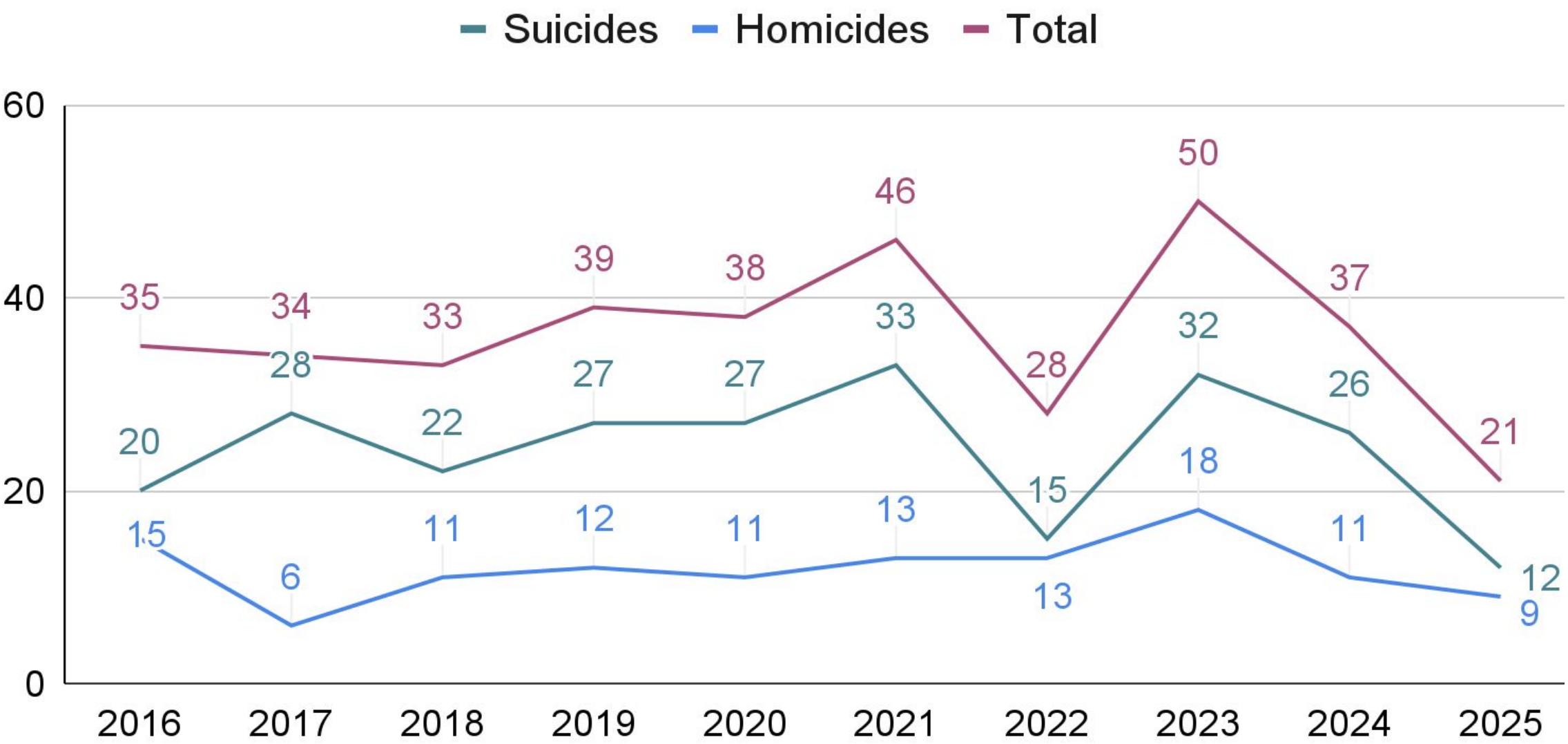


Data-driven, evidence-based practices

Family Health

Gun Violence Intervention Team

Gun Deaths Occurring within Anne Arundel County, 2016 - August 2025



Firearm-related suicides are lower to date in 2025 (12) compared to Jan - Aug 2024 (20)

Firearm-related homicides are higher to date in 2025 (9) compared to Jan-Aug 2024 (6).

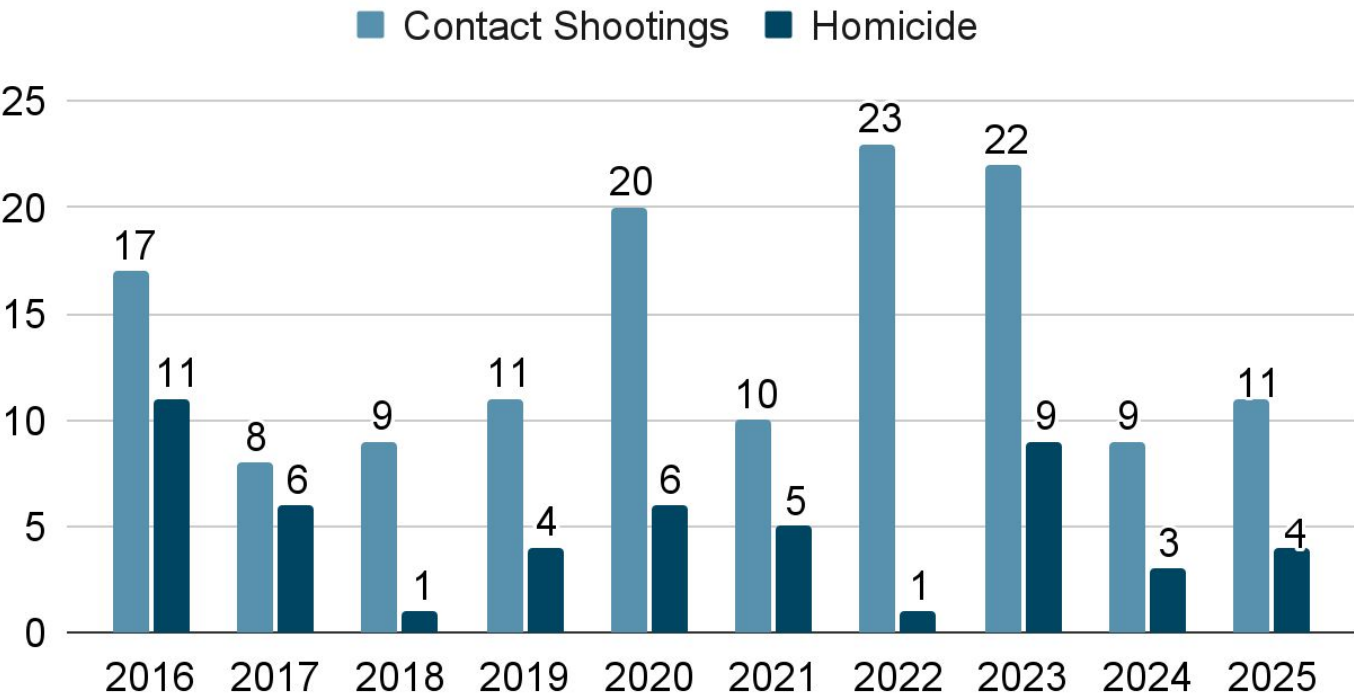
Source: [GVIT Data Dashboard](#) as of April 10, 2025
Data provided by the Anne Arundel County Police and Annapolis Police Department

Family Health

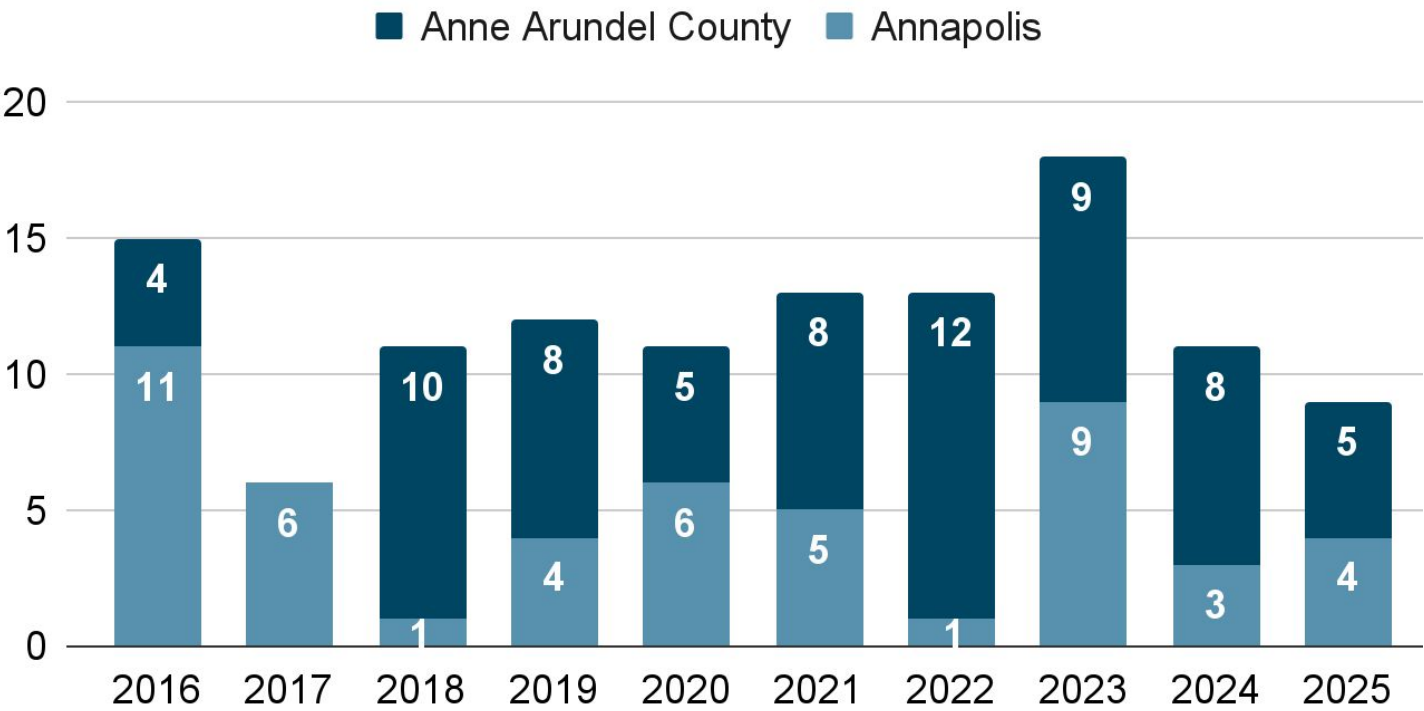
Gun Violence Intervention Team

Data for Gun Violence Occurring in the County (2016-August 2025)

Annapolis City Gun Violence (2016 - August 2025)



City and County Gun Homicide Totals (2016 - August 2025)



- There were 4 Homicides in Annapolis City as of August 2025 compared to 1 in 2024 YTD. All victims were Black males under the age of 40 years.
- Half (46%) of homicide victims in Annapolis City between 2016-2025 were between 14-24 years of age.
- Overall, the majority of homicide victims in Annapolis and the county are Black and male.

[*Data provided by the Anne Arundel County Police and Annapolis Police Department](#) as of 9/4/2025

Family Health

Gun Violence Intervention Team

FY 25 Accomplishments

Education and Policy

- Ongoing legislation monitoring and testimony/letter preparation
- Development of policy briefs highlighting current evidence and laws
- Developed suicide prevention resources, toolkits, gun lock rack card and suicide prevention provider letter for older adults

Community

- Gun lock distribution (Library and partners)
- Gun lock box distribution campaign
- Quarterly Meetings and Gun Violence Awareness Event
- Monitoring Eastport Violence Interruption Program (VIP)
- Training new gun lock distribution partners
- Developing North County gun violence Action Plan
- Implementing North County community revitalization
- North County VIP assessment
- Partnered with Roca for North County after-shooting protocol
- Post-trauma/healing trainings for partners and residents

Data

- Launched new user-friendly data dashboard (Tableau)
- Extreme Risk Protection Order (ERPO) data tracking through court system and police partners

Family Health

Gun Violence Intervention Team

Upcoming Event

Join us to learn how to use an evidence-based approach to address gun violence in West County with Cure Violence Global (CVG).

DATE:

October 23, 2025

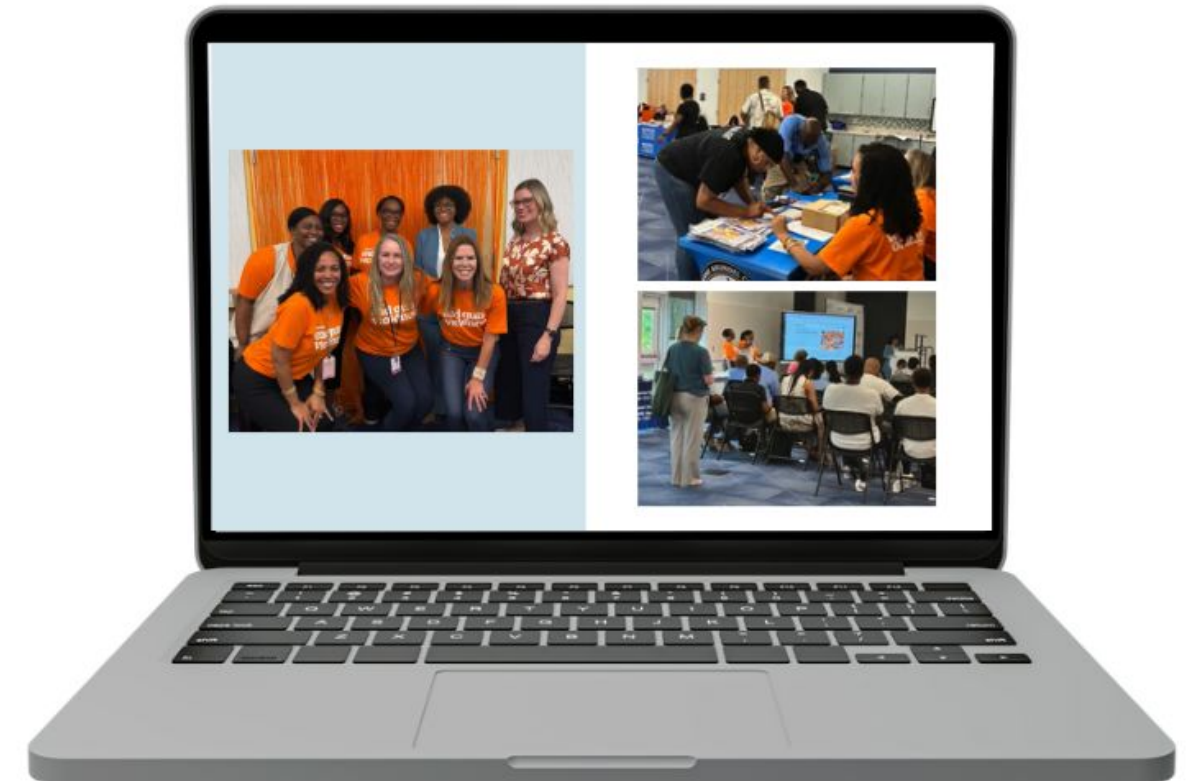
LOCATION:

Severn
Intergenerational Center
1160 Reece Road
Severn, MD 21144

TIME:

5:30 p.m. - 7:00 p.m.

Visit AAHealth.org/gvit-meeting for more details



For an idea of what meetings often look like click on the play arrow

Family Health

Crime Prevention Through Environmental Design Brooklyn Park

GVIT applied the Crime Prevention Through Environmental Design framework, promoting community art and environmental improvements to build resiliency.

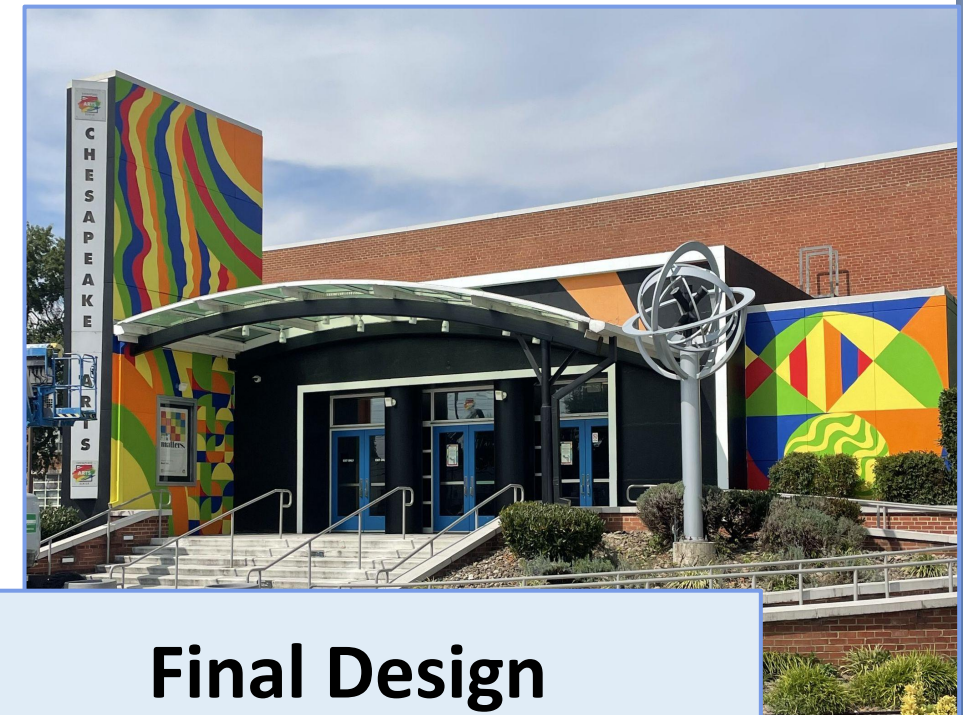
Phase 1: Identified Brooklyn Park, a historically under-resourced community disproportionately affected by violence as an area.

Phase 2: Hosted Crime Prevention Through Environmental Design training for residents and stakeholders.

Phase 3: Partnered with Chesapeake Arts Center and a local artist to apply Crime Prevention Through Environmental Design principles through a community mural project.



Community Paint Day



Final Design

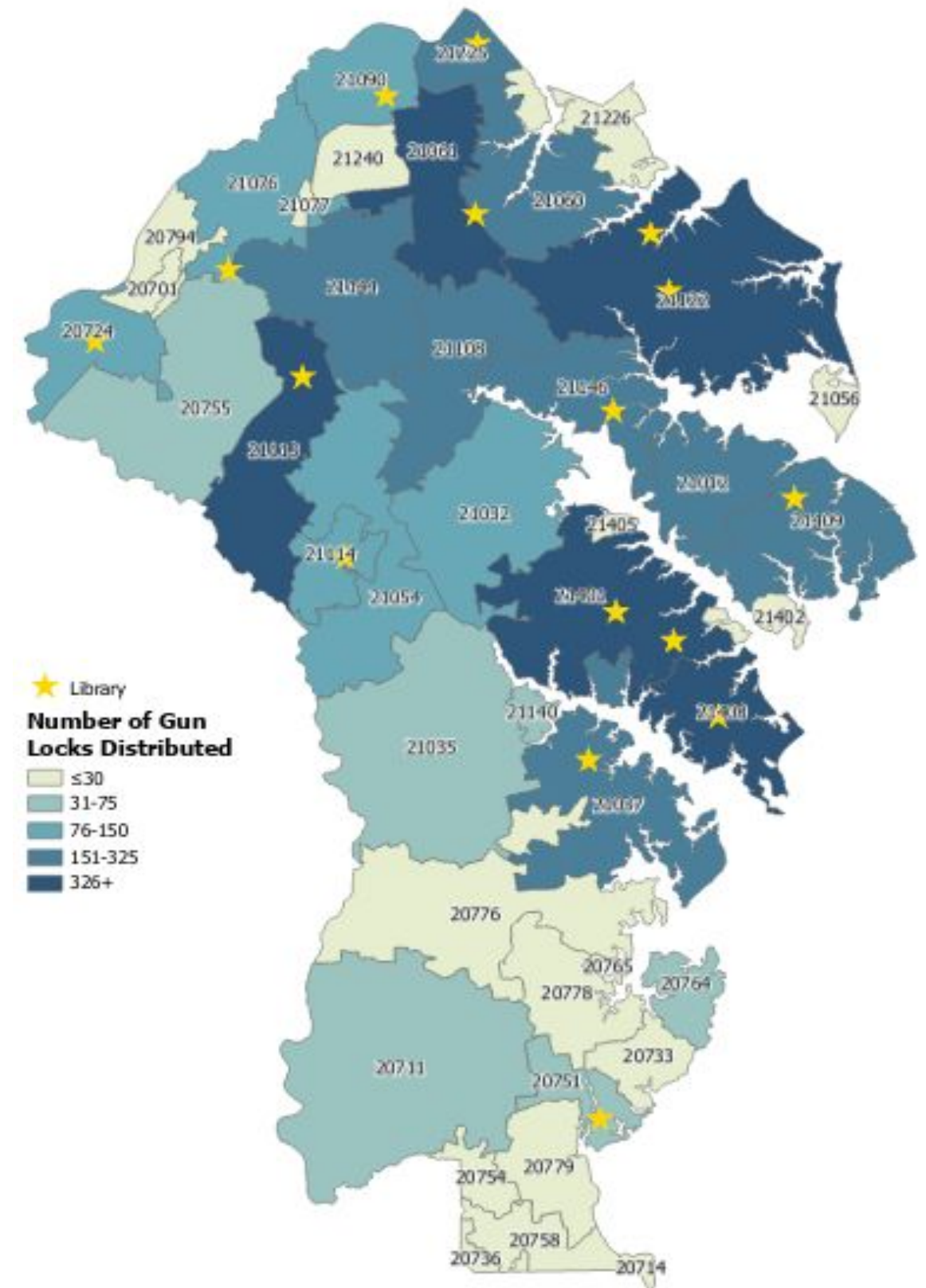
Gun Safety Lock Distribution

As of August 31, 2025, **9,582** 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:

- Each year between 2021 and 2024, an average of **143** residents visited a hospital due to gun-related injuries. This is an 18% increase from 2017 to 2020.
- **61%** of these injuries are due to accidental discharge, meaning the injury was due to the mishandling of a gun.

Residential ZIP Code of Persons Obtaining Gun Locks,
April 2023-August 2025 N = 4,803

Family Health

Violence Interruption Program

Cure Violence Annapolis

Eastport Impact: July 2024 - June 2025

Violence Reduction: Notable drops in gun-related homicides and non-contact shootings, confirmed by Annapolis City officials.

Community Trust: Strong credibility built through consistent presence and outreach.

Core Work:

- Intervening in potentially violent situations
- Shifting behaviors and norms among those most at risk
- Maintained 16 active high-risk participants

Program Barriers and Challenges:

- Database Rollout and Model Fidelity
- Initial Program Presence and Relationships
- Recruitment of High-Risk Participants

Program Highlights

- Data collection monitoring
- Published quarterly reports
- Hosted community meetings, community events, job fairs, educational and wellness workshops
- Held Strengthening Families workshops for high risk participants



Lessons Learned:

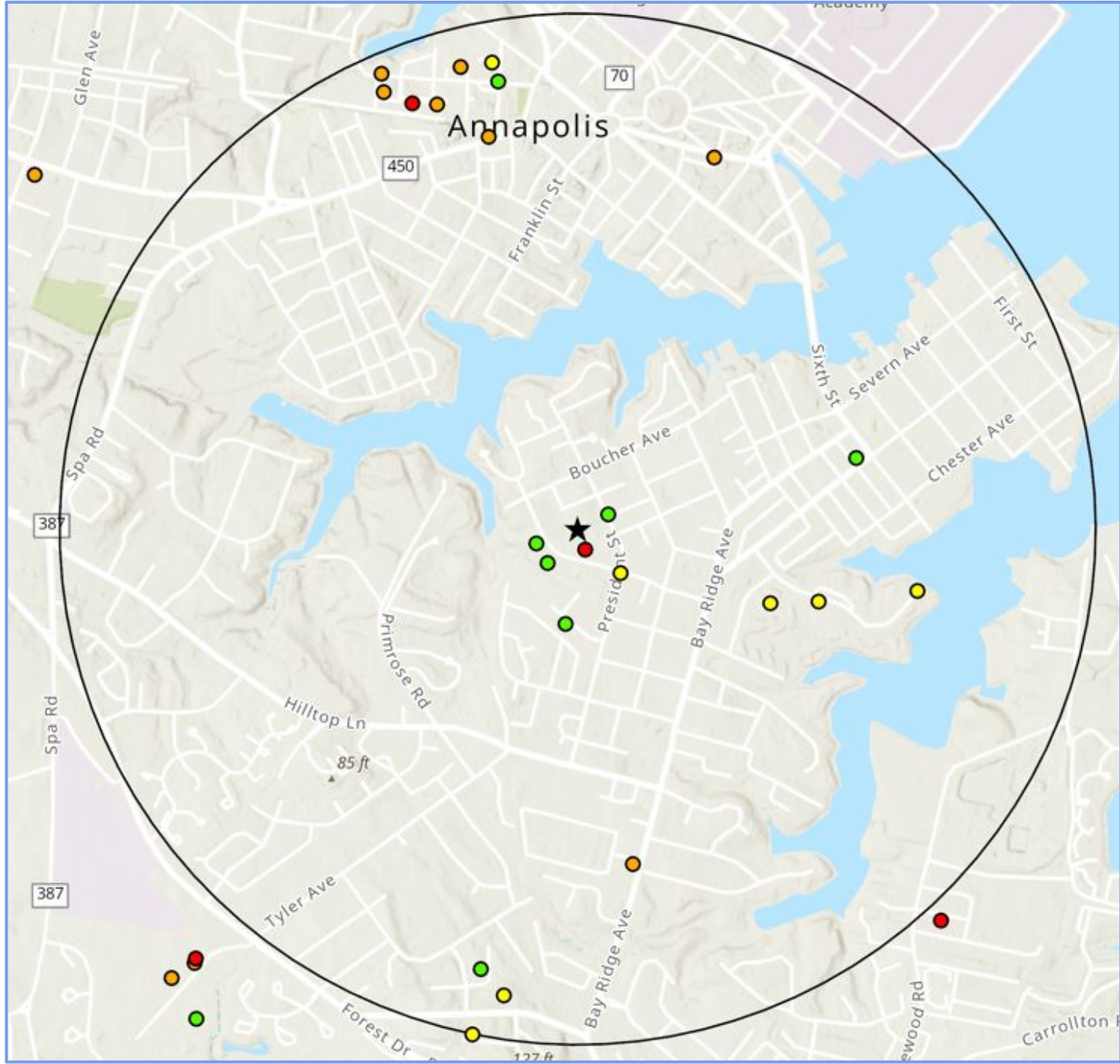
- ❖ Consistent engagement builds trust
- ❖ Strong data improves impact
- ❖ Targeted recruitment boosts results

Family Health

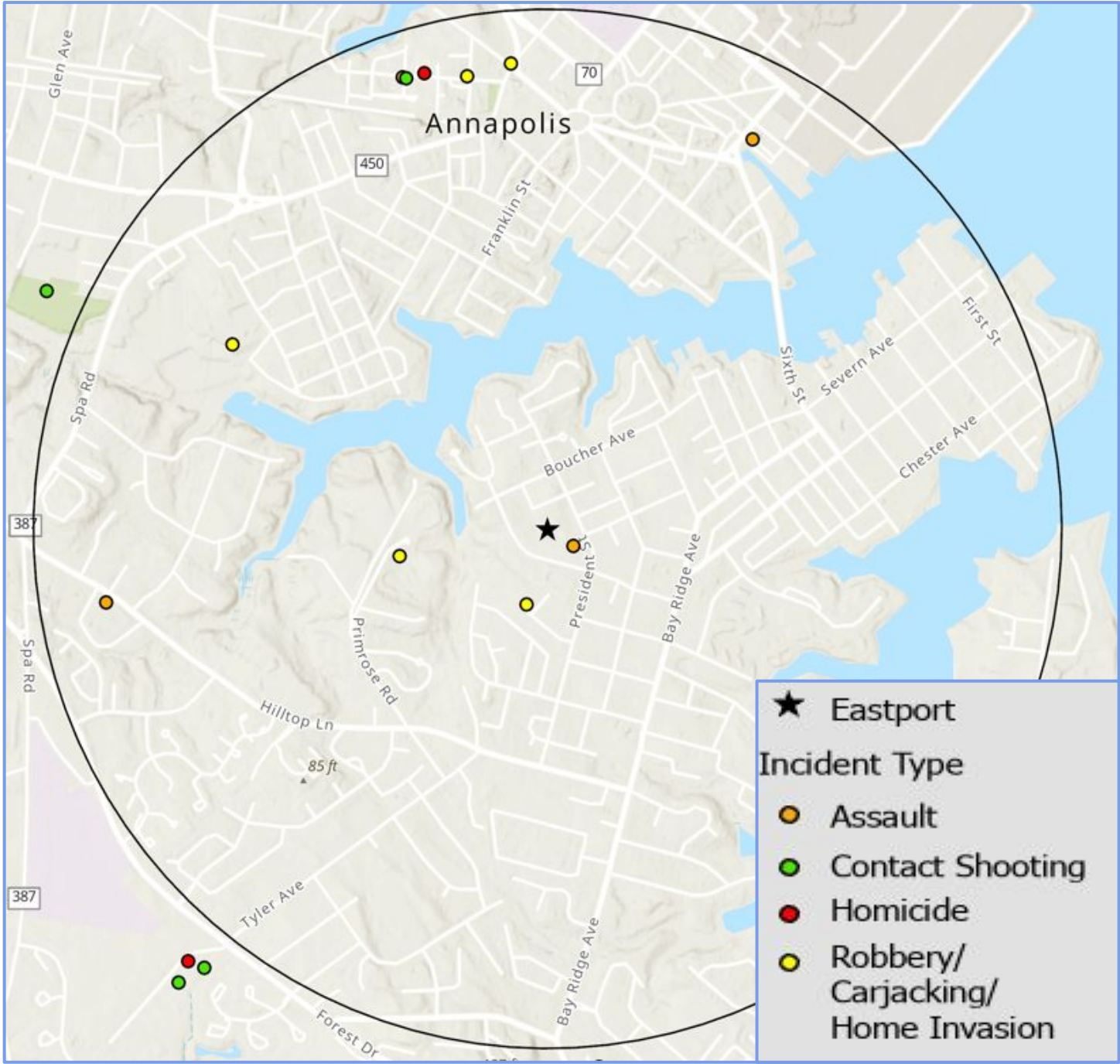
Gun Violence Prevention

Gun Violence within one mile of Eastport

2023



January - August 2025



Family Health

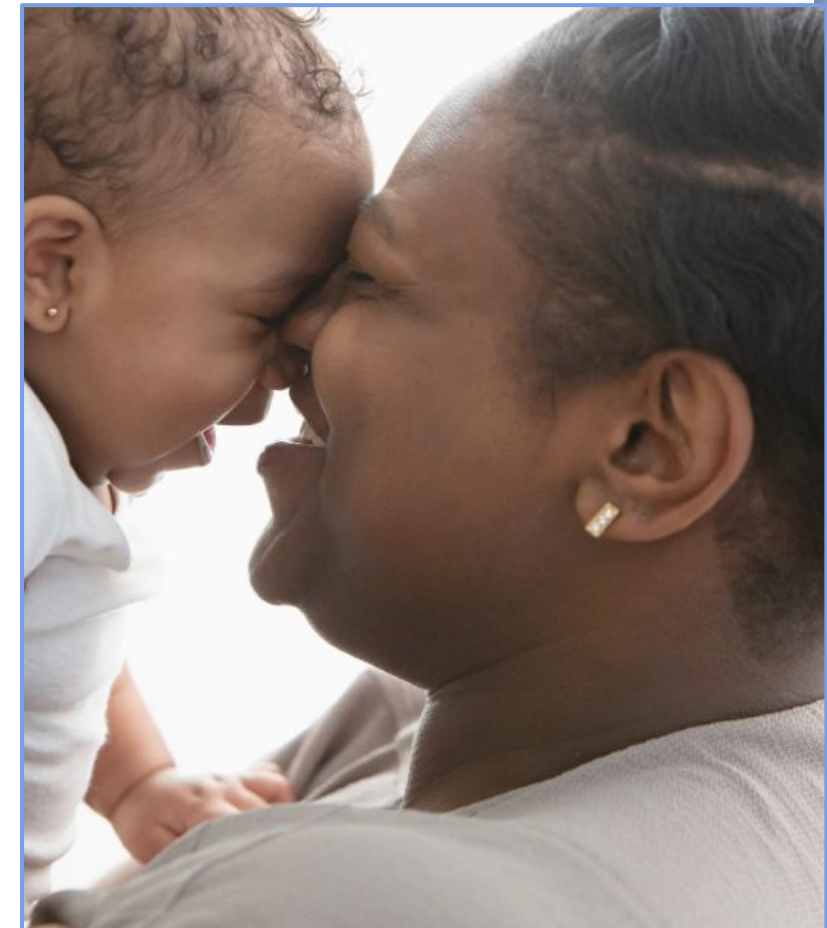
Healthy Start Home Visiting Program

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)

In FY25, this program served:

- **10** newly enrolled women with Substance Use Disorder or SENs
- **144** newly enrolled pregnant women, **109** of which reside in high risk ZIP codes
- **154** newly enrolled infants
- **93** out of **104** babies born weighed more than **5.5 lbs**
- **9** babies were born weighing between **3.3** and **5.5 lbs**
- **2** babies were born weighing less than **3.3 lbs**

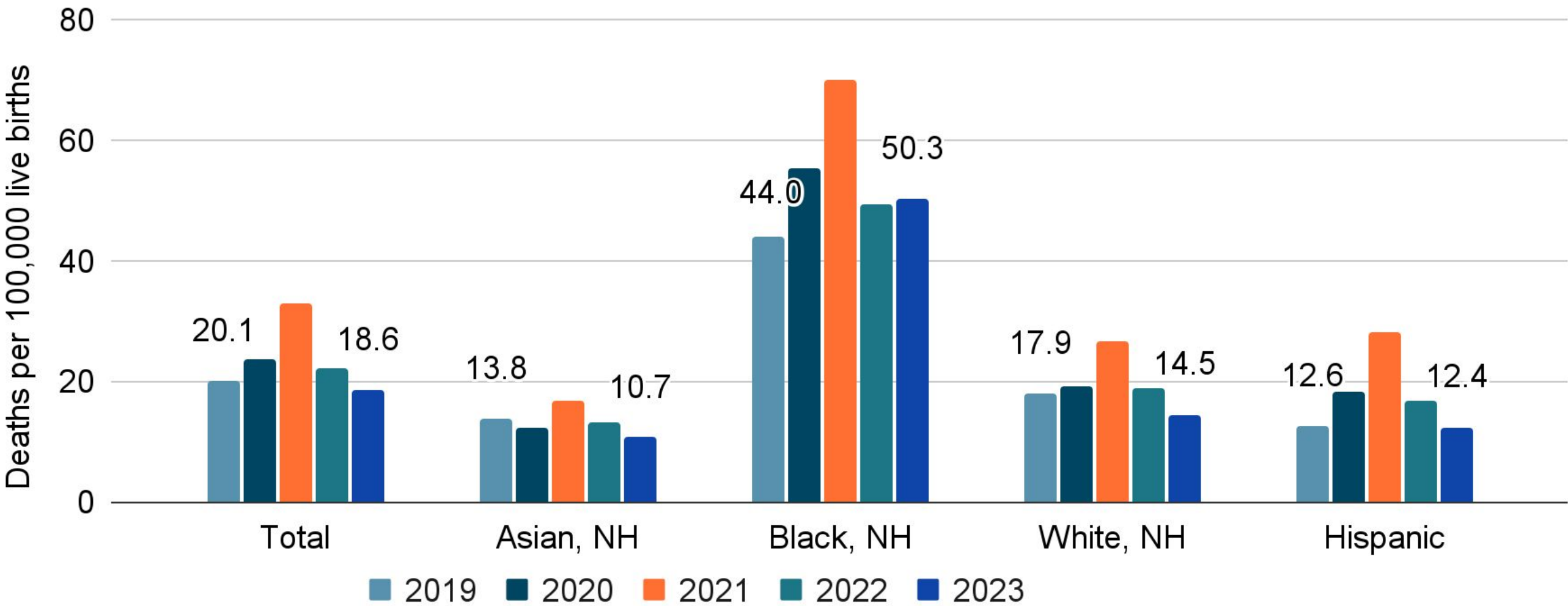


Family Health

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.

Family Health

Birth Demographics

6,556 live births to residents in 2023

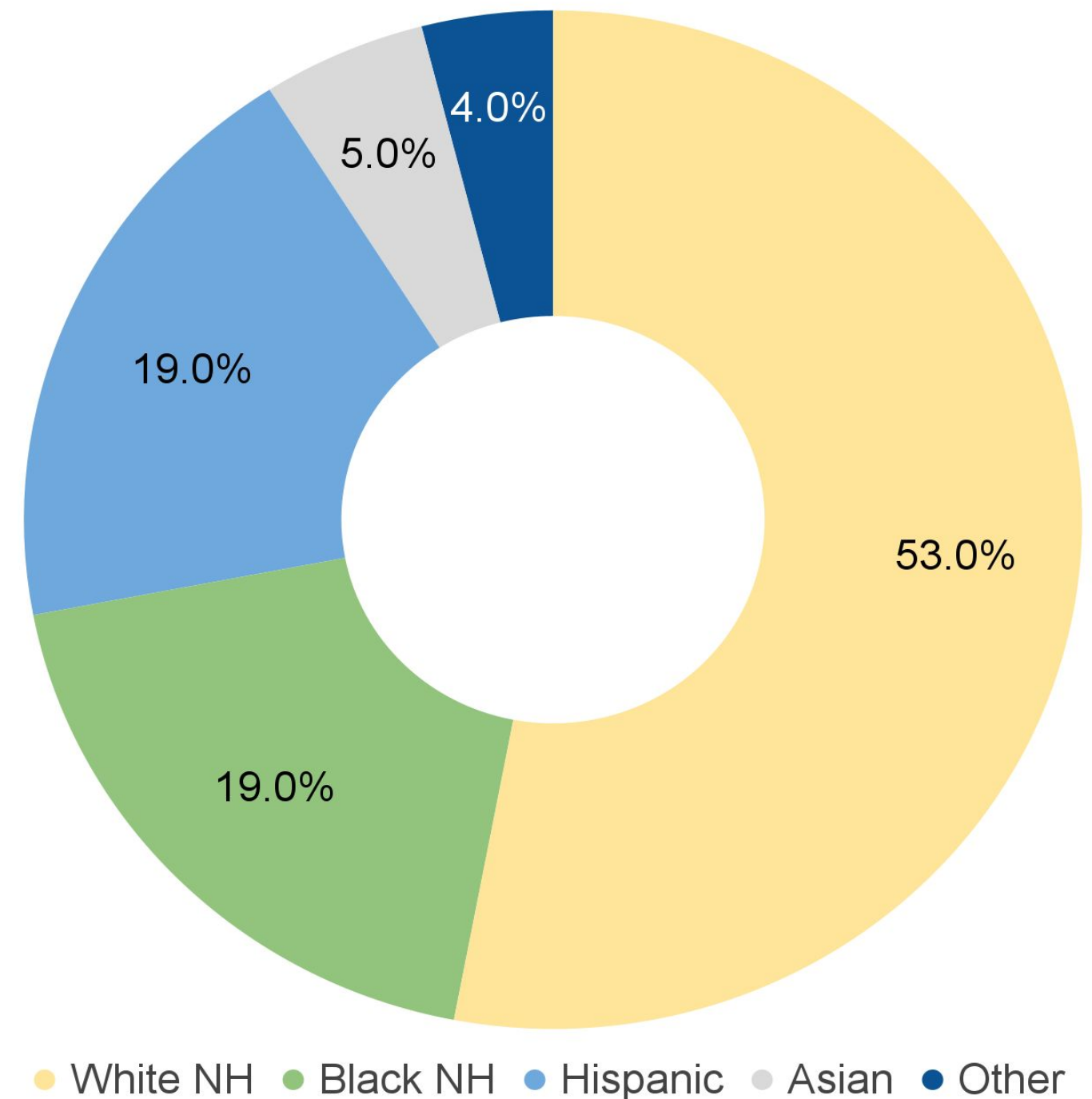
Race/Ethnicity

- **About half** of births are to white non-Hispanic mothers
- Births to Hispanic residents have increased and comprise **one in five births**
- Births to Black, non-Hispanic residents are also **one in five births**.
- About 5% of births were Asian non-Hispanic and 4% were of another race/ethnicity

Age

- **Over half (59%)** of the births in Anne Arundel County were to birthing people **ages 30-39** years
- About **one in three births** were to **ages 20-29** years
- Only about 2% of births were to those less than 20 years old, and 5% to those 40 and older.

Percentage of Births by Race/Ethnicity,
Anne Arundel County, 2023



Family Health

Birth Outcomes

Initiation of Prenatal Care

4% of county residents had late or no prenatal care

Prenatal care is important for reducing the risk of pregnancy complications and monitoring the health of the birthing person and fetus.

Initiating prenatal care late or not at all is higher for:
10% <25 Years 8% Hispanic

Gestational Diabetes

10% of county residents had gestational diabetes

Causes high blood sugar that can affect a pregnancy and a baby's health. Can increase the risk of preterm birth and high birth weight in infants.

Gestational diabetes is higher for:
23% Asian NH 20% 40+ years 12% Hispanic

Pregnancy-Associated Hypertension

2.2 days average time in the hospital for a delivery

Birthing people can develop preeclampsia. It can also cause low birth weight and premature birth.

Pregnancy-associated hypertension is higher for:
19% <20 Years 18% 40+ years

Pregnancy-Related Hospital Visits

1.6 visits to the hospital or ER for every live birth to county residents

In 2023, there were over 10,000 hospitalizations and emergency room (ER) visits related to pregnancy for county residents.

The ER visit rate per live birth is higher for:
2.5 <20 Years 2.0 Black NH

Family Health

Birth Outcomes

Preterm Births

10% of Anne Arundel County infants were preterm

Births that occur before 37 weeks of gestation. Preterm births are associated with poor health outcomes for infants and a higher risk of mortality.

Preterm birth is higher for:

15% 40+ Years 14% <20 Years 12% Black NH

Length of Hospital Stay

2.2 days average time in the hospital for a delivery

Maternal length of hospital stay for delivery is usually between 24-48 hours for uncomplicated vaginal deliveries.

The length of stay in days is longer for:

2.6 Black NH 2.7 40+ Years

Low Birth Weight

8% of Anne Arundel County infants were low birth weight

Means that an infant was born weighing less than 2500 grams (about 5.5 pounds). Low birth weight is associated with poor health outcomes and even mortality for infants.

Low birth weight is higher for:

14% <20 Years 12% 40+ Years 11% Black NH

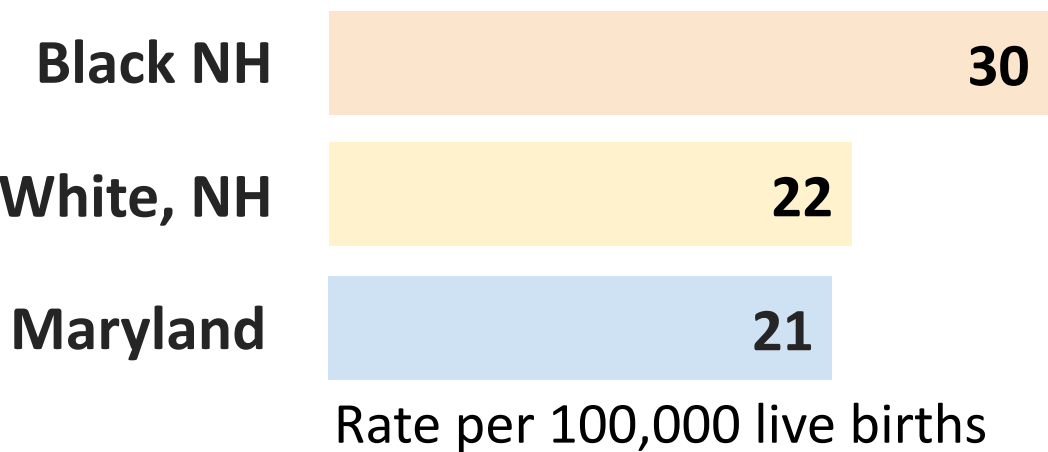
Family Health

Maternal and Infant Mortality

Maternal Mortality in Maryland

21 Deaths of Maryland residents within 42 days of the end of their pregnancy for every 100,000 live births

Maternal Mortality Rate by Race/Ethnicity, Maryland, 2019-2023

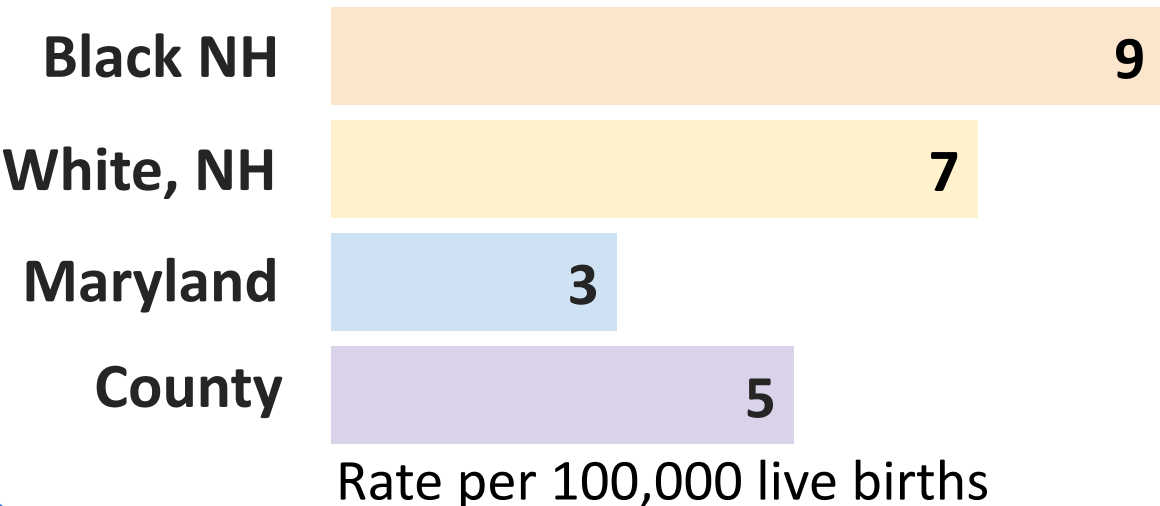


In Maryland, the **maternal mortality rate is higher among Black non-Hispanic (NH)** birthing people compared to white NH birthing people

Infant Mortality in Anne Arundel County

5 Deaths before their first birthday for every 1,000 live births

Infant Mortality Rate by Race/Ethnicity, Anne Arundel County, 2021-2023

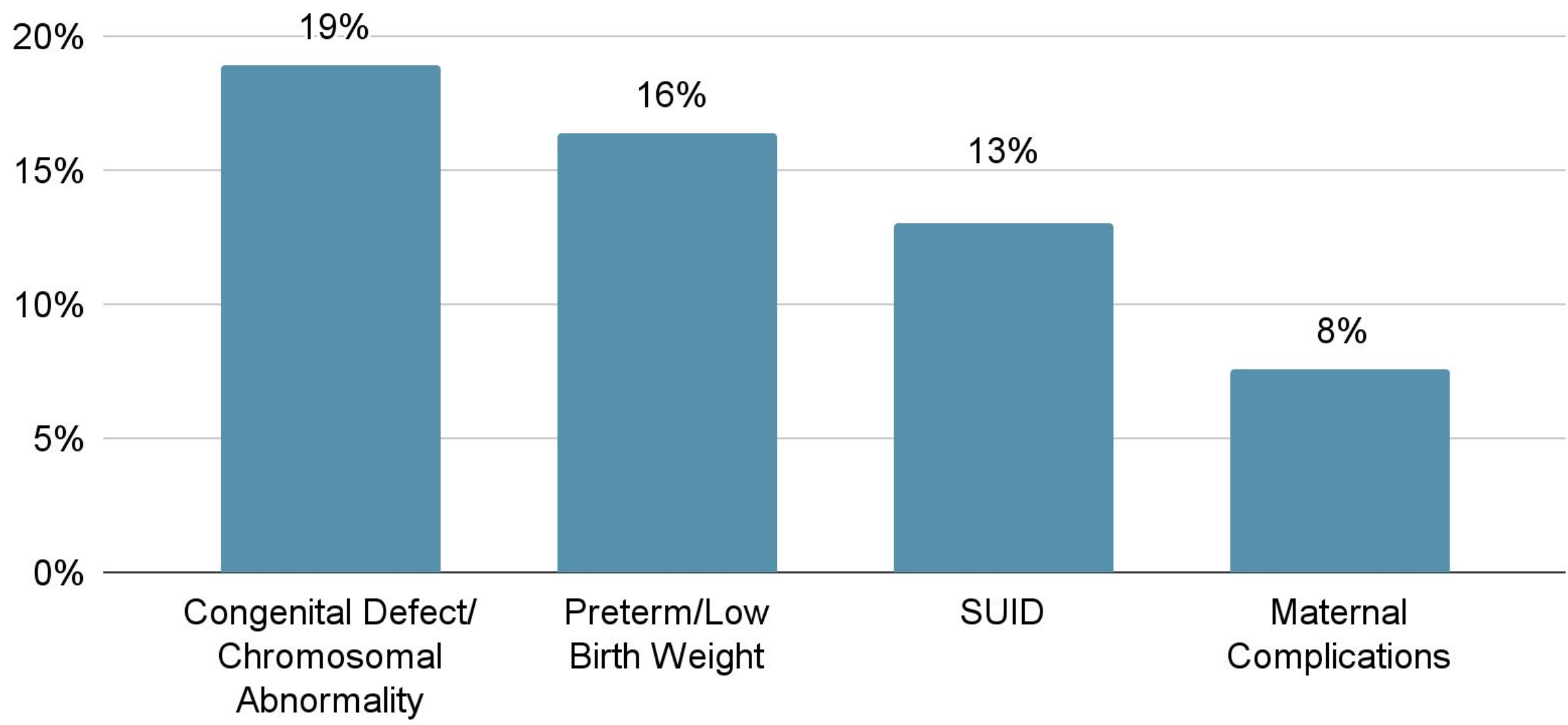


In Anne Arundel County, the infant mortality rate is **more than 2.5 times higher among Black non-Hispanic (NH) infants** compared to white NH infants

Family Health

Infant Mortality

Infant Mortality by Cause, Anne Arundel County, 2019-2023 (N=165)

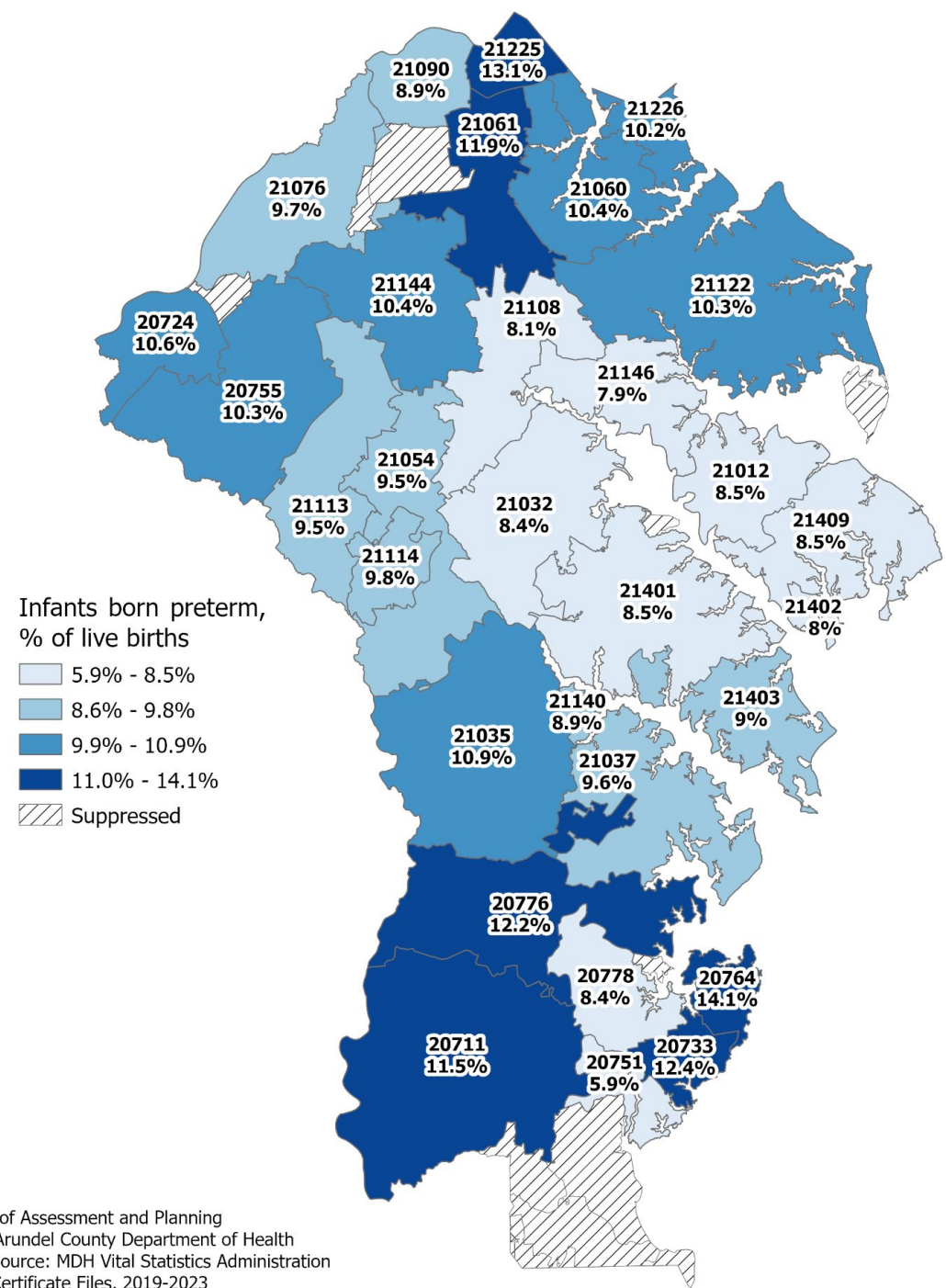


SUID - Sudden Unexpected Infant Death, Includes causes of death with at least 10 infant deaths
Data Source: Maryland Department of Health, Vital Statistics Administration Death Certificate Files, 2019-2023

Family Health

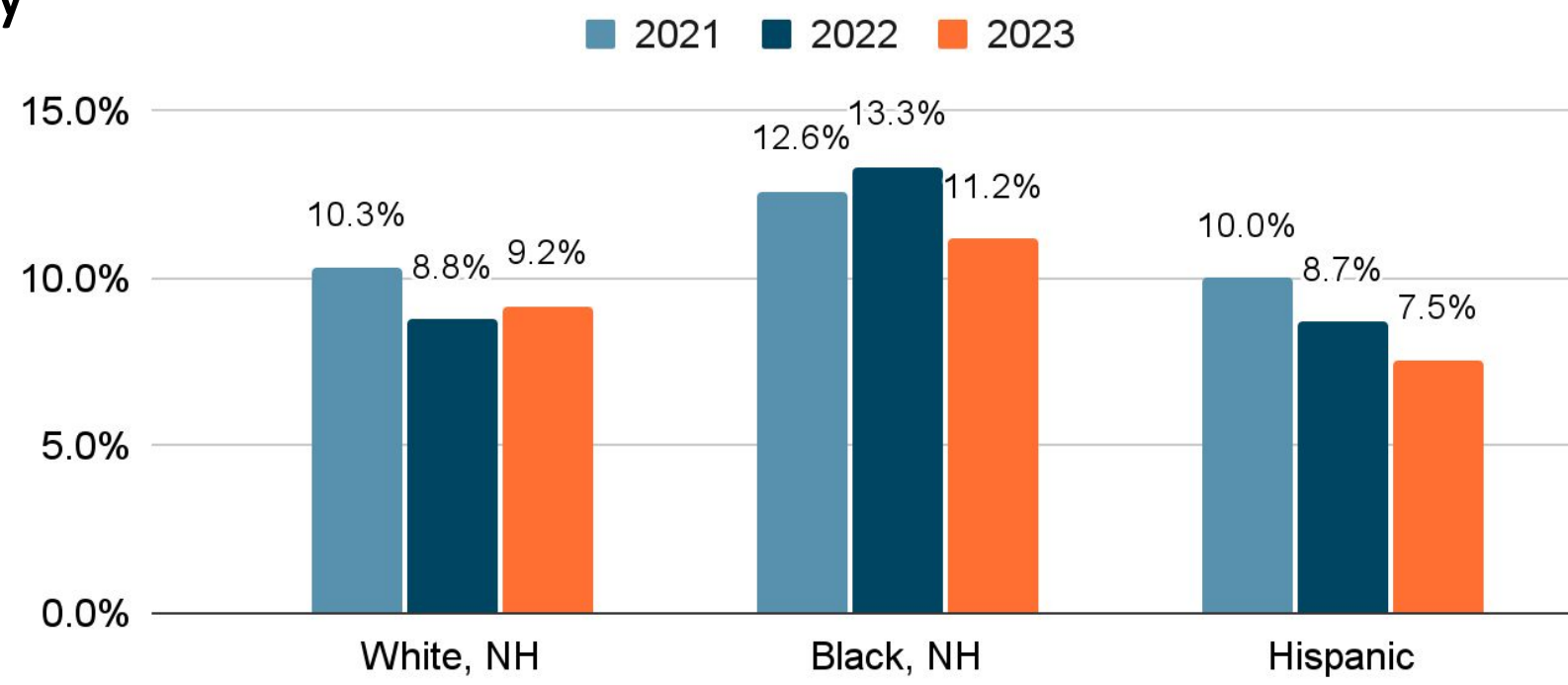
Selected Risk Factors for Infant Mortality

Infants born preterm (<37 weeks of gestation) by ZIP code, Anne Arundel County, 2019-2023

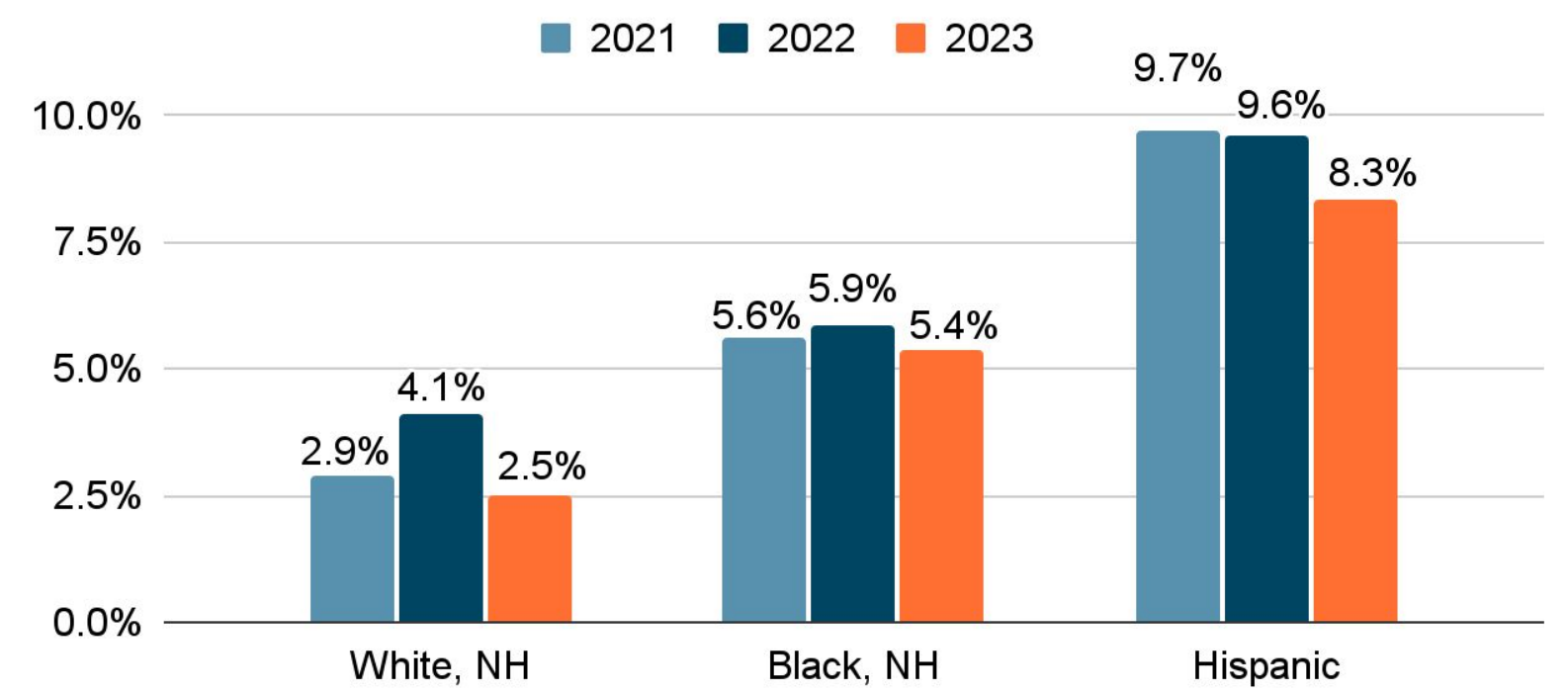


Office of Assessment and Planning
Anne Arundel County Department of Health
Data Source: MDH Vital Statistics Administration
Birth Certificate Files, 2019-2023

Proportion of Infants Born Preterm by Race/Ethnicity, Anne Arundel County, 2021-2023



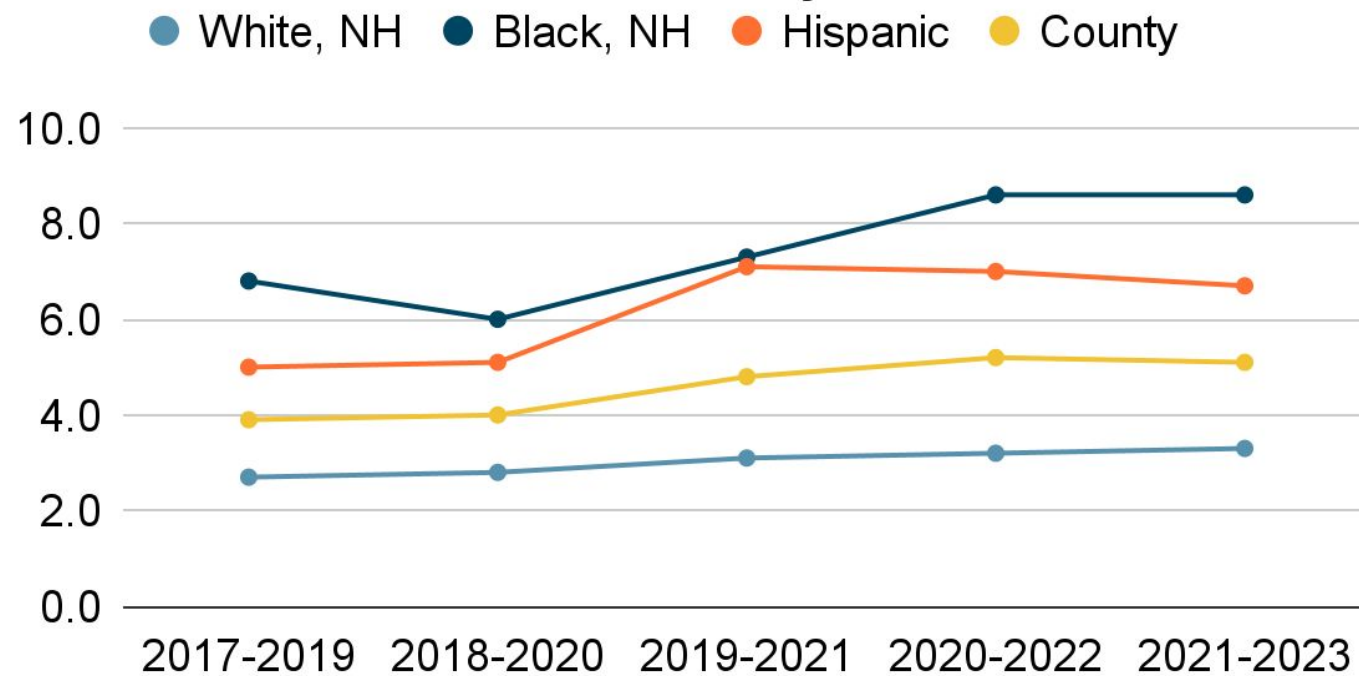
Late or No Initiation of Prenatal Care by Race/Ethnicity of the Mother, Anne Arundel County, 2021-2023



Family Health

Selected Risk Factors for Infant Mortality (continued)

**Infant Mortality Rate by Race/Ethnicity,
Anne Arundel County, 2017-2023**

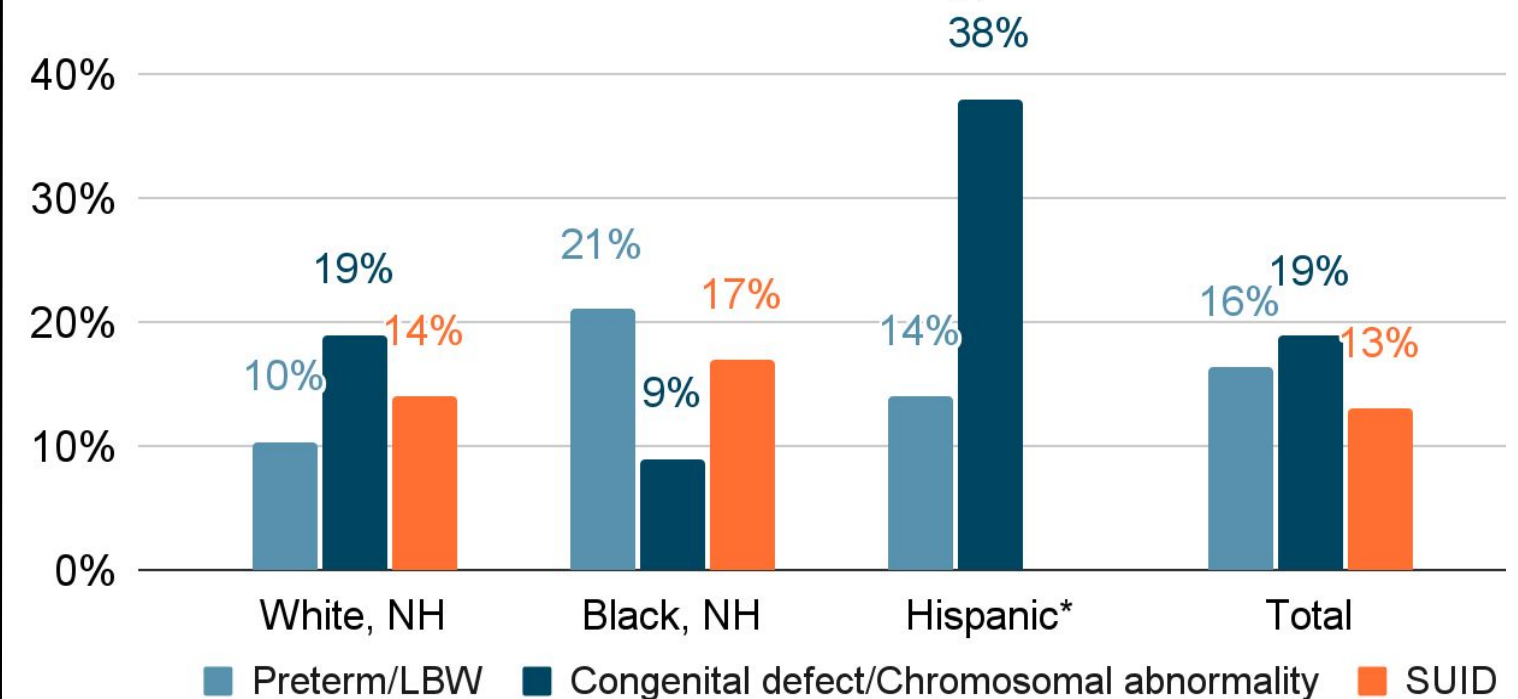


- Infant mortality rates include deaths to live births through age 1 year per 1,000 live births
- In 2021-2023, Black, non-Hispanic and Hispanic infants had a mortality rate that was **more than twice** that of white, non-Hispanic infants

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, 2019-2023**



* SUID deaths for Hispanic infants are suppressed due to small numbers

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.



Priorities

Community Advisory Council

Advocacy
Community Building

Education, outreach and
uplift lived experience

Improve care and
care coordination

Maternal and Infant Health Task Force

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.

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 programs
- Identify the needs of the community to meaningfully engage in solutions

Timeline:

Training and Orientation Phase

Overview

- Drivers of maternal health disparities
- Building the CAC

Best Practices

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

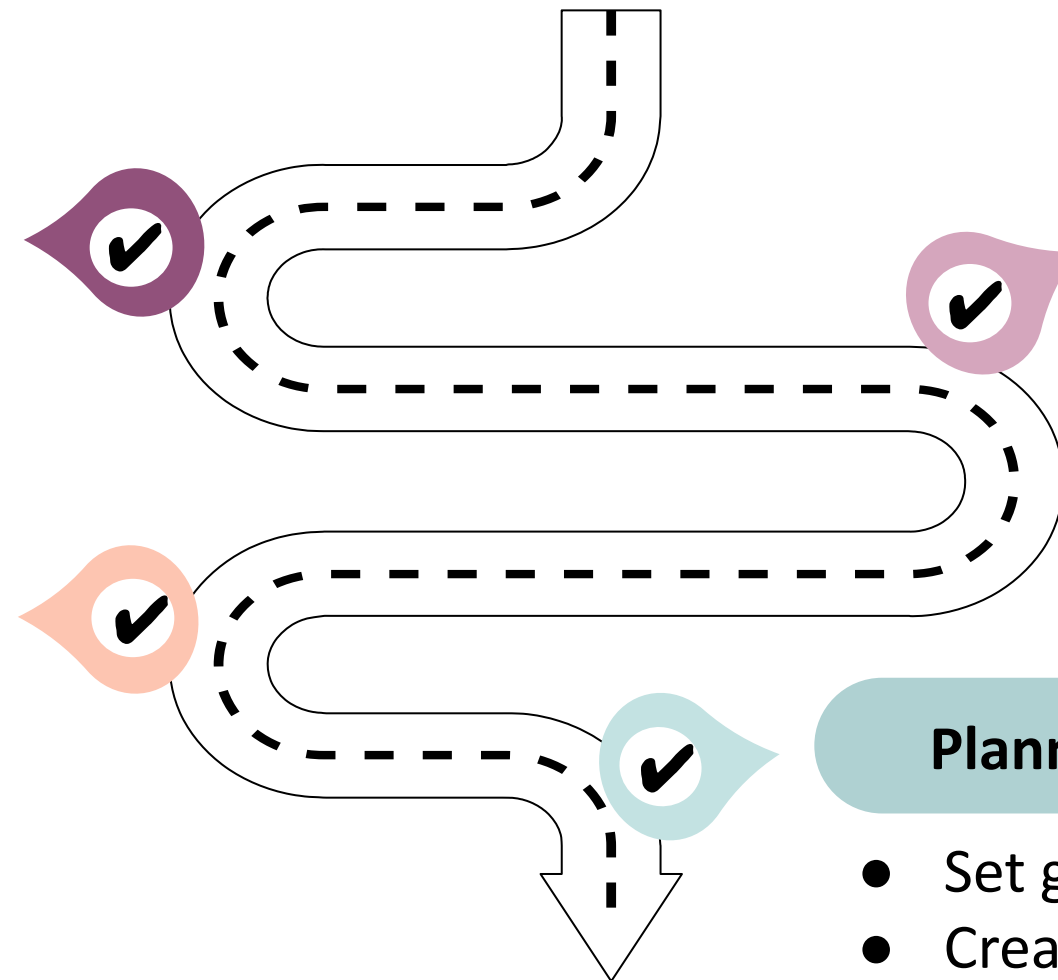
Data, Policy and Historical Context

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

Planning Skills

- Set goals
- Create an action plan

Taking Action Phase



Collaborative Approach to Maternal Health Policy



A Maternal and Child Health Policy Innovation Program Learning Community started in partnership with the National Association of County and City Health Officials (NACCHO) and the Public Health Law Center started.



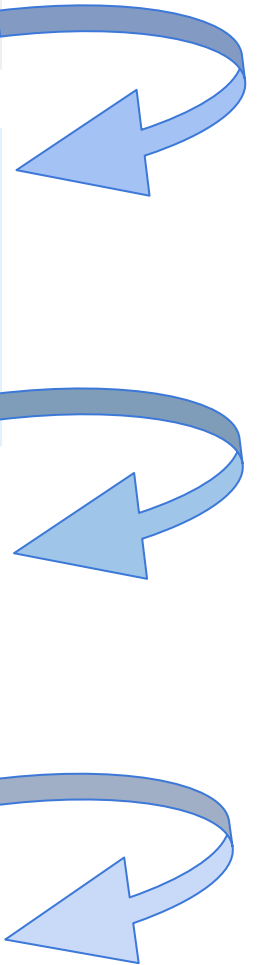
Established a three year initiative with the goal of developing and implementing a policy addressing a priority area to improve maternal and child health.



Kick off was March 2025 and will end on July 2027.



This is an opportunity to collaborate across sectors, engage stakeholders and integrate the efforts of the Maternal and Infant Health Task Force with those of the Community Advisory Council to advance maternal health outcomes.



Family Health

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:

- **896** pediatric moderate/severe asthma referrals
- **200** clients enrolled (program is voluntary)
 - **528** home visits

2024 data shows the Emergency Room visit rate has **decreased by 28% to 5.2 visits per 1,000.**

Black children in Anne Arundel County are more than **3x** likely to visit the **ER** for asthma than children of **ALL** other races/ethnicities combined.

Unsafe housing conditions remain a primary trigger.

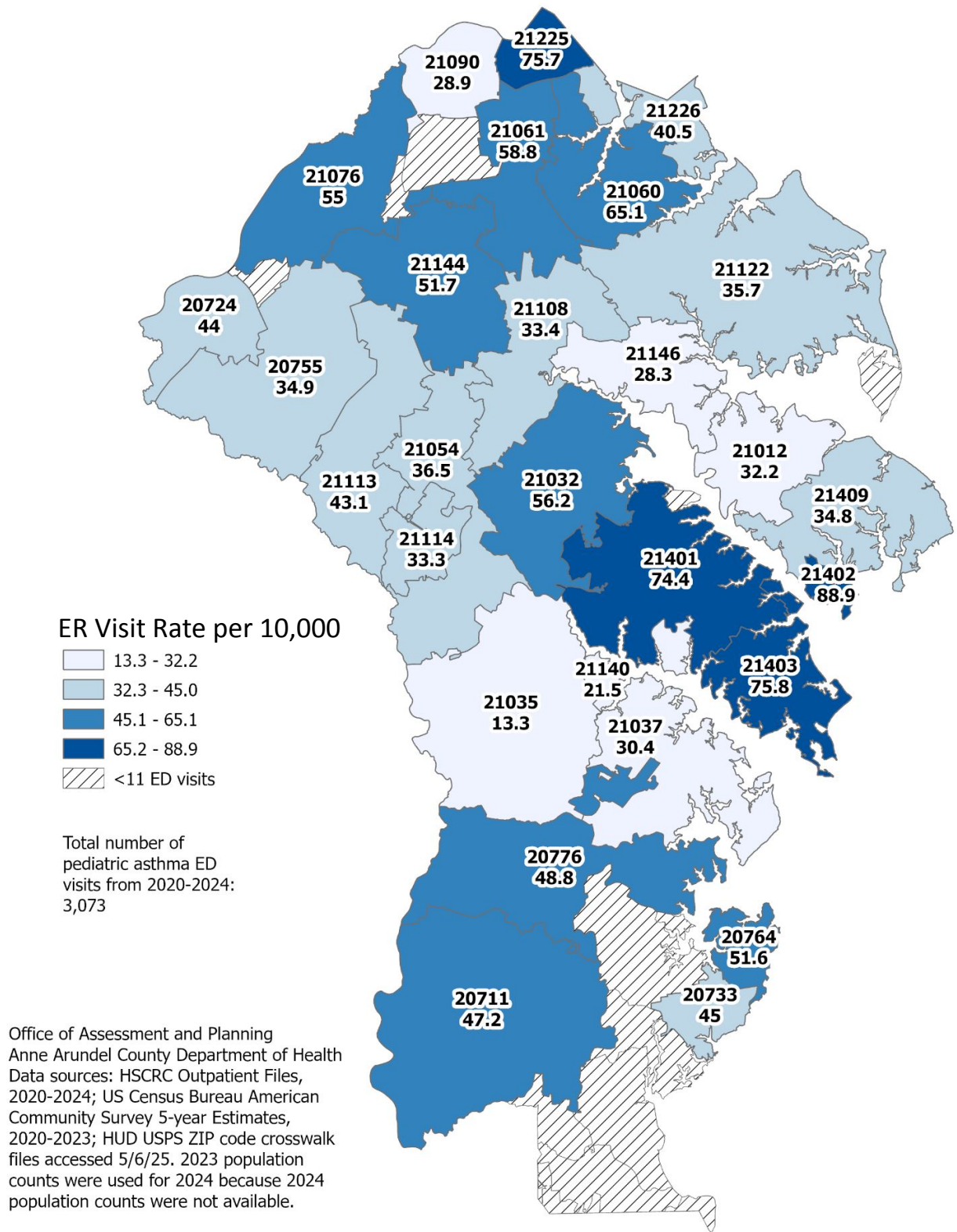
Family Health

Asthma

Housing conditions, such as mold, mice and cockroaches remain primary triggers for asthma flares.



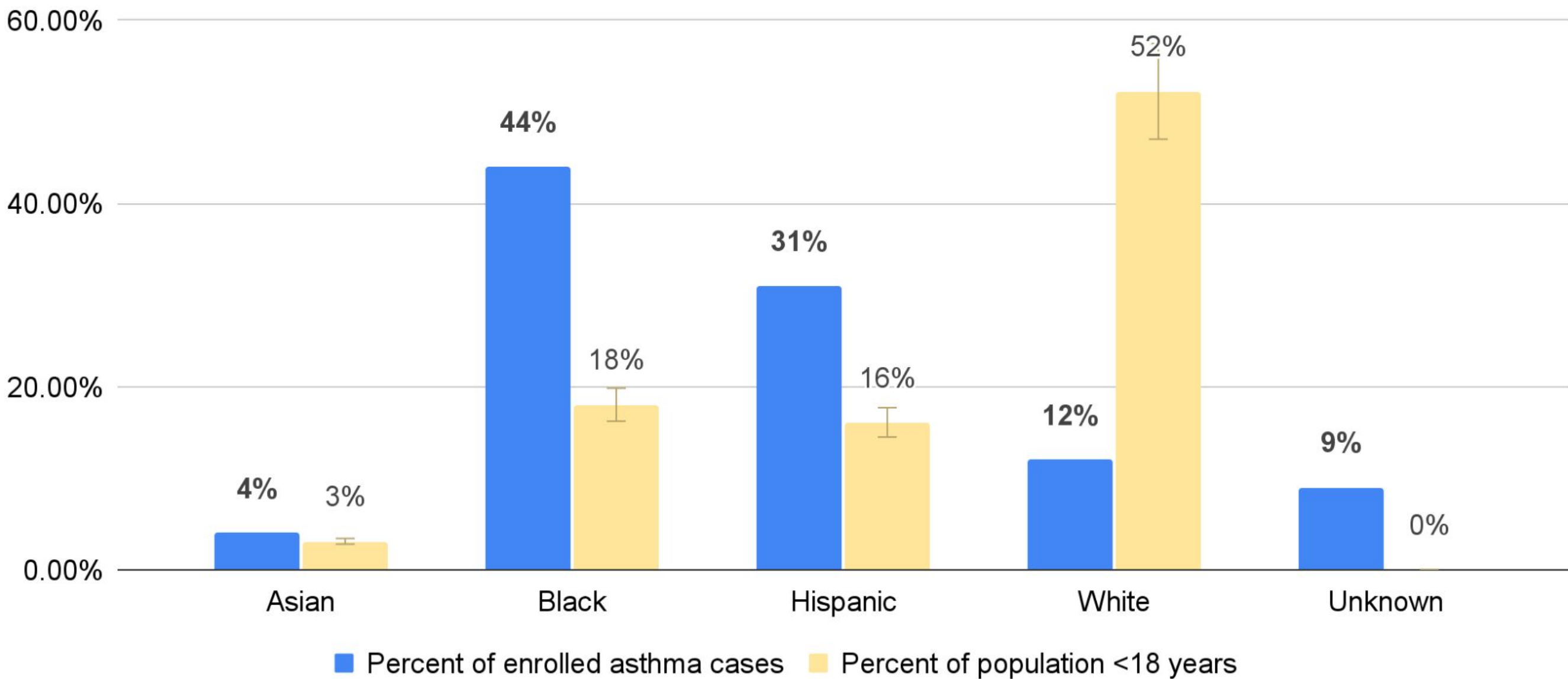
Pediatric (0-17 years) Asthma Emergency Room Visits per 10,000 Population by ZIP Code, Anne Arundel County, 2020-2024



Family Health

Asthma

Percent of Pediatric Asthma Program Enrollment by Race and Ethnicity, Anne Arundel County, February 2023 - September 2025



Family Health

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.



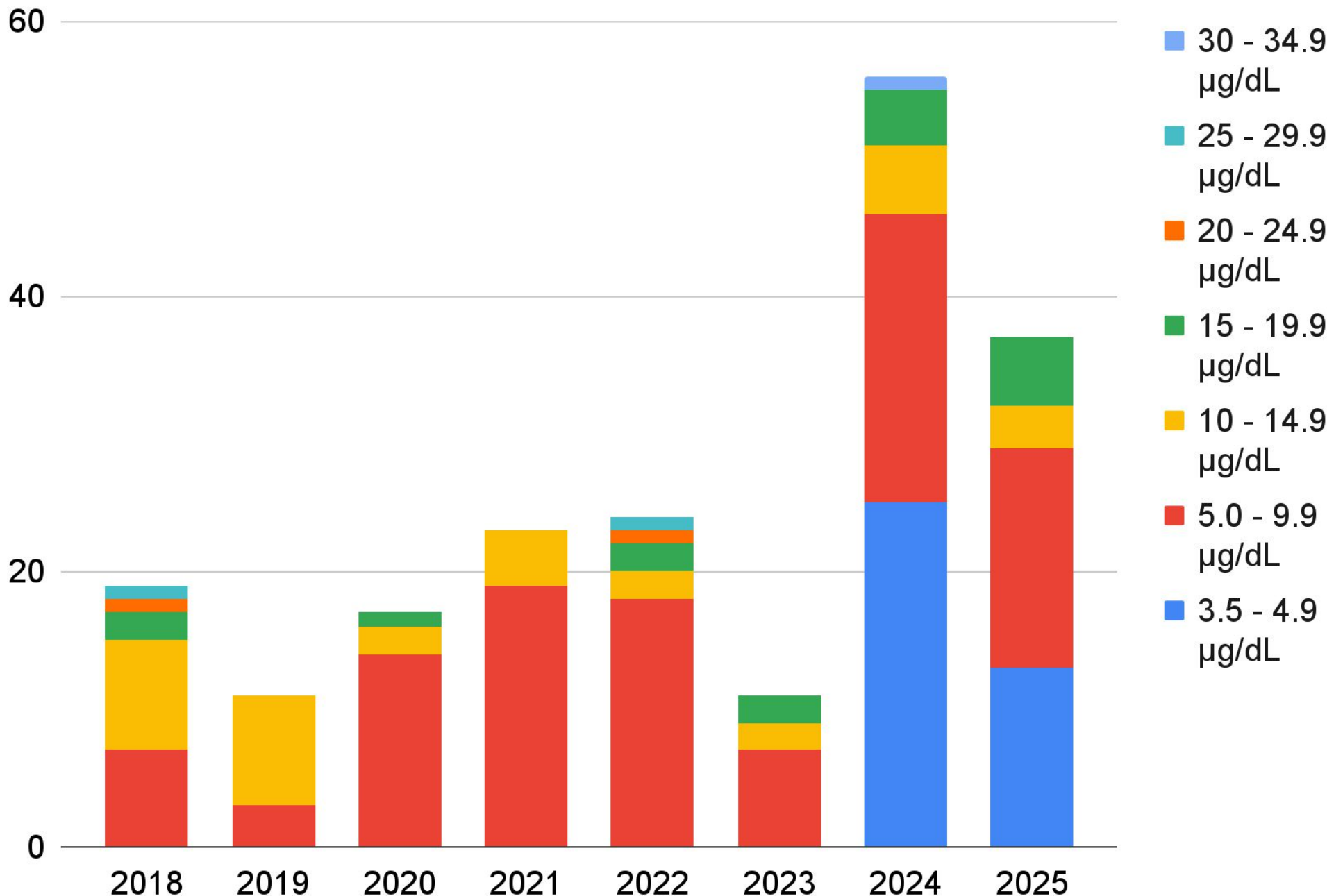
Lead Point of Care Field Testing pilot program to begin in partnership with Green and Healthy Home initiative. The goal is to provide testing resources to households that have low testing rates.



60 new Lead cases in FY25.

Family Health

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



Common confirmed sources of lead exposure include:

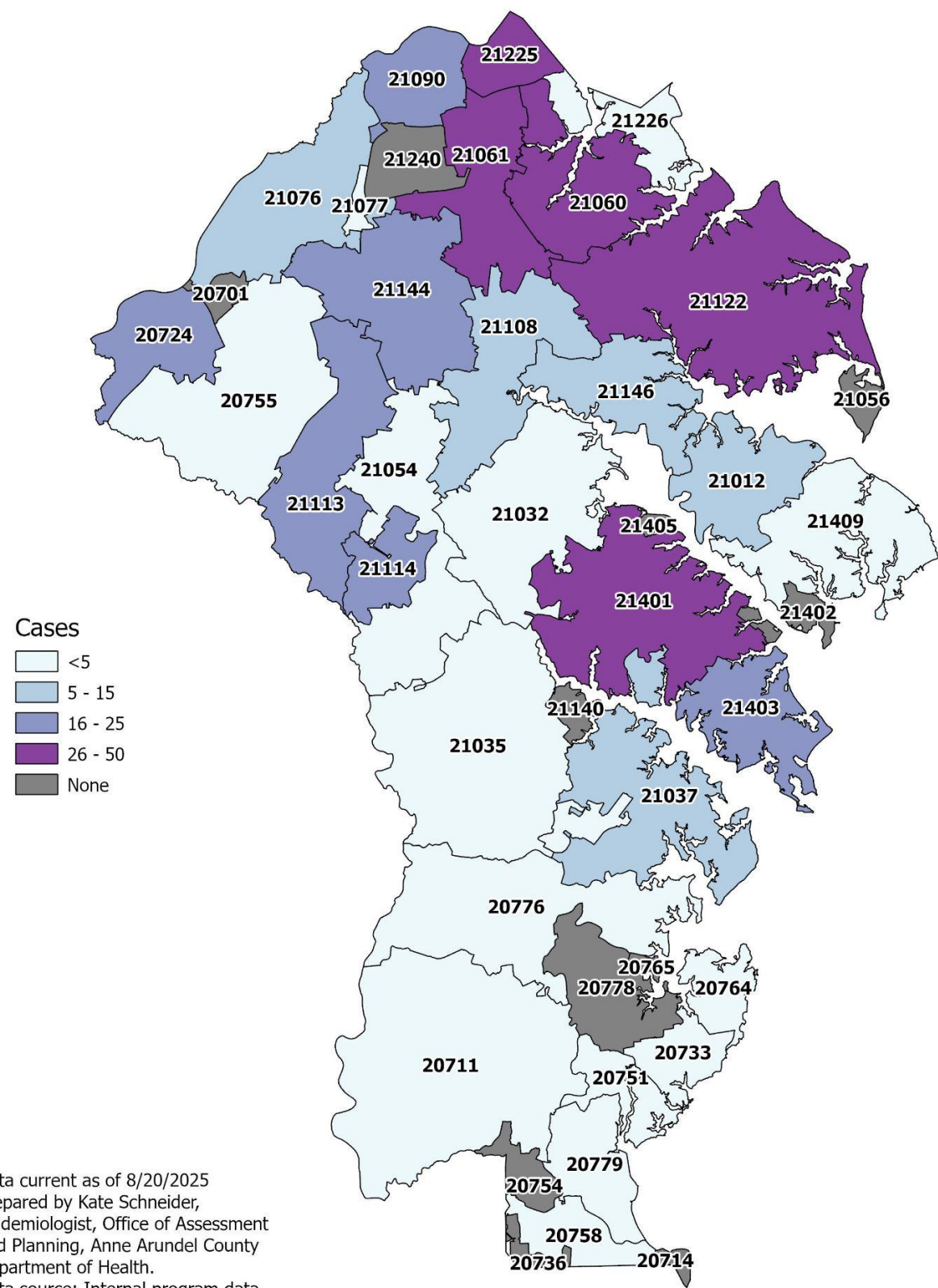
- parent occupation/hobby (primarily construction, welding and fishing)
- international spices
- deteriorating housing built pre-1978

Unique confirmed sources of lead exposure include:

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

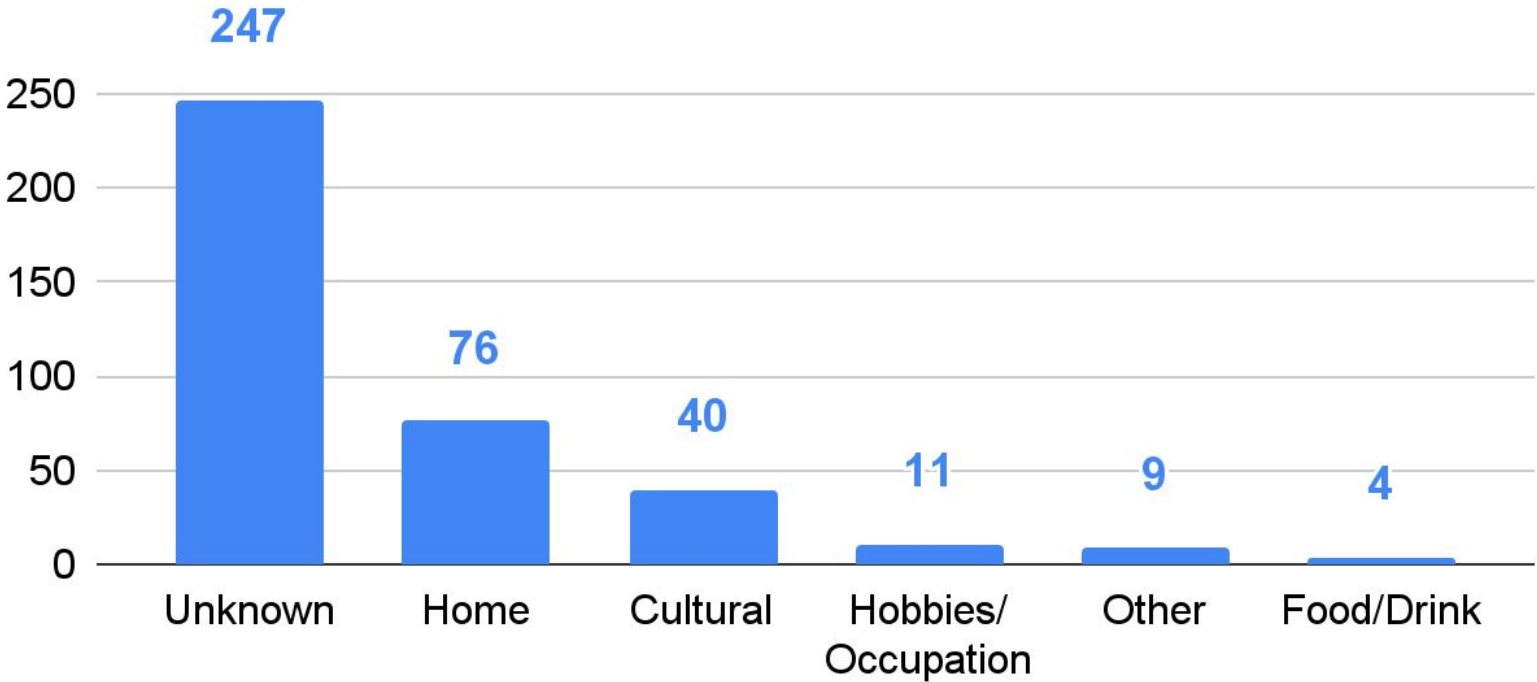
Note: In January 2024, serum lead levels in Maryland indicative of lead poisoning were decreased from 5 to 3.5µg/dL to match federal thresholds.

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

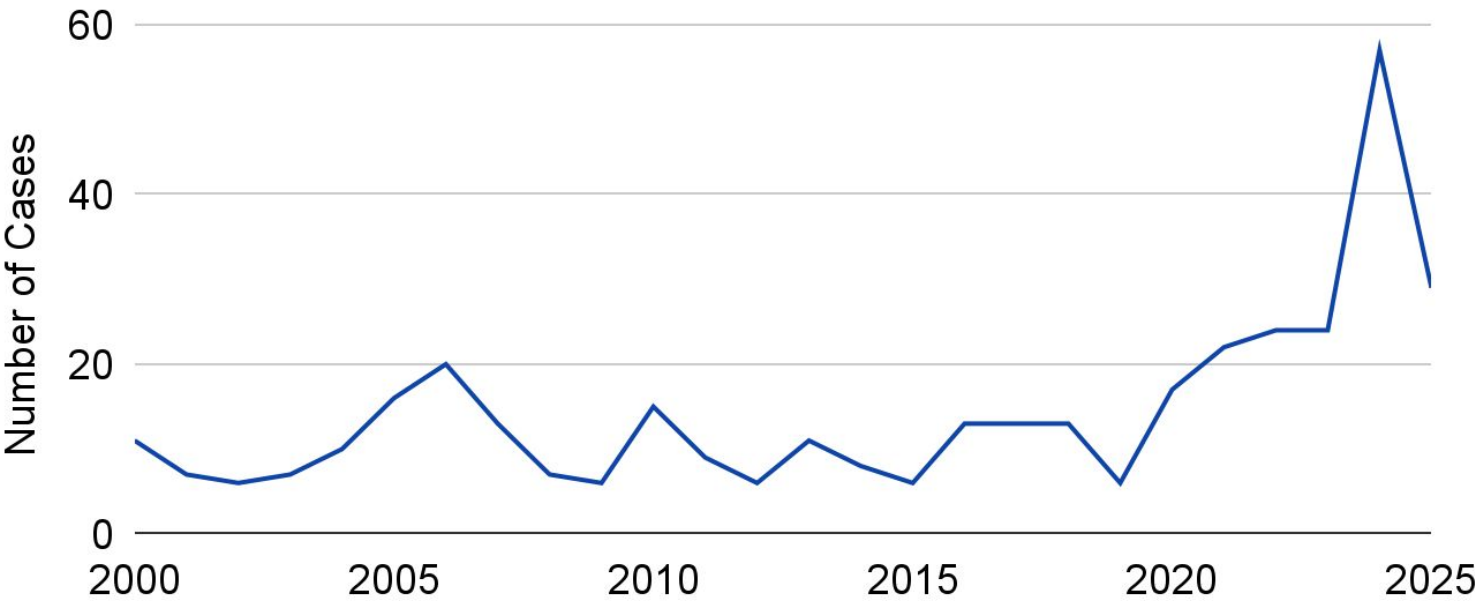


Data current as of 8/20/2025
Prepared by Kate Schneider,
Epidemiologist, Office of Assessment
and Planning, Anne Arundel County
Department of Health.
Data source: Internal program data

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 - 2025 YTD



Family Health Dental Services

During FY 2025, the Dental Clinic has served:



2465 Children



326 Adults



227 Oral Cancer Screenings



73 Emergencies



76 Maternity Clients



329 Children Referred for Follow-up Care

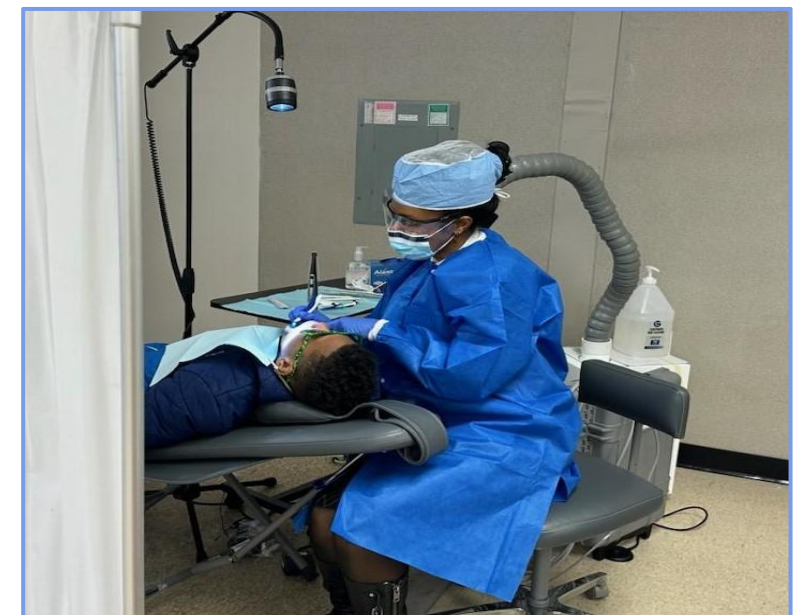


Family Health

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, **560** AACPS children have been treated during this academic year, and **921** 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 **295** 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 June 30, 2025, REACH coordinated care for **1,412** enrolled members for the following services:

- Primary Care Adult: **1335**
- Primary Care Pediatric: **109**
- Specialist: **591**
- Emergency Room Visits: **93**
- Inpatient Hospitalizations: **54**
- Outpatient Procedures: **550**

As a result of new Medicaid regulations, the eligibility of the 24,100 Affordable Care Act Adult Expansion clients and the 535 Healthy Babies Equity Act recipients is in question. They stand to lose coverage. This will result in greater need to expand the REACH program to serve more clients.



Family Health

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 the Code of Maryland Regulations (COMAR) regulations and high-quality care.

During FY 2025,

- AERS completed a total of **1,556** assessments. Of these:
 - **75** were pediatric clients
 - **41** were Pre-Admission Screening and Resident Review clients (hospital to nursing home with Intellectual Disability/Severe Mental Illness)
- NMS served **771** patients, excluding those who passed away and participants who are disenrolled.
- Revenue generated from Medical Assistance (MA), non-MA and other assessments: **\$1,258,540**

Family Health

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 **5,768** individual participants.
- Locations where services are provided daily:
 - Annapolis Health Services Building
 - North County Health Services Building

MarylandWIC

Better Nutrition Brighter Future



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

Call for more information
1-800-242-4942
www.mdwic.org

Family Health

Medical Assistance (MA) Eligibility

- Health insurance program for Maryland residents with qualifying income.
- At the end of FY25, there were 106,152 residents of Anne Arundel County receiving MA benefits.
- The number of residents enrolled in Medicaid decreased by 4,795 in the past 12 months.
There were 110,947 recipients as of June 30, 2024.
- In FY25, Medical Assistance Eligibility Program completed:
 - 14,985 verifications
 - 4,675 new Medicaid applications and renewals
 - A total of **8,811** county residents visited one of the two Health Care Enrollment Center locations in Anne Arundel County.
 - 1,127 applicants were assisted by phone.
 - 1,079 pregnant recipients applied for full Medicaid coverage
- As of July 1, 2025, telephone applications are no longer available; All enrollment services must be done in person.

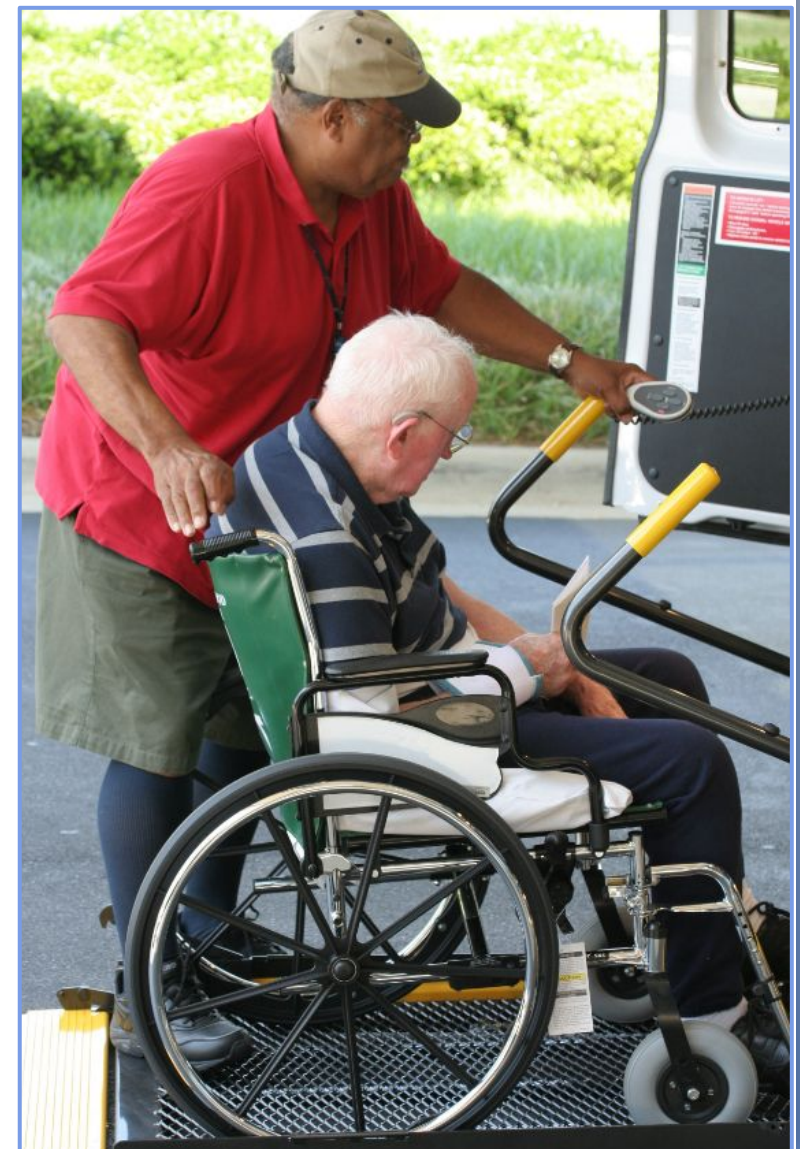
Family Health

Administrative Care Coordination Program

- Educates and helps MA recipients to navigate the Medical Assistance system
- Received **1,785** referrals in FY25
- Received **1,151** prenatal risk assessments
- Responded to more than **9,212** telephone calls, emails and texts
- Assisted **532** Spanish-speaking clients

Medical Assistance Transportation (MAT)

- MAT provides non-emergency transportation to Medicaid covered medical services.
- During FY25:
 - **36,142** clients screened and scheduled for transportation
 - **1,179** of the clients were new to MAT
 - Provided **34,131** rides to medically necessary appointments
 - **591** of these were adult clients who needed transportation to access psychiatric services



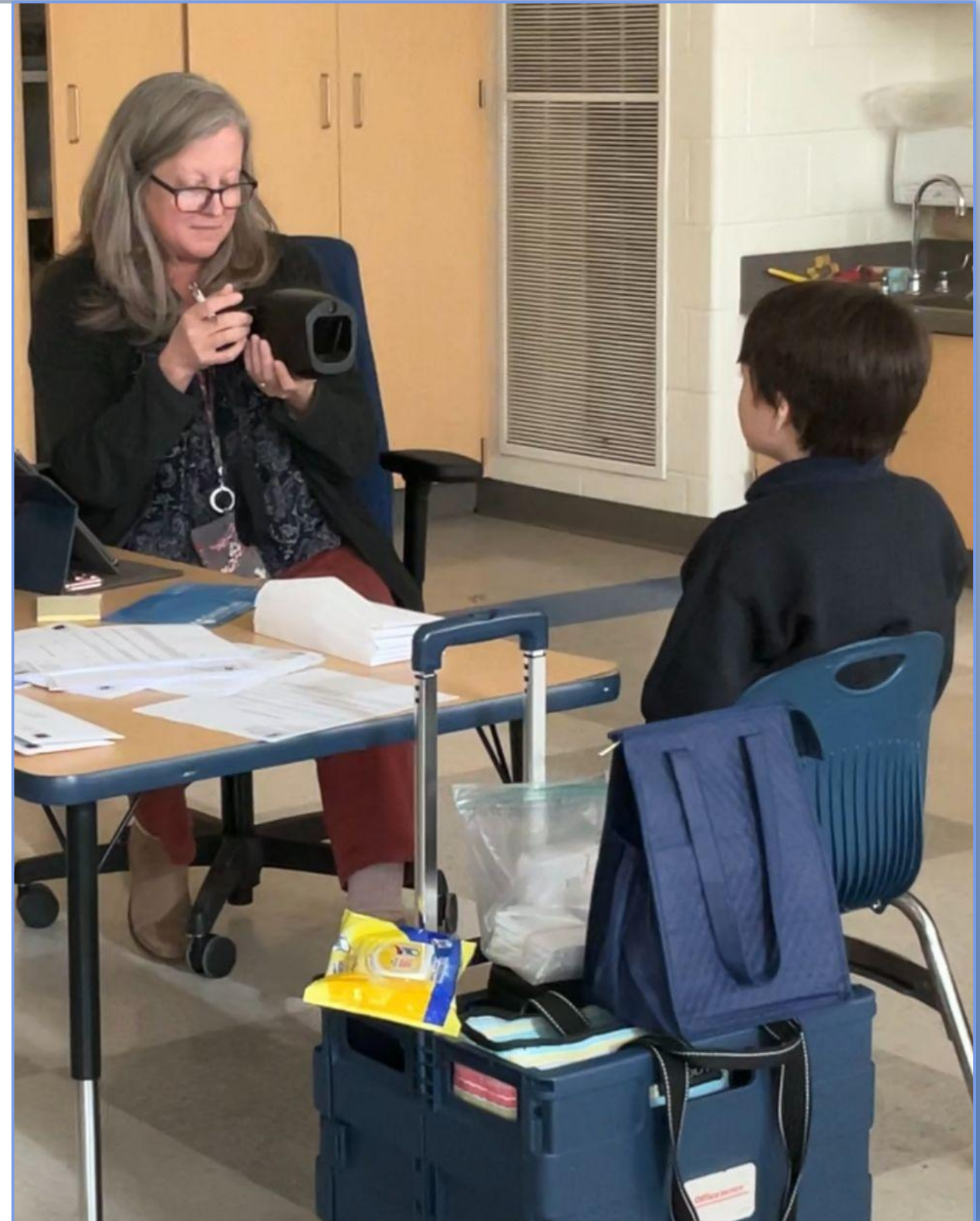
School Health

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 YTD Summary of Health Room Totals By Month

August 2024 - June 2025



624,814

Total Number of Health Room Visits



23,910

Student-Parent and AACPS Staff Conferences



164,481

Medication Administration



41,805

Provided Health Education



111,124

Treatments Performed



186

Home Visits



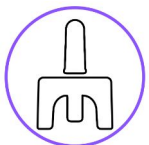
11,659

Crisis Intervention



2,159

Referral for Health Care Resources



3

Narcan



532

Emergency Medical Services (EMS)

School Health

Screening Teens to Access Recovery (STAR)

The STAR Program allows school health nurses to connect middle school and high school students to a tele-session with a licensed mental health therapist to screen for substance use disorders.

Sessions take place through a secure portal to ensure privacy.

**The STAR program is now in every AACPS Middle and High School
(Students 12 years and older)**

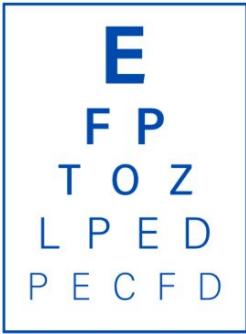
So far the program has screened:

- High School Students = 49
- Middle School Students = 17

66 public school students have accessed the STAR program.

School Health

Vision to Learn
2024-2025 School Year



4,874 Students Screened



517 Students received glasses



School Health

Vision to Learn Program Expansion

2025 - 2026 School Year Schools

- Annapolis Elementary School*
- Belle Grove Elementary School*
- Brock Bridge Elementary School
- Brooklyn Park Elementary School*
- Brooklyn Park Middle School
- Eastport Elementary School
- Freetown Elementary School
- George Cromwell Elementary School
- Georgetown East Elementary School*
- Germantown Elementary School*
- Glen Burnie Elementary School
- Hebron Harman Elementary School
- Hilltop Elementary School
- Marley Middle School
- Maryland City Elementary School*
- Meade Middle School*
- Mills Parole Elementary School*
- Moss-Adams Academy
- North County High School
- Park Elementary School*
- Phoenix Academy
- Richard Lee Elementary School
- Rippling Woods Elementary School
- Tracey's Elementary School
- Tyler Heights Elementary School*
- Van Bokkelen Elementary School*

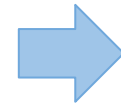
***Expanded this school year**

School Health Telehealth

2023-2024

Pilot

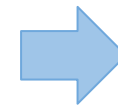
Tyler Heights
Elementary School



2024-2025

Launched

- Van Bokkelen ES
- Maryland City ES
- Belle Grove ES
- North Glen ES
- Germantown ES
- Mills Parole ES



2025-2026

Projected to Launch

- Georgetown ES
- Marley MS
- Park MS



ANNE ARUNDEL COUNTY PUBLIC SCHOOLS
Belong. Grow. Succeed.

 **Total Health Care**



School Health

Pediatric Mobile Health Clinic - 2025

Tyler Heights Elementary School

Physicals Well Child Visits/Vaccinations



First and Third Tuesdays
June - September
12:00 p.m. - 5:00 p.m.

- Consent required
- Parent/guardian must be present
- Student must be Total Health Care patient
- No insurance needed
- Sliding fee scale



School Health

New Discretionary Medication Program

This year, Acetaminophen is available to any **middle and high school** student. This medication is only intended for **occasional** usage to treat minor discomfort.

Anne Arundel County School Health Services Discretionary Medication Consent Form For Middle/High Schools		2025-26
Name of Student: _____ (Last) (First)		DOB: ____/____/____
Name of School: _____		Grade: _____
Medical/Health Problems: My child is followed by a health care provider for (Check all that apply):		
☐ Asthma ☐ Diabetes ☐ Migraines ☐ Seizures ☐ ADD/ADHD		
☐ Other: (Please list) _____		
List all medications your child receives: _____ _____		
List Allergies (food/medication/seasonal) _____		
Does your child have any health problem preventing them from full participation in school or physical activity?		
☐ No ☐ Yes Describe: _____		
Discretionary Medication		
☐ Acetaminophen 650 mg/dose (like Tylenol ®) for pain, headache, fever, menstrual cramps		
In order for my child to receive discretionary medication in school, I agree to the following:		
- No more than two (2) consecutive doses of this medicine will be given to my child. - If the medication is given for a temperature greater than 100 °F, I understand my child will need to be picked up from school even if temperature decreases. - This medication is for occasional use only. If my child needs a discretionary medication on a regular basis, I will need to provide a Parent's Request to Administer Medication at School form completed by a health care provider and the medication. - Previous dose of the requested medication has been given without problems.		
<i>I certify that I have legal authority to consent to medical treatment for the student named above, including administration of medication at school. Having read the above conditions, I request Anne Arundel County School Health Services Personnel to administer the discretionary medication checked above. I understand that the medication checked above will be administered by the School Health personnel in accordance with established protocols developed by the Deputy Health Officer, Public Health. I understand that generic equivalents of medication may be used.</i>		
_____ Parent/Guardian Signature		_____ Date
_____ Parent/Guardian Signature		_____ Date
_____ Phone number		_____ Phone number

Anne Arundel County School Health Services
Discretionary Medication Program

Dear Parent or Guardian,

On the reverse side of this letter is a Discretionary Medication Consent Form. Signing this consent form gives your permission for School Health staff to give Acetaminophen (Tylenol) medication to your child during the school day. The Discretionary Medication Program is intended to give students access to Acetaminophen (Tylenol) medication to alleviate minor discomforts and to prevent unnecessary early dismissals from school. This medication is approved by the Deputy Health Officer of the Anne Arundel County Department of Health.

Your consent must be obtained before any medication is given to your child. Only the School Health staff may administer Acetaminophen (Tylenol) medication in accordance with established protocols. Please complete the consent form and return it to the school nurse.

Approved discretionary medication are intended for occasional use only. If your child requires Acetaminophen (Tylenol) medication on a regular basis, you must obtain a written order from your health care provider and supply the medication.

If you have any questions or would like further information, please contact your school nurse.

Sincerely,

Karen Siska-Creel MSN RN
Director
School Health Services
Anne Arundel County Department of Health

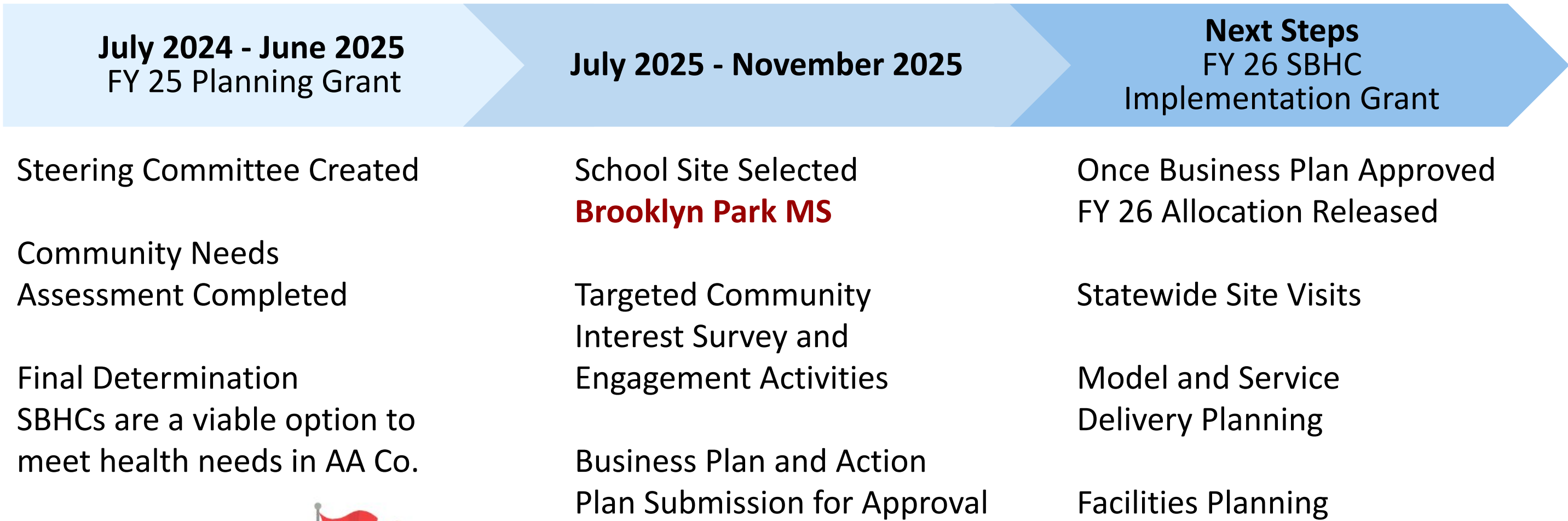
Dr. Olawafunmilola T Bada MD FAOG
Deputy Health Officer,
Public Health
Anne Arundel County Department of Health



Acetaminophen is only available to students who has a signed parent consent form on file.

School Health

School-Based Health Centers (SBHC)



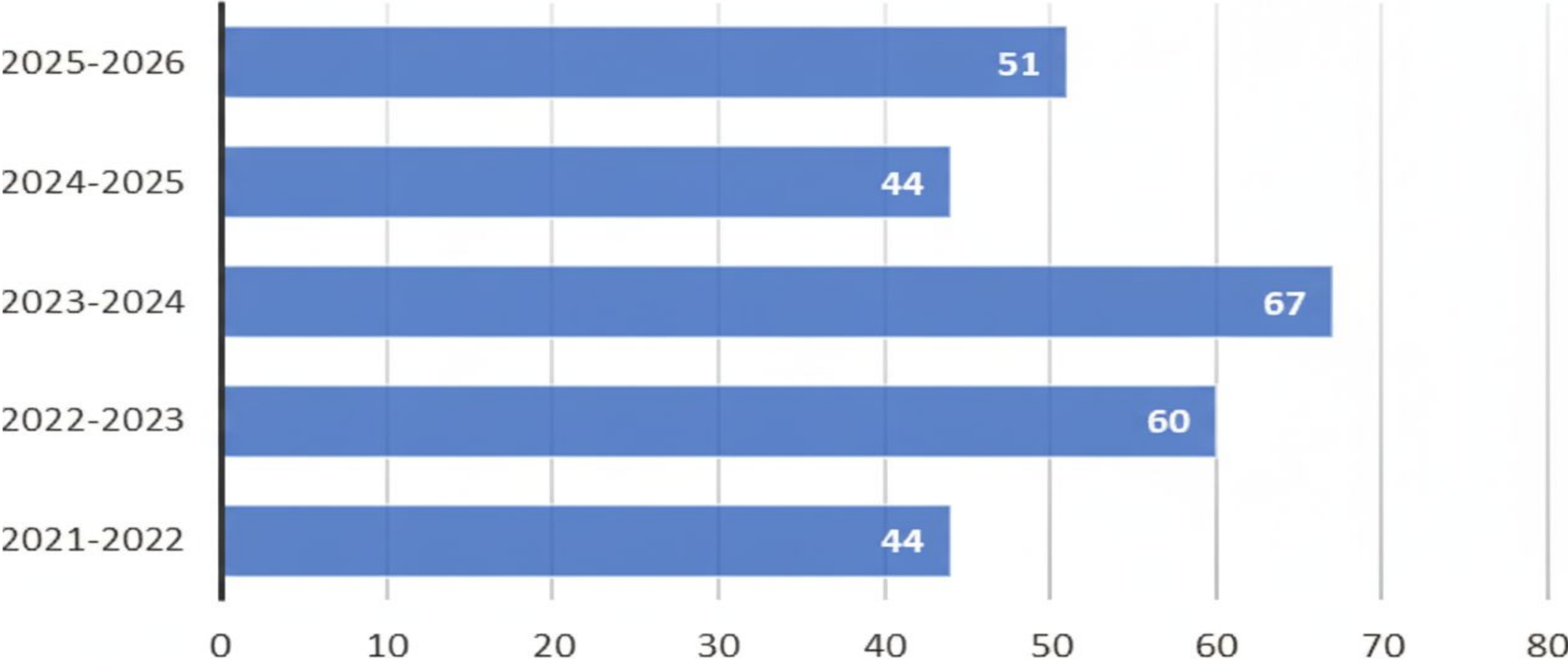
Note: Anne Arundel County has been awarded the FY26 \$100,000 allocation for SBHC Implementation

School Health

Turnover Data

Number of Resignations Received

Turnover Data July-August



Environmental Health

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



Environmental Health

Food Protection Services

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

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

Inspections

- **5,092** inspections at more than 3,100 licensed food service facilities
- **2,973** routine inspections on permanent food service facilities [53% of the Code of Maryland Regulations (COMAR) 10.15.03 mandate]
- **726** reinspections on permanent food service facilities to ensure correction of critical item violations or numerous minor violations cited
- **826** complaint investigations and inspections for licensed and illegally operating food service facilities
- **230** routine inspections and reinspections on mobile and temporary food service facilities
- **337** pre-opening/opening inspections for new and remodeled facilities



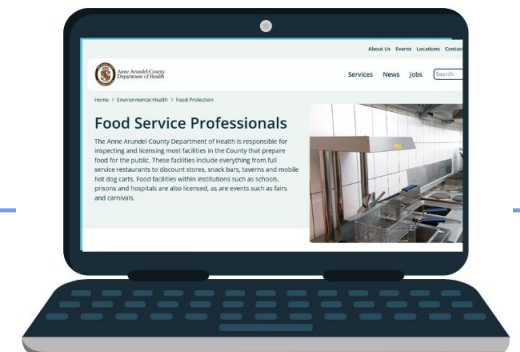
Environmental Health

Food Protection Services

Now using 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



Environmental Health

Oral Rabies Vaccine (ORV) Program

This program is happening until the end of October 2025.
So far in 2025, the county has had two rabid raccoon.

Baiting for the 2025 ORV campaign:

- 90,720 vaccines to be distributed by air and ground
- AA Co. Police helicopter is utilized to distribute vaccines by air
- AA Co. 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

In response to constituent feedback, we increased communications this year to alert residents through:



Emails Blasts



Connected TV Ads



Targeted Ads on Streaming



Audio Streaming



Digital Displays



Increased Social Media



Environmental Health

Rodent Control Program



Rodent Control Expansion

Nighborhoods 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

- **6,431** properties were selected to be surveyed from June - October for the 2025 season
- **659** free pesticide services completed so far
- **4,783** property assessments have been performed
- **871** violations were found and investigated



New Education Outreach

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



Environmental Health Rodent Survey Mapping

Tracking complaints while integrating data with a Geographic Information System creates detailed maps that visualize complaint density, environmental risk factors and existing control measures.

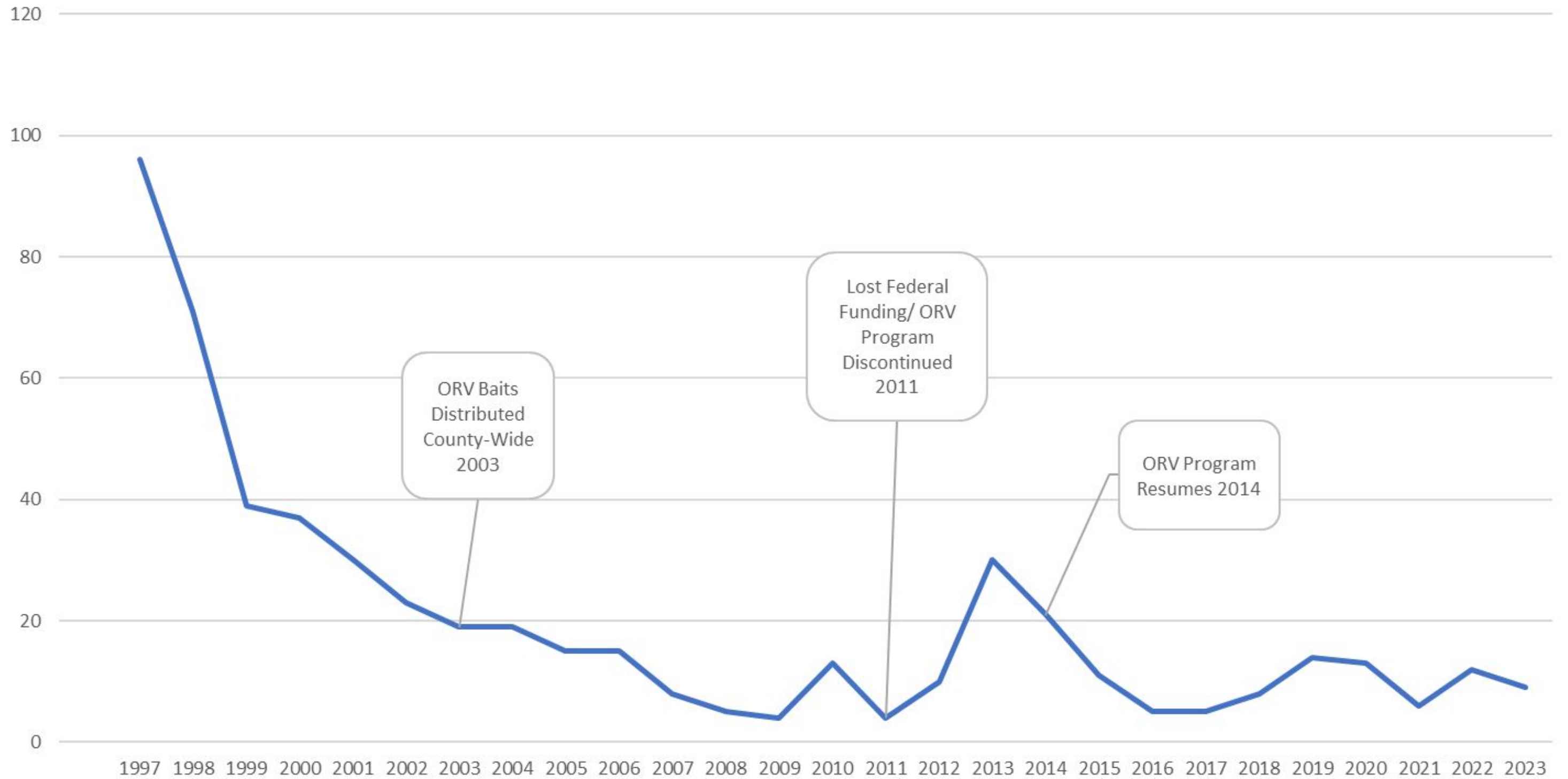
This combined approach:

- creates more strategic resource allocation
- allows targeted interventions
- focuses efforts where they are needed
- allows staff to prioritize areas with high rodent activity



Terrestrial Animal Rabies

Anne Arundel Co., 1997-2023



Environmental Health

Beaches Program

- Environmental Health samples 84 community beaches from Memorial Day - Labor Day.
- If samples show an exceedance of the Environmental Protection Agency (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.



Environmental Health

Water Wells and On-site Sewage Disposal Systems

- Over 48,000 properties are served by private water wells and over 41,000 by on-site disposal systems.
- 452 permits were issued from July 1, 2024 to June 30, 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.
- 357 applications to construct on-site disposal systems were approved from July 1, 2024 to June 30, 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.



Environmental Health

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 the Code of Maryland Regulations (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
- Mid to late summer of 2025 has been dry with limited rainfall which has groundwater levels low again. Hopefully the fall and winter will help with a recharge



Environmental Health

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
 - 157 BAT (Best Available Technology) installations





Thank You!



AAHealth.org

Improving Health Together

