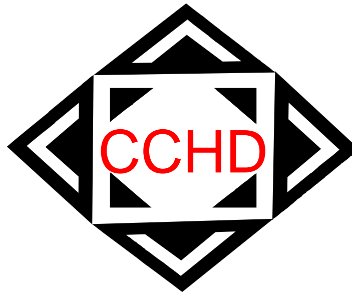
CARROLL COUNTY



HEALTH DEPARTMENT

PUBLIC HEALTH
Prevent.Promote.Protect

OVERVIEW
AND
LOCAL HEALTH PLAN
FY 2009

Table of Contents

Overview 2

Local Public Health Priorities 4

Snapshot of the County 13

Core Public Health Needs Assessment Data 14

Administration Bureau 16
- Access to Quality Health Care 17
- Cigarette Restitution Fund Program (CRFP) – Cancer 19
- Cigarette Restitution Fund Program (CRFP) – Tobacco 20
- Core Service Agency 21
- Infrastructure 26
- Medicaid Transportation Program 27
- Nutrition Services 28
- Public Health Education Program 29
- Public Health Education Program – Highway Safety 33

Bureau of Addiction Treatment Services 36

Environmental Health Bureau 40

Nursing Bureau 46
- Administrative Care Coordination Unit (ACCU)/Ombudsman Program 47
- Adult Evaluation Review Services/Personal Care Program (AERS/PCP) 48
- Adult Immunization and Infectious Diseases 49
- AIDS/HIV 50
- Audiology 51
- Breast and Cervical Cancer Program (BCCP) 52
- Child Health 53
- Childhood Immunizations 57
- Chronic Disease Case Management Program (CDCMP) 59
- Chronic Disease Prevention Program (CDPP) 61
- Maryland Childrens' Health Program (MCHP) 62
- Oral Health 62
- Public Health Preparedness (PHP) 65
- Sexually Transmitted Disease(STD) 67
- Women's Health 68

Index of Acronyms 72
Index of Program Cost Account (PCA) Numbers 73

OVERVIEW

Fiscal Year 2009 will be a time for major decisions by County leaders. Early in the year, decisions will need to be made on how to handle the next several decades' worth of garbage. Obviously, recycling needs to be a driving force behind whatever the County decides to do. In 2007, the County introduced single-stream recycling for residents. But households only generate a little more than half of the County's trash. This means that restaurants, offices, stores, industries and other commercial activities account for about 48%. The county needs to call on business leaders to think about what their firms or agencies can do to cut back on waste. Simply put, the County's goal is to boost its recycling rate from the current 30% to at least 40%.

Another major issue the County will be dealing with very soon is the transition to a County police force. In October of 2007 the Board of Commissioners voted to move away from the (last remaining) Maryland State Police Resident Trooper Program and an expanded Sheriff's Office to a County police department with its Chief appointed by the Commissioners. While this proposal has resulted in a public outcry that the Commissioners are moving too fast too soon, they believe that they will be better able to control the costs of the new department by having direct oversight of spending. More importantly, a unified approach to law enforcement will be better for residents; patrols currently are not shared between the troopers and the sheriff's deputies resulting in the problem that the closest officer may not necessarily respond.

A third issue the County will be tackling in Fiscal Year 2009 is its comprehensive plan, known as the Pathway Plan. This document is designed to guide the County's growth for years to come. After more than a year and a half of collecting feedback from residents, businesses and town leaders, the County hopes to release the first draft in early 2009. One major objective of this Plan is to improve workforce housing opportunities, such as allowing apartments overtop certain shopping centers. By limiting the size of these units, the County hopes to keep costs down for couples and young families. The County is also considering whether to exempt what are called "accessory dwellings" – mother-in-law houses, garage apartments and the like, from the tests that the County requires under the adequate public facilities law. The hope is to make it less expensive for people to create new housing opportunities below the market rate. The County recently changed its code so it could waive impact fees for targeted projects, like Habitat for Humanity.

Securing enough water is, without a doubt, one of the most difficult problems the County faces. The County has entered into agreements with Mount Airy, Westminster and Taneytown so it can find solutions to ongoing problems with water in these communities. Without water, the County cannot expand its commercial and industrial base. In some of the County's towns, construction stopped because the State says there is not enough water to get through a 100-year drought. The County needs to continue to create opportunities for managed growth, growth that is designed to occur in designated areas on public water and sewer systems, making for more efficient use of the land and better collaboration between the County and its municipalities. In 2007,

the County formed a water resource coordination committee to look at how the County and its towns could work together to address this issue. The County supports the construction of new reservoirs as a long-term solution to its water supply needs. In the meantime, the committee seeks creative short-term solutions.

Finally, the future of the County's Emergency Medical Services is under review. The Volunteer Emergency Services Association has indicated that its current process is not working. The Association has asked County government to step in. The County has 13 different fire companies which provide EMS care, and they voted unanimously in December 2007 to centralize management of their paid staff. It is viewed that this is the best way to guarantee a trained professional will arrive at a resident's house quickly, anytime of the night or day if the need arises.

Solutions to all these issues require money. With the housing market slump, the County has seen a drop in revenue from the recordation tax. As a result of the General Assembly's November 2007 Special Session, Carroll County received about $8.5 million in cuts. As of this writing, the regular session of the General Assembly is early in its deliberations. What that fully means for Carroll County remains to be seen.

LOCAL PUBLIC HEALTH PRIORITIES

The four local public health priorities for FY2009 are Infrastructure, Core Service Agency, Adult Immunization and Environmental Health services.

INFRASTRUCTURE

Background

Over the past number of years, computers were provided to more employees, thereby increasing access to automated programs. As has been the case, training is available to the staff to elevate their skill levels. These improvements to the tools with which the employees work allow for better quality in the information generated and services delivered.

As a direct result of the majority of employees having computers, the on-going test to our network is the demand placed on it by this substantial number of end users and programs. We have periodically improved our network configuration and thus far we have been able to maintain consistent access to the network. A second challenge is educating users on a continual basis regarding security, and equipment and software compatibility.

Another major challenge over the last several years has been ensuring system and procedure compliance in the areas covered by the Health Information Portability and Accountability Act (HIPAA). All CCHD personnel attended Corporate Compliance and HIPAA awareness training. Then in FY2003, the Privacy component of HIPAA was addressed. This was followed by the Transactions and Code Sets requirements and then the Security issue, which took until FY2006 to fully complete. Monitoring and evaluating security and access, in conjunction with the coding and privacy issues, is a part of day-to-day tasks. In FY2006, we began addressing the National Provider Identifier (NPI) requirements. Efforts continued in this area and, as expected, carried forward into fiscal year 2008 when it became evident that additional changes were necessary. Further monitoring of these changes may be needed in FY2009. Awareness training on other aspects of electronic information security may be necessary in the future, also.

Lastly, we continue to participate in DHMH=s efforts by offering information services, where appropriate, to the citizens electronically. Shortly after this initiative began some years ago, DHMH=s goals evolved, and the DHMH workgroup redefined the approach health departments should take with regard to their web sites. This new direction emphasized listing the available services and contact information on the site. We were able to accomplish this task at the time. Next, our goal was to improve our entire web site. We were successful in that endeavor also, and believe the resulting format allows citizens and the community easier access to information. In FY2006, we reviewed and updated key elements of our site, but without the necessary resources, the requisite

monitoring remains a concern. Attendance at the various DHMH Information Resources workgroup meetings continues to be of value in all of these areas.

Needs Assessment:

- Determine the availability of data/systems from DHMH and other State departments
- Continue monitoring the capacity of the CCHD=s network and related IT systems
- Maintenance of the Web page vis-a-vie lack of staff
- Evaluate employees' capabilities and encourage training

Local Health Priorities:

- Data and Information Systems - Data needs to be prioritized, relevant, accessible and secure
- Solicit DHMH Information Resources support and information on DHMH and State endeavors
- CCHD web site - Limited staff time to maintain
- Personnel training - Encourage continued education within each program area
- Local health plans - Evaluate CCHD local health plan and link with the State health plan
- Maintain the physical plant

CORE SERVICE AGENCY (CSA)

Background

The CSA is an administrative agency rather than a direct provider of mental health services, responsible for planning, managing and monitoring the County Public Mental Health System (PMHS). The continuum of services in the PMHS include outpatient, intensive case management, mobile treatment, partial hospitalization, intensive outpatient, psychiatric and residential rehabilitation, supported employment, in home behavioral aides for families, and inpatient psychiatric care including residential treatment for youth. The Behavioral Health and Addictions Advisory Committee (BHAAC) serves as the Local Mental Health Advisory board to the CSA, and works with us to address pressing concerns in the service delivery system.

In FY2007, the PMHS served 1,969 Carroll County residents insured by the Medical Assistance or Primary Adult Care programs (or who met criteria for an exception into the PMHS). The cost for these varied services totaled $10,112,783. Our consumer base was rather constant from FY06 to FY07 (an increase of 5.2%), however, the expenditures rose by 8.3%, namely in the use of partial hospitalization as a step down or alternative to acute inpatient care, followed by targeted case management and supported employment. Penetration within these areas of service is seen as positive, as they provide treatment and linkages to clients based in the community, and are therefore, less restrictive than alternative care, and fiscally responsive.

Needs Assessment:

They include:

- Affordable housing - Individuals served through the PMHS generally cannot earn more than $948 monthly and cannot have a net worth in excess of $4,000, e.g. 116% of the Federal Poverty Level, yet the average housing cost in Carroll (2005) was $344,375. Only 17% of dwellings (2004) were rental properties, and Fair Market Rent for a one bedroom unit is currently $884 monthly. With that said, the vacancy rate of rentals was below 4%, a further challenge to securing a safe place of residence
- Transportation - Carroll Area Transit System (CATS) has increased routes to improve transit, but working consumers or those in remote areas experience "disjoints" in their transport needs with transit schedules.
- Integrated treatment for individuals with co-occurring mental illness and addictions issues - It is a challenge for the substance user /mental health consumer, in that funding to both systems of care has been separated, and the treatment philosophies in each domain can conflict, without advocacy and collaboration across agencies.
- Adult dental care - Clients report this as a healthcare need of which they cannot financially afford. As more consumers go on to competitive employment, we are hearing greater concern expressed about poor dentition.
- Timely access to outpatient mental health services - Generally, demand exceeds supply, and professional retention is a growing challenge. All three Outpatient Mental Health Centers in Carroll and our regional state inpatient provider have experienced frustration in the turnover of therapists and/or psychiatrists. Competitive salaries for psychiatrists are becoming prohibitive, and salaries in other systems (for example, the Veterans Administration) are drawing the pool of professionals to their agencies.
- Inadequate supply of specialized child and adolescent services to maintain children in their homes - Creative funding streams have been allocated, but often are not annualized, resulting in only temporary availability of the resource (for example, Flex Funding to bridge service gaps for children, single point of entry Family Navigator funds commencing 2/07 but committed to the active fiscal year only).
- Timely access to intermediate, inpatient lengths of stay - It is not uncommon for community hospital stays to be a week in length; however, the state inpatient hospitals are populated predominantly with forensic mental health consumers. Transferring a non-court-ordered client for continued stabilization most often results in extensive delays at the general hospital, creating inaccessibility of beds for local residents.
- Mental health benefits for the uninsured "working poor" - (income exceeds 116% of Federal Poverty level) While ineligible for PMHS services, the county has a significant percentage of uninsured families and individuals who are unable to afford mental health services. Pro Bono Counseling, Rape Crisis Intervention, and Family and Children Services provide therapy to many whom we refer, however, often the access to a psychiatrist is limited in these venues.
- Limited emergency funds for medications - It is not uncommon for applicants of

Medicaid or Primary Adult Care to wait several months for eligibility determination. In the interim, obtaining their medications is vital. While cumbersome, some consumers have been aided by the implementation of Medicare-D, a prescription drug plan for Medicare recipients (this represents a client base called dual eligibles, e.g. Medicare and Medicaid). It is also a concern that consumers leaving institutions have seamless access to community mental health treatment, including medications, to avoid decompensation in their health.

- Funding for court ordered mental health evaluation for people outside the PMHS - This is a frequent request made of the CSA. There is a significant financial cost involved, and great risk to the client who does not or cannot follow through. Generally speaking, private insurers do not cover court ordered evaluations. This presents a serious dilemma for both client and court.
- Assertive Community Treatment or Crisis Response Service - In broadening the continuum of services, we need to step up the intensity of service for those with high recidivism to hospitals or jails, and consumers and families having acute need for intervention. The Emergency Department of Carroll Hospital Center (CHC) is often the chosen path; however, we may avoid some of the ED visits with implementation of mobile teams that come *to* the crisis to stabilize a person's mental health.

A recent pilot, "*Money Follows the Person",* was approved for the Mental Hygiene Administration (FY08) that may benefit older clients leaving state inpatient psychiatric facilities. Should the pilot remove pressure on the earlier stated funds, it is conceivable some relief could come for community based clients.

<u>Local Health Priorities:</u>

- The agency's administrative costs continue to rise yearly; indirect costs associated with State salaries and retirement plans, rise in State health plan costs, the mandated privilege to enroll in State benefits previously not chosen, etc. Staffing hours have been reduced continuously since FY03 to absorb these costs (a loss of 1.4 positions from 5.5), however, a critical point in staffing has been reached that no longer can be accepted as a mechanism to address the budgetary constraints. The ability to plan and expand services with needs, monitor for quality standardization of services, and to insure results-based accountability is implemented on behalf of a most vulnerable segment of our community is essential, and requires adequate manpower and expertise to perform.

- In addition, the CSA has been without an Executive Director since the end of July 2007. We are anticipating that the position will be filled on March 12, 2008. The CSA has operated as smoothly as possible given this vacancy and hopes to resume the level of attention needed to participate in all facets of county mental health service development, and to increase participation in more public awareness campaigns and the like with the acquisition of the new director.

ADULT IMMUNIZATION AND INFECTIOUS DISEASES

Background

The purpose of these two programs is the prevention of communicable diseases (CD), individual and community disease investigations, disease surveillance, information and education.

Vaccine preventable diseases such as Hepatitis B, Pertussis, Meningitis, Hepatitis A, etc. continue to be reported each week throughout the state as well as in Carroll County. During 2007, 6,396 immunizations were given in adult and overseas immunization clinics and mass flu immunization clinics. Flu clinics were held both at the health department and all senior centers. In order to maintain low levels of communicable diseases in Carroll County, high immunization levels must be maintained. Immunization not only has the direct effect of inducing protective immunity in the individual but also has the effect of producing herd immunity for the population.

Other communicable disease activities that help prevent morbidity and mortality are outbreak investigations and individual disease investigations related to food, water, human animal bites, viral and bacterial causes and vectorborne diseases, such as Lyme disease. Statistics from CDC stated that the number of Lyme disease cases in Maryland almost doubled last year. Those statistics are being reflected here in our own county. In 2007 we had 203 confirmed cases and 311 suspect cases of Lyme disease which is a 40% increase from 2006.

Education is also an important component of our communicable disease program. The nurses in the program do individual education regarding vaccine preventable diseases especially in overseas clinic, diagnosed individual diseases and community educational programs for MRSA (Methicillin Resistant Staphylococcus Aureus), Hepatitis, Lyme disease etc., to name a few.

Needs Assessment:

- Additional funding for two staff positions in CD is needed in order to continue to meet the CD needs of Carroll County.

- A nursing position is needed due to the increased demand for all services in Communicable Diseases (STD, TB, Overseas Travel, General Communicable Diseases) and to meet the strong recommendation from the DHMH to do more preventive education and follow up for Hepatitis C and B. At our present staffing level we are unable to begin to meet this recommendation even though Hepatitis C is greatly increasing in our county. There is also a great need for a clerical staff person in CD to input all the computer data from the entire CD program rather than having the nurses taking their time to do this as is the present situation.

Local Health Priorities:

- To reduce or eliminate indigenous cases of vaccine preventable disease through education and vaccine administration
- To prevent morbidity and mortality from communicable diseases
- Outreach to the community to provide CD educational programs
- Promote annual influenza immunizations to eligible adults
- Promote pneumococcal vaccine for eligible adults 65 years and over
- Maintain good working relationships with health care providers in the community

ENVIRONMENTAL HEALTH BUREAU

Background

Demands on the Bureau of Environmental Health have evolved over the past 50 years as the County has changed from mostly rural to a mix of rural, suburban and urban while the population has more than tripled. While enforcement of health laws and regulations has remained a major component of the Bureau's activities, educating the public has become increasingly important.

The activities generally having the most known direct impact on public health involve water supplies, on-site wastewater disposal, food service facilities and possible rabies from animal bites. In recent years the Environmental Health Program has adapted to many changes. One significant recent change is responsibility for enforcement of Maryland's new anti-smoking law.

A primary objective for the Health Department's Environmental Health Program has always been to ensure safe and adequate water supplies and safe means of sewage disposal on properties not served by public water and sewerage systems. Due to regulatory changes and technological advances, evaluation of properties with respect to individual on-site wastewater disposal has become much more complex in recent years. Staff has had to adjust to more thorough and difficult review requirements. As these requirements are implemented, homeowners and purchasers of future building lots can have greater assurance that their wells and septic systems should provide them with years of satisfactory service.

The Bureau has also become increasingly involved in determining if municipal systems are capable of reliably providing safe and adequate water and adequate means of treating wastewater. More and more municipalities are outgrowing their ability to provide water and sewerage services to their citizens. As State policies concerning growth encourage development in municipalities, the associated infrastructure is often insufficient to support the increased growth pressures. This is particularly problematic in the areas of water supply and wastewater disposal because it has become much more difficult to obtain the necessary permits to increase the capacities of these systems. This is due primarily to growing concerns about protecting natural resources.

The Environmental Health Bureau has always had the legal authority to monitor and control development in municipalities, but until recently has not had to often intervene. In Carroll County, we have three jurisdictions which are presently under some type of restrictions because of lack of adequate water supply or wastewater disposal capacities. Our monitoring of the adequacy of these systems for development has been very time-consuming and detracts from our ability to accomplish other tasks. Two additional jurisdictions will have water and/or wastewater disposal capacity issues within the next two years.

New issues have arisen, such as MTBE (Methyl-tert-Butyl Ether) contamination of groundwater, mold, bio-terrorism, and indoor air quality (including the new anti-smoking law) that require training and new skills. Newly created man-made pollutants, as well as the discovery of health effects linked to naturally occurring chemicals and biologicals previously considered innocuous are new causes for concern. While technology has advanced, the complexity of resolving problems and the cost of resolution have also increased. At the same time, outdated ordinances have limited resolution options. As we tackle these issues, the Bureau has found it useful to coordinate efforts with agencies with which we had not normally affiliated in the past because of differences in overall missions of our organizations. These new partnerships have allowed us to more effectively address broader issues which may have a public health component but overlap in other areas such as environmental or law enforcement.

Many on-site sewage disposal systems that exist in Carroll County were installed without the benefit of current knowledge, technology and regulation. Sand mound septic systems and certain alternative systems have opened land to development which would not have previously passed percolation tests. These systems are much more complex and require a more intensive evaluation and inspection process. The Bureau must work with homeowners to find solutions on properties where there are often inadequate soils and area available. Many of these problems can be resolved with new technologies, but some can not. The new technologies are complex, require more oversight by the Bureau and are much more costly to property owners. The Bureau has expanded its mostly need-based grant program to cover a larger variety of non-conventional on-site systems.

A critical line of defense against illness caused by contaminated food is the local health department. This has become increasingly significant as the number of food service facilities has proliferated and more and more people eat outside the home. Also, as food produced in “factories” is distributed nationwide, control of foodborne illness outbreaks becomes harder to manage. Internet and other non-conventional methods of marketing food are becoming a great concern, since these may by-pass traditional regulatory safeguards. The move toward fewer restrictions on non-professional food preparation and service has the potential to increase the risk of food-borne illness. Additionally, we are seeing an increase in ethnic restaurants which cater to people with different cultural norms. There are often language barriers which make communication difficult and even when we are able to communicate effectively; the owners of some of these establishments are less receptive to food sanitation requirements.

Animal bites and the potential for rabies have always been present. Concerns increased in the 1980's because rabies became established in the wild raccoon population. Not only were there new animals that carried rabies, but they transmitted the disease to household pets and farm animals, increasing the risk to their owners. The investigation of all potential exposures to rabies became essential to ensure that additional exposures did not occur and that those who required treatment received it. We have targeted elementary-aged children with a rabies outreach and education program.

Needs Assessment:

- The need for data to assess programs, ensure rapid communication with the public and facility operators, and detect developing trends has become critical to the operation of the Bureau. The existing database was designed in 1975, with some modifications but essentially only the operating system has been updated. There is a need to upgrade to a database that relates data in one file to another across the broad spectrum of subject matter with which we deal. Ideally, relating all of our databases to our Geographical Information System (GIS) will provide the most useful tool for tracking and addressing environmental health issues. This will require computer hardware, software, and significant consultant and staff time. We will be working to obtain the necessary components and training during the next year.

- Since a significant portion of all water pollution problems are discovered during routine sampling, increased monitoring of water supplies, either by Environmental Health or the operator, could reduce exposure to contaminants through earlier detection. There is also a need for the mapping and statistical apparatus and training in their use to evaluate the extent of contamination and its potential for spread. We have developed a map of areas with known groundwater contamination problems which is used by staff when reviewing new permit applications.

- The Bureau has worked with the County to identify areas with on-site water and wastewater system problems. These are identified in the County's master plan. There is an on-going need to survey more of these communities to determine the extent of their problems and develop viable solutions for resolving them.

- The public often loses sight of the fact that the first line of defense against rabies is the vaccination of household pets. Vaccination programs are currently available but cannot serve everyone. Expanded lower cost or no-cost programs that are easily available throughout the year in all areas of the County could increase vaccination rates.

Local Health Priorities:

- Ensure safety and adequacy of municipal water and wastewater supplies
- Reduce the incidence of illness originating with drinking water supplies
- Correct health hazards associated with failing on-site sewage disposal systems

- Reduce illness from food-borne sources
- Replace existing computer operating system and update database
- Prevent rabies in humans in Carroll County

SNAPSHOT OF THE COUNTY - 2008

What do we look like?

Population estimated at 173,839 – December 2007*
Growth is mainly a result of families moving to Carroll from Baltimore and Howard Counties*
Density is still greatest in the Freedom election district, which is about 25% denser than the next most populous district, Westminster*
Least dense are Union Bridge and Middleburg*
Median Age: 36.9**
Racial diversity is the next to lowest of all Maryland counties**
Median Household Income is reported at $75,833 in 2006**
Carroll has the lowest percentage in Maryland of single-parent households, at 15%**
Poverty rate is less than half the State average at 3.8% - and is the lowest in the State**
Unemployment rate is 3.0% in 2006, 2.6% in 2005, and 2.9% in 2004.
Employment is mainly in the service providing industry group at 68% of total employment****
Educational Attainment: 85% of residents graduate high school and 24.8% have Bachelor's Degrees***
Infant Mortality rate for Carroll in 2006: 4.3 per 1,000 live births compared to Maryland's 7.3******
Out of 1,881 Carroll births in 2006, 1,854 cases mothers received care in the first trimester of pregnancy. *****

What is our Health Status?

Admissions- top 5 by primary diagnosis FY 07*******

Chest Pain
Congestive Heart Failure
Pneumonia
Urinary Tract Infection
Syncope & Collapse

Emergency Department visits- top 5 by primary diagnosis FY 07*******

Chest Pain
Open Wound of Finger
Urinary Tract Infection
Syncope and Collapse
Headache
Sprain of Neck
Pneumonia
Abdominal Pain

Sources:
* www.ccgovernment.carr.org/ccg/compplan/demographics
** www.mdp.state.md.us
*** Census 2000
**** Maryland Department of Labor, Licensing and Regulations
***** http://mdpublichealth.org/vsa/doc/05annual.pdf
****** http://www.marylandbrfss.org
*******Carroll Hospital Center

CORE PUBLIC HEALTH NEEDS ASSESSMENT DATA

DEMOGRAPHICS	YEAR	CARROLL*	MARYLAND**
Total Population	2004	167,546	5,558,058
	2005	169,500	5,600,388
	2006	170,260	5,615,727
Poverty Level – Children ages 5-17****	1999	4%	10.3%
	2000	5.2%	10.7%
	2003	5.6%	11.5%
Poverty Level – All Ages ****	2000	4.3%	7.9%
	2003	5.0%	8.8%
	2005	3.1%	8.2%
Medically uninsured***	2004	5.5%	11.8%
	2005	4.7%	10.9%
	2006	7.2%	10.1%

CARROLL COUNTY HEALTH STATUS

BIRTH RATE*****	YEAR	CARROLL	MARYLAND
Total birth rate (live births per 1,000)	2002	11.9	13.2
	2003	12.0	13.6
	2004	12.0	13.4
	2005	11.4	13.4
	2006	11.0	11.0
White women	2003	11.9	12.0
	2004	11.9	12.3
	2005	11.4	12.5
	2006	11.0	12.9
African-American women	2002	11.9	15.2
	2003	12.7	15.4
	2004	10.5	14.7
	2005	9.8	14.6
	2006	11.0	15.1
White women < age15 Carroll data not given because numbers are too small to be statistically reliable	2005	-	.6
	2006	-	.6
African-American women <age 15 Carroll data not given because numbers are too small to be statistically reliable	2005	-	1.2
	2006	-	1.1
White women ages 15-19	2004	17.1	23.7
	2005	18.1	24.2
	2006	20.2	26.0
African-American women ages 15-19 Carroll data not given because numbers are too small to be statistically reliable	2004	-	49.9
	2005	26.0	48.0
	2006	40.8	49.6

Continued on next page

CARROLL COUNTY HEALTH STATUS

LIFESTYLE INDICATORS***	YEAR		CARROLL		MARYLAND	
Smoking:	2005	2006				
Never smoked			53.3%	59.6%	58.3%	59.7%
Former smoker			23.8%	27.6%	22.9%	22.6%
Current smoker – daily			16.6%	9.4%	13.4%	13.0%
Current smoker – some			6.2%	3.4%	5.5%	4.7%
Weight Control:	2005	2006				
%Not overweight or obese (includes underweight) BMI≤24.9			40.8%	43.2%	38.9%	39.3%
%Overweight BMI=25.0-29.9			31.7%	42.2%	36.7%	35.8%
%Obese BMI=30.0 and above			27.5%	14.7%	24.4%	24.9%
Flu shot in past year	2005		21.9%		25.5%	
	2006		33.6%		34.1%	
Ever had pneumococcal vaccine	2005		21.0%		22.4%	
	2006		20.2%		24.3%	
Ever told has Asthma	2006		19.3%		13.4%	
Moderate physical activity	2005		40.2%		35.1%	
	2006		55.8%		48.8%	
Have health insurance	2005		95.3%		89.1%	
Ever told have diabetes	2005		6.9%		7.2%	
	2006		4.2%		7.9%	
Binge drinking in last month	2004		14.3%		12.9%	
	2005		8.4%		11.9%	
	2006		12.5%		13.8%	
Colorectal Cancer Screening with FOBT	2004		51.3%		53.1%	
	2006		19.0%		29.3%	
Mammogram Screening Women age 40+	2004		93.7%		87.9%	
	2006		93.0%		92.1%	

AGE-ADJUSTED MORTALITY RATE (PER 100,000)	YEAR	CARROLL	MARYLAND
All causes	2006	754.7	774.5
Diseases of the heart		191.5	199.3
Cancer		175.0	184.1
Chronic lower respiratory disease		39.4	32.5
Cerebrovascular disease		59.3	42.0
Alzheimer's disease		20.0	16.2
Pneumonia & Influenza		20.0	19.4
Septicemia		***	17.2
Infant mortality		4.3 6.2 (2003-2005) 4.1 (2001-2003)	7.9 8.4 (2003 – 2005) 8.1 (2001 - 2003)

Source:
*Carroll County Department of Planning, www.ccgovernment.carr.org/ccg/plan/default.asp
**Maryland Department of Planning, www.mdp.state.md.us
***Behavioral Risk Factor Surveillance Survey, www.marylandbrfss.org
****Maryland DHR Fact Pack, www.dhr.state.md.us/pi/
*****Maryland Vital Statistics, http://mdpublichealth.org/vsa/doc/03annual.pdf
For additional data go to Strengths and Needs Assessment of Carroll County, Maryland Residents 2004: Analysis of the Household Survey Results-Overall Community-July 2005 at www.healthycarroll.org

ADMINISTRATION

Access to Quality Health Services
Cigarette Restitution Fund Programs
Core Service Agency
Infrastructure
Medicaid Transportation
Nutrition Services
Public Health Education

Access to Quality Health Services

(County E801N, E803N, E888N; Grant F401N)

Overview:

Over the past two decades, major changes have occurred in the health care delivery system that have affected health care quality and access. State and local government has a role in assuring access to quality health care for all vulnerable and at risk populations. In addition to the uninsured, an unknown number of the insured population lack access to some parts of the health care delivery system.

Improving access requires addressing barriers at the level of client, provider and systems of care. Clients lack knowledge and financial resources. Providers lack time, tracking systems and client information. Systems lack resources and tracking systems which will identify persons at risk, and then provide outreach to these clients.

Access to the continuum of long term care services continues to be a problem because of financial barriers and limited availability of specific services. Access issues include location of services and hours of operation, transportation, continuity of care, fragmented financial streams, personnel issues, managed care, fragmented delivery system, uninsured and under insured, lack of wrap around services, and no single tracking system.

In FY2004 a concerted effort began to establish a medical office on Main Street in Westminster for the uninsured. This effort was spearheaded by a local physician, Carroll Hospital Center (CHC), CCHD, and many other community organizations and individuals, and resulted in Access Carroll which opened medical offices in January 2005. The office is staffed by volunteer physicians, nurse practitioners, nurses and other staff. The Executive Director is a CHC Associate, a nurse and nurse practitioner are CCHD employees, and the office manager is funded by Access Carroll. A medical director was hired in 2006 for 8 hours per week. In 2007 there were 4,833 patient visits by 1,730 individual patients. This represents a 25% increase over 2006. In 2007 a total of 2,262 prescriptions were dispensed for a total cost of $36,633. In 2006 the prescription amount was $21,059.

To address dental care, CCHD opened a children's dental clinic in July 2001, which provides dental care to children who have medical assistance or Maryland Children's Health Program (MCHP). However, this clinic is only able to see approximately 20% of all children enrolled in MCHP. There is a huge need for dental services for the uninsured and underinsured adult population, which is not being addressed.

To address addiction access issues, services to the substance abusing population in the programs have increased. In April 2004 an ambulatory detoxification unit opened and served 65 people until it closed in February 2005 because of lack of funds. It is hoped that this program will reopen in the future when funding is available.

In July 2002, a new program serving 8 people between the ages 18-35 years old with heroin addiction was opened in the Carroll County Detention Center; this program operates 20 hours per week, and has served 20 patients in the last year.

Plans are progressing for a long term residential treatment program, serving 48 residents with poly-substance abuse. Individuals must be over the age of 18 and would stay in the program for 12-18 months. Ground breaking took place in June 2006 and it is anticipated that the program will be operational by March 2008.

To address medications, CCHD continues to work with non-profits and religious groups to secure needed medication. Large numbers of people fail to receive the needed medications because of lack of funds for expensive drugs. Sub-acute and periodic home services for long term care through Adult Evaluation and Review Services (AERS) continues to process an ever larger number of cases. With current resources there is no possibility of processing more. Case management to the frail, elderly and chronically disabled has been increased by the staff of the chronic disease program, but the need for these services far exceeds the available resources.

Needs Assessment:

Data from the Maryland Behavioral Risk Factor Surveillance Survey indicates changes in the number of uninsured, from 5.5% in 2004, to 4.7% in 2005, to 7.2% in 2006. It is probable that the working poor, low income or non-English speaking residents of Carroll County are under-represented in this survey. By anecdotal evidence, the number of undocumented residents has increased significantly in the past few years. It is likely that the true rate of the uninsured is about 14% of the total Carroll County population. Two-thirds of uninsured non-elderly adults have jobs, but the self-employed are at greater risk of lacking insurance. The uninsured are less healthy and less likely to obtain preventive health services (MD Health Care Commission).

The following areas continue to represent access problems in Carroll County: Primary health care, prenatal care for uninsured women - primarily Hispanics, dental, mental health, addictions, medications, sub-acute and periodic home services for long-term care. With the current medical malpractice crisis, problems can be anticipated in other areas, notably obstetrical care.

Local Health Priorities:

- Increase access to appropriate health care for persons with unmet health needs

- Annually review the public health care delivery system in Carroll County
- Utilize data available to Bureau Chiefs and Health Officer
- Identify gaps in service delivery
- Prioritize areas of unmet needs
- Establish strategies to overcome barriers

Cigarette Restitution Fund Program (CRFP) - Cancer
(Grant FC01N, FC02N, FC03N)

Overview:

In April 2000, the Maryland legislation enacted a law that created the CRFP to oversee and implement the goals of conquering cancer and ending smoking in Maryland. A large portion of the funds under the Cancer Education, Prevention and Screening Program are used for colorectal cancer. Activities include outreach to educate Carroll County residents about colorectal cancer screenings, and outreach to physicians. This program provides further diagnosis and treatment for uninsured or underinsured individuals who meet the income eligibility of 250% of poverty. Education about skin cancer prevention was added in FY2005 and prostate cancer in FY2006.

Needs Assessment:

Colorectal cancer is the second leading cancer killer in Carroll County. In 2001, Carroll had an age-adjusted incidence rate of 60.2 per 100,000 population for colorectal cancer. This exceeds the age-adjusted rate of 52.5 for the State of Maryland. There were 85 Carroll County residents diagnosed with colorectal cancer in 2001 and 36 deaths.

Many colorectal cancer deaths can be prevented with screening. Screening can find polyps, which are tiny growths that can become cancerous, and remove them. Screening tests can also find colorectal cancer early, when there may not be any symptoms and when treatment can be most effective. Increased screening by those age 50 or older and those with high risk factors can improve early detection and reduce the mortality rate of colorectal cancer.

Sun aging and cancer are delayed effects of sun exposure and don't typically emerge until many years after exposure. Sun avoidance and sun protection are the primary prevention of skin cancer. The National Cancer Institute states that the avoidance of sunburns, especially in childhood and adolescence, may reduce the incidence of cutaneous melanoma.

Prostate cancer is the most commonly diagnosed cancer among men in Maryland and the United States. While screening has become a part of routine preventative care for most men, those with low income and education are the least likely to get screened.

Local Health Priorities:

- Increase awareness of the need for screening for colorectal and prostate cancer
- Increase the number of at risk individuals who get screened for colorectal cancer
- Increase the number of physicians who offer or refer patients for screening
- Increase the number of residents who practice safe sun exposure.

Cigarette Restitution Fund Program (CRFP) - Tobacco

(Grant , FT02N, FT03N, FT04N, FT05N, FT06N)

Overview:

DHMH guidelines for the Tobacco program specify spending funds in four program areas; community initiatives, school based initiatives, enforcement and cessation. FY2008 is the sixth full year of the CRFP. Activities included mini-grants to fund community prevention projects, offering tobacco cessation classes, providing resources and nicotine replacement products, providing information and resources to the community, training and resources for health teachers in K-12, offering Smoke Free Homes kits to parents with young children, and supporting a vendor compliance program using local police officers to reduce sales of tobacco products to youth.

Needs Assessment:

Tobacco use continues to be the leading cause of preventable death in the United States. It has been found to be a cause of cancer, heart disease and respiratory disease. The Annual Cancer Report (DHMH, September 2006) sites that lung cancers account for approximately 28.5 percent of all cancer deaths in Maryland and is the leading cause of death in both men and women in Maryland. In 2002 Carroll County had a 57.8 incidence rate for lung and bronchus cancers (State rate is 57.3).

FY2002 data from the Maryland Youth Tobacco Survey (MYTS) and Maryland Adult Tobacco Survey (MATS) show the following rates for tobacco use in Carroll County: 22.1% of underage high school youth in Carroll County smoke cigarettes, 6.1% of underage high school youth in Carroll County use smokeless tobacco and 12.7% of underage high school youth in Carroll County smoke cigars. Of adults in Carroll County 11.4% smoke cigarettes, 1.6% use smokeless tobacco and 8.5% smoke cigars.

In addition, 32.7% of households with minor children have adults who smoke cigarettes. Our compliance rate for vendors not selling tobacco products to youth was 78% in 2007 according to data collected at compliance surveys performed by local law enforcement.

Local Health Priorities:

- Reduce the number of adults and youth who use tobacco products
- Prevent tobacco use by youth
- Reduce tobacco sales to minors
- Reduce the number of youth who are exposed to secondhand smoke

Core Service Agency (CSA)

(Grants: F800N, F819N, F821N, F823N, F827N, F828N)

Overview:

The CSA is an administrative agency rather than a direct provider of mental health services, responsible for planning, managing and monitoring the County Public Mental Health System (PMHS). The continuum of services in the PMHS include outpatient, intensive case management, mobile treatment, partial hospitalization, intensive outpatient, psychiatric and residential rehabilitation, supported employment, in home behavioral aides for families, and inpatient psychiatric care including residential treatment for youth. The Behavioral Health and Addictions Advisory Committee (BHAAC) serves as the Local Mental Health Advisory board to the CSA, and works with us to address pressing concerns in the service delivery system.

In FY2007, the PMHS served 1,969 Carroll County residents insured by the Medical Assistance or Primary Adult Care programs (or who met criteria for an exception into the PMHS). The cost for these varied services totaled $10,112,783. Our consumer base was rather constant from FY06 to FY07 (an increase of 5.2%), however, the expenditures rose by 8.3%, namely in the use of partial hospitalization as a step down or alternative to acute inpatient care, followed by targeted case management and supported employment. Penetration within these areas of service is seen as positive, as they provide treatment and linkages to clients based in the community, and are therefore, less restrictive than alternative care, and fiscally responsive.

In addition, grant-funded programs in excess of $440,000 provided the following services:

- Homeless outreach and case management to people with psychiatric disorders
- Mental health case management and group therapy to inmates of the Carroll County Detention Center
- Subsidized housing, matched with individualized support services and case management (Shelter Plus Care)
- Outreach, education, and support for consumers and their families (National Alliance on Mental Illness, Carroll County Chapter)
- A peer support and recovery center for socialization, consumer empowerment, and enhancement of natural supports (On Our Own of Carroll County)
- Emergency financial supports to retain clients in community settings. This may include transportation, medications, laboratory tests, eviction prevention, or arrears rental payments, (Emergency Client Supports)
- Public awareness and educational programs on mental health issues
- Advanced clinical mental health services for the Department of Juvenile Services(DJS), to re-integrate children with their families through the seamless use of community-based mental health services subsequent to placement in a residential treatment center, therapeutic foster or group home, or DJS facility (Family Intervention Specialist)
- Integration of clinical and rehabilitative treatment with well-defined supported

employment interventions, to foster competitive job placements for people with psychiatric illnesses (Evidence-based Supported Employment practice)

- Specialized and intensive services to transitional aged youth (ages 18-23) in a residential rehabilitative program. Funding permitted the purchase of two overnight awake staff and a dedicated Program Coordinator in addition to PMHS residential rehabilitation programming (Enhanced Client Support)
- Sign language interpreter services for therapy sessions
- Placement and ongoing community supports for a regional hospital consumer with specialized needs
- Contractual psychiatrist to review contested service denials by the administrative service organization (Physician Reviewer)

Needs Assessment:

Despite the dedication of these resources, there are challenges we continually strive to overcome as a community, along with those directly involved in receiving services. They include:

- Affordable housing - Individuals served through the PMHS generally cannot earn more than $948 monthly and have net worth in excess of $4,000, e.g. 116% of the Federal Poverty Level, yet the average housing cost in Carroll (2005) was $344,375. Only 17% of dwellings (2004) were rental properties, and Fair Market Rent for a one bedroom unit is currently $884 monthly. With that said, the vacancy rate of rentals was below 4%, a further challenge to securing a safe place of residence.
- Transportation - Carroll Area Transit System (CATS) has increased routes to improve transit, but working consumers or those in remote areas experience "disjoints" in their transport needs with transit schedules.
- Integrated treatment for individuals with co-occurring mental illness and addictions issues - It is a challenge for the substance user /mental health consumer, in that funding to both systems of care has been separated, and the treatment philosophies in each domain can conflict, without advocacy and collaboration across agencies.
- Adult dental care - Clients report this as a healthcare need of which they cannot financially afford. As more consumers go on to competitive employment, we are hearing greater concern expressed about poor dentition.
- Timely access to outpatient mental health services - Generally, demand exceeds supply, and professional retention is a growing challenge. All three Outpatient Mental Health Centers in Carroll and our regional state inpatient provider have experienced frustration in the turnover of therapists and/or psychiatrists. Competitive salaries for psychiatrists are becoming prohibitive, and salaries in other systems (for example, the Veterans Administration) are drawing the pool of professionals to their agencies.
- Inadequate supply of specialized child and adolescent services to maintain children in their homes - Creative funding streams have been allocated, but often are not annualized, resulting in only temporary availability of the resource (for example, Flex Funding to bridge service gaps for children, single point of entry Family Navigator funds commencing 2/07 but committed to the active fiscal year only).
- Timely access to intermediate, inpatient lengths of stay - It is not uncommon for

community hospital stays to be a week in length; however, the state inpatient hospitals are populated predominantly with forensic mental health consumers. Transferring a non-court-ordered client for continued stabilization most often results in extensive delays at the general hospital, creating inaccessibility of beds for local residents.

- Mental health benefits for the uninsured "working poor" - (income exceeds 116% of Federal Poverty level) While ineligible for PMHS services, the county has a significant percentage of uninsured families and individuals who are unable to afford mental health services. Pro Bono Counseling, Rape Crisis Intervention, and Family and Children Services provide therapy to many whom we refer, however, often the access to a psychiatrist is limited in these venues.
- Limited emergency funds for medications - It is not uncommon for applicants of Medicaid or Primary Adult Care to wait several months for eligibility determination. In the interim, obtaining their medications is vital. While cumbersome, some consumers have been aided by the implementation of Medicare-D, a prescription drug plan for Medicare recipients (this represents a client base called dual eligibles, e.g. Medicare and Medicaid). It is also a concern that consumers leaving institutions have seamless access to community mental health treatment, including medications, to avoid decompensation in their health. At times, a client may have a prescription that can be filled. The CSA has finite emergency funds designated for PMHS-eligible clients. The state is working to modify the computerized Medicaid system to suspend rather than terminate benefits for active recipients entering detention centers. The rapid reinstatement of benefits would allow for costs to be covered by Medicaid, which matches state input dollar-for-dollar with Federal funds for the adult community. In addition, a recent report to the General Assembly following HB 990 recommends placing entitlement coordinators within jails and psychiatric hospitals to facilitate new applications prior to release. The retroactive nature of Medicaid would stretch emergency funds to cover more clients under this plan.
- Funding for court ordered mental health evaluation for people outside the PMHS - This is a frequent request made of the CSA. There is a significant financial cost involved, and great risk to the client who does not or cannot follow through. Generally speaking, private insurers do not cover court ordered evaluations. This presents a serious dilemma for both client and court.
- Assertive Community Treatment or Crisis Response Service - In broadening the continuum of services, we need to step up the intensity of service for those with high recidivism to hospitals or jails, and consumers and families having acute need for intervention. The Emergency Department of Carroll Hospital Center (CHC) is often the chosen path; however, we may avoid some of the ED visits with implementation of mobile teams that come *to* the crisis to stabilize a person's mental health.
- Access to funding from the Medicaid Waiver for Older Adults to move from community to assisted living - The wait list for community based clients to access the waiver is years in length, however, the same client has enhanced opportunities after a nursing home stay has been initiated. The continual movement of the older adult can be detrimental to their mental status and mood. An infusing of funds to move wait-listed community clients from services no longer appropriate to their needs to a higher intensity of community living services is the necessary next step.

Access to funding from the Medicaid Waiver for Older Adults to move from community to assisted living remains an issue. There are 10,000 people on the Medicaid Waiver Wait List. However, the same client has enhanced opportunities after a nursing home stay has been initiated. The continual movement of the older adult can be detrimental to their mental status and mood. An infusing of funds to move wait-listed community clients from services no longer appropriate to their needs to a higher intensity of community living services is the necessary next step.

A recent pilot, "*Money Follows the Person",* was approved for the Mental Hygiene Administration (FY08) that may benefit older clients leaving state inpatient psychiatric facilities. Should the pilot remove pressure on the earlier stated funds, it is conceivable some relief could come for community based clients.

Local Health Priorities:

The agency's administrative costs continue to rise yearly; indirect costs associated with State salaries and retirement plans, rise in State health plan costs, the mandated privilege to enroll in State benefits previously not chosen, etc. Staffing hours have been reduced continuously since FY03 to absorb these costs (a loss of 1.4 positions from 5.5), however, a critical point in staffing has been reached that no longer can be accepted as a mechanism to address the budgetary constraints. The ability to plan and expand services with needs, monitor for quality standardization of services, and to insure results-based accountability is implemented on behalf of a most vulnerable segment of our community is essential, and requires adequate manpower and expertise to perform.

In addition, the CSA has been without an Executive Director since the end of July 2007. We are anticipating that the position will be filled on March 12, 2008 by Sarah Connelly. The CSA has operated as smoothly as possible given this deficit and hopes to resume the level of attention needed to participate in all facets of county mental health service development, and to increase participation in more public awareness campaigns and the like with the acquisition of the new director.

We continue to offer Human Services Programs, Inc., in their acquisition of HUD funds, services within the PMHS to meet required service "matches". The CSA works in a multitude of workgroups combine resources creatively to most efficiently meet the needs of our clients.

The Department of Housing and Community Development (DHCD) partnered with several disability administrations in FY2007 to offer a program promoting permanent housing. Carroll County is one of a half dozen counties to participate in the Bridge Subsidy to offset housing costs for a given number of disabled clients. The CSA coordinates referrals from the PMHS to DHCD. .

The CSA has advocated via the Homeless Board for improved access to transportation,

and identified gaps where the current M.A. transport system is not fully addressing needs for the consumers. County Planning has been active this year gathering data for analysis of the issues; the CSA has redistributed their transportation surveys within our service array, and encouraged vendors to actively participate in identifying met and unmet needs. The CSA also participated in the recent Transportation Summit held by CATS to learn more about what can be offered to the residents of Carroll County for whom transportation remains an ongoing issue.

Building local capacity in the mental health workforce is an ongoing priority. We have worked diligently with our providers during staffing crises to find alternative providers. We have discussed the diversification of workforce "packages" across providers to promote attraction of staff to the county; however, practitioners instead have moved from one local agency to another without net workforce gain, or to higher paying health care administrations outside the county this year. We frequently assist in resolving staffing crises at one provider site, only to become plagued with news of lost staff to another provider. It is expected that Maryland will discuss this issue in the General Assembly this year. The possibility of telemedicine, where services are provided by video cast may be a viable alternative to pursue, given the expansiveness of the concern.

We reported last year that Maryland has been actively collaborating since the year 2000 with Dartmouth's Evidence Based Practices Center to bring forth practices we can integrate within our current system that demonstrate positive outcomes in research. The CSA spent time in FY2006 assisting the Shapiro Training Employment Program (STEP) Inc., a supported employment provider, to integrate Dartmouth's "place and train" model of service. STEP maintains approximately 70 people in supported employment services at any given point in the year. We are pleased to share their success in February 2007 in having shown a high rate of fidelity to the model following extensive training this year. Since competitive employment rates are quite high with this model and Maryland continually ranks high with rate of competitive employment under the model, we are excited that Carroll County now has the benefit from this opportunity. Granite House's Vocational Pathways will be undergoing their first fidelity assessment in February, 2008, and since they have been operating under the evidence based model for quite some time, we anticipate they will achieve approval status with that site review.

Other programs evidencing promise are Family Psycho Education and Assertive Community Treatment. The CSA is promoting eligible vendors to apply for training in each modality. Family Psycho Education training, an approach where the mental health professional partners with consumer and natural supports to teach about their mental illness and new management skills, and to reduce stress within family, is now provided by Granite House Outpatient Mental Health Center. Assertive Community Treatment works with consumers having severe mental illness and utilizes a multidisciplinary and mobile team to increase community living skills to reduce risks for hospitalization. Research has shown that this approach is an effective means of meeting the needs of the severely mentally ill; Maryland desires Mobile Treatment Service providers to transition their services to this model of care. We have been engaged with local

vendors in promoting this opportunity, as hospitalization costs continue to rise.

Finally, Carroll County is one of 12 jurisdictions around the state that has begun a new initiative for youth advocacy. Youth M.O.V.E. (Youth Motivating Others through Voices of Experience) currently has one Youth Leader, an 18 year old who has experienced many services in the PMHS including residential placement, and a Parent Partner, who is the parent of a child who has also utilized many of the services in the PMHS. The goal of Youth M.O.V.E. is to provide advocacy for youth, by youth and give a voice to youth issues. This movement has been accomplished on the national level and Maryland is proud to be the first state to establish this movement on a state level.

Infrastructure

(County E801N, Core F401N)

Overview:

Over the past number of years, computers were provided to more employees, thereby increasing access to automated programs. As has been the case, training is available to the staff to elevate their skill levels. These improvements to the tools with which the employees work allow for better quality in the information generated and services delivered.

As a direct result of the majority of employees having computers, the on-going test to our network is the demand placed on it by this substantial number of end users and programs. We have periodically improved our network configuration and thus far we have been able to maintain consistent access to the network. A second challenge is educating users on a continual basis regarding security, and equipment and software compatibility.

Another major challenge over the last several years has been ensuring system and procedure compliance in the areas covered by the Health Information Portability and Accountability Act (HIPAA). All CCHD personnel attended Corporate Compliance and HIPAA awareness training. Then in FY2003, the Privacy component of HIPAA was addressed. This was followed by the Transactions and Code Sets requirements and then the Security issue, which took until FY2006 to fully complete. Monitoring and evaluating security and access, in conjunction with the coding and privacy issues, is a part of day-to-day tasks. In FY2006, we began addressing the National Provider Identifier (NPI) requirements. Efforts continued in this area and, as expected, carried forward into fiscal year 2008 when it became evident that additional changes were necessary. Further monitoring of these changes may be needed in FY2009. Awareness training on other aspects of electronic information security may be necessary in the future, also.

Lastly, we continue to participate in DHMH=s efforts by offering information services, where appropriate, to the citizens electronically. Shortly after this initiative began some years ago, DHMH=s goals evolved, and the DHMH workgroup redefined the approach health departments should take with regard to their web sites. This new direction

emphasized listing the available services and contact information on the site. We were able to accomplish this task at the time. Next, our goal was to improve our entire web site. We were successful in that endeavor also, and believe the resulting format allows citizens and the community easier access to information. In FY2006, we reviewed and updated key elements of our site, but without the necessary resources, the requisite monitoring remains a concern. Attendance at the various DHMH Information Resources workgroup meetings continues to be of value in all of these areas.

Needs Assessment:

- Determine the availability of data/systems from DHMH and other State departments
- Continue monitoring the capacity of the CCHD=s network and related IT systems
- Maintenance of the Web page vis-a-vie lack of staff
- Evaluate employees' capabilities and encourage training

Local Health Priorities:

- Data and Information Systems - Data needs to be prioritized, relevant, accessible and secure
- Solicit DHMH Information Resources support and information on DHMH and State endeavors
- CCHD web site - Limited staff time to maintain
- Personnel training - Encourage continued education within each program area
- Local health plans - Evaluate CCHD local health plan and link with the State health plan
- Maintain the physical plant

Medicaid Transportation Program
(Grant F738N)

Overview:

The Carroll County Health Department (CCHD) monitors the Medical Assistance transportation services program for eligible recipients. The program provides transportation of last resort for medically necessary, covered, non-emergency services. The CCHD contracts with a vendor to provide transportation services to Medicaid recipients. The current vendor provides for all services, as permitted under the program.

The program provides vital transportation to Carroll County's eligible Medical Assistance recipients. Statistical data shows in recent years, there have been increases in the number of trips provided. This increase can be correlated to the rise in the number of eligible recipients (33% in the last several years). An increase in CCHD resources has been required to meet the needs of the program.

However, with the implementation of a new vendor in June 2007, we have seen a reduction in the number of miles per trip, as well as, the cost per trip. This is attributed to a new contract, with lower rates for services provided, and an increase in the CCHD resources used in monitoring the program. Both the Health Department program staff and the contracted vendor have worked continuously to meet the needs of the recipients, while maintaining program integrity.

We expect the increase experienced in the last several years to continue in the future. We anticipate more providers will become available in the community, thus improving access to health care in the County.

Needs Assessment:

- Continue encouraging the use of alternate transportation whenever possible
- Continue assessment of recipients' needs and available providers/services in the County
- Obtain necessary data from the vendor for required audit, performance, grant reporting and budgetary purposes

Local Health Priorities:

- Continue to educate the public on transportation availability and eligibility requirements
- Continue auditing and evaluating vendor performance for adherence to COMAR, Medical Assistance program requirements, and contract requirements

Nutrition Services

(County E802N, Grant F705N)

Overview:

Nutrition services focus on the prevention of health problems through the promotion of healthy eating habits. Responding to consumer/professional requests for information, representation on partnership coalitions and at community health fairs, newspaper articles, presentations throughout the county, and individual counseling help to promote optimal nutrition.

The Supplemental Foods and Nutrition Education Program for Women, Infants, and Children, (WIC), maintains a monthly caseload average of 1,575 clients. Nutrition education is provided three times/year to the entire caseload.

Needs Assessment:

Optimal nutrition is essential for growth and development, health and well-being, and the prevention of chronic disease. Four of the ten leading causes of death continue to be associated with dietary factors: coronary heart disease, cancer, stroke, and diabetes mellitus. Surveys indicate that most in the U.S. are not making the healthiest possible eating choices. According to the 2006 Maryland Behavioral Risk Surveillance System

data, 42% percent of adult Carroll countians are overweight, 15% are obese, and nationally the prevalence of overweight children aged 6-17 has more than doubled in the past 30 years. Additionally, 69% of Carroll countians eat less than five servings of fruits and vegetables a day.

Improved prenatal nutrition is linked with healthier pregnancy outcomes and healthy eating patterns developed in childhood may prevent long-term health problems.

Local Health Priorities:

- Reduce the risk of chronic disease through improved nutrition habits
- Reduce nutrition related risk factors in infants and children through age five
- Promote optimal pregnancy outcomes through improved prenatal nutritional status

Public Health Education Program

(County E888N; Grants F270N, F377N, F584N, F679N, F683N, F689N, F696N, F751N)

Overview:

Public Health Education (PHE) provides community members with the awareness, knowledge, and guidelines to engage in informed decision-making and action for public health promotion, health protection, and disease prevention. PHE educates the public about the services of the CCHD through the Services Directory, membership in the Community Services Council, community events, and through participation on numerous coalitions and committees. PHE seeks to assist the community in changing behaviors that affect health and life expectancy, including, lead poisoning prevention, injury prevention topics, highway safety, arthritis, improved nutrition, physical activity, diabetes education and worksite wellness. PHE supports and facilitates the preventive health activities of other CCHD programs, such as oral health and environmental health. PHE monitors local community health priorities through needs assessments and data surveillance, and collaborates with other local health organizations.

PHE hosts, cooperates in, and serves as the direct link to activities of the Partnership for a Healthier Carroll County, Inc. - a 501(c) [3] non-profit corporation which builds local efforts to improve health and quality of life. The Partnership provides community support to existing initiatives and leadership in ”Core Health Improvement Areas” (CHIA). The eleven areas are: Access to Health Care, Cancer, Elder Health, Heart Health, Mental Health, Prevention & Wellness, Youth and Family Development, Rapid Growth, Water, Substance Abuse and Violence/Interpersonal Abuse. Some key work being done by PHE in FY2008 includes: Access to Health Care Legislative Agenda, transportation assessment and issues in CC, Cancer Plan I, campaign to increase diabetics receiving proper health screenings, the 2nd Healthy Dining Campaign, physical activity improvement for youth and adults through LEAN (Lifestyle, Education, Activity, Nutrition) Carroll and Project ACES, a Health and Nutrition Partners Registry, the annual meeting known as “We’re on our Way”, the Youth Fair - Teen Scene (formerly Party in the Park), and implementation of the smoke-free indoor air legislation. In

addition, PHE actively is working on SMART objectives and action plans for the Healthy Carroll Vital Signs document.

PHE provides conference leadership to the 12th Annual Risky Business Prevention Conference held each year in June. PHE is serving as the chair for the 2008 conference which will address, addiction and the brain and the relationship between substance abuse and mental health.

To combat childhood injuries, the CCHD houses the SAFE KIDS, Carroll County Coalition. The Coalition is a part of the SAFE KIDS World-Wide Campaign which works to prevent unintentional injuries in children (fire, bike, falls, poison, car seats, water, childproofing). Saturday, May 10, 2008 Safe Kids Carroll County will hold its yearly Safe Kids Week event at the Westminster Flower and Jazz Festival. In 2007 Safe Kids held a Kiss Your Old Car Seat Goodbye Campaign and collected over 70 used and unsafe car seats. This program will be held again in June. In 2002, the Coalition was awarded a SAFE KIDS mobile car seat check up van which is fully stocked with the equipment needed to hold a car seat check up. The van gives the Coalition the mobility to travel and work with populations throughout the entire county. In 2007 the van has made over 115 appearances at health fairs, parades, festivals, and community seat checks. In 2007 child car seat checks were conducted at the CCHD on a weekly basis. In addition, 15 community car seat events were conducted at Carroll County GM car dealerships, stores, day care centers, fire departments, and other local agencies. Through these numerous events, 660 child safety seats were checked by certified child passenger safety technicians. In conjunction with the SAFE KIDS Coalition, the Carroll County Kids in Safety Seats (KISS) Program loaned approximately 135 car seats to local families. In 2007 the CCHD received approximately 1,810 phone calls on a variety of child passenger safety issues. Twenty-five child passenger safety education presentations were given to Carroll County residents. These programs continue to be offered in 2008 and the number of individuals served and programs offered continue to rise.

PHE is using the DHMH injury grant to assist the Carroll County Fetal Infant Mortality Review (FIMR) Board with the development and launch of a local Carroll County Cribs for Kids Program, following Sudden Infant Death Syndrome (SIDS) of PA recommendations. This program provides a safe sleep environment for infants in low-income families. Since the program began in late 2006, nine portable Pac-n-Play cribs have been loaned. In 2007, 10 more Pac-n-Play's have been loaned to parents that do not have a safe sleep environment. PHE staff work to promote the program and provide safe sleep information at the events they attend.

PHE continued the Maryland Arthritis project grant funded through DHMH and the Maryland Arthritis Foundation. The Arthritis Foundation Exercise Program (formerly known as PACE) is a free, twelve week gentle instructor lead exercise program for Carroll County residents. It is offered at all five Carroll County Senior Centers and has reached nearly 120 active older adults.

Lead exposure is still a significant environmental hazard which can cause permanent neurological damage, learning disabilities, shortened attention span, and lowered IQ in young children. Children are at greatest risk from birth to age six. Adults can also be affected. The most common source of lead exposure is lead dust from deteriorating lead-based paint. Carroll County has 30,000 residences built before 1978 which could contain lead-based paint and pose a hazard. PHE administers the Carroll County Lead Poisoning Prevention Program which coordinates efforts among the Health Education, Nursing and Environmental Health Bureaus, and works with parents, physicians, homeowners, tenants, housing and community groups to conduct education, encourage testing of children and homes and stresses prevention. The latest Lead Registry data for Carroll County in 2006 showed 10.3% of children under age six tested, with only 7 cases (.5%) of elevated lead levels. The number of Carroll County cases has decreased steadily since 1998 (30 cases), while testing has increased, showing the effectiveness of increased outreach and prevention efforts.

PHE oversees the Community Healthy Living Initiative Grant (CHLI) from DHMH, which promotes chronic disease prevention, particularly heart health by reducing risk factors related to lifestyle choices for youth and adults. The CHLI program works with schools, community coalitions and churches (Body and Soul program) to improve nutrition choices, increase physical activity and increase public awareness of heart health issues. This program coordinates a county-wide annual physical activity challenge for elementary students and staff, called Project ACES (Active Children Excel in School), which has received three state awards and one national award for excellence in increasing youth physical activity and promoting community-school partnership. The 2007 Project ACES reached 8,968 students and 623 staff members.

PHE is in its third year of receiving the DHMH Diabetes Today Grant. Through partnerships with the Prevention and Wellness Workgroup of the Partnership and Carroll Hospital Center this grant is working to increase the number of diabetics patients in Carroll County receiving proper preventive health screenings (oral, eye, foot, flu shots). The grant is working with Access Carroll to accomplish this goal. In addition, these partners continue to distribute the county-wide resource directory that was developed at the end of the FY 2007 grant year.

In FY 2007, PHE was awarded a DHMH Worksite Wellness grant. The grant was renewed for 2008 that includes the Carroll Hospital Center and the Carroll County Health Department. Each site was pre-surveyed to assess eating and physical activity behaviors of employees. Based on results and focus groups, interventions are chosen for each site. Combined, nearly 200 persons are participating in this wellness challenge.

New to PHE is the Safe Routes to School grant. This grant period runs April 2007 through September 2008. Through this grant Safe Kids Carroll County is working with the City of Taneytown on the design and engineering plan to construct a sidewalk to connect two existing sidewalks. This sidewalk will provide a safer path for the students

of Northwest Middle School and other city residents. The City of Taneytown has applied and will be receiving round two funding to construct the sidewalk.

Needs Assessment:

PHE continues to use The Partnership for a Healthier Carroll County, Inc. (PHCC) and the Carroll County Local Management Board 2006 Carroll County's Community Strengths and Needs Assessment (CSNA). This assessment compares data with assessments performed in 1996, 1999, and 2001. Assessment results, including trend analysis and projections, are used to help set community health improvement priorities, and to optimize use of existing local resources. Additional data used by PHE comes from Safe Kids worldwide, DHMH, and other local community agencies. Priorities identified for action from these sources that impact public health education are: child injury-related accidents; adoption of healthy lifestyle (including healthy diet and exercise), appropriate health care and preventive habits; diabetes and arthritis risk factor awareness and treatment, and lead poisoning prevention.

A future additional source of data will be the results for the Elder Health Survey being led by the Partnership for a Healthier Carroll County Elder Health Workgroup in 2008.

Many of the behavioral and environmental factors associated with unnecessary loss of health and life are modifiable. Research shows that the preventive approaches holding the greatest promise are community-based, community-wide, and focus on both individual behavior and societal influences. Effective strategies will influence not only the individual but also the social norms of the broader environment where people live, work, and engage in recreation. The active involvement of many sectors of the community, including schools, churches, libraries, work sites, government, businesses, health care, and voluntary agencies increases the potential for sustained behavior change, with measurable health benefits. This is the foundation on which many PHE programs are designed and implemented.

Local Health Priorities:

- Locate additional funding sources to support community health education programs
- Support the expansion and initiatives of the Partnership for a Healthier Carroll County, Inc.
- Behavior modification in fitness and nutrition of Carroll County residents to decrease trends of overweight and obesity
- Education and awareness of the effects of arthritis and the benefits of early intervention (exercise)
- Identify successful strategies, programs and funding to combat unintentional injuries and deaths to children
- Increase lead education and prevention outreach to pregnant women, parents, physicians, and homeowners

- Education and awareness of the risk factors for diabetes, along with resources to seek diagnosis and treatment
- Behavior modification to increase the physical activity and wellness levels of employees.
- Develop and implement education and training for local health educators on injury prevention topics and tools for success.

Public Health Education - Highway Safety
(Grants F525N, F623N)

Overview:

Motor vehicle crashes are a leading cause of injuries and fatalities for people of all ages. In an effort to combat this problem, the CCHD houses the Carroll County C.R.A.S.H. (Carroll Resources to Advance Safer Highways) Coalition, which is comprised of approximately 90 individuals from a variety of local and state agencies. Funded by the Maryland State Highway Administration's Highway Safety Office, the Coalition works to prevent traffic-related injuries and deaths through education and enforcement programs.

In 2007 the C.R.A.S.H. Coalition funded two traffic safety overtime enforcement programs for local Carroll County law enforcement agencies, including the Carroll County Sheriff's Office, Hampstead Police Department, Manchester Police Department, Westminster Police Department, Sykesville Police Department, and Taneytown Police Department. These programs included the Alcohol Forum Campaign, an impaired driving enforcement initiative and the Smooth Operator Campaign, an aggressive driving enforcement initiative. Under these programs, Carroll County law enforcement officers worked 1,060 hours of overtime enforcement, and issued over 2,744 combined citations and warnings to motorists on Carroll County roadways.

The C.R.A.S.H. Coalition also conducted a variety of traffic safety education programs throughout the year. In the spring 2007, "Survive the Ride," a teen traffic safety program was coordinated in five Carroll County high schools. During the summer of 2007, the Coalition sponsored a game at the Carroll County 4-H/FFA Fair, where participants could win prizes for answering traffic safety questions. The Coalition also sponsored a booth at the Party in the Park where participants were able to use the fatal vision goggles to experience how reaction time, sight, and balance are all affected by alcohol. In the fall, a school bus safety education day was held for students at two local elementary schools. The C.R.A.S.H. Coalition also attended the 2007 Senior Expo held at the Shipley Arena where older driver materials and incentives were available.

In December 2007, approximately 1,000 Christmas tree tags with an impaired driving prevention message were distributed to local tree farms. The Coalition also visited two local elementary schools and gave bike safety presentations and distributed 50 free bike helmets through Project Aces.

Throughout the year the Coalition held two memorial sobriety checkpoints to highlight

the need for impaired driving prevention. Also a billboard with an underage impaired driving prevention message was placed on Route 140 for the month of May. During the entire year the Coalition recorded approximately 50 traffic safety public service announcements at WTTR and had a weekly safety column printed in the Carroll County Times every Sunday. The C.R.A.S.H. Coordinator was interviewed on two WTTR radio shows regarding young driver safety and occupant protection. Throughout the year a number of other programs were also conducted which focused on pedestrian safety, bike safety, seat belt usage, aggressive driving, drowsy driving, inattentive driving, older drivers and motorcycle safety.

During 2007 the Community Underage Prevention of Impaired Driving (CUPID) Program assisted with a teen peer education campaign in every high school named "Survive the Ride." The high school students read public service announcements over the morning announcements, assisted with seat belt checks, and completed traffic safety projects, such as making t-shirts and making a traffic safety advertisement. The CUPID program also held an Alcohol Screening and Brief Intervention training at Carroll Hospital Center on April 29, 2007. The county wide media campaign consisted of ads placed in the Carroll County times on December 17, 20, 22, 28, 29, and 31, 2006. The CUPID program also wrote six articles for the Carroll County Times Safe Carroll Family section. The program also recorded a total of 38 Public service announcements at the Community Media Center Channel 19 and WTTR Radio throughout 2007.

The CUPID program sponsored overtime enforcement for the local police departments. The money was to be used for saturation patrols, checkpoints, and stings at liquor establishments. The Carroll County Sheriff's Office, Hampstead Police Department, Manchester Police Department, Westminster Police Department, Sykesville Police Department, and Taneytown Police Department all participated for a total of 135 overtime hours and 116 citations.

For 2008 the C.R.A.S.H. Coalition will be partnering with the Carroll County Public Schools and Sykesville Volunteer Fire Department to bring the "Every 15 Minutes" program to two high schools. The Coalition has also purchased a "Buckle Up" stencil. The stencil will be painted at the exits of multiple locations to enforce occupant protection. The Coalition also plans to purchase advertisement space from CATS to display on the back of their buses. The advertisements will feature multiple traffic safety areas such as motorcycle safety, impaired driving, and occupant protection.

Needs Assessment:

Motor vehicle crashes are the leading cause of injury and fatalities for people of all ages making them a significant public health concern. According to the Maryland State Highway Administration in 2006 there were 1,717 motor vehicle crashes in Carroll County. Unfortunately, these crashes resulted in 719 injuries and 24 deaths. Although these crashes were caused by a variety of factors, the Maryland Highway Safety Office reports that, compared to other counties in Maryland, Carroll County is over-

represented in terms of motor vehicle crashes related to older drivers, young drivers, motorcyclists, impaired and aggressive drivers. Furthermore, the Maryland Highway Safety Office reports that approximately 7% of the population in Carroll County does not use their safety belt.

Local Health Priorities:

- Increased education and awareness that injury and motor vehicle crashes are the number one cause of death in Carroll County from age 4 to age 44
- Compliance with current occupant protection laws
- Enforcement initiatives in needed areas that cannot be patrolled 24/7 (i.e. red light and speed cameras where traffic safety data shows it is needed)
- Comprehensive county-wide highway safety enforcement (i.e. alcohol and aggressive driving enforcement initiatives)
- Comprehensive education to all age groups on highway traffic safety, especially in the areas of motorcycle safety, older driver safety, younger driver safety, aggressive driving prevention and impaired driving prevention

BUREAU OF ADDICTION TREATMENT SERVICES

Detention Center Services
Outpatient Services
Shoemaker Center Services

Addiction Treatment Services

(Grants: F844N, F850N, F865N, F867N, F868N)

Overview:

Data sources indicate that 1,137 Carroll County citizens entered some level of substance abuse treatment within the publicly funded treatment available in the County. This is about a 5% increase from fiscal year 2006.

Outpatient Services:

In FY2007 414 individual drug/alcohol assessments were completed at the CCHD, Bureau of Addiction Treatment Services, Outpatient Addictions Unit. Based on the information provided by these patients and the urine screens that were required, it was determined that 232 or 56% met the criteria for traditional outpatient treatment services and 20% were referred to residential care. Eleven percent met the criteria for intensive outpatient services, which require nine hours treatment weekly, while 4% met the need for prevention services, and 9% were found to have no need for treatment. Eighty-eight percent of those needing outpatient care returned to the CCHD for treatment yielding a total of 203 admissions. Criminal justice agencies remain our number one referral source with the courts, parole and probation, the local detention center, and pretrial services contributing the bulk of the referrals. Alcohol remains the primary drug of choice for 50% of our admissions. Heroin admissions dropped from 15% in FY2006 admissions to only 3% for FY2007, however, other opiates increased from under 0.5% to almost 14%. Cocaine dropped slightly from 6% to 4% and crack cocaine dropped from 15% to 14%. Contrary to the 12-point decrease from last year, marijuana showed an increase going from 7% to 14% of admissions.

The major change that created the most significant impact on the provision of outpatient services in FY2007 was the implementation of drug court in Carroll County. Although the actual number of drug court admissions was only 5% of the total, the mandated 13 month minimum duration of intensified treatment plus necessary staffing for specialized screening, the weekly drug court staffings, the biweekly hearings of the drug court plus coordination with the drug court staff placed an enormous burden on the outpatient staff. Staff members were required to handle their regular workload as well as the drug court requirements without supplemental help because budgeting for additional staff was omitted from the county's initial budget proposal.

The Outpatient Program has a trained addictions counselor working in the Department of Social Services. The function of this position is to screen temporary cash assistant applicants for substance use disorders. If the applicant screens positive, they are referred to the outpatient addictions unit for a complete evaluation and determination for level of care.

Detention Center:

In Fiscal Year 2007 the Level 2.5 Partial Hospitalization program treated 14 patients and 5 patients successfully completed treatment (36%). This program is operated by the CCHD at the Carroll County Detention Center and provides twenty hours of care to the inmates on a weekly basis. The CCHD also operates a Level 2, Intensive Outpatient Program at the local detention center providing a minimum of nine hours of treatment services. In that program 88 patients were treated, 40 of which successfully completed treatment (45%).

DUI services to the courts consist of a screening performed on site to indicate whether or not the individual should have a full evaluation completed to determine the treatment needs of the individual. A total of 96 screens were performed at the Carroll County District Court in FY2007. Counseling staff performed 26 evaluations in custody court ordered HG 8-505 evaluations. Although we have no data, the counseling staff has recently been asked to conduct drug court evaluations on all inmates at the Carroll County Detention Center who are charged with any alcohol and/or drug offensive. FY2007 Detention Center admissions by primary substance use:

Alcohol	29	28%
Amphetamines	2	2%
Benzodiazipines	1	1%
Cocaine	21	20%
Crack	15	15%
Heroin	2	2%
Marijuana	5	5%
Opiates	22	22%
Other	4	4%
None indicated	1	1%
	102	100%

Shoemaker Center:

In FY 2007, 126 of the 413 admissions to the regional residential level III.7D/III.7 program at Shoemaker Center were Carroll County residents. This accounts for 31% of the admissions to the program. The decrease of Carroll County residents admitted could be related to the start up of Drug Treatment Court and the Carroll County Detention Center's Jail Diversion program for substance abusers. Carroll County residents admitted to residential treatment continue to show significant use of heroin. The drugs of choice for admissions are as follows: 45% heroin, 27% cocaine, 22% alcohol, less than 1% are marijuana and prescription medications. The drug of choice for the regional admissions to the program are as follow; 36% cocaine, 35% heroin,

27% alcohol and 2% marijuana and prescription drugs. As the numbers reflect, Carroll County residents continue to have an increase in heroin use. The opening of the Carroll County Long Term Treatment facility (Levels III.1 and III.3) will allow Carroll County residents the opportunity for 6-9 months of treatment in a residential facility.

Needs Assessment:

Provision of a continuum of care continues to be the primary area of need for the residents of Carroll County. Gaps remain in the continuum of services. Level IV, Hospital based detoxification remain unavailable in the County. Efforts continue to be focused on educating community physicians regarding addiction and the more cost effective detox ambulatory services.

We continue to develop a more efficient intake evaluation process in an effort to streamline the assessment process and get patients into treatment more quickly. The Bureau of Addiction Treatment Services works closely with the Behavioral Health and Addictions Coordinating Council to address all issues on prevention, intervention and treatment in Carroll County.

In FY2004, the county was awarded 1.1 million dollars in capital bond grant money for the construction of a long-term treatment center. The new 48 bed combined Level III.1/III.3 facility was completed May 2007. The county has contracted with Spectrum Health Systems Inc. for facility operations and the CCHD for administrative oversight of programming. We expect to open the doors to patients in March 2008.

The County began operation of a Circuit Court Drug Treatment Court in April 2007. The CCHD continues to work towards funding required for the enhanced programming needed for these individuals in our outpatient treatment program.

Local Health Priorities:

$ Analyze data on partial hospitalization program to address further needs
$ Increase and/or expand detoxification capabilities
$ Secure funding to implement ambulatory detoxification services
$ Continue to track the changing trends in utilization of Bureau-wide services.
$ Access data in the Statewide Maryland Automated Records in Tracking (SMART) program to assist in data collection in a more timely fashion
$ Continue to work with County on development of Level III.1/III.3 facility
$ Continue to work with the Behavioral Health and Addictions Coordinating Council
$ Increase number of physicians in County who are certified in Buprenorphine

BUREAU OF ENVIRONMENTAL HEALTH

Environmental Health Bureau

(County E865N, Grant F465N, F593N)

Overview:

Demands on the Bureau of Environmental Health have evolved over the past 50 years as the County has changed from mostly rural to a mix of rural, suburban and urban while the population has more than tripled. While enforcement of health laws and regulations has remained a major component of the Bureau's activities, educating the public has become increasingly important.

The activities generally having the most known direct impact on public health involve water supplies, on-site wastewater disposal, food service facilities and possible rabies from animal bites. In recent years the Environmental Health Program has adapted to many changes. One significant recent change is responsibility for enforcement of Maryland's new anti-smoking law.

A primary objective for the Health Department's Environmental Health Program has always been to ensure safe and adequate water supplies and safe means of sewage disposal on properties not served by public water and sewerage systems. Due to regulatory changes and technological advances, evaluation of properties with respect to individual on-site wastewater disposal has become much more complex in recent years. Staff has had to adjust to more thorough and difficult review requirements. As these requirements are implemented, homeowners and purchasers of future building lots can have greater assurance that their wells and septic systems should provide them with years of satisfactory service.

The Bureau has also become increasingly involved in determining if municipal systems are capable of reliably providing safe and adequate water and adequate means of treating wastewater. More and more municipalities are outgrowing their ability to provide water and sewerage services to their citizens. As State policies concerning growth encourage development in municipalities, the associated infrastructure is often insufficient to support the increased growth pressures. This is particularly problematic in the areas of water supply and wastewater disposal because it has become much more difficult to obtain the necessary permits to increase the capacities of these systems. This is due primarily to growing concerns about protecting natural resources.

The Environmental Health Bureau has always had the legal authority to monitor and control development in municipalities, but until recently has not had to often intervene. In Carroll County, we have three (3) jurisdictions which are presently under some type of restrictions because of lack of adequate water supply or wastewater disposal capacities. Our monitoring of the adequacy of these systems for development, although it is a crucial function, has been very time-consuming and detracts from our ability to accomplish other tasks. Two (2) additional jurisdictions will have water and/or wastewater disposal capacity issues within the next two (2) years.

New issues have arisen, such as MTBE (Methyl-tert-Butyl Ether) contamination of groundwater, mold, bio-terrorism, and indoor air quality (including the new anti-smoking law) that require training and new skills. Newly created man-made pollutants, as well as the discovery of health effects linked to naturally occurring chemicals and biologicals previously considered innocuous are new causes for concern. While technology has advanced, the complexity of resolving problems and the cost of resolution have also increased. At the same time, outdated ordinances have limited resolution options. As we tackle these issues, the Bureau has found it useful to coordinate efforts with agencies with which we had not normally affiliated in the past because of differences in overall missions of our organizations. These new partnerships have allowed us to more effectively address broader issues which may have a public health component but overlap in other areas such as environmental or law enforcement.

Over the years, bacterially contaminated wells resulting from improper well construction or other causes have been a consistent focus of the Health Department's investigative and remediation efforts. On the chemical side of things, up until this past year, the number of water supplies impacted by petroleum spills and leaks was growing. Fortunately, the changeover from MTBE to ethanol in gasoline has led to fewer reported contaminations. The need to investigate fewer fuel spills allows us to concentrate on other aspects of the water quality program, such as contamination of wells by septic systems, swimming pool inspections, follow-ups for new wells and working with businesses and organizations to solve ongoing water quality problems. Water conservation has become an issue because of capacity problems in the municipalities within the County and also the recent drought. One educational avenue we are making use of is our annual poster contest. This year's theme is "Got water? – Make every drop count".

Many on-site sewage disposal systems that exist in Carroll County were installed without the benefit of current knowledge, technology and regulation. Sand mound septic systems and certain alternative systems have opened land to development which would not have previously passed percolation tests. These systems are much more complex and require a more intensive evaluation and inspection process. The Bureau must work with homeowners to find solutions on properties where there are often inadequate soils and area available. Many of these problems can be resolved with new technologies, but some can not. The new technologies are complex, require more oversight by the Bureau and are much more costly to property owners. The Bureau has expanded its mostly need-based grant program to cover a larger variety of non-conventional on-site systems.

MDE is also encouraging on-site sewage system owners to use advanced treatment technologies in conjunction with their conventional on-site systems to reduce nitrogen loading to groundwater and ultimately to the Chesapeake Bay. The Bay Restoration Fund (BRF) is now available to fund nitrogen reducing systems. Although Carroll County is a relatively low priority for BRF funds, we have seen an increase in the number of these more complex systems being installed because of groundwater

protection issues and BRF Funding. The law creating the fund makes installation of these systems on septic systems voluntary and encourages new regulations. Widespread use of these systems will result in the need for specialized training in evaluation, design, operation and maintenance for Health Department staff. Routine maintenance will be required with mandatory confirmation to the Health Department of the maintenance. This will increase workloads on staff. The program is just beginning to disperse grant funds.

The Bureau has also worked closely with the County Government to identify communities where on-site wastewater problems are widespread and assist in identifying possible solutions. In the past, we have had joint meetings in several of these communities to discuss possible solutions and to determine their level of interest in moving forward with potential water and/or wastewater projects. Funding and access to the land needed for these projects is always an issue. Bay Restoration Funding may be available for the nitrogen reducing portion of a community wastewater treatment project. It may be worthwhile to explore this as a potential impetus to move some of these projects forward.

A critical line of defense against illness caused by contaminated food is the local health department. This has become increasingly significant as the number of food service facilities has proliferated and more and more people eat outside the home. Also, as food produced in "factories" is distributed nationwide, control of foodborne illness outbreaks becomes harder to manage. Internet and other non-conventional methods of marketing food are becoming a great concern, since these may by-pass traditional regulatory safeguards. The move toward fewer restrictions on non-professional food preparation and service has the potential to increase the risk of food-borne illness. Additionally, we are seeing an increase in ethnic restaurants which cater to people with different cultural norms. There are often language barriers which make communication difficult and even when we are able to communicate effectively; the owners of some of these establishments are less receptive to food sanitation requirements.

Environmental Health must review plans and procedures to ensure that food can be properly handled and prepared. We must also inspect facilities to ensure that operators properly store, prepare and serve food. When a possible foodborne outbreak does occur, we must investigate complaints to determine if illness is food-related and how it occurred so that the cause can be eliminated.

Emerging pathogens receive greater attention from the media and the public's awareness as risk of death or serious illness from food-borne diseases is much higher than in the past. Major changes to the food service regulations on December 17, 2007, require staff to be retrained and will require a significant re-education of the facility operators. In addition to working with food service facilities, we must also work with consumers to educate them on risks.

Animal bites and the potential for rabies have always been present. Concerns increased in the 1980's because rabies became established in the wild raccoon population. Not only were there new animals that carried rabies, but they transmitted the disease to household pets and farm animals, increasing the risk to their owners. The investigation of all potential exposures to rabies became essential to ensure that additional exposures did not occur and that those who required treatment received it. We have targeted elementary-aged children with a rabies outreach and education program.

Needs Assessment:

The need for data to assess programs, ensure rapid communication with the public and facility operators, and detect developing trends has become critical to the operation of the Bureau. The existing database was designed in 1975, with some modifications but essentially only the operating system has been updated. There is a need to upgrade to a database that relates data in one file to another across the broad spectrum of subject matter with which we deal. Ideally, relating all of our databases to our Geographical Information System (GIS) will provide the most useful tool for tracking and addressing environmental health issues. This will require computer hardware, software, and significant consultant and staff time. We will be working to obtain the necessary components and training during the next year.

The most effective method of prevention is education. We have made an effort to reach out to more community-based groups and professional organizations to educate them on Environmental Health issues. We continue to improve existing education materials, but still need to find a better means to more widely distribute them. New materials still need to be developed and new methods of distribution explored, but this is difficult to accomplish with constrained resources and increasing demands on staff. This is true for all areas. The Bureau has been working more closely in establishing relationships with the County and municipal governments. We have found them to be useful in assisting us in getting information to their citizens and will continue to use them as a resource. Training of those providing services in the areas of well construction, on-site wastewater disposal and food preparation could also be helpful, as would training for children in animal avoidance.

Since a significant portion of all water pollution problems are discovered during routine sampling, increased monitoring of water supplies, either by Environmental Health or the operator, could reduce exposure to contaminants through earlier detection. There is also a need for the mapping and statistical apparatus and training in their use to evaluate the extent of contamination and its potential for spread. We have developed a map of areas with known groundwater contamination problems which is used by staff when reviewing new permit applications.

The Bureau has worked with the County to identify areas with on-site water and wastewater system problems. These are identified in the County’s master plan. There

is an on-going need to survey more of these communities to determine the extent of their problems and develop viable solutions for resolving them.

The public often loses sight of the fact that the first line of defense against rabies is the vaccination of household pets. Vaccination programs are currently available but cannot serve everyone. Expanded lower cost or no-cost programs that are easily available throughout the year in all areas of the County could increase vaccination rates.

Of course, adequate staff and resources to accomplish these tasks are necessary. It is also critical that staff knowledge be up to date.

Local Health Priorities:

- Ensure safety and adequacy of municipal water and wastewater supplies
- Reduce the incidence of illness originating with drinking water supplies
- Correct health hazards associated with failing on-site sewage disposal systems
- Reduce illness from food-borne sources
- Replace existing computer operating system and update database
- Prevent rabies in humans in Carroll County

NURSING BUREAU

Administrative Care Coordination Unit/Ombudsman Program
Adult Evaluation Review Services/Personal Care Program
Adult Immunization and Infectious Diseases
AIDS/HIV
Audiology
Breast and Cervical Cancer Program
Child Health
Childhood Immunizations
Chronic Disease Case Management Program
Chronic Disease Prevention Program
Maryland Childrens' Health Program
Oral Health
Public Health Preparedness
Sexually Transmitted Disease
Women's Health

Administrative Care Coordination Unit (ACCU)/Ombudsman Program

(Grant F730N)

Overview:

The ACCU/Ombudsman Program provides administrative functions intended to improve the access and utilization of the Maryland Medicaid Program. As a single point of entry, this program will accept referrals from Managed Care Organizations (MCO), health care providers, Health Choice Enrollee Action Line, the Provider Hotline, and DHMH Complaint Resolution Unit. The purposes of these referrals are to ensure that individuals who are eligible for Medicaid or Health Choice gain access to needed health care and health related services, and that recipients use the services appropriately. In FY2007, 1,445 individuals were given assistance and 49 outreach contacts were made to providers. In the first half of FY2007, 741 individuals were given assistance and 24 outreach contacts were made to providers. ACCU has the primary focus to provide assistance to Medicaid recipients and a secondary focus of outreach to potentially eligible individuals. In FY2007, staffing for this program was two full time nurses. Because of budgetary constraints during the first half of FY2008, one ACCU nurse works 80% in the ACCU Program.

Needs Assessment:

Because of ongoing fluctuations in the national/local economy, more people may need Medical Assistance with the loss of employment and/or health insurance coverage. As more people qualify for Medicaid health services, there will be an increase need for ACCU assistance to address access and system problems.

The Managed Care Division, Health Choice and Acute Care Administration, Office of Health Services, DHMH notified the Carroll County Health Department on January 16, 2008 that the ACCU component of this program is not anticipated to be funded in FY 2009, and the Ombudsman component is still undetermined.

This is the result of revisions of current Medicaid regulations by the Centers for Medicare and Medicaid Services. The new federal regulations will become effective March 2008. Subsequently, there will be a loss of a full time nurse position, and possibly only a percentage of the full time nurse Ombudsman will remain or will be lost as well. It is estimated that over 1,400 contacts, annually, to the ACCU Ombudsman Program will be impacted with the loss of this service (including Medicaid Health Choice recipients, Medicaid medical/health providers, Managed Care representatives as well as fee for service Medicaid recipients) to help assist and resolve access to and utilization of medical care services for these target populations.

Local Health Priorities:

- Assure that all people who qualify for Medicaid services access care and receive medical supervision and health related services within regulatory time frames

Adult Evaluation Review Services
Medical Assistance Personal Care Program
(Core F435N; Grant F720N, E830N)

Overview:

The focus of these two programs is to provide services to the frail elderly and functionally disabled younger population. Adult Evaluation Review Services (AERS) is staffed by a full time social worker and two full time nurses who provide comprehensive evaluations and short term case management, if needed, for individuals to assist with access to appropriate health care services, community based long term care and evaluations for nursing homes or alternative housing. The goal of the AERS Program is to help people remain in the least restrictive environment while functionally at the highest possible level of independence and personal well being.

In FY2007, 585 evaluations and 125 telephone consultations were completed. For the first half of FY2008, AERS staff completed 290 evaluations and 50 phone consultations.

Medical Assistance Personal Care (MAPC) is a program staffed by a nurse case monitor one and a half days a week. This program is for individuals with chronic and disabling diseases who are on Medical Assistance (MA) and who need assistance with their activities of daily living. The nurse evaluates the individual for eligibility, obtains medical information as needed from the person's physician and assigns the case to a person who is registered with DHMH as a provider. The personal care provider receives explicit instruction on the recipient's care from the nurse. New providers must be found for prospective recipients or the individual may have someone that he/she knows who is willing to give the personal care. New providers must fill out an application, be interviewed and have a criminal background check. The nurse visits every 60 days to monitor the care given by the MAPC provider. During FY2007, the nurse made 107 home visits to 27 patients and provided 195 months of case management supervision. During the first half of FY2008, the nurse made 59 home visits to 24 patients and provided 120 months of case management supervision.

Needs Assessment:

The Medicaid Waiver for Older Adults and Medicaid Waiver for Adults with Disabilities went into effect the second half of FY2001. The intent of these two waivers is to offer community placement as a choice instead of nursing home placement for those with Medical Assistance who meet medical eligibility criteria. The age requirement is age 50 and older for the Older Adult Waiver (OAW) and ages 18-59 for the Living at Home Waiver. The lead agency for the OAW is the Bureau of Aging. The DHMH is the lead agency for the Living at Home Waiver. All slots have been filled for both waivers and a registry has been established for a waiting list. Due to the increased complexity of AERS cases with less availability of financial resources to access community services and documentation requirements, a waiting list of 2 or more weeks frequently occurs.

During the first half of FY2007, the MAPC program started a notification process with new referrals advising of a possible delay with scheduling the initial assessment visit for MAPC personal care services. During times of referral surges, the MAPC nurse and program manager determine the number of active cases that the MAPC Program can adequately provide monitoring and oversight.

The MAPC Program continues to have difficulty with recruiting and retaining providers. Contributing factors have been the low level of reimbursement for personal care providers, the geographic distances between recipients' homes with no reimbursement for travel and the criminal background check application requirement.

Local Health Priorities:

- Assure case management services to all individuals who are in need of this assistance and that citizens remain in the community in the least restrictive environment through a network of community based programs and services

Adult Immunization and Infectious Diseases

(Core F422N; County E815N, Grant F740N, F749N)

Overview:

The purpose of these two programs is the prevention of communicable diseases (CD), individual and community disease investigations, disease surveillance, information and education.

Vaccine preventable diseases such as Hepatitis B, Pertussis, Meningitis Hepatitis A, etc. continue to be reported each week throughout the state as well as in Carroll County. During 2007, 6,396 immunizations were given in adult and overseas immunization clinics, and mass flu immunization clinics. Flu clinics were held both at the health department and all senior centers. In order to maintain low levels of communicable diseases in Carroll County high immunization levels must be maintained. Immunization not only has the direct effect of inducing protective immunity in the individual but also has the effect of producing herd immunity for the population.

Other communicable disease activities that help prevent morbidity and mortality are outbreak investigations and individual disease investigations related to food, water, human animal bites, viral and bacterial causes and vectorborne diseases, such as Lyme disease. Statistics from CDC stated that the number of Lyme disease cases in Maryland almost doubled last year. Those statistics are being reflected here in our own county. In 2007 we had 203 confirmed cases and 311 suspect cases of Lyme disease which is a 40% increase from 2006.

Education is also an important component of our communicable disease program. The nurses in the program do individual education regarding vaccine preventable diseases especially in overseas clinic, diagnosed individual diseases and community educational

programs for MRSA (Methicillin Resistant Staphylococcus Aureus), Hepatitis, Lyme disease etc. to name a few.

Needs Assessment:

Additionally funding for two staff positions in CD is absolutely needed in order to continue to meet the CD needs of Carroll County.

A nursing position is needed due to the increased demand for all services in Communicable Diseases (STD, TB, Overseas Travel, General Communicable Diseases) and to meet the strong recommendation from the state health department to do more preventive education and follow up for Hepatitis C and B. At our present staffing level we are unable to begin to meet this recommendation even though Hepatitis C is greatly increasing in our county. There is also a great need for a clerical staff person in CD to input all the computer data from the entire CD program rather than having the nurses taking their time to do this as is the present situation.

Local Health Priorities:

- To reduce or eliminate indigenous cases of vaccine preventable disease through education and vaccine administration
- To prevent morbidity and mortality from communicable diseases
- Outreach to the community to provide CD educational programs
- Promote annual influenza immunizations to eligible adults
- Promote pneumococcal vaccine for eligible adults 65 years and over
- Maintain good working relationships with health care providers in the community

AIDS/HIV
(Core F486N; Grant F205N, F281N, F763N, F764N, F765N, F883N, F884N)

Overview:

The HIV/AIDS epidemic continues to be a very large public health problem, not only in the United States and globally but in the Baltimore-Towson Metropolitan area. The Baltimore-Towson area (Baltimore City, Anne Arundel, Carroll, Baltimore, Harford, Howard and Queen Anne's counties) had the second highest AIDS case report rate of any metropolitan area in 2005 (40.4 cases per 100,000 population). Maryland also ranked 9th among the top 10 states with cumulative reported AIDS cases through 2005. As prevalence increases, it underscores the great need for medical and other support services for people living with HIV/AIDS, and the importance of prevention activities to reduce the number of new HIV/AIDS cases.

Our health department AIDS program serves the entire county population (173,839 as of 12/07) especially those that are non-insured or under-insured, the under-served minority and hard-to-reach populations.

During 2007, the Carroll County Health Department continued to receive two Ryan White Federal Grants and one Federal HOPWA (Housing Opportunity for Persons with AIDS) grant. These grants are to be used specifically as for funds of last resort for emergency financial assistance and transportation. These grants help provide utility, professional services, transportation, emergency rent and prescription co-pays.

At the Carroll County Health Department during 2007, 55-65 HIV/AIDS clients received intensive comprehensive case management services as well as complete medical and psychosocial services provided by Johns Hopkins Hospital clinicians in our HIV Positive Clinic twice a month. We counseled and tested more than 800-900 individuals, and educated over 5,000 people about AIDS/HIV/STDs.

Needs Assessment:

Carroll County Health Department's AIDS program in conjunction with the AIDS Administration at the Department of Health and Mental Hygiene conducts a yearly needs assessment with clients and the following critical needs continue to be identified: housing, transportation, emergency financial assistance, and dental services. Carroll County Health Department is addressing these needs through a HOPWA Grant and Ryan White I and II federal funding. Also a need for increase in staff for community education/outreach and establishing satellite counseling and testing sites exists.

Local Health Priorities:

- Reduce the incidences of morbidity and mortality from AIDS, increase services to those with HIV/AIDS, and to increase prevention activities

Audiology

(Core F407N)

Overview:

This clinic provides audiologic evaluation, amplification assessment and fittings, to infants through the geriatric population. Referrals are received from Carroll County Public Schools (CCPS), community senior citizen services, Carroll Hospital Center (CHC), physicians and other patients. Services are provided by a licensed, certified audiologist in a sound treated environment. Amplification is prescribed to meet patient need. Hearing aid cost is a problem for some patients, as Medicare and most private insurances do not cover hearing aids. Assistance for the purchase of hearing aids for income eligible patients may be requested from the Starkey Hearing Foundation, "Hear Now Program".

CCPS children receiving Special Education services because of hearing loss, have individual educational programs which include regular audiological evaluation and hearing aid checks. CCHD has a contract with CCPS to provide these services, as well as to conduct an Assistive Listening Device program for identified children. The Infant

and Toddler Program is required to provide audiology services as needed and to refer the child to the audiology clinic when hearing evaluation is warranted.

Needs Assessment:

Most adult patients in need of services do not have access to health insurance that will cover the cost of hearing aids. More children are being referred for this service, especially following the implementation, several years ago, of the Universal Newborn Hearing Screening Program in the state. Children utilizing Cochlear Implants (CI) present diverse needs and problems accessing Assistive Listening Device (ALD) technology. Specialized equipment and training is necessary to provide appropriate services to infant and CI patients. This would require additional training and clinic hours.

Local Health Priorities:

- Provide specialized equipment for the appropriate hearing aid fitting and testing of young hearing impaired children
- Provide education to the audiologist for the specific needs of amplification for very young children and ALD for CI patients

Breast and Cervical Cancer Program (BCCP)
(Grant F656N, F676N, F714N)

Overview:

Breast cancer continues to be an important cancer to track in Carroll County. In 2002, statistics show 109 breast cancer cases in Carroll County and 25 deaths. Death from breast cancer should not occur.

Mammography still remains the best tool in detecting early disease and most radiology facilities have added the enhanced digital reading. We are fortunate to have services for medically underserved eligible women, because of the Breast & Cervical Cancer National Screening Program (ages 40+) which began in 1992. The State's Diagnostic & Treatment Program (all ages) and the local Breast Health Fund (ages 35-39) helps provide complete care and coverage for all aspects related to diagnosis and treatment. There is a higher incidence of breast cancer because of earlier detection due to education efforts and screening programs. A goal is a reduction in mortality rate and increasing incidence rate to find cancer.

Local efforts continue to address the rural nature of the county and the need to reach the 'hard-to-reach' women. This requires considerable tracking and follow-up case management to ensure compliance among eligible women.

Cervical cancer is easily preventable but many rural women are not getting Pap Smears, not because of unavailable services but because of not understanding the

need for early detection and treatment. The Program tries to reach women who have never had a Pap or not had one in 10+ years. The Diagnostic & Treatment Program continues to enroll many younger women who need more invasive treatments, due to human papilloma virus (HPV) which is the primary precursor to cervical cancer. Guidelines encourage use of the thin prep pap test and allows payment for HPV testing to guide further diagnosis and treatment. The Program is complying with the CDC "3 year PAP Policy" which means after a woman has had 3 annual negative Pap tests, then the test will be performed every 3 years.

Needs Assessment:

Breast cancer is not preventable at this time, as the cause is still unknown, but early detection can reduce mortality. Breast cancer complexities are due to the varying kinds of beast cancer and newer individualized treatments. The hard-to-reach woman is one who has other over-whelming priorities, delays, excuses or cannot access the available service. She needs repeated messages and someone discussing with her the importance of screening or seeking treatment, or her employer giving her the 2 or more hours off of work to keep an appointment. She also needs an advocate whether this is a friend, family or a Breast and Cervical Cancer Program (BCCP) case worker.

Nationally, per the American Cancer Society (ACS), mortality and incidence continues to persist among the older population which is 97% of the deaths and is an unaddressed issue. The national decline in breast cancer may be due to rapid drop in hormone replacement therapy use and decline in mammography screening. Ethnicity becomes an increasingly important issue.

BCCP has been successful in receiving another Komen Grant in 2007 which will assist younger women in having timely assessments and interpreter services.

Local Health Priorities:

- Continue limited outreach work to link eligible women to services through BCCP programs and Komen Maryland Grant by seeking another mini grant
- Work actively with medical providers
- Work with the physicians and Community Clinics to refer women to BCCP
- Provide the available diagnostic & treatment services to all ages if eligible
- Help providers and women understand issues related to HPV testing and the Pap test interval rules and other BCCP/CDC requirements

Child Health

(Core E815N, F416N, Grant F564N, F609N, F675N)

Overview:

Nurses in Maternal Child Health (MCH) each serve a geographic area. They provide case management to families, consultation to both public and private schools, and

outreach in the communities to which they are assigned. Nurses in this unit also work in child immunization clinics and assist at times with mass influenza immunization clinics.

With the advent of Health Choice and the increase in financial eligibility to 250% of poverty, we have been able to gain access to care for most children in our county and continue to enroll more children everyday. However, in the last two to three years the Hispanic population in Carroll County has increased and many Hispanic children are undocumented residents without access to medical care. Case-finding activities of the MCH nurses have become more concentrated on this population, coupled with the need to find resources for these families.

While CCPS have a nurse in each school, CCHD MCH Program partners with the school system in providing school health services. This liaison relationship is an avenue for attaining health care access for the uninsured, including undocumented children and their families. In FY2007 MCH nurses received 27 referrals and made 94 school visits.

Immunizations and school entry physicals for undocumented school age children are arranged and provided by the CCHD. Undocumented children are seen in a special clinic staffed by a CCHD pediatrician. In June 2005, the clinic moved to Access Carroll, a non-profit free clinic for uninsured.

Other school health activities include vision and hearing screens in all Carroll County public and private schools. Vision and hearing screening is also provided to all child care centers that request this service. In FY2007, 21,384 hearing and vision screenings were provided to public and private schools. In addition we continue to provide a fluoride rinse program, which served 3,749 children in FY2007.

MCH serves pregnant women and all children 0-18 in need of health services, including those with Health Choice, those with private insurance, and the currently uninsured. In FY2007, staff nurses made 4,479 case management contacts to 105 pregnant women and 166 children ages 0-18 years providing family centered health education with an emphasis on early and consistent prenatal care, infant and toddler developmental assessment, parenting education and crisis intervention for medical and/or psycho-social issues and needs. A special emphasis is put on smoking cessation education and counseling of pregnant women, as Carroll County has one of the highest rates of smoking during pregnancy. We do smoking counseling only when clients have met our medical high risk criteria for referral to home visiting.

In May 2006 the Healthy Start Program, which home visited pregnant women and their infants to age 2, became an administrative grant providing referral to a home visiting nurse, education and resources. This change and the restrictive nature of Medicaid grants required changes to MCH staffing patterns and reduced the number of nurses available to home visit. One 90% RN, one 50% RN and one 80% secretary were placed in this grant. In FY2007 Healthy Start staff served 303 pregnant women and 266

children. Program staff also provided 45 outreach visits to physician offices and linked 174 postpartum women to family planning services. Due to changes in Federal Medicaid regulations around case management services this program is due to be terminated in March of 2008 unless health officers nationally can obtain a delay or injunction of the regulations.

Lead case management remains an important part of the MCH program. In FY2007, 6 children were provided lead case management due to increased blood lead levels. In all cases the blood lead levels dropped significantly. The children are followed until the blood lead level remains under 10 ug/dl.

Beginning September 2003, a Lead Certificate requiring documentation of lead testing was required for school entry for pre-K, Kindergarten, and first graders currently residing in, or have ever resided in an at risk zip code. CCHD receives notification from CCPS of families who have not returned the lead certificate to CCPS as required by COMAR. The Health Department then sends a follow up letter reminding parents that completing and returning the lead certificate is required by COMAR. CCHD serves as a resource for lead education and case management when indicated.

Since FY2002, CCHD has received grant funds for respite care through the Office for Genetics and Children with Special Health Care Needs. The CCHD partnered with CHANGE, Inc., and the Therapeutic Recreation Council of Carroll County to provide scholarships for children to attend summer residential and day camps. CHANGE, Inc., which in years past has acted as the contact and referral point for assisting parents with summer camp placements, will continue in this role, disseminating information, screening applicants, dispensing funds and providing a final report to the CCHD. In FY2007, 21 children were funded for respite care.

In the last quarter of FY2005 the Office for Genetics and Children with Special Health Care Needs awarded Carroll County Health Department a grant to train a .5 FTE nurse in all areas of case management, resources, and care coordination for children with special health care needs. This position serves as a resource to agencies and families to ensure that all resources appropriate for the child are known to the family and any applications for services are completed and access to services is available. In FY2007, the program received 60 referrals and of these 31 families needed and received case management under this program.

Needs Assessment:

In order to locate children and pregnant women in need of care, it is imperative that we continue to work with community agencies, including schools, hospitals, and private provider offices. This is essential to locating and providing services to children and families in need.

The role of the community health nurse has evolved into intensive case management involving resource finding, coordination, and advocacy. It is imperative that this nursing intervention continues to serve the needs of at risk children and families in our county. As county population increases and number of undocumented and uninsured increases, additional funding will be needed to expand clinics and other services for children and families.

In FY2007 the Healthy Start program as the pre-natal referral service received 303 pre-natal referrals of these173 referrals were sent to MCH home visiting nurses. Of the 173 referrals 105 were case managed. Due to staffing patterns that reduced the number of nurses available to home visit risk criteria for referral to home visiting nurses had to be reduced and prioritized to the highest risk clients. This prioritization screens out many pregnant women with lesser risk factors such as smoking and low income, concentrating only on women those with severe medical risk factors. Often the clients who need services the most are transient, mistrustful and reluctant to allow anyone to home visit.

The MCH program can no longer accept clients who smoke, although we have the highest rate of pregnant smokers in the state. We can no longer accept the working poor unless they meet strict medical risk factors.

The hearing and vision program serves over 21,000 children in this county with two full time 12 month employees and one part time, 10 month employee. The second full-time employee also works in Family planning and STD clinics. Each year the school population increases as the county grows. At the current level of funding, we find it difficult to meet the growing need for this service.

Lead screening and case management is a priority due to the number of older homes in the county (29.9% built before 1960.) The CCHD offers free lead screening to the community and coordinates with the outreach program administered through the Health Education Department. This program has provided much needed education to homeowners, landlords, and contractors on the prevention of lead poisoning and has stirred community interest in the problem. The outreach program has also educated obstetrical and pediatric practices on the changing lead regulations through an extensive mailing of information packets explaining and condensing all the new regulations. Lead screening, case management and education must continue as long as children are at risk for elevated lead levels, a risk that is entirely preventable.

The Maternal/Child Health nurses are involved in the overall goal of the health department to give families the tools they need to safe and healthy lives. Another ongoing need in the community is the provision of education on health related issues, i.e. communicable disease, immunization, lead, importance of exercise and diet, smoking, smoking during pregnancy, etc. MCH nurses are charged with many roles and responsibilities which include case management, education, advocacy, immunizations, and screening as well as trying to update their knowledge in these areas.

The need for increased funding to bring MCH program back to staffing levels of 2003 is critical. At this time, we are unable to serve the needs of our community for pregnancy and parenting needs. We need to safe guard our unborn and youngest citizens in order to insure a healthy future. A home visiting service staffed by registered nurses has been shown through research to improve pregnancy, school and family outcomes.

Local Health Priorities:

- Access to health care for all children remains our first priority
- Continue appropriate screening; lead screening, hearing, vision screening
- Maintain the current immunization rates for school entry and increase the number of children fully immunized by age two. Promote Hepatitis B, Varicella, and Meningococcal vaccine for target groups. Offer immunization clinics at the health department
- Case management of children with elevated lead levels or other continuing health problems
- Outreach to the community to provide education on health related topics
- Promote the fluoride rinse program and provide dental referral and treatment options
- Promotion of Lead Outreach Program in coordination with Health Education
- Provide case management of pregnant women at risk for adverse pregnancy or infant outcomes
- Provide case management for families with children with special health care needs
- Decrease the number of women who smoke during pregnancy through education and counseling

Childhood Immunization

(Core F416N; Grant F747N)

Overview:

In the past several years an increasing number of children have become eligible for the Maryland Children's Health Program (MCHP), thereby allowing them access to a medical home. With this accomplished, we are experiencing a decrease in the number of children in need of direct clinical immunization services. This has enabled us to change our focus from direct services to education and to tracking of immunization delayed children. CCHD continues to be available to the community as a resource for childhood immunizations. In June of 2006 the childhood immunization program began providing immunizations by appointment only. This change was necessary due to reductions in the MCH program staff and subsequent staffing time constraints. The childhood immunization program immunized on site 976 children in FY2007. in December 2007 an evening walk-in clinic for Flumist was offered for VFC eligible children.

With the Immunization Outreach Worker (IOW), we are able to track over 17,869 children with 83 cooperating providers in order to prevent delays. This has helped establish a positive relationship with private providers who are very anxious to prevent delays in their clients and see the immunization outreach program as a means to achieve this. This has reduced the number of children who present with delays. The IOW case manages children who are due vaccines in-order to maintain Carroll County's high childhood immunization rate.

In addition, we review records by requesting the schools to assure compliance with state regulations and insure complete immunization records on every student. We also review immunization records in 20% of the private schools in Carroll County to assure compliance with state regulations. We are a resource to the schools for foreign immunization record review, compliance and any needed vaccination.

Because of the CCHD's large local immunization database we were able to contribute over 10,000 names to the State Immunization Registry. In cooperation with DHMH we have now converted all our data into the State Registry. We will continue to expand the number of children in the immunization registry with complete immunization records. This information will be available to our community health partners as well as the state if numbers of immunized children are needed due to disease outbreak.

The childhood immunization program has a collaborative partnership with Head Start to provide immune record review and any needed immunizations during the Head Start annual health fair at the health department. In August of 2007, 71 children were served at the health fair. We are also involved in collaboration with Women Infants and Children (WIC) to review immunization records and track children, as necessary, for delay in immunizations.

Needs Assessment:

Retrospective record reviews in day care centers and schools have revealed about a 90% compliance rate with immunization requirements. With this knowledge, we need to continue our efforts to educate parents and providers on the need for current immunization and access to services.

The childhood immunization program's collaboration with the Center for Immunization at DHMH and the Vaccines Free for Children Program (VFC) enables us to offer free vaccines for children to the citizens of our county who meet the criteria for VFC vaccine. We must maintain and promote this collaboration as a valuable and necessary public health service to the families of our community.

The Health Department receives calls each year from community members who cannot find their immunization records. In order to better serve the community, we will continue to expand the number of children with complete immunization records in the State Registry.

In the fall of FY2006, during disaster relief related to hurricane Katrina, information regarding immunizations given by CCHD to responders was entered into ImmuNet for record keeping purposes and easy retrieval of information on responders.

The critical lack of staffing relayed in the MCH Program – Childhealth narrative also applies to this program as the same MCH staff nurses work the Children's Immunization clinic. Staff time spent in Immunization clinic necessarily negates time available to spend home visiting. When staffing levels are higher the time an individual nurse must commit to clinic is reduced as more nurses are available for assignment to clinic duties. With our present level of staffing we would be unable to hold large vaccination clinics for children with considerable wait times for parents.

Local Health Priorities:

- Reduce morbidity and mortality related to vaccine preventable diseases by maintaining a high immunization rate in children
- Achieve and maintain high vaccination coverage levels for all recommended childhood vaccines for children
- Maintain vaccination coverage levels for children in daycare and child care centers
- Continue weekly childhood immunization clinics for all recommended vaccines
- Continue to promote annual influenza immunizations for all children
- Increase the number of children/providers participating in registries
- Increase routine vaccination of adolescents
- Educate the public regarding the importance of childhood immunization

Chronic Disease Case Management Program

(Core F425N)

Overview:

According to the Centers for Disease Control (CDC), 19.6% of Americans will be sixty-five years or older by 2030. Americans who live to the age of sixty-five can expect to live, on average, another eighteen years. The majority of non-institutionalized seniors live with family members, and one-third live alone. Over 9% sixty five years of age and older, non-institutionalized Americans report the inability to perform one or more activities of daily living (e.g., bathing, toileting, dressing, or getting in or out of a chair). The Administration on Aging (AOA) has estimated that the number of elderly with moderate to severe disability will triple by 2040. The AOA points out that serious health or disability usually lead to nursing home placement, secondary to the difficulties of home management. This outcome was felt to be more likely when social, financial, and housing resources were limited. Approximately 10% of sixty-five and older Americans live in a family with an income below the Federal poverty threshold without resources to hire in-home assistance.

The mission of the Chronic Disease Case Management Program (CDCMP) is to assist the frail elderly and disabled populations of Carroll County to maintain their optimum level of health and functional independence, thereby, reducing the burden of costly and unnecessary institutionalization.

All persons referred to CDCMP receive in-depth evaluations by a registered nurse. Components of the evaluation include somatic, psychosocial and functional health assessments, review of current medication management, health education specific to each patient's needs, assessment of appropriateness for available community resources and determination of continued case management needs. Clients are referred to all available resources and/or contact is made with involved resources to assure that services are maximized. Ongoing short term case management services are provided to those patients with need of blood pressure (BP) monitoring, medication teaching, diabetic and health education, and oversight of health concerns while waiting for the start of appropriate community services.

In FY2007, the CDCM nurse made 139 home visits and 465 effective phone contacts to/on behalf of 41 patients; 25 discharged patients received an average of 8 case management months of supervision. During the first half of FY2008, the CDCM nurse made 45 home visits and 234 effective phone contacts to/on behalf of 24 patients; 14 discharged patients received an average of 7 case management months of supervision.

Needs Assessment:

Additional funding would allow for expansion of the program, an increase of nursing case management hours and more clients served. Individuals discharged from home health programs, who still have needs that put them at risk for re-hospitalization, and those who have other nursing and social needs, which are not covered by the current Medicare and Medicaid programs, could be maintained more safely and for longer periods of time in the community through nursing case management services.

In the first half of FY2007, a waiting list was started of individuals referred to CDCMP. During FY2007, the average number of individuals on the waiting list was 13 and for the first half of FY2008, the average number on the waiting list was 15.

Local Health Priorities:

- Increase access of the frail aging and disabled populations in Carroll County to nursing case management services
- Maximize utilization of existing community resources to access financial assistance, preventive health education and in-home care giver support for these target populations.

Chronic Disease Prevention Program (CDPP)

(Core F426N, E815N)

Overview:

The Centers for Disease Control (CDC) report that chronic diseases cause major limitations in daily living in one of every ten people and account for more than two-thirds of deaths in the United States. In addition, 75% of the nation's 1.4 trillion dollars in medical care costs are spent for the treatment of chronic diseases. The mission of the Chronic Disease Prevention Program (CDPP) has been to assist all citizens in Carroll County to achieve their highest level of wellness through the promotion of healthy lifestyles and disease prevention. Of particular concern are the low income uninsured residents of our community. A number of studies demonstrate that uninsured adults are less likely to receive routine care for chronic conditions and preventive services, and absence of insurance increases the death risk of certain health conditions such as stroke and cancers. Disparities in health insurance coverage exist between non-Hispanic whites and members of racial and ethnic minority groups, as the latter population on average is more likely to be uninsured.

To date, minorities and the uninsured account for only 3% of residents reached by the program's activities. In its efforts to decrease premature morbidity and mortality related to chronic diseases in the underserved population, the CDPP changed its focus toward increasing services to the uninsured and minority residents by accessing community sites frequented by these groups. Services offered by the CDPP include health education programs and health screenings including cholesterol, blood pressure, body composition analysis, and health risk assessment. These events are held at soup kitchens, thrift stores, churches, community recreational centers, schools, the CCHD, and other various sites.

Community health workers play an important role in connecting the underserved to vital services within their community. Direct interaction with this targeted population will enable staff to identify potential health problems among individuals and make appropriate referrals for care in addition to promoting healthy lifestyles.

Needs Assessment:

Ongoing training of staff and accessibility to information concerning chronic disease prevention and treatment options is needed to assure that information and services remain current. Other needs include the update and maintenance of equipment for screening, literature and educational tools for distribution in the community, and minimize the cost of screenings to assure availability to the targeted population.

Local Health Priorities:

- To reduce premature morbidity and mortality related to chronic disease by assuring that all Carroll County residents have the knowledge, skills, and opportunity to achieve and maintain their optimal health status.

Maryland Childrens' Health Program (MCHP)

(Grant F731N)

Overview:

The Maryland Children's Health Program (MCHP) is a premium free or low-cost health insurance program for children up to age 19 and pregnant women in families with low to average incomes. MCHP applications received are processed within a mandated time frame. In FY2007, the MCHP eligibility unit processed 419 pregnant/postpartum women applications; 1,140 new applications for children; and 2,053 annual recertification applications for children. In the first half of FY2008, MCHP processed 196 pregnant/postpartum women applications; 579 new applications for children; and 877 annual recertification applications for children. Since the first half of FY2007, the eligibility unit has consisted of 2 full time staff and one part time employee.

Needs Assessment:

In FY2007 DHMH mandated proof of citizenship and identity for individuals applying for MCHP. These requirements have increased the time to process applications.

The staff needs to continue processing MCHP applications in the mandated time frame; however, compliance has been difficult.

Local Health Priorities:

- To provide eligibility determination, education and assistance to MCHP clients.

Oral Health

(Core F421N; Grants F327N, F895N)

Overview:

The CCHD strives to improve the oral health resources for citizens of Carroll County. All dental health activities within the CCHD are coordinated through the Oral Health Program.

There are approximately 5,969 children in Carroll County enrolled in MCHP/MA programs (*MD DHMH Medicaid Management Information System* 12/31/07). Historically, accessing dental providers within the County has been a major problem for Medicaid clients, usually requiring clients to seek providers outside the County. In

October 2000, the CCHD (in cooperation with other community groups including the Carroll County Dental Society) was awarded a grant of $100,000 from The Maryland Health Care Foundation to develop/implement a pediatric dental clinic. Our clinic opened in July 2001 for Medicaid clients 3 days a week staffed by a pediatric fellow from the University of Maryland Dental School. The clinic now operates 4 days per week, and works collaboratively with local agencies (i.e. Catholic Charities/Head Start, Dept. of Social Services/Foster Care Program, CCPS, and the Carroll County Dental Society).

In FY2007, there was a client caseload of 1,075 unduplicated children. Many new patients require multiple restorative visits because they have not had prior preventive dental care (2,272 patient visits in FY2007). Because of the high number of MA clients in the County, frequently there is a waiting list for appointments. When there are 25 names on the waiting list, it is "closed" until everyone on that list is scheduled an appointment (with the exception of Head Start and foster care children). Our waiting list was closed the first half of FY2008 with the exception of three days in September when 30 new clients were registered.

Clients in need of dental services beyond our capability are referred to specialists in the community or to the University of Maryland Dental School. Some of our clients' dental needs are so extensive that they must be treated under general anesthesia. On June 13, 2007, Dr. Yi-Ju Chen began extensive restorative dental work one day monthly on our clients in the operating room of Kernan Hospital. This link to specialty care was extremely limited prior to our dental clinic because of the unavailability of pediatric dentists for MCHP/MA clients to evaluate and to refer.

Children with dental pain, who are pending Medicaid eligibility, are being treated by private dentists in the community through the Carroll County Children's Fund until their MA applications are approved. These emergency services are arranged by the Oral Health Program Coordinator.

While the pediatric dental clinic is the hub of the Oral Health Program, there are many other Program activities such as the Dental Access Program. Approximately 44 private dentists participate in this reduced-fee program which was developed in 1987 for the youth and elderly "gray area" population in Carroll County. The Oral Health Program Coordinator manages this program and financially screens referrals. Eligibility is determined by a sliding fee scale based upon income and the number of family members in the household. Clients are treated by local private dentists in their offices and receive a 35% discount of their normal fees.

The Oral Health Program continues to collaborate with the Cigarette Restitution Fund Program in promoting oral cancer awareness through activities with the Tobacco Coalition and the Cancer Coalition. Last year, there was a 2 CE oral cancer program (Tobacco Use Prevention and Cessation: The Oral Health Team's Role") held in collaboration with the Cigarette Restitution Fund for 70 dental hygienists in the

community. A second continuing education program will be held for dental hygienists in February 2008.

In collaboration with the Health Department's Addiction Program, 761 clients completed oral cancer surveys at intake. In FY2008, the Oral Health Coordinator collaborated again with the Cigarette Restitution Fund in a new project to give on-site education at Shoemaker Inpatient Treatment Center on oral cancer/smoking cessation.

Each year resource packets are distributed to day care centers and to Carroll County Public Schools for grades K-12 for National Children's Dental Health Month (February).

In FY2007, the Oral Health Program received a one-year grant from the Samuel Harris Fund to assemble/distribute 1,000 infant dental care bags through various programs in the Health Department.

Of the 11 community water supply systems in Carroll County, only 4 are fluoridated. Subsequently, 14 schools in non-fluoridated areas participate in our school-based Fluoride Mouth Rinse Program *"Swish and Smile" (*3,749 participants in FY2007).

There are two new programs surrounding our dental hygienist. On February 15, 2008, the Oral Health Program received a $29,000 12-month grant from the Maryland Community Health Resources Commission. This funding will support the dental hygienist's salary for an increase from 4 to 8 clinic days per month. These appointments will be initial exams, recalls, and sealants. By extending hygienist hours, it will allow our dentist more time for restorative appointments.

This grant will also fund a pilot fluoride varnish program for 120 Carroll County Head Start children. This preventive oral health measure will be performed quarterly on-site at Head Start.

Needs Assessment:

The pediatric dental clinic continues to impact the "access to dental care" problem for Medicaid recipients in Carroll County. In FY2004, our client caseload represented approximately 14% of the County's total eligible Medicaid caseload; 17% in Fiscal Years 2005 & 2006; and 18% in FY2007. However, the reality is that while our clinic continues to expand, the County's Medicaid population continues to grow, too. To our knowledge, there are 4 private general practices in Carroll County who treat Medicaid recipients, but they do not always accept new patients.

Two measures will enable us to treat more patients. First, our second dental assistant position was filled in March 2007 enabling us to schedule more patients; and second, our dental hygienist's time increased to 8 days per month in February, 2008.

Accessing dental care for adults continues to be a major problem, particularly for those with special needs. We are not able to refer the growing senior population, particularly handicapped adults, to viable dental resources. Senior citizens enrolled in our reduced-fee Dental Access Program often cannot afford the reduced-fee services, especially dentures. Also, there are no resources for adults who need emergency services.

Local Health Priorities:

- Expand the Pediatric Dental Clinic's recall/sealant program
- Explore funding for the Head Start Fluoride Varnish Program
- Explore the possibility of an adult extraction clinic
- Continue to develop inter-agency policies within the community that will expedite the dental clinic services
- Continue to refer children treated in the Pediatric Dental Clinic to other CCHD programs in an attempt to better serve the entire family
- Explore access to dental care resources for adults (ages 22-59), especially the handicapped and the senior citizens requiring dentures
- Continue to educate the public on the benefits of fluoride
- Promote the fluoridation of community water supplies in Carroll County
- Continue outreach to the community to provide education about oral cancer to increase oral cancer examinations
- Continue to promote smoking cessation education through activities planned by the Cigarette Restitution Fund Program
- Collaborate with the Cigarette Restitution Fund Program to provide oral cancer related continuing education to the private dental community

Public Health Preparedness

(Grants F3358, F3428, F3448)

Overview:

Public health emergency preparedness became a national priority after the events of 9/11 and the 2001 anthrax attacks. In the following years, additional Incidents of National Significance including Hurricanes Isabel, Katrina, and Rita; flooding in the Mid-Atlantic Region; wildfires; tornadoes, including the Charles County F5 event; the multi-state power grid failure; and E. coli outbreaks throughout the country have reinforced the need for a public health response system that is an integrated component of the public safety community.

The CCHD Public Health Emergency Preparedness Program was created in June 2002. From 2002 to present, the program has continuously grown and evolved based on current threats and Federal grant guidelines. Program staff are responsible for the development and coordination of initiatives outlined within the three separate grants: Public Health Emergency Preparedness, Pandemic Influenza, and Cities Readiness Initiative. In addition, the program continues to strengthen special projects including

special needs populations planning, staff and community training, and shelter coordination with DSS and the American Red Cross.

Maryland Department of Health and Mental Hygiene (DHMH) has identified four focus areas for the current fiscal year: community and personal preparedness, operationalization of response plans, enhancement of interoperable communications abilities, and workplace and workforce development. Carroll County Health Department Office of Preparedness and Response (OPR) staff have established and maintained these four goals since the inception of the preparedness and response program in 2002.

Needs Assessment:

Public Health Emergency Preparedness program requirements include all-hazards planning to include the development of protocols and delivery of training in health information collection and threat recognition, epidemiological investigation, isolation and quarantine, mass medication dispensing and vaccination clinic operations, and recovery.

The Pandemic Influenza Planning grant guidance outlines CDC goals for detection, control, and prevention of seasonal and/or pandemic influenza. CCHD will continue to refine and update its pandemic influenza plan and coordinate planning with Carroll County Office of Public Safety and Support Services.

The third CDC funding source is the Cities Readiness Initiative (CRI) grant. CRI is an initiative designed to provide oral medications to all county residents within 48 hours of notification of an event requiring an expedited response, and was created to enhance the area's response capabilities to an event similar to the 2001 Anthrax mailings.

The CCHD Emergency Preparedness staff realizes that Carroll County is not immune to disaster. The geographic location places the County at risk for both natural and manmade disasters. Past natural events include tropical storms, significant accumulation of ice and/or snow, tornadoes, and flooding. In addition, Carroll County was affected by the anthrax attacks of 2001. The responsibilities of the CCHD, the lead agency for Emergency Support Function 8 of the Emergency Operations Plan, for any public health emergency include: disease surveillance, activation and operation of mass clinics to provide medical prophylaxis and treatment to County citizens, public education, planning and coordination with local government agencies and private stakeholders, provision of nursing support in shelters, and investigation of environmental health threats.

Local Health Priorities:

Public health preparedness and response priorities are in alignment with CDC preparedness goals and performance measures:

- Monitor surveillance system utilized by epidemiology staff
- Continue to refine plans for, and exercise, mass clinics designed to deliver medical prophylaxis to County citizens to prevent disease, disability, and death. Further refine both medical and non-medical models to efficiently reach the population of the jurisdiction
- Further development of a communications network designed for rapid exchange of data. A focus this year is interoperable communications and redundancy
- Plan for oversight of care for a surge in the number of individuals seeking medical treatment
- Incorporate isolation and quarantine legislation into current health and medical emergency operations plan (ongoing based on DHMH guidance).
- Continue to refine and exercise regionalized approach to planning to ensure continuity of response and care throughout the Baltimore Metropolitan Area and a member of the Baltimore Urban Area Security Initiative
- Training of health department staff on position-specific Job Action Sheets for health department staff that are National Incident Management System (NIMS)-compliant
- Creation of the CCHD Continuity of Operations plan in partnership with the University of Maryland Center for Health and Homeland Security
- Enhancement of worker safety initiatives including personal protective equipment needs

Sexually Transmitted Disease
(County E822N)

Overview:

Sexually transmitted diseases (STD) are very costly, and absolutely preventable. The STD rates in the United States continue to exceed those in all other countries of the industrialized world. STD's disproportionately affect persons who have high risk sexual behaviors such as adolescents, commercial sex workers, those in detention centers, substance abusers, migrant workers and men and women of color. Untreated STD's can cause irreparable damage to reproductive organs, fatal congenital infections, perinatal complications, and chronic health problems.

STD's remain an under recognized health problem by the public health care professionals and policy makers both nationally and locally. STD's are "hidden epidemics" that have great health and economic consequences not only in the United States, but here in our own county. Each year approximately 19 million Americans become infected with STD's, of which, almost half occur in young people ages 15-24. Economically, it costs in excess of 10+ billion annually to treat STD's and their complications, i.e., lost productive time, lost wages and lost lives. Access to high quality care is absolutely necessary for early detection, treatment, and behavior modification.

In 2006 per CDC, primary and secondary syphilis cases increased to 9,756 which is an 11.8% increase from 2005. Maryland ranks 4th in the United States for syphilis cases. In Carroll County there has been an increase in not only primary and secondary syphilis, but also chlamydia and gonorrhea.

In FY2007, the Carroll County Health Department STD clinic saw 1,028 patients with a total of 1,147 visits for STD evaluation, testing, treatment, contact follow-up and education. That is a 43% increase in unduplicated clients and a 51% increase in total visits. Over 5,000 people in the community have received educational information on STDs.

Needs Assessment:

CCHD definitely needs to continue educating the public regarding STD transmission, treatment availability, and partner notification. A nursing position is greatly needed due to the increased demand for all services in Communicable Diseases (STD, TB, Overseas Travel, General Communicable Diseases) and to continue to prevent morbidity and mortality in Carroll County.

Local Health Priorities:

- Reduce the incidence of STD morbidity and increase the public's awareness of prevention and control of STD's
- Outreach to the community to provide STD educational programs

Women's Health

(Core F419N; Grant F669N, F691N, F695N, F696N)

Overview:

The mission of the Maryland State Family Planning Program is to reduce unintended pregnancies and to improve pregnancy outcomes. The goal of the program in Carroll County is to provide accessible, affordable, comprehensive, and quality family planning services to all women in need. We endeavor to strive toward this goal by maintaining a public health infrastructure which supports administrative, fiscal, epidemiological, and surveillance systems; by developing regional and private/public partnerships to assure continuum of care; and by identifying environmental factors that impact on health outcomes.

It is estimated that one-half of all pregnancies in the United States are unintended. The offering of a variety of family planning services and educational programs in diverse settings will decrease the incidence of unplanned and mistimed pregnancies; with the goal being every pregnancy planned and wanted. Unintended pregnancy is a serious and costly health concern for people of all ages and in all stages of life. The costs can be measured in reduced educational and employment opportunities, increased welfare dependency, increased potential for child neglect/abuse, increased health care costs,

and the increased likelihood of infant and/or maternal morbidity and mortality. For teenagers, the problems are compounded with the risk of poor infant health and potential developmental delays. In 2000, the unintended pregnancy rate in Carroll County was 31.1%. (Maryland Family Planning Program Title X Application – December, 2003)

Accessible, free pregnancy testing enables women to confirm a pregnancy quickly. Non-directional counseling is offered to each woman. An appointment for the Family Planning clinic is offered to those women with negative results. Information about prenatal care, WIC, and MCHP, are offered affording the woman an opportunity to access early and consistent prenatal care. In FY2007, 441 women sought pregnancy testing, counseling, and referral on a walk in basis. In addition, 1,360 tests were preformed during the course of clinical provision. According to the Maryland Vital Statistics Annual Report, 2005, 93.3% of Carroll County births were to women who received prenatal care in the first trimester. This was one of the highest percentages in the state and above the Healthy People goal of 90%, but is a 2% decrease over the 2004 data. Services need to be maintained to ensure this number does not further decrease.

Emergency contraception services have increased in number and quality. We continue to increase accessibility and flexibility with the continuance of a standing order which allows professional nursing staff to assess for and administer Plan B within specific guidelines. In FY2007 342 women were served in regards to emergency contraception. This represents an increase of almost 100 women from FY2006.

The national estimate is that 30% to 50% of 12th graders have engaged in vaginal intercourse. Teen sexual behavior, in regards to risky behaviors and teen pregnancy, remains a problem. Teens continue to present to the CCHD with asymptomatic STIs and undetected pregnancies. During school year 2006-2007, the number of students reporting a pregnancy to school staff was 54 (58*). (*Four students may have been "double counted" in both their home school and current placement in an alternative school.) This is an increase over the 49 students which reported a pregnancy during school year 2005–2006. The true number of pregnant students eludes us because of unreported miscarriages, abortions, and school drop-outs. Through the School Health Council, the CCHD has repeatedly approached the Carroll County Public Schools to plan interventions to assist students in making better choices. Data from the Carroll County Teen Sexuality Survey and Carroll County Strengths and Needs Assessment both completed in 2005 has been used for strategic planning to improve services for teens related to sexuality education, teen pregnancy prevention, and support for pregnant teens. A continuing partnership with the Carroll County School Health Council has paved the way to open dialogue about changing sex education in the county from Abstinence Based toward Comprehensive and has enabled the formation of teen pregnancy support groups, *Another Chance Teen Pregnancy Support Groups,* in each high school.

Birth rates, low birth weight rates, and infant mortality rates can be used as health status indicators of a community. The Maryland Vital Statistics Annual Report, 2005 reports a live birth number of 1,926 (11.4/1,000) for women of all ages in Carroll County. This number has stayed fairly steady over the past few years. Of that number, 118 births were to adolescents under the age of 20, which accounts for 6% of the total births. This number has increased by 5%. Carroll County remains one of the counties with the lowest number of teen births, but this recent increase is concerning. Teen birth rates do not reflect the numbers of miscarriages and abortions. It is estimated that 49% of all teen pregnancies do not end in a live birth.

Low birth weight rates can be related to prematurity, but are not absolute indicators. There are numerous reasons, including unintended pregnancy and the lack of prenatal care, for an infant to be born at low birth weight. The number of low birth weight (<2,500 gms) infants in CY2005 was 147 (7.6% of all live births). The number of very low birth weight (<1,500 gms) infants in CY2005 was 29 (1.5% of all live births). Both of these numbers have remained fairly consistent over the past few years.

Infant death is defined as a death occurring to a person under one year of age, irrespective of the period of gestation. As with the low birth weight rate, infant death can be attributed to a variety of reasons. The number of infant deaths in CY2005 was 6 (3.1/1,000 live births). In contrast, the State of Maryland's infant mortality rate is 7.3/1,000 live births. Carroll County remains significantly lower than the Maryland average. Maryland Vital Statistics of resident-recorded infant deaths and the infant mortality rate per 1,000 live births do not always account for the approximately 20% of all Maryland infant births and deaths which occur outside Maryland.

Since September 2004, Thin Prep has been used as the method of pap collection. Human papilloma virus (HPV) testing is completed by the lab on a reflex basis triggered by an atypical squamous cells of undetermined significance result or on a non-reflex basis contingent on clinician discretion. Cost savings related to client follow-up and staff time are continuing to be monitored. Colposcopy clinic is a county service for women who require specialty services for follow-up of abnormal pap smears. Referrals are accepted from all sources of care. In FY2007, 146 colposcopy visits were made.

National data suggests that 25% of all teens will contract a sexually transmitted infection (STI) by age 19. STIs are a major cause of infertility in this population. Pregnant women have the added burden of passing the infection onto their infants which can result in subsequent negative sequella. According to Carroll County STD Program data, during FY2007, there were 166 confirmed cases of chlamydia reported and 40 cases of gonorrhea for all ages. Due to a change in data systems, confirmed cases are not compiled by age or sex at this time.

In order to address all of the previously stated issues and to serve the women of Carroll County in regards to reproductive health issues, the Women's Health Program offers a family planning/gynecology clinic, colposcopy clinic, STI services, Fetal/Infant Mortality

Review Board, abstinence education activities, and community outreach, education, and advocacy. In FY2007, the Family Planning Clinic served 1,570 unduplicated clients during 3,032 visits. Due to funding decreases and clinician coverage, older women not needing contraceptives are being referred to available community resources. Community outreach, education and advocacy is a major component of the Women's Health Program. In FY2007, 4,309 participants were involved in educational programs relating to Women's Health.

During FY2007, the Carroll County Health Department requested and was granted funding for Abstinence Education. Through the procurement system, the CCHD established a Memorandum of Understanding with McDaniel College in Westminster to develop and implement an Abstinence Education program for middle school males. Staff at the college worked through the development phase and established the program during the second half of the fiscal year. The target population is male youth who attend East Middle School in Westminster. The program was integrated into the existing after school program offered at that site and was staffed by male students from McDaniel College in conjunction with the McDaniel ROTC. The *Managing Pressures Before Marriage* curriculum was used in addition to supporting resources on self-esteem, respect, and decision making. The CCHD acted as the contract monitor and advisor. Currently, during FY2008, we have submitted an RFP and are awaiting responses for a similar program.

Needs Assessment:

- Need for ongoing community assessment of client needs and service gaps
- Need for continued coordination of services with the private sector
- Need for enhancement of all community health services with advocacy, support, and education
- Need for continued communication with the Carroll County Public Schools regarding sexuality education curriculum and services for pregnant teens in the schools
- Continued funding for staff and clinician coverage for clinics

Local Health Priorities:

- Continued community assessment of client needs and service gaps
- Continued family planning, gynecological, and colposcopy clinical services
- Evaluation, analysis, and identification of useful data which can be used for strategic planning
- Continued coordination of services with the private sector
- Continued community outreach, education, and advocacy regarding reproductive health issues
- Increased communication and collaboration with the Carroll County Public Schools regarding sexuality education curriculum and services for pregnant teens in school

FY2009 Local Health Plan
Index of Acronyms

Acronym	Meaning
ACCU	Administrative Care Coordination Unit
ACES	Active Children Excel in School
ACS	American Cancer Society
AERS	Adult Evaluation and Review Services
AIDS	Acquired Immunodeficiency Syndrome
ALD	Assistive Listening Device
AOA	Administration on Aging
BCCP	Breast and Cervical Cancer Program
BHAAC	Behavioral Health & Addictions Advisory Committee
BP	Blood Pressure
BRF	Bay Restoration Fund
CATS	Carroll Area Transit System
CCDC	Carroll County Detention Center
CCDSS	Carroll County Department of Social Services
CCHD	Carroll County Health Department
CCPS	Carroll County Public Schools
CD	Communicable Disease
CDC	Centers for Disease Control
CDCMP	Chronic Disease Case Management Program
CDPP	Chronic Disease Prevention Program
CHC	Carroll Hospital Center
CHIA	Core Health Improvement Areas
CHLI	Community Healthy Living Initiative Grant
CI	Cochlear Implants
CE	Continuing Education
CRASH	Carroll Resources to Advance Safer Highways
CRFP	Cigarette Restitution Fund Program
CRI	Cities Readiness Initiative
CSA	Core Service Agency
CSNA	Community Strengths and Needs Assessment
CUPID	Community Underage Prevention of Impaired Driving
CY	Calendar Year
DHCD	Department of Housing and Community Development
DHMH	Department of Health and Mental Hygiene
DHR	Department of Human Resources
DJS	Department of Juvenile Services
DSS	Department of Social Services
EC	Emergency Contraception
ED	Emergency Department
EMA	Eligible Metropolitan Area
FIMR	Fetal Infant Mortality Review
FOBT	Fecal Occult Blood Test
GIS	Geographic Information System
HICC	Health Information Coordinating Council
HIPAA	Health Information Portability and Accountability Act
HIV	Human Immunodeficiency Virus
HOPWA	Housing Opportunities for Persons with AIDS
HPV	Human Papilloma Virus
IOP	Intensive Outpatient Program
IOW	Immunization Outreach Worker
KISS	Kids in Safety Seats
MA	Medical Assistance
MAPC	Medical Assistance Personal Care
MATS	Maryland Adult Tobacco Survey
MCH	Maternal/Child Health
MCHP	Maryland Children's Health Program
MCO	Managed Care Organization
MDE	Maryland Department of the Environment
MHA	Mental Hygiene Administration
MRSA	Methicillin Resistant Staphylococcus Aureus
MTBE	Methyl-Tert-Butyl Ether
MYTS	Maryland Youth Tobacco Survey
NIMS	National Incident Management System
NPI	National Provider Identifier
OAW	Older Adult Waiver
OPR	Office of Preparedness and Response
PACE	People with Arthritis Can Exercise
PCA	Program Cost Account
PHCC	Partnership for a Healthier Carroll County, Inc.
PHE	Public Health Education
PHP	Public Health Preparedness
PMHS	Public Mental Health System
RFP	Request for Proposal
SIDS	Sudden Infant Death Syndrome
STEP	Shapiro Training Employment Program
STD	Sexually Transmitted Diseases
STI	Sexually Transmitted Infections
TB	Tuberculosis
VFC	Vaccines Free for Children
WIC	Women, Infants, and Children

PROGRAM COST ACCOUNT (PCA) CODES

Page(s)

E801N Administration.. 17, 26
E802N Nutrition... 28
E803N Public Health Nursing- Administration.................... 17
E815N Public Health Nursing - General............................ 49, 53, 61
E822N Communicable Disease..67
E830N Medicaid Personal Care... 48
E865N Environmental Health... 41
E888N Public Health Education... 17, 29
F205N Housing Options for People with AIDS................... 50
F270N Walk to Safety…………………………………………29
F281N Ryan White I - Emergency Financial Assistance….50
F327N Oral Disease and Health Promotion....................... 62
F377N Lead Outreach.. 29
F401N Administration.. 17, 26
F407N Audiology... 51
F416N Child Health Program... 53, 57
F419N Women's Health Services...................................... 68
F421N Dental Health Program.. 62
F422N Communicable Disease Control............................ 49
F425N Adult Health... 59
F426N Chronic Disease Program..................................... 61
F435N Adult Evaluation and Review Services................. 48
F465N Environmental Health... 41
F486N AIDS Health Services... 50
F525N Underage Impaired Driving Prevention………….. 33
F564N Healthy Start………………………………………… 53
F584N Diabetes Today…………………………………….... 29
F593N Environmental Health Tracking Grant……………. 41
F609N Maryland Infant & Toddlers................................... 53
F623N Highway Safety Program...................................... 33
F656N Susan Komen Grant……………………………….. 52
F669N Abstinence Education Grant………………………. 68
F675N Respite Care………………………………………… 53
F676N CDC Breast & Cervical Cancer Program.............. 52
F679N Community Healthy Living Initiative..................... 29
F683N State & Community Based Injury Control............. 29
F689N MD Worksite Healthy Eating & Physical Activity.. 29
F691N Family Planning.. 68
F695N Family Planning Drug Grant.................................. 68
F696N Improved Pregnancy Outcome............................. 29, 68

Page(s)

F705N WIC Program.. 28
F714N Cancer Outreach and Diagnosis.................................... 52
F720N Adult Evaluation and Reviews Services........................... 48
F730N Administrative Care Coordinator...................................... 47
F731N MCHP Eligibility..62
F738N Medical Assistance Transportation Grant…………………27
F740N TB Control…………………………………………………… 49
F747N Immunization Action Plan...57
F749N Refugee Health.. 49
F751N Arthritis Intervention (PACE).. 29
F763N Ryan White II - Consortia Services.................................. 50
F764N Health Education Risk Reduction....................................50
F765N Local Prevention Initiatives.. 50
F800N Community Mental Health..21
F819N Shelter Plus Care.. 21
F821N Core Services Agency..21
F823N PATH Grant..21
F827N Core Service Agency Rollover Funds.............................. 21
F828N Federal Block Grant SE – EBP Project……………………21
F844N Outpatient Addiction Services.. 37
F850N Shoemaker - Carroll Addictions Rehab............................ 37
F865N TCA Addictions Program Specialist Expansion................37
F867N Cigarette Restitution Fund Addictions.............................. 37
F868N Substance Abuse Treatment Outcome Partnership........ 37
F883N Ryan White I – OAHS – EFA……………………………….50
F884N Ryan White I Transportation………………………………. 50
F895N Strong Smiles Dental Grant……………………………….. 62
F3358 Public Health Preparedness.. 65
F3428 Pandemic Influenza………………………………………… 65
F3448 Cities Readiness Initiative…………………………………. 65
FC01N Cancer Restitution Fund... 19
FC02N Cancer Restitution Fund... 19
FC03N Cancer Restitution Fund... 19
FT02N Community Initiatives - Tobacco..................................... 20
FT03N School Based Initiatives - Tobacco................................. 20
FT04N Enforcement Initiatives - Tobacco................................... 20
FT05N Cessation Initiatives - Tobacco....................................... 20
FT06N Administration – Tobacco…………………………………. 20

Printed: February 28, 2008