
Frederick County Local Health Improvement Plan 2016-2019



March 2017

Frederick County Local Improvement Plan 2016-2019

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Health Improvement Process

What is a Health Improvement Plan?

The process for local health improvement follows a circular path that starts with gathering data on the status of the community's health, followed by convening community members to review the data assessment, and then developing priorities for local health improvement and carrying out strategies to address the priorities for local health improvement.

A local health improvement plan (LHIP) is a document that provides a framework and consensus-based recommendations for improving the health of the residents of a local community. It presents a road map for how to achieve optimal health for all. A positive health status provides the foundation for success in health and business. It's a building block for a healthy economy. It also provides a framework for **accountability**, **local action**, and **public engagement** to advance the health of Frederick County residents.

How was the Frederick County Local Health Improvement Plan developed?

This process began with the completion of the [2016 Community Health Assessment](#) in June 2016. In July and August 2016, the Frederick County Health Department held community meetings throughout the county in the evenings and on Saturdays to provide an overview of the data. This also allowed community members to share their thoughts on health priorities.

A Priority Planning Summit was held on September 13, 2016 to establish the priorities for local health improvement. The Priority Setting Summit was sponsored by Frederick Memorial Hospital, Frederick County Health Department, and the Frederick County Health Care Coalition. Over 100 members of the Frederick community, including elected officials, non-profits, county agencies, healthcare, and community members, came together to review the 2016 Community Health Assessment and other relevant data. Attendees participated in group brainstorming of potential priorities and then individual voting for the top priorities.

How were the Priorities for Improvement Selected for Frederick County?

During the July and August community meetings, all community meeting attendees were permitted to vote for their top three health priorities. During the Priority Planning Summit, attendees participated in affinity brainstorming of potential priorities and then individual voting for the top priorities. Votes from the July and August community meetings were added in to the final votes.

What is contained in the Frederick County Local Health Improvement Plan (LHIP)?

The top three priorities which received the most votes are:

- Adverse Childhood Experiences (ACEs)
- Behavioral Health
- Senior Support

The Frederick Health Improvement Plan sets Frederick-specific objectives for improving the health of Frederick County residents in these three identified priority areas. Work groups were established for each of the priority areas and have set specific goals and objectives to address the issues of the priority.

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Progress made by work groups will be reported out to the community at least on an annual basis, and information and action plans are publically available on the [FCHD LHIP website](#).

What is the relationship of the LHIP to the Maryland State Health Improvement Plan (SHIP)?

The [Maryland State Health Improvement Process](#) (SHIP) seeks to provide a framework for accountability, local action, and public engagement to advance the health of Maryland residents. The SHIP measures represent what it means for Maryland to be healthy. This is illustrated through a dashboard that captures data for 39 health-related measures. The focus areas of SHIP include: Health Beginnings, Health Living, Health Communities, Access to Health Care and Quality Preventative Care. These areas are included in the Community Health Assessment where applicable, and the goals may be taken into consideration if there is an appropriate state goal for a priority area of interest.

What is the relationship of the LHIP to Healthy People 2020?

Healthy People 2020 provides science-based, 10-year national objectives for improving the health of all Americans. For three decades, Healthy People has established benchmarks and monitored progress over time in order to encourage collaborations across sectors; guide individuals toward making informed health decisions; and measure the impact of prevention activities. The Frederick County Local Health Improvement Plan focuses on a small subset of the CDC's Healthy People 2020 objectives so that (1) we can focus on factors that are most critical to health equity and improving the health of all Frederick County residents, (2) and we can measure our success and improve our leadership if our plans aren't meeting our goals.

How will the Frederick County Local Health Improvement Plan be used?

Everyone is encouraged to participate in improving the health of Frederick's residents. Achieving the goals and objectives outlined in the LHIP will require the combined efforts of organizations, families and individuals. The list below covers some of the opportunities for using the Frederick Health Improvement Plan:

- **Health-related organizations** are encouraged to use this document in developing organizational plans, developing priorities, and identifying opportunities for collaboration.
- **Faith communities, community-based organizations, and business** can use this document to guide health promotion activities, special events, and publications.
- **School and academic institutions** can use this document to assist in health promotion curricula and activities for student.
- **State and local government** representatives can use this document as a reference to identify areas for collaboration.
- **Local communities** can use this document to assist them in their health objective setting processes.
- **Families and individuals** can use this document to set personal goals for health improvement.

What's next for the local health improvement process?

This third Local Health Improvement Plan follows a successful round of data review, community discussions and prioritizing, stakeholder engagement throughout the process, and performance evaluation that was part of the local health improvement process initiated in 2011. Each priority for local health improvement is the focus of a Work Group comprised of community stakeholders. Each Work Group will meet periodically throughout the year to review progress made and plans for future

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actions. The engaged parties that have committed to carrying out the key action steps can be found on the Frederick County Local Health Improvement Plan website, <https://md-frederickcountyhealth.civicplus.com/315/Local-Health-Improvement-Process>. Work group action plans will be revised as new information becomes available and will be updated on the [LHIP website](#).

In order to maintain public involvement and keep work groups on task, quarterly public meetings will be held. These public meetings will give groups the opportunity to provide updates on their progress, for the community to provide feedback, and for work groups to give longer presentations to the community as appropriate. Information about public meetings will be sent out as press releases to the community and will be posted on the [FCHD calendar](#) and the [LHIP website](#).

Resources

Members of the work groups bring the full potential of their personal and professional contacts and resources to the process. Additionally, the 2016 Community Health Assessment provided information on local resources and current services in the community working to meet the needs. Frederick County is also fortunate to maintain a [Resource Guide](#) that is available both for the community as a whole, as well as for the work groups to tap into.

As the work groups accomplish their objectives and actions, it is anticipated that they will create new resources for the community, and that they will work with existing and new connections to make the community aware of their new resources.

Priorities for Action

ADVERSE CHILDHOOD EXPERIENCES (ACES) WORKGROUP

Vision: Stable, Nurturing and Safe Environments: When communities are stable, families are nurturing and children are safe.

For most current version and status of completion, go to <https://md-frederickcountyhealth.civicplus.com/DocumentCenter/View/2864>

Goal 1: All Frederick County residents receive evidence-based preventive and continuing education for raising healthy children in safe, stable, nurturing environments.

Objective 1.1: Define safe, stable, nurturing environments across all socioeconomic and cultural groups in Frederick County.

Action Steps

- 1.1.1** Research health, medical, social, social justice literature to find a definition safe, stable, nurturing environment. a. Research definitions via CDC and Children's Bureau.
- 1.1.2** University of MD will survey Fred Co. parents of preschoolers (with an eye toward ACEs) – results by fall. (shared by Carrie)
- 1.1.3** Embed adopted definition in outreach about our plans.

Objective 1.2: Identify evidence-based preventive and continuing education for parents that supports raising children in safe, stable, nurturing environments.

Action Steps

- 1.2.1** Define evidence-based programs.
- 1.2.2** Research evidence-based programs
- 1.2.3** Synthesize information and themes
- 1.2.4** Share to create common understanding. – How to reach out to informal childcare providers?

Objective 1.3: Assess Frederick County supportive parenting assets to identify gaps and look to expand or complement services.

Action Steps

- 1.3.1** Create asset map of local evidence-based programs. Ideas: FCPL (early literacy spaces), Zero to Three, Developmental Assets (Search Institute), Family Partnership, Healthy Families Frederick, Love and Logic (faith based programs – Calvary Assembly), Parent Cafes
- 1.3.2** Identify communities where adverse childhood events have a higher frequency by zip code, census tract, or hospital discharge information
- 1.3.3** Conduct focus groups and survey of parents to identify gaps. Be sure to capture parent input on stressors and needs across the lifespan of parenting. Survey parents about their supportive parenting assets.
- 1.3.4** Collect current healthy homes publications or resources available to public and determine language deficiency (including illiteracy) among currently available information

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ADVERSE CHILDHOOD EXPERIENCES (ACES) WORKGROUP cont'd

Objective 1.4: Create and/or adapt evidence-based education programs for Frederick County

Action Steps/Interventions

- 1.4.1** Present possible adaptations for Frederick County based on asset gaps and specific Frederick County demographic data to build support among key stakeholders.
- 1.4.2** Look for possible owners, leaders, entrepreneurs and institutions to carry the torch for specific projects.
- 1.4.3** Use a multimedia culturally literate approach to education.

Goal 2: An equitable community-wide system of trauma-informed care provides accessible evidence-based treatments from trained, knowledgeable and culturally literate specialists in adequate supply.

Objective 2.1: Identify the trauma informed care evidence-based practice interventions for those exposed to Adverse Childhood Experiences

Action Steps

- 2.1.1** Identify sources of credible Information through literature review.

Objective 2.2: Identify existing trauma informed intervention and treatment services in Frederick County.

Action Steps

- 2.2.1** Develop a county-wide survey. Final Draft completed. Entering into survey tool.
- 2.2.2** Identify key stakeholders to support dissemination. Started, needs final review
- 2.2.3** Distribute a county-wide survey

Objective 2.3: Create recommendations that address the gaps in trauma informed intervention and treatment services.

Action Steps

- 2.3.1** Complete a gap analysis inclusive of: - Treatment modalities, treatment providers, training, barriers to implementation, special populations.
- 2.3.2** Use Gap analysis to guide the development and implementation of training, resources, and programs/services.
- 2.3.3** Ensure mechanisms for maintaining public access to content updates.

Objective 2.4: Educate direct care providers about evidence-based practices and referral sources for those exposed to Adverse Childhood Experiences.

Action Steps

- 2.4.1** Identify resources to support training targeted to a variety of disciplines to assist them in making appropriate referrals.
- 2.4.2** Identify resources to support training targeted to those providing treatment.

Objective 2.5: Expand access to qualified clinicians that provide trauma informed evidence based treatment.

Action Steps

- 2.5.1** Address Identified barriers to expand access

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BEHAVIORAL HEALTH WORKGROUP

For most current version and status of completion, go to

<http://health.frederickcountymd.gov/DocumentCenter/View/1832>

Vision – Frederick County residents across the lifespan and regardless of socio-economic status will demonstrate improved behavioral health by reporting better mental health and a reduction in substance abuse resulting from reduced stigma that is a barrier to care.

Goal 1: Access to Care: Goal: To ensure a continuum of services exists to meet the behavioral health needs of Frederick County Residents.

Objective 1.1: By March 2018: Identify and track wait lists for 5 Behavioral Health providers

Objective 1.2: By 2018: Increase by 10% the # of lay health educators at FMH who are trained on crisis services available in Frederick County.

Objective 1.3: By 2019: Enhance the continuum of existing crisis services in Frederick County by increasing available hours for mobile and walk-in services by at least 10% and increase crisis beds by 50%

Goal 2: Behavioral Health Education: Goal : To expand community awareness about existing mental health and substance misuse disorders treatment resources in Frederick County while in parallel reducing stigma associated with having mental health and substance misuse disorder issues.

Objective 2.1: 1) By June 2017: Include a link to a PDF for the MHA resource booklet on at least 25% of governmental, school, law enforcement, non-profit, and allied web pages. 2) By June, 2017: Adjacent to the link to the PDF, provide references to 211, the Maryland Crisis Hotline, and the National Suicide Prevention Lifeline that residents can use if a mental health or substance misuse disorder event occurs.

Objective 2.2: By December 2017: Using the MHA Resource Guide as content, create a searchable online database of mental health resources that is subsequently linked to by at least 25% of governmental, school, law enforcement, non-profit, and allied web pages.

Objective 2.3: By June 2018: In parallel with the creation of these above resources, begin a public education campaign to upgrade community language about perceptions of and responses to people who are experiencing mental health and substance misuse disorder issues, so that by this date 25% of designated Frederick County and City elected officials, health care professionals and County employees have been through a formal training; the information has been presented to at least 10 private companies' Human Resources departments; a radio PSA on this has been aired on local radio stations at least 50 times; an article has appeared on this topic in the FNP; and an piece on this has been broadcast on television station WHAG.

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BEHAVIORAL HEALTH WORKGROUP cont'd

Goal 3: 24 Hour Detox Facility-Goal: To establish a facility for residents of Frederick County who are in crisis, and unable take the next necessary steps in the process of recovery from substance use disorder.

Objective 3.1: By May 2017: Research and Identify Regulatory Requirements and Maryland Legislative requirements for Inpatient Detox Facilities in Maryland.

Objective 3.3: By September 2017: Research and Identify current Inpatient Detox facility models in State of MD and surrounding states.

Objective 3.3: By May 2017: Research and Identify Access of Care and Step Down Programs available in Frederick County.

Objective 3.4: By Dec 2019: Design a program model and identify and create a facility.

Actions - Gather data on current services and regulations

- Access and evaluate surveys and questionnaires already performed
- Determine if existing programs can be combined to increase efficiency and attain goal
- Access pertinent information from LHIP other groups
- Define mismatch between available services and need
- Develop approach to gathering and analyzing defined metrics
- Perform relevant site visits

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SENIOR WORKGROUP

For most current version and status of completion, go to <http://health.frederickcountymd.gov/DocumentCenter/View/1865>.

Goal 1: Senior Citizens of Frederick County have access to affordable transportation for necessities (health provider visits, grocery shopping, personal care, etc.) and socialization (visiting family, church, bingo, theater, museum, college classes, etc.).

Objective 1.1: Identify Senior demographic data by county geographic area.

Objective 1.2: Identify current public, private and nonprofit transportation available to Seniors by geographic area.

Objective 1.3: Identify grant writing resources and pursue grants for cost effective improvements to Senior Transportation options.

Objective 1.4: Examine alternative public transportation service models for seniors (including public/private) partnerships.

Objective 1.5: Recommend proposed changes to County government and other agencies based on completed analysis of options.

Objective 1.6: Advocate for proposed changes, partner with County Government and Community organizations to implement the recommendations.

Goal 2: All Seniors of Frederick County having the option to age in place will be able to do so.

Objective 2.1: Define services needed to age in place.

Objective 2.2: Ongoing collaboration with the Communication and Transportation work groups to ensure single point of entry for Seniors to connect to services and resources.

Objective 2.3: Start an ongoing collaboration with existing organizations and interested parties to educate “rising Seniors” on options for aging in place and track efforts.

Objective 2.4: Determine which services are available by source and region.

Objective 2.5: Determine major gaps in services.

Objective 2.6: Develop ongoing messaging to inform Seniors in multiple formats of some sources for financing aging in place. (e.g. Veteran’s benefits; life insurance roll over; LTC insurance).

Objective 2.7: Have available for all Frederick County Seniors with a variety of information on services and sources to help age in place.

Goal 3: A robust communication is in place to provide Frederick County Seniors with relevant, inclusive and current information to meet their evolving needs for lifelong health and well-being.

Objective 3.1: Identify target audiences – Independent seniors, those needing moderate support, those who are vulnerable or in urgent need

Objective 3.2: Determine best communication channels for each audience. Are existing channels being used effectively? Are seniors finding what they need? Identify shortcomings and solutions.

Objective 3.3: Develop messages that inform seniors how to access available services when they need them. Messages direct to seniors. Messages to seniors via family, health providers, etc.

Objective 3.4: Establish partnerships for message delivery. Develop materials and strategies.

Objective 3.5: Execute plan. Launch with partners.

Objective 3.6: Evaluate and modify plan.

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Appendices

Frederick County Health Care Coalition Board of Directors **as of June 2017**

Jenny Morgan, President, formerly Chamber of Commerce now with FRHS
Jennifer Teeter, Secretary, Frederick Regional Health System
Gloria Bamforth, Treasurer, Frederick Regional Health System
Barbara Brookmyer, LHIP Coordinator, Frederick County Health Department
Kitty Devilbiss, Department of Aging
Miriam Dobson, Frederick County Health Department
Malcolm Furgol, ACEs WG Lead, United Way of Frederick County
Janet Jones, Frederick Community Action Agency
Ken Oldham, United Way of Frederick County
Josh Pedersen, Maryland 211
Cynthia Terl, Behavioral Health WG Lead, Wells House

Work Group Leads –

Adverse Childhood Experiences Work Group - lead is Malcolm Furgol
Behavioral Health Work Group - leads are Suzi Borg, Peter Brehm, Melinda Hite, and Cynthia Terl
Senior Work Group - lead is Thea Ruff

