

**Frederick County, MD**  
**Local Health Improvement Plan**  
**2019-2021**



**August 2019**

# Frederick County Local Improvement Plan 2019-2021

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## 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 were the Priorities for Improvement Selected for Frederick County?

This process began with the drafting of the [2019 Community Health Needs Assessment](#) (CHNA). As outlined in the CHNA, Frederick County data for 45 health indicators were used to determine the health issues with the greatest adverse impact on Frederick County residents. A modified prioritization matrix was used to evaluate and rank the data, including scoring on size, severity, trend, impact on others, variance against benchmarks, community perception, and disparity. See CHNA for details.

After applying the criteria, the CHNA Planning Committee reviewed the results of the prioritization matrix and narrowed the list of health issues to outcome indicators ranking above 10 points. Related health indicators were combined to produce a final ranking.

A Frederick County Health Improvement Priority Planning Summit was held on January 15, 2019 to establish the priorities for local health improvement. Over 130 participants, including elected officials, non-profits, county agencies, healthcare, and community members came together to hear presentations by local subject matter experts on the top ten health issues. Summit participants then completed a readiness assessment to determine the top three health improvement priorities for the next three years.

## What are the Community Priorities for Action?

Summit participants discussed the assessment findings and opted to combine related health indicators to narrow down the focus to three priorities:

- Adverse Childhood Experiences (ACEs) and Infant Health
- Behavioral Health (including substance use, mental health, suicide)
- Chronic Disease (including hypertension, obesity, cancer, STI's/HIV)

Two of the priorities are continuations from the prior cycle: Behavioral Health and ACEs. These priorities have new focal areas for the current cycle. Infant health has been added to the ACEs priority, and suicide has been added to Behavioral Health priority. Remaining health issues were reassigned a broader category of chronic health conditions, as they are preventable or may be influenced by changes in health behaviors.

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. Progress made by

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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 task of the Work Groups?**

Each of the Work Groups agrees to meet on a regular basis. Meeting schedules and Work Group lead names and contact information is posted on the [FCHD LHIP website](#).

Work Groups began meeting after the creation of the Work Groups at the end of the January 2019 Priority Setting Summit and had until June to discuss their priority topic. Work Group facilitators assisted the groups in analyzing the issue including considering social determinants of health and health inequities, as well as possibly plans for policy and system level changes to address health inequities.

As of June 2019, the three Work Groups have each produced:

- A quality improvement tool such as a fishbone or driver diagram to identify many possible causes for the problem
- A logic model to describe inputs, outputs and short and long term goals
- An action plan to identify desired measurable outcomes and designate responsible parties and timelines.

Work Group action plans are provided below in the Appendix.

## **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 fourth 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

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throughout the year to review progress made and plans for future actions. The engaged parties that have committed to carrying out the key action steps can be found on the [LHIP website](#). Work Group action plans will be revised as new information becomes available and will be updated on the same webpage.

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](#).

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## Appendix 1. Work Group Action Plans

### ADVERSE CHILDHOOD EXPERIENCES (ACES) WORK GROUP

Prevention Action Plan			
<b>Vision Statement:</b> Frederick County is a community where: <ul style="list-style-type: none"> <li>• children are safe, stable and nurtured;</li> <li>• families are connected to resources that allow them to thrive and prosper; and</li> <li>• environments are inclusive, welcoming, and trauma informed.</li> </ul>			
<b>Goal 1:</b> All Frederick County residents receive evidence-based preventive and continuing education for raising healthy children in safe, stable, nurturing environments.			
<b>Members:</b> Pilar Olivo, Katherine Murray, Barbara Dillon, Kathy Allen, Leslie Barnes-Keating, Shelly Toms, Shannon Aleshire			
Logic Model Objective	Action	Person(s) Responsible	Deadline/Status
1. Adopt a shared language and understanding	1. Hold quarterly community outreach and education opportunities <ul style="list-style-type: none"> <li>a. Community ACEs trainings (Brain Architecture, Resiliency Movie)</li> <li>b. Early Childhood Education Conference with Frank Kros</li> <li>c. Summit on Trauma and Resiliency with Harvard Center on the Developing Child</li> <li>d. ACEs Screening Implementation Workshop</li> <li>e. Integration of Primary and Behavioral Health Care Workshop</li> <li>f. Diversity &amp; Inclusion/Implicit Bias Workshop</li> </ul>	Kathy Allen, FCPS Pilar Olivo, CAC Shannon Aleshire, MHA Leslie Barnes-Keating, OCF Janet Vogel, FCPL	September, December, April, June
	2. Develop and disseminate local health care provider survey. Analyze and share results	Pilar Olivo, CAC Dr. Michele Ghim, FMH Katherine Murray, FMH Dr. Barbara Brookmyer, FCHD	Disseminate - August 15, 2019 Results – October 15, 2019
	3. Create, share and use talking points on ACEs and IECC projects using core story of child development. --Test ideas with Frank Blanchard, Leidos, and other business people	Pilar Olivo, CAC Shannon Aleshire, MHA	Ongoing

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	4. Train and retrain staff involved in care of children, including Handle With Care with Frederick County first responders.	Pilar Olivo, CAC Janet Shipman, FCPS	August 2019 Quarterly in 2020
2. Increase skills and services that help children and families develop resiliency	1. Hold quarterly community outreach and education opportunities. Secure continuing education credits for early childhood educators, nurses, physicians, advanced nurse practitioners, librarians, educators. <ul style="list-style-type: none"> <li>a. Community ACEs trainings</li> <li>b. Early Childhood Education Conference with Frank Kros</li> </ul>	Kathy Allen, FCPS Pilar Olivo, CAC Shannon Aleshire, MHA Patty Morison, MHA Cathy Nusbaum, FCPS Janet Vogel, FCPL	September 2019 December 2019 April 2020 June 2020
	2. Share national resources on ACEs screening, trauma and resiliency. Secure continuing education credits for nurses, physicians, advanced nurse practitioners, librarians, educators. <ul style="list-style-type: none"> <li>a. Summit on Trauma and Resiliency with Harvard Center on the Developing Child</li> <li>b. ACEs Screening Implementation Workshop</li> <li>c. Integration of Primary and Behavioral Health Workshop</li> <li>d. Diversity &amp; Inclusion/Implicit Bias Workshop</li> </ul>	Pilar Olivo, CAC Leslie Barnes-Keating Kathy Allen, FCPS Shannon Aleshire, MHA Patty Morison, MHA Cathy Nusbaum, FCPS Shelly Toms, Family Partnership Dr. Michele Ghim, FMH Katherine Murray, FMH	October 2019 January 2020 March 2020 May 2020
	3. Develop and disseminate local health care provider survey. Analyze and share results	Dr. Michele Ghim, FMH Katherine Murray, FMH Dr. Barbara Brookmyer, FCHD	Disseminate - August 15, 2019 Results – October 15, 2019
	4. Coordinate trauma-focused yoga workshops for early childhood educators and public school teachers	Pilar Olivo, CAC Patty Morison, MHA Pilar Olivo, CAC	November 2019
	5. Identify improvements in current system and programs for early parent support.	Katherine Murray, FMH Pilar Olivo, CAC Barbara May, MHA	June 2020

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	<p>6. Explore universal newborn home visiting models and financing options</p> <p>7. Implement social emotional curriculum (PATHs) in K-2 classrooms</p> <p>8. Assess and implement post-partum mood and anxiety disorder support modalities</p> <p>9. Explore universal prevention models focused on increasing parental skills</p>	<p>Miriam Dobson, FCHD Shelly Toms, Family Partnership Nancy Boyd, AACF</p> <p>Pilar Olivo, CAC Katherine Murray, FMH Miriam Dobson, FCHD Shannon Aleshire, MHA</p> <p>FCPS</p> <p>Katherine Murray, FMH</p> <p>Kathy Allen, FCPS Pilar Olivo, CAC Leslie Barnes-Keating, OCF Barbara Dillon, BIAB Shannon Aleshire, MHA</p>	<p>June 2020</p> <p>Year 1 – June 2020</p> <p>June 2020</p> <p>June 2021</p>
3. Change practice and behavior	<p>1. Institute ACEs screening in existing program services. Share lessons learned with ACEs Work Group.</p> <p>2. Continue reporting and communication to support Handle With Care implementation.</p>	<p>Shelly Toms, Family Partnership Barbara May, MHA Miriam Dobson, FCHD Pilar Olivo, CAC</p> <p>Pilar Olivo, CAC</p>	<p>June 2020</p> <p>Quarterly in 2020</p>
Identify and pursue funding opportunities	<p>1. Seek support for workshops with local, state and national experts</p> <p>2. Seek support for ACEs Liaison position</p> <p>3. Secure funding in County Executive budgets</p> <p>4. Secure funding to explore universal prevention efforts (home visiting, ACEs screening, parent education)</p>	<p>Leslie Barnes-Keating, OCF Robin Grove, CAC Cathy Nusbaum, FCPS Pilar Olivo, CAC Katherine Murray, FMH Malcolm Furgol, United Way</p>	<p>Annually July 1 and September 30</p>



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ACES Awareness Action Plan			
<b>Vision Statement:</b> Frederick County is a community where: <ul style="list-style-type: none"> <li>• children are safe, stable and nurtured;</li> <li>• families are connected to resources that allow them to thrive and prosper; and</li> <li>• environments are inclusive, welcoming, and trauma informed.</li> </ul>			
<b>Goal 2:</b> All sectors of Frederick County ( <i>including but not limited to healthcare, government, judicial and law enforcement, education, daycare, housing, employment, business, civic groups, religious groups and parent networks</i> ) will <b>recognize the impact of trauma</b> on health from preconception through old age, and <b>provide or support services</b> for raising healthy children in safe, stable, nurturing environments.			
<b>Members:</b> Hannah Cobb, Malcolm Furgol, Nancy Boyd, Sara Rogers, Pat Rosensteel			
Objective	Action	Person(s) Responsible	Deadline/Status
1. Adopt a shared language and understanding	1. Share and implement best practices on the language used in messages and communication used to address ACEs. Terms to discuss include resiliency and defining what “safe, stable, and nurturing environments” means.	Pilar Olivo, CAC	Ongoing
	2. Identify civic and community groups to provide additional outreach on ACEs	Awareness Subcommittee	Ongoing
	3. Develop audience-specific versions of the ACEs infographic designed by the Leaders On Loan program, if and when appropriate. Seek funding for printing and disseminating infographics.	Malcolm Furgol, UW Sara Rogers, FMH Pat Rosensteel, COIPP	December 2020
2. Educate families and pregnant mothers about resources available to prevent and mitigate the impact of ACEs, and provide support, including screening	1. Explore innovative communication and social media strategies and technologies to recommend to service providers	Awareness Subcommittee Katherine Murray, FMH	
	2. Refer audiences to the ACEs website as appropriate <ul style="list-style-type: none"> <li>a. Increase clicks through to the ACEs website</li> </ul>	ACEs Work Group members	
	3. Promote resources available through 211	Patty Morison, MHA	
	4. Provide Resiliency films screenings for continuing public education		
	5. Leverage ACEs Work Group members events and activities to distribute ACEs educational materials	ACEs Work Group	

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	6. Work with FCPS admin staff, PTAs, Judy Centers, Women2 Women Mentoring to raise awareness about ACEs		
3. Educate city, county, state, federal elected officials on the need to address ACEs, in order to promote need for screening	1. Develop talking points for use by ACES Work Group members to support Work Group recommendations	Pilar Olivo, CAC	
	2. Distribute info packets/new infographic to all relevant officials	Malcolm Furgol, UW	June 2020
	3. Coordinate with Prevention and Intervention subcommittees to advocate for government support for screening and universal home visiting, and consider opportunities for state-level advocacy as well.	Malcolm Furgol, UW Lynn Davis, FCPS Pat Rosensteel, COIPP Pilar Olivo, CAC Katherine Murray, FMH	June 2020
	4. Provide a symposium or forum about ACEs and the need for screening and universal home visiting for elected officials; seek a potential partnership with Citizens Services or with the MHA legislative breakfast.	Shannon Aleshire, MHA Pilar Olivo, CAC Malcolm Furgol, UW Lynn Davis, FCPS Pat Rosensteel, COIPP	September 2019

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ACEs Treatment & Intervention Action Plan			
<b>Vision Statement:</b> Frederick County is a community where: <ul style="list-style-type: none"> <li>• children are safe, stable and nurtured;</li> <li>• families are connected to resources that allow them to thrive and prosper; and</li> <li>• environments are inclusive, welcoming, and trauma informed.</li> </ul>			
<b>DRAFT Goal 3:</b> An equitable community-wide system of trauma-informed care provides accessible evidence-based treatments from trained, knowledgeable and culturally literate specialists in adequate supply.			
<b>Members:</b> Meaghan Tarquinio, Diana Fulchiron, Jessica Lertora, Shelly Toms, Jay Hessler, David Humphries, Erin Poffenberger, Lynn Davis			
Objective	Action	Person(s) Responsible	Deadline/Status
1. Increase evidence based, trauma informed practices	1. Identify evidence based, trauma informed behavioral health services and providers in Frederick County <ul style="list-style-type: none"> <li>a. Disseminate the ACEs Provider Survey (APS) <ul style="list-style-type: none"> <li>i. Determine the means of dissemination that will result in the APS reaching the maximum number of providers.</li> <li>ii. Analyze logistics/costs of dissemination.</li> <li>iii. Procure support (financial and/or in-kind) needed for comprehensive dissemination</li> <li>iv. Disseminate the APS.</li> </ul> </li> <li>b. Collect and analyze the data captured through the APS. <ul style="list-style-type: none"> <li>i. Note any trends, resources and gaps.</li> <li>ii. Publish a report based on APS data analysis, including <ul style="list-style-type: none"> <li>1. Respondents</li> <li>2. Reported trauma informed services</li> <li>3. Recommendations to increase trauma-informed behavioral health services</li> </ul> </li> </ul> </li> </ul>	Jay Hessler, FCHD Lynn Davis, FCPS  Treatment and Intervention Committee  Jay Hessler, FCHD Lynn Davis, FCPS  Treatment and Intervention Committee	January 31, 2020      June 30, 2020
	1. Based on APS data, develop a plan for providing customized training and technical support to behavioral health treatment providers and para-professionals to increase expertise in evidence based, trauma informed behavioral health practices <ul style="list-style-type: none"> <li>a. Identify training, technical support needed.</li> </ul>	Treatment and Intervention Committee	December 31, 2020

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	<ul style="list-style-type: none"> <li>b. Identify diverse funding sources to reduce barriers and enable access to training for providers.</li> </ul> <p>2. Identify mechanism to publish and update list of practitioners trained in evidence based, trauma informed behavioral health practices</p>	Treatment and Intervention Committee	June 30, 2021
3. Change practice and behavior	<p>1. Institute ACEs screening in existing program services and share lessons learned.</p> <ul style="list-style-type: none"> <li>a. Recommend an ACES screening tool (AST) for behavioral health providers to institute within their scope of practice.</li> <li>b. Identify community partners to pilot the AST.</li> <li>c. Provide training/technical support on utilization of the AST, brief intervention after the screening, and how to make referrals to community services.</li> <li>d. Collect and share data and feedback from pilot partners about the AST.</li> </ul> <p>2. Explore possibility of an outreach program to encourage implementation of AST county-wide.</p>	Treatment and Intervention Committee	<p>December 31, 2021</p> <p>March 31, 2022</p>

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## BEHAVIORAL HEALTH WORK GROUP

FREDERICK COUNTY, MD LHIP 2019 WORK GROUP:

BEHAVIORAL HEALTH: MENTAL HEALTH, SUBSTANCE ABUSE AND SUICIDE PREVENTION

**Mental Health Sub-Work Group Action Plan**

**GOAL: All people in Frederick County have the opportunity for Mental Health services in a timely manner.**

OBJECTIVE	ACTION	PERSON(S) RESPONSIBLE	DEADLINE/ STATUS
1. Obtain data on wait times for intake appointments at outpatient mental health clinics, both current and ongoing.	A. Define specific data needed and purpose for data. B. Coordinate with Substance Use Disorder (SUD) Work Group to identify and interface with agencies currently collecting data. C. In conjunction with the SUD Work Group, meet with representatives from agencies to establish working partnerships. D. Develop and execute MOUs. E. Define process to share data. F. Begin collecting data. G. Research legal and technical information regarding sharing of and using data from other sources, (i.e.: HIPAA regulations, etc.) H. Determine need for funding and personnel.	Work Group *	FY 2019- FY 2021
2. Gather data to establish baseline for the number of Emergency Department visits at Frederick Memorial Hospital, where the primary diagnosis is a mental health diagnosis.	A. Meet with Travis Riser at FMH and discuss need for data, etc. B. Develop and execute MOU, if needed. C. Obtain and review data. D. Set up procedure for ongoing sharing of data.	Work Group *	FY 2019
3. Explore options and begin planning for the provision of mental health outreach services in the rural areas of Frederick County.	A. Identify existing outreach services provided in rural areas of Frederick County. B. Evaluate existing outreach programs and determine which, if any, may be suitable for further exploration regarding the inclusion of mental health outreach. C. Research and evaluate existing models of mental health outreach services currently being used in rural areas across the country. D. Develop summary of findings to be presented to key stakeholders. E. Obtain feedback from stakeholders and develop plan to further pursue recommended options.	Work Group *	FY 2019-2021

\* Composition of Work Group has not yet been determined. Several additional people are needed to join the group in order for the objectives stated above, to be accomplished.

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<b>BEHAVIORAL HEALTH WORK GROUP</b> <b>Substance Use Disorder (SUD) Sub-Committee Action Plan</b>			
<b>Vision Statement:</b> People impacted by substance use disorder are optimally contributing and functioning in Frederick County.			
<b>Goal :</b> Crisis stabilization services are available to those who need them when they need them			
<b>Members:</b> Cynthia Terl, Pamela Knight, Del Karen Lewis-Young, FCHD Staff, Jason Barth, FCSD Staff, Carin Miller, Michelle Marshall,			
Objective	Action	Person(s) Responsible	Deadline/Status
1. Crisis stabilization services center (CSC) is established	1. Determine gaps in Work Group membership and reach out to potential members	Work Group	6 months
	2. Review the 2019 RFP process for this service that netted no action	CT, FCHD, Jason Barth	
	3. Research and identify regulatory requirements	CT, FCHD, Del. Lewis-Young	
	4. Research and identify current regional CSC models	CT, Pam Knight	
	5. Tour a minimum of three CSC models	Work Group	
	6. Based on tours establish "best practices" criteria	Work Group	
	7. Draft a program model for a Frederick County CSC	CT,FCHD, Jason, Michelle	
	8. Create a draft operational budget for a FC CSC	CT	
	9. Identify funding streams both public and private, local, state and federal	Work Group	
	10. Identify partners and providers of a FC CSC	Work Group	
	11. Select service provider (the process will be largely determined by the funding sources)	Work Group	3 years

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<b>Substance Use Disorder (SUD) Sub-Committee Action Plan</b>			
<b>Vision Statement:</b> People impacted by substance use disorder are optimally contributing and functioning in Frederick County.			
<b>Goal:</b> Fewer seniors struggle with the impact of SUD in their lives			
<b>Members:</b> Cynthia Terl, Robert Clegg, Jean Havrilla, Beth Waddell, Jonathan Switzer, Diana Fulchiron			
<b>Objective</b>	<b>Action</b>	<b>Person(s) Responsible</b>	<b>Deadline/Status</b>
1. A greater number of seniors understand SUD	1. Identify stakeholder organizations that already provide education and training to seniors for non-SUD related topics, such as the Division of Senior Services, Advocates for the Aging, and Homewood	Work Group	1 year
	2. Identify and select evidence-based curriculum for SUD workshops for seniors	Work Group & stakeholder organization representatives	1.5 years
	3. Identify & pursue funding resources, including the identification of fiscal sponsor for managing revenues and expenses related to the workshops	Work Group & stakeholder organization representatives	2 years
	4. Begin providing workshops for seniors using identified curriculum	Stakeholder organization representatives	3 years
2. A greater number of seniors are connected to SUD-related resources	1. Identify stakeholder organizations that could or do support treatment options for seniors, such as those that: <ul style="list-style-type: none"> <li>a. provide transportation support to seniors for non-SUD-related treatment</li> <li>b. provide system navigation services to seniors for non-SUD-related treatment</li> <li>c. provide SUD-related treatment to seniors along the continuum of recovery</li> <li>d. provide safe disposal, storage, and/or dosing programs</li> </ul>	Work Group	1 year
	2. Support capacity-building efforts in the existing treatment system to better serve seniors, such as through: <ul style="list-style-type: none"> <li>a. developing specific transportation options for SUD-</li> </ul>	Work Group & stakeholder organization representatives	3 years

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	<ul style="list-style-type: none"> <li>related treatment</li> <li>b. performing outreach and promotion for safe disposal, storage, and/or dosing programs</li> <li>c. providing training to staff on senior-specific need within treatment options</li> <li>d. co-developing or expanding senior-specific treatment options</li> </ul>		
	3. Identify & pursue funding resources and fiscal sponsors for programs	Work Group & stakeholder organization representatives	3 years

Substance Use Disorder (SUD) Sub-Committee Action Plan			
<b>Vision Statement:</b> People impacted by substance use disorder are optimally contributing and functioning in Frederick County.			
<b>Goal:</b> Needs in Frederick County are met through data-driven, targeted action.			
<b>Members:</b> Cynthia Terl, Robert Clegg, Jean Havrilla, Beth Waddell, Jonathan Switzer			
Objective	Action	Person(s) Responsible	Deadline/Status
1. Identify and collaborate with partner and stakeholder organizations	<ul style="list-style-type: none"> <li>1. Gather stakeholders with data on SUD-related programs</li> <li>2. Recruit data specialist to lead project</li> <li>3. Determine legal boundaries for sharing data</li> <li>4. Build consensus on timeline for pilot data sharing project</li> </ul>	Work Group	2 years
2. Identify gaps in available data	<ul style="list-style-type: none"> <li>1. Review existing data sets from available local programs</li> <li>2. Identify potential avenues for gathering necessary data</li> </ul>	Work Group	3 years
3. Identify and pursue funding resources and fiscal sponsors	<ul style="list-style-type: none"> <li>1. Identify organization or agency to manage revenue and expense flows for project</li> <li>2. Identify potential funders, including but not limited to grants, individual donations, or integration into existing program budget of an identified stakeholder organization</li> </ul>	Work Group: Jonathan Switzer, crossedBRIDGES	3 years
4. Comprehensive SUD-related data pool available for local stakeholders	<ul style="list-style-type: none"> <li>1. Establish MOU for data-sharing between partner organizations</li> <li>2. Establish database home for information</li> <li>3. Pilot test of aggregate data pull</li> </ul>	Work Group	3 years



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<b>Substance Use Disorder (SUD) Sub-Committee Action Plan</b>			
<b>Vision Statement:</b> People impacted by substance use disorder are optimally contributing and functioning in Frederick County.			
<b>Goal:</b> Stable, safe, and sustainable workforce opportunities exist for people in recovery.			
<b>Members:</b> Cynthia Terl, Robert Clegg, Jean Havrilla, Beth Waddell, Jonathan Switzer			
<b>Objective</b>	<b>Action</b>	<b>Person(s) Responsible</b>	<b>Deadline/Status</b>
1. Identify and collaborate with key leaders in the local business community	<ol style="list-style-type: none"> <li>1. Gather stakeholders with interest in providing better supports to employees impacted by SUD</li> <li>2. Determine capacity for business to offer training to staff and/or supports to employees</li> <li>3. Build consensus on timeline for launching support and education programs</li> </ol>	Work Group	1 year
4. Education for employers is available	<ol style="list-style-type: none"> <li>1. Identify and select evidence-based curriculum for SUD workshops for employers</li> <li>2. Identify &amp; pursue funding resources, including the identification of fiscal sponsor for managing revenues and expenses related to the workshops</li> <li>3. Begin providing workshops for employers using identified curriculum</li> </ol>	Work Group	3 years
5. Workplace support services are available	<ol style="list-style-type: none"> <li>1. Identify best practices for employer-based workforce policies that support employees impacted by SUD</li> <li>2. Work with key business leaders to encourage adoption of best practices within their businesses</li> </ol>	Work Group	3 years

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<b>Priority Area: Behavioral Health, Suicide Sub-Committee</b>			
Members: Suzi Borg, Sandra Wastler, Theresa Heigel, Andrea Walker, Cynthia Terl, Jessica Ellis			
<b>To create a suicide safer community</b>			
<b>Objectives</b>	<b>Key Actions</b>	<b>Who</b>	<b>Due date</b>
<b>Objective 1:</b> Increase available evidence based (EBP)suicide training in Frederick County	Provide EBP on-line training option from LivingWorks (suicide aware training)	Work Group	FY2020
	Host regular safeTALK training (suicide alert training)	Work Group	On-going for three years
	Host regular ASIST training (suicide intervention training)	Work Group	On-going for three years
<b>Objective 2:</b> Train community leaders to create a top down buy in of need for suicide training	Availability of on-line EBP suicide awareness training for community leaders	Work Group	As soon as available
	Identify and approach community leaders to complete training and speak about it in the community	Work Group	ASAP
<b>Objective 3:</b> Increase awareness for faith based community on suicide as a public health concern in Frederick County	Host suicide symposium for faith based leaders	Work Group	CY2020 and/or CY2021

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### **CHRONIC DISEASE WORK GROUP**

<b>Colorectal Cancer Sub-Committee Action Plan</b>			
<b>Vision Statement:</b> Together, achieving a healthier Frederick County.			
<b>Goal 1:</b> % increase screening for minority communities and see an eventual decline of disease as early screening reduces incidence and mortality rates.			
<b>Members:</b> Carlo Alfano, Gloria Bamforth, Denise Barton, Jennifer Brannan, Peter Brehm, Judy Couillard, Kristen Fletcher, Josh Funk, Chris Gladhill, Katie Hall, Janet Harding, Janet Jones, April Kidd, Heather Kirby, Sara Littleton, Suzanne Markowitz, Gail Martin, Margaret McNeill, Emeka Munonye, Laure Nganmo Epse Hean, Denise Owen, Christine Pelkowski, Veronica Poole, Kim Quick, Geoff Seidel, Avani Shah, Carrie Sorenson, Diane Tomasky, Sr. Roberta Treppa D.C., Kathy Troupe, Becky Wells			
<b>Objective</b>	<b>Action</b>	<b>Person(s) Responsible</b>	<b>Deadline/Status</b>
1. Increase the #/% of people screened and treated for colorectal cancer from #/% in DATE to 250 by June 30, 2020.	12. Find community doctors willing to do events - DONE 13. Draft educational materials and call to screening card – DONE 14. Schedule and host 5-6 events for community education in the populations seeing disparities.	Colorectal Cancer Steering Committee	1. DONE 2. DONE  3. June 30, 2020
2. Sustain/increase provider involvement at community awareness event from #/% to #/% by END DATE.	1. Enhance collaboration between stakeholders (Mission of Mercy, Community Action Agency, etc.) and Colorectal Cancer Steering Committee and increase participation. 2. Develop materials including current recommendations, local disparity data, and cultural barriers/bias for providers 3. Distribute materials to providers to educate them on the current recommendations and local referral process and options 4. Host training event for providers possibly with CME credit. 5. Provide training on current recommendations to provider practices such as Mission of Mercy (providers and nursing/clinical and support team).	Colorectal Cancer Steering Committee	

## Frederick County Local Improvement Plan 2019-2021

Youth Obesity Sub-Committee Action Plan			
<b>Vision Statement:</b> Together, achieving a healthier Frederick County.			
<b>Goal 2:</b> Reduce the reporting of unhealthy behaviors and increase reporting of healthy behavior choices in the 2020 Youth Risk Behavior Survey (YRBS) in Frederick County youth/students			
<b>Members:</b> Carlo Alfano, Gloria Bamforth, Denise Barton, Jennifer Brannan, Peter Brehm, Judy Couillard, Kristen Fletcher, Josh Funk, Chris Gladhill, Katie Hall, Janet Harding, Janet Jones, April Kidd, Heather Kirby, Sara Littleton, Suzanne Markowitz, Gail Martin, Margaret McNeill, Emeka Munonye, Laure Nganmo Epse Hean, Denise Owen, Christine Pelkowski, Veronica Poole, Kim Quick, Geoff Seidel, Avani Shah, Carrie Sorenson, Diane Tomasky, Sr. Roberta Treppa D.C., Kathy Troupe, Becky Wells			
Objective	Action	Person(s) Responsible	Deadline/Status
1. Increase community knowledge of healthy eating/living habits by hosting four 5-2-1-0 outreach/education events targeting middle school age children and their parents by June 30, 2020.	<ol style="list-style-type: none"> <li>1. Identify partners to best connect with the middle school population (faith-based, Frederick County Teen Coalition, FC Parks &amp; Rec, etc.)</li> <li>2. Identify venues for events to target middle schoolers and parents</li> <li>3. Schedule events (spread events out)</li> <li>4. Prepare materials and advertise for events</li> <li>5. Host events</li> <li>6. Evaluate</li> </ol>	Youth Obesity sub-committee; Suzanne Markowitz; TBD	<ol style="list-style-type: none"> <li>1. 10/1/2019</li> <li>2. 12/1/2019</li> <li>3. 3/30/2020</li> <li>4. 5/1/2020</li> <li>5. 6/30/2020</li> <li>6. 9/1/2020</li> </ol>
2. Increase the % of FCPS middle schools that have wellness goals related to healthy eating/living habits from #/% to #/% by June 30, 2021.	<ol style="list-style-type: none"> <li>1. Establish connection with FCPS staff/School Health Council to ensure buy-in to this objective</li> <li>2. Review 2018-2019 wellness goals in Middle Schools to determine how many align with 5-2-1-0 goals (baseline data)</li> <li>3. Provide resource listing to FCPS to be put on the School Health Council website</li> <li>4. Get list of 2019-2020 Middle Schools wellness goals and evaluate to determine how many were 5-2-1-0 goals</li> <li>5. Conduct workshop for middle school leadership to support them in writing SMART goals related to 5-2-1-0 for 2020-2021 year</li> <li>6. Get list of 2020-2021 wellness goals and evaluate to determine how many were 5-2-1-0 goals</li> </ol>	Youth Obesity sub-committee; Suzanne Markowitz; TBD	<ol style="list-style-type: none"> <li>1. 7/30/2019</li> <li>2. 7/30/2019</li> <li>3. 9/30/2019</li> <li>4. 12/1/2019</li> <li>5. 4/30/2020</li> <li>6. 12/1/2020</li> </ol>
3. Increase community healthy eating/living habits by hosting a 5-2-1-0 challenge by June 30, 2022.	<ol style="list-style-type: none"> <li>1. Create challenge parameters (focus on middle school families but open to anyone)</li> <li>2. Draft forms</li> <li>3. Engage community partners to participate in challenge</li> <li>4. Post challenge on LiveWell Frederick website</li> <li>5. Manage challenge</li> </ol>	Youth Obesity sub-committee; Carlo Alfano; TBD	<ol style="list-style-type: none"> <li>1. 6/30/2020</li> <li>2. 6/30/2021</li> <li>3. 9/30/2021</li> <li>4. 1/1/2022</li> <li>5. 6/30/2022</li> </ol>

