Harford County

Local Health Improvement Coalition

Community Health Improvement Plan

January 2025-2030

HARFORD COUNTY
LHIC

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2025 LOCAL HEALTH IMPROVEMENT COALITION MEMBER ORGANIZATIONS

Organization	Sector Represented
Achieve Behavioral Health	Behavioral Health Provider
Addiction Connections Resource	Behavioral Health Provider
AETNA	Health Insurance
Alzheimer's Association	Community Based Organization
Arena Club	Local Business
ARS Treatment Centers	Behavioral Health Provider
Ashley Addiction Treatment	Behavioral Health Provider
ATI Physical Therapy, St. Margaret's Health Ministry	Faith Based
Bel Air Police Department	Local Government
Bergand Group	Behavioral Health Provider
Brantwood	Behavioral Health Provider
CareFirst	Health Insurance
Carol Deel & Associates	Behavioral Health Provider
Chestnut Grove AME Church	Faith Based
Community College of Baltimore County	Higher Education
Harford County Residents	Community Members
Office on Mental Health Core Service Agency	Local Behavioral Health Authority
Department of Defense	Local Government
Department of Emergency Services	Local Government
Department of Juvenile Services	Local Government
Harford County Detention Center	Local Government
District Court of Harford County	Local Government
Department of Social Services	Local Government
EMRC Group	Behavioral Health Provider
Epi Center	Community Based Organization
Girls on the Run	Community Based Organization
Habitat for Humanity	Community Based Organization

Hannah's Hope	Community Based Organization
Harbor of Grace Recovery	Behavioral Health Provider
Harford County Council	Local Government
Harford County Government	Local Government
Harford County Health Department	Local Health Department
Harford County Library	Local Government
Harford County Office on Aging	Local Government
Harford County Public Schools	School System
Harford County Sheriff's Office	Local Government
Harford County Transit	Local Government
Healthy Harford	Community Based Organization
Homecoming Project	Behavioral Health Provider
Horowitz Center	Higher Education
Inner County Outreach, Inc.	Community Based Organization
Intrepid counseling LLC	Behavioral Health Provider
Johns Hopkins	Higher Education
Judy Center	Community Based Organization
Kaufman Cancer Center	Medical
Klein ShopRite	Community Based Organization
LASO's	Community Based Organization
Legal Resource Center for Public Health Policy	Higher Education/ Legislation
Leukemia & Lymphoma Society	Community Based Organization
Maryland Circuit Court	Local Government
Maryland Commitment to Veterans	Community Based Organization
Maryland Wellness	Behavioral Health Provider
MedMark Treatment Centers	Behavioral Health Provider
MedStar	Medical
Mosiac Group	Behavioral Health Provider
Mount Zion Methodist Church	Faith Based
MSI	Medical
National Coalition of 100 Black Women	Community Based Organization
New Day Wellness and Recovery Center	Behavioral Health Provider
Office of Drug Control Policy	Local Government

OIC Counseling Services	Behavioral Health Provider
Opioid Operational Command Center	Local Government
People Inspiring People	Community Based Organization
Phoenix	Behavioral Health Provider
Pyramid Healthcare	Behavioral Health Provider
Harford County Parks & Recreation	Local Government
Riverside Treatment	Behavioral Health Provider
Rooted Willow Community	Behavioral Health Provider
Sanchez Pediatrics	Medical
Seedco	Health Insurance
Serenity LLC	Behavioral Health Provider
Sinai Hospital of Baltimore	Medical
SPIN Inc.	Community Based Organization
Springboard Community Services	Community Based Organization
St. Margaret	Faith Based
Town of Bel Air	Local Government
Towson University	Higher Education
UM Upper Chesapeake Health	Medical
Upper Bay Counseling	Behavioral Health Provider
Veni Vidi Vici	Behavioral Health Provider
Voices of Hope	Community Based Organization
Walden	Behavioral Health Provider
Wellspan	Behavioral Health Provider
Y of Central MD	Community Based Organization

Mission: To protect, promote, and improve the health, safety, and environment of Harford County residents.

Vision: To make Harford County the healthiest community in Maryland.

What is Health: Health is a state of complete physical, mental, and social well-being and not merely the absence of disease (World Health Organization).

What is a Healthy Community: A healthy community is one in which local groups from all parts of the community work together to prevent disease and make healthy living options accessible. It reduces health gaps caused by differences in income, education, race and ethnicity, location, and other factors that can affect health (Centers for Disease Control and Prevention).

1. EXECUTIVE SUMMARY

The Harford County Local Health Improvement Coalition (LHIC) is pleased to present the following Community Health Improvement Plan (CHIP) to county residents, community organizations, and civic groups after engaging in a year-long strategic planning process. The CHIP aligns with gaps identified within the 2024 Harford County Community Health Needs Assessment (CHNA).

The LHIC comprises over 80 member organizations and individuals representing a broad spectrum of the community and all aspects of health. Community residents are also members of the LHIC and sit on all three workgroups. The CHNA data was both quantitative and qualitative. Input was gathered from residents through a community forum, focus groups, and a Community Health Survey that reached over 2,200 respondents. Other quantitative data on the health status of the community was gathered to provide a complete picture of Harford County's health landscape. The resulting data was examined by LHIC members, who identified three health priorities including Behavioral Health, Chronic Disease & Wellness, and Family Health & Resilience.

Goals and strategies relating to these three issues comprise the health improvement plan. The next step in the process is a five-year action cycle that community partners are implementing. Three workgroups and subcommittees composed of individuals and organizations committed to improving health issues have been formed and are currently working on their priority action plans. This plan will be reviewed annually with updates being made, if needed.

The LHIC's goal is to implement these strategies through collaboration and synergy, to accomplish goals and decrease the health disparities in Harford County.

Community Forum and MAPP Process

Every year in late fall all three workgroups come together at the LHIC Annual Meeting to review updated data for the "Health of Harford County" and discuss new strategies or updates to the CHIP as a result of the updated data. The presented data aligns with the Harford County CHNA/ Health Equity Report data. In 2024, LHIC coordinators, workgroup chairs, and the Health Officer worked together to begin using the Mobilizing for Action through Planning and Partnerships (MAPP) process with coalition members. Coalition members are crucial in this process as their input and participation provide deeper insight into those who work, learn, live, and play in the community. Developed by the National Association of County and City Health Officials (NACCHO) and CDC, MAPP helps communities prioritize their health issues and identify resources using six phases:

- Organizing
- Visioning
- Assessments
- Strategic issues
- Goals/strategies
- Action Cycle

The Harford County LHIC began organizing by reviewing the LHIC process post-COVID to ensure the coalition would be accessible to community partners and community members and provided them with a safe space to share information and input on health issues in Harford County.

During the LHIC Annual Meeting, a session was conducted where members participated in a dialogue about shared vision and values. Over 50 members participated which allowed for a better understanding of each other and identify connections that will allow the group to work on the goals of the LHIC.

The 2024 Community Health Needs Assessment was released in July 2024. The Harford County Community Health Needs Assessment (CHNA) provides a thorough evaluation of the health status of Harford County. The report includes both primary and secondary data in qualitative and quantitative forms. Primary data is collected through an online survey that is distributed to residents throughout the county and asks questions regarding their health status, risk factors, and health outcomes. Primary data is also collected through focus groups with key informants in the community and residents in the county. Focus groups provide a diverse perspective on the health of the county and help determine health priorities. Secondary data is collected through a compilation of data from several sources; Maryland Vital Statistics, Behavioral Risk Factor Surveillance System (BRFSS), County Health Rankings, Maryland Department of Health, U.S. Census Bureau, University of Maryland Upper Chesapeake Health, Health Services Cost Review Commission (HSCRC), Chesapeake Regional Information System (CRISP), and the Youth Behavioral Risk Survey/ Youth Tobacco Survey (YRBS/YTS).

Strategic issues, or the critical challenges and opportunities identified through a community health assessment that need to be addressed to achieve the community's vision for health improvement, were reviewed with all LHIC members, and priorities were chosen. The members agreed to continue focusing on Behavioral Health, Chronic Disease Prevention and Wellness, and Family Health and Resiliency.

Following this, the workgroups set goals for each, based on the vision and assessment data, and formulated strategies for reaching those goals.

Lastly, the work plan was finalized and implementation will begin in January 2025. Regular monitoring and assessment of the work plan, or evaluation, will be carried out by the HCHD and reviewed with LHIC members on a yearly or as-needed basis.

2. PRIMARY AND SECONDARY DATA

A subcommittee comprised of members from Harford County Health Department, University of Maryland Upper Chesapeake Health, and Healthy Harford met regularly over a 9-month period, following the December 2023 LHIC Forum, collecting primary and secondary health data. Primary data was gathered from four targeted focus groups and an online Community Health Survey that reached over 2,200 residents. Secondary data was collected from sources such as Maryland Behavioral Risk Factor Surveillance System, Youth Risk Behavior Survey, Robert Wood Johnson County Health Rankings, and the U.S. Census Bureau. The 2024 Harford County Community Health Needs Assessment was released in July 2024 and served as a basis for the identification of needs, gaps, strengths, and overall status of health in Harford County.

The culmination of primary and secondary data created a robust picture of life and health in Harford County and enabled the Coalition to inform the next iteration of the Community Health Improvement Plan (CHIP). Primary and secondary data, including the Harford County Community Health Needs Assessment, was presented to the LHIC during the 2024 annual meeting. This data was used to refine the strategies and action plans in the CHIP. The plan is divided into three action plans based on the priority workgroups selected during the Coalition's Community Forum. The three plans include Behavioral Health, Chronic Disease & Wellness, and Family Health & Resilience. Each action plan is accompanied by related goals and strategies that align with the work currently being done to improve the health of Harford County residents.

Priority 1: Behavioral Health
Goal: Reduce the Burden of Substance Use and Mental Health Disorders in Harford County

2030 Behavioral Health Targets

- Reduce the number of suicides
- Reduce the number of fatal drug overdoses
- Reduce emergency department visits related to nonmedical use of prescription opioids

Objective	County Baseline	Maryland Baseline	County 2030 Target	Healthy People 2030 Target
Number of Suicides	8.6 per 100,000 (2022)	9.5 per 100,000 (2022)	7.74 per 100,000	12.8 per 100,000
Number of Fatal Drug Overdoses	36.4 per 100,000 (2022)	42.0 per 100,000 (2022)	32.76 per 100,000	20.7 per 100,000
Emergency Department Visits related to nonmedical use of prescription opioids	9.1 per 10,000 (October 2023 to September 2024)	13 per 10,000 (October 2023 to September 2024)	8.19 per 10,000	3.5 per 10,000

Priority 2: Chronic Disease
Goal: Prevent Chronic Disease and Improve Wellness by Focusing on Existing Programs Throughout the County

2030 Chronic Disease Health Targets

- Increase the proportion of eligible people completing CDC-recognized type 2 diabetes prevention programs
- Increase the number of community organizations that provide prevention services
- Reduce current tobacco use in adults
- Reduce current e-cigarette use in adolescents

Objective	County Baseline	Maryland Baseline	County 2030 Target	Healthy People 2030 Target
Number of eligible people completing CDC-recognized type 2 diabetes prevention programs	Developmental*	Developmental*	Developmental*	Developmental*
Number of community organizations that provide prevention services	Developmental*	Developmental*	Developmental*	Developmental*
Current e-cigarette use in adolescents	16%	25.4%	14.4%	10.5%
Current cigarette uses in adults	6.9%	9.8%	6%	6.1%

*This objective currently has developmental status, meaning it is a high-priority public health issue that has evidence-based interventions to address it but doesn't yet have reliable baseline data. Once baseline data are available, this objective may be considered to become a core objective.

Priority 3: Family Health
Goal: Prevent Maternal Health Outcomes from Declining in At-Risk Groups in Harford County

2030 Family Health Targets

- Decrease Infant Mortality Rate
- Increase the proportion of women who get screened for postpartum depression
- Increase the percentage of mothers accessing early prenatal care

Objective	County Baseline	Maryland Baseline	County 2030 Target	Healthy People 2030 Target
Infant Mortality Rate	4.9 per 1,000	6.0 per 1,000	4.0 per 1,000	5.0 per 1,000
Percentage of Women who get screened for postpartum depression	Developmental*	Developmental*	Developmental*	Developmental*
Percentage of mothers accessing early prenatal care	77%	66%	84.7%	80.5%

*This objective currently has developmental status, meaning it is a high-priority public health issue that has evidence-based interventions to address it but doesn't yet have reliable baseline data. Once baseline data are available, this objective may be considered to become a core objective.

3. WORK PLAN

Priority 1: Behavioral Health
Goal: Reduce the Burden of Substance Use and Mental Health Disorders in Harford County

Strategy A: Review and bring awareness to the abundance of behavioral health resources in Harford			
Actions	**Measures**	**Agencies Responsible**	**Assessment**
1. Finalize intercept mapping process	1 Completed intercept mapping process documented	HCHD, UMUCH, ODCP, CSA, LAA, Community Mental Health and Substance Use programs, Community Members	January 2025-June 2025
2. Identify best advertising practices for pushing out information	# of best practices identified	HCHD, UMUCH, ODCP, CSA, LAA, Community Mental Health and Substance Use programs, Community Members	Yearly, from January to December
3. Discuss and finalize web location to house all substance use and mental health resources	1 location identified for holding all Harford County Resources	HCHD, UMUCH, ODCP, CSA, LAA, Community Mental Health and Substance Use programs, Community Members	September 2025
Relationship to Community Health Needs Assessment: CRISP Mental Health ED Visits, Vital Stats Suicide Rate, Intoxication Overdoses and Deaths, County Health Rankings Binge/Heavy Drinking, Poor Mental Health Days, Provider to Resident Ratio			
Health Outcomes: Improved mental health days, decreased ED visits for mental health and substance use, and decreased deaths associated with mental health and substance use			
Considerations for Social Determinants of Health: Services offered to all populations (age, income, race, zip code), connection to Medicaid			
Plans for Policy and System Level Change: Streamlined communications for all behavioral health resources			

Strategy B: Reduce suicides			
Actions	**Measures**	**Agencies Responsible**	**Assessment**
1. Create a County-wide suicide communications campaign	# of campaigns created to reduce stigma and build community support	HCHD, UMUCH, ODCP, CSA, LAA, Community Mental Health and Substance Use programs, Community Members	Yearly, from January to December
2. Identify and review evidence-based practices	# of evidence-based suicide prevention practices reviewed	HCHD, UMUCH, ODCP, CSA, LAA, Community Mental Health and Substance Use programs, Community Members	January 2025 - March 2025
3. Adopt evidence-based suicide prevention practices	# of organizations who have identified and adopted at least one evidence-based practice	HCHD, UMUCH, ODCP, CSA, LAA, Community Mental Health and Substance Use programs, Community Members	Yearly, from January to December
Relationship to Community Health Needs Assessment: BRFSS and YRBS Mental Health and Suicide Data, Vital Statistics Suicide Rate			
Health Outcomes: Improved mental health BRFSS and YRBS percentages, reduced suicide rate and YRBS suicidal thoughts			
Considerations for Social Determinants of Health: Services offered to all populations (age, income, race, zip code), connection to Medicaid			
Plans for Policy and System Level Change: Education for policymakers on trauma-informed care and expansion of mental health services			

Strategy C: Improve mental health and substance use collaboration throughout the County			
Actions	**Measures**	**Agencies Responsible**	**Assessment**
1. Update coalition members on mental health and substance use data	# of presentations given	HCHD, UMUCH, ODCP, CSA, LAA	Quarterly from January to December
2. Strengthen community partnerships to promote mental health and substance use screenings	Create one streamlined system for community referrals	HCHD, UMUCH, ODCP, CSA, LAA, Community Mental Health and Substance Use programs, Community Members	Yearly, from January to December
Relationship to Community Health Needs Assessment: CRISP Mental Health ED Visits, Vital Stats Suicide Rate, Intoxication Overdoses and Deaths, County Health Rankings Binge/Heavy Drinking, Poor Mental Health Days, Provider to Resident Ratio			
Health Outcomes: Decreased ED visits, improved vital statistics mortality rates, improved access to care			
Considerations for Social Determinants of Health: Services offered to all populations (age, income, race, zip code)			
Plans for Policy and System Level Change: Update policymakers on updated county-level data			

Priority 2: Chronic Disease
Goal: Prevent Chronic Disease and Improve Wellness by Focusing on Existing Programs Throughout the County

Strategy A: Focus on Whole Health For All Activities			
Actions	**Measures**	**Agencies Responsible**	**Assessment**
1. Partner with other LHIC workgroups	# of joint chronic disease and behavioral health workgroup meetings	HCHD, behavioral health LHIC workgroup chair, chronic disease workgroup chair, LHIC members,	Yearly, from January to December
2. Increase workgroup participants in different areas of health including students	# of new workgroup participants, # of individuals attending LHIC meetings, # of high school student participation, # of college student participation, # of BH worker participants	HCHD, LHIC workgroup members, Harford Community College/ Towson University TUNE, Public and Private Schools	Yearly, from January to December
3. Increase participation at Minority Health Monthly events	# of attendees, # of topics discussed focused on whole health, # of presentations done at LHIC to promote programs	HCHD, LHIC Workgroup members, Community Organizations, Community Members	Yearly, from January to December
Relationship to Community Health Needs Assessment: Perceived health status, leading chronic conditions for emergency visits			
Health Outcomes: CRISP Hospital Utilization Data, Maryland BRFSS, Maryland YRBS			
Considerations for Social Determinants of Health: Improve social and community context			
Plans for Policy and System Level Change: Policy promotion for community groups to promote LHIC participation			

Strategy B: Improve Health Across the Lifespan			
Actions	**Measures**	**Agencies Responsible**	**Assessment**
1. Increase nutrition referrals	# of referrals received, # of those receiving nutrition counseling	HCHD, UMUCH, Community Organizations	Yearly, from January to December
2. Promote Civil Surgeon Program	# of individuals seen, # of individuals receiving care coordination	HCHD, UMUCH, Local healthcare groups, Community Organizations	Yearly, from January to December
3. Increase the number of individuals being educated on Tobacco/Vape usage in conjunction with other substance use such as alcohol	# of students educated on tobacco and vape usage, # of adults educated on cigarette use, # of adults enrolled in cessation	HCHD, HCPS, UMUCH	Yearly, from January to December
4. Increase cannabis usage education for all walks of life	# of educational materials disseminated, # of educational materials created	HCHD, UMD Legal Resource Center, Community Organizations and Community Members	Yearly, from January to December
Relationship to Community Health Needs Assessment: Percentage of current smokers in Harford County, percentage of students who currently use an electronic smoking device, overweight and obese percentage			
Health Outcomes: Reduce BRFSS percentage of adults who currently use tobacco, reduce YRBS percentage of students who currently use an electronic smoking device, Reduce BRFSS percentage of adults overweight or obese, Reduce YRBS percentage of students overweight or obese			
Considerations for Social Determinants of Health: Improve social and community context and healthcare quality			
Plans for Policy and System Level Change: Enforce the Tobacco 21 Law and provide support for other organizations who would like updated tobacco prevention policies			

Strategy C: Increase Preventive and Accessible Health Education			
Actions	**Measures**	**Agencies Responsible**	**Assessment**
1. Increase Diabetes Prevention Program (DPP) and Diabetes Self Management Program (DSMP) class participation	# of individuals enrolled in DPP, # of individuals enrolled in DSMP, # of new cohorts created	HCHD, UMUCH, Community Organizations, Community Members	Yearly, from January to December
2. Create chronic disease health education campaigns that are health-literate	# of campaigns created, # of individuals reached through social media, # of communication materials developed, # of materials reviewed by UMD	HCHD, UMD Horowitz Center for Health Literacy, Community Organizations, Community Members	Yearly, from January to December
3. Increase the number of children enrolled in School-Based Health Center Program (SBHC)	# of students enrolled in SBHC, # of counseling visits. # of NP visits	HCHD, HCPS, Community Organizations	Yearly, from January to December
Relationship to Community Health Needs Assessment: Diabetes mortality rates, hospital utilization, health disparities between races and ZIP Codes			
Health Outcomes: Reduce Maryland BRFSS diabetes prevalence, CRISP Hospital Utilization data, Maryland YRBS			
Considerations for Social Determinants of Health: Increased education access and quality for at-risk populations			
Plans for Policy and System Level Change: Review system-level education to ensure evidence-based and best-practice information			

Priority 3: Family Health
Goal: Prevent Maternal Health Outcomes from Declining in At-Risk Groups in Harford County

Strategy A: Ensure mothers are connected to health insurance and prenatal care through education and care coordination.			
Actions	**Measures**	**Agencies Responsible**	**Assessment**
1. Promote the Healthy Babies Act and increase the percentage of undocumented mothers who are connected to health insurance	# of undocumented Women connected to insurance through the Healthy Babies Act	HCHD, WIC, MEGANs Place, Department of Social Services (DSS), UMUCH, Community Services, Community Based Organizations	Yearly, from January to December
2. Provide learning/educational events on prenatal care importance	# of classes taught at MEGAN's place that educate women on the importance of prenatal care	HCHD, WIC, MEGANs Place, Department of Social Services (DSS), UMUCH, Community Services, Community Based Organizations	Yearly, from January to December
3. Increase the number of women receiving breastfeeding and nutrition support through WIC	# of WIC participants	HCHD, WIC, MEGANs Place, Department of Social Services (DSS), UMUCH, Community Services, Community Based Organizations	Yearly, from January to December
Relationship to Community Health Needs Assessment: Community access to care, uninsured data, maternal health outcomes			
Health Outcomes: Improved infant and maternal mortality			
Considerations for Social Determinants of Health: Break down barriers to healthcare access and quality			
Plans for Policy and System Level Change: Policy promotion, review of Medicaid bills, reducing barriers to care and essential services to vulnerable families			

Strategy B: Educate the community on maternal health outcomes for specific populations			
Actions	**Measures**	**Agencies Responsible**	**Assessment**
1. Educate community partners and leaders on Black Maternal Health	# of educational sessions/ learning events # of people attending educational events/ learning sessions	HCHD, WIC, MEGANs Place, Department of Social Services (DSS), UMUCH, Community Services, Community Based Organizations	Yearly, from January to December
2. Partner with HCHD Minority Health Program to identify effective communication with at-risk groups	# of strategies identified	HCHD Minority Health Program and MEGAN's Place	January 2025 - December 2025
Relationship to Community Health Needs Assessment: Community access to care, health disparity data, maternal health outcomes			
Health Outcomes: Improved infant and maternal mortality with an emphasis on health equity			
Considerations for Social Determinants of Health: Build social and community context and health care access and quality			
Plans for Policy and System Level Change: Reduce barriers to care and essential services for vulnerable families			

Strategy C: Create materials and educate pregnant and post-partum women on the effects of recreational cannabis			
Actions	**Measures**	**Agencies Responsible**	**Assessment**
1. Offer resources to pregnant and postpartum women who identify using recreational cannabis	# of educational materials distributed	HCHD, WIC, MEGANs Place, Department of Social Services (DSS), UMUCH, Community Services, Community Based Organizations	Yearly, from January to December
2. Connect pregnant or postpartum women to care who identify using recreational cannabis to assist with mental health	# of women referred to behavioral health services	HCHD, WIC, MEGANs Place, Department of Social Services (DSS), UMUCH, Community Services, Community Based Organizations	Yearly, from January to December
3. Create an educational campaign on the effects of cannabis usage during pregnancy or postpartum	# of campaigns created # of individuals reached	HCHD, WIC, MEGANs Place, Department of Social Services (DSS), UMUCH, Community Services, Community Based Organizations	Yearly, from January to December
Relationship to Community Health Needs Assessment: Community access to care, SENs data, maternal health outcomes			
Health Outcomes: Improved infant and maternal mortality			
Considerations for Social Determinants of Health: Connection of at-risk and vulnerable women to services			
Plans for Policy and System Level Change: System-level changes to community referral process for at-risk and vulnerable women			

4. TRACKING OF OBJECTIVES/MEASURES

The Harford County Health Department Population Health Bureau staff will track objectives and measures using Clear Impact. The interactive dashboard can be found at: https://harfordcountyhealth.com/performance-management/.

The specific CHIP scorecard will present county-wide population data alongside specific program performance measures, providing decision-makers with consistent and actionable insights. Built according to the Results-Based Accountability (RBA) framework, these tools enable us to use data to manage performance and guide decision-making at all levels of the organization. The data will be updated on a yearly basis and shares with the Local Health Improvement Coalition and other stakeholders such as the Board of Health.