Cecil County Community Health Improvement Plan

Fiscal Years 2023-2025

April 7, 2023

In partnership with the Cecil County Community Health Advisory Committee

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INTRODUCTION

Cecil County's Community Health Improvement Plan (CHIP) for Fiscal Year 2023 – Fiscal Year 2025 is a three-year, systematic plan to address health issues identified through the 2022 Cecil County Community Health Needs Assessment (CHNA), in order to improve the health of our community. The purpose of the plan is to provide a roadmap for how the Cecil County Health Department, partner organizations, and the community will work together to advance the health of Cecil County residents. Planning and implementation of CHIP activities is participatory, involving a broad set of stakeholders and partners. The CHIP allows partners to focus on specific, high-priority health issues and leverage resources for a larger collective impact.

Cecil County implements its community health improvement plan in conjunction with Maryland's State Health Improvement Process (SHIP). This initiative was launched by the Maryland Department of Health (MDH) in 2011 with the goal of providing a framework for accountability, local action, and public engagement to advance the health of Maryland residents. Maryland's SHIP consists of 39 measures determined to be critical to the overall health of Maryland communities and is closely aligned with Healthy People (HP) objectives.[1] Cecil County's Community Health Advisory Committee (CHAC) serves as the Local Health Improvement Coalition for the county.

In 2022, Cecil County Health Department and partner organizations on CHAC began a community health improvement process to identify a new set of health priorities for Cecil County. On July 21, 2022, CHAC members met to discuss results of the CHNA and select health priorities to be included in the CHIP. At the meeting, participants voted on their top three health priorities from a list of eight public health issues that were identified as significant health needs during the CHNA process. Members who could not be present at the meeting were given the opportunity to vote via survey. Health priority areas that received at least 25 percent of membership support were considered for inclusion in the CHIP. Four health issues received a majority of support from membership and the planning committee decided to include all four in the CHIP, placing Childhood Trauma as a primary area to be addressed under mental health. This resulted in the selection of the following health priorities:

1) Mental Health
   a. Childhood Trauma
2) Substance Use Disorders

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[1]More information regarding the Maryland State Health Improvement Process can be found here: https://pophealth.health.maryland.gov/Pages/SHIP-Lite-Home.aspx

3) Access to Health Services

CECIL COUNTY COMMUNITY HEALTH ADVISORY COMMITTEE

Mission

The Cecil County Community Health Advisory Committee (CHAC) is a partnership of community organizations, government, groups, and individuals committed to improve the overall quality of health in Cecil County.

Vision

We accomplish this by providing leadership to find solutions to our health problems through assessment, planning, policy development, and assurance of quality health services and education.

Local Health Improvement Coalition

CHAC serves as Cecil County's Local Health Improvement Coalition (LHIC) as part of the Maryland SHIP. The LHIC coordinates activities through four task forces:

- Behavioral Health Advisory Council;
- Cancer Task Force;
- Healthy Lifestyles Task Force; and
- Tobacco Task Force

In addition, a work group was created to focus on access to health services and the Local Management Board-Trauma Subcommittee is partnering with CHAC to address childhood trauma.

COUNTY DESCRIPTION

Geography

Cecil County is located in the northeast corner of Maryland, bordered by Chester County and Lancaster County, Pennsylvania to the north; Kent County, Maryland to the south; New Castle County, Delaware to the east; and Harford County, Maryland to the west. Cecil County is bisected east-to-west by Interstate 95. The total land area of Cecil County is 346 square miles.[2] Cecil County has both rural and urban areas. The county seat is located in Elkton, Maryland, and there are eight towns and seven unincorporated communities in the county.

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[2] U.S. Census Bureau, TIGER/Line Shapefiles and Gazetteer Files. Accessed at: https://factfinder.census.gov

Demographics

Cecil County has an estimated population of 103,725. A majority of Cecil County residents are White (87.5%), with sizable Black or African American (7.8%) and Hispanic or Latino (4.9%) demographic groups. An estimated 22.3% of Cecil County residents are under 18 years of age, while 16.7% are 65 years of age or older. An estimated 90.5% of Cecil County residents ages 25 or older are high school graduates and 25.7% have a Bachelor's degree or higher. The median household income in Cecil County is $81,817 and an estimated 10.9% of individuals live below the Federal Poverty Level (FPL). An estimated 5.9% of Cecil County residents under age 65 are uninsured.[3,4,5]

Significant Community Health Needs[6]

As determined by analyses of quantitative and qualitative data, an overarching focus on advancing racial and ethnic health equity, recognizing the impact of structural racism on measurable health disparities, has the best potential to improve community health. Within this context, significant health needs in Cecil County identified through the 2022 Community Health Needs Assessment are:

- Access to health services
- Cancer
- Childhood trauma/Adverse Childhood Experiences (ACEs)
- LGBTQ+ health disparities
- Mental health
- Nutrition, obesity, and physical inactivity
- Smoking, tobacco, and vape product use
- Substance use disorders

Access to Health Services

Accessing health care services is challenging for some members of the community, particularly low-income people, racial and ethnic minorities, those with limited English language ability, uninsured and underinsured persons, and the LGBTQ+ community. Barriers to accessing care and services are numerous and inter-related.

The per-capita supply of primary care, dental health, and mental health professionals is low compared to national averages. The federal government has designated all of Cecil County a Health Professional Shortage Area (HPSA) for mental health. Stakeholders and community residents confirmed that mental health providers are in short supply and high demand. Teens who participated in a

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[3] U.S. Census Bureau, 2020 Census of Population and Housing. Accessed at: https://factfinder.census.gov
[4] U.S. Census Bureau, Population Estimates Program (PEP). Updated annually. Accessed at: https://factfinder.census.gov
[5] U.S. Census Bureau, American Community Survey (ACS) and Puerto Rico Community Survey (PRCS), 5-Year Estimates. Accessed at: https://factfinder.census.gov
[6] 2022 Cecil County Community Health Needs Assessment. Accessed online: https://cecilcountyhealth.org/wp-content/uploads/2022/10/2022-Cecil-County-Community-Health-Needs-Assessment-9.26-1-1.pdf

community input meeting for this CHNA described difficulties in getting appointments with mental health providers and challenges establishing ongoing care.

The CHNA process included asking Cecil County residents to respond to a community health survey and 544 responses were received. Respondents identified access to health services as among the top three most important health issues in Cecil County. Cost, copayments and challenges in navigating provider networks and insurance benefits across state lines were mentioned as contributing factors. Access to mental health services for children and adolescents is particularly challenging.

Poverty rates for Black and for Hispanic populations are well above the overall Cecil County average. Stakeholders who provided input (in meetings and interviews) emphasized that access to health services is most challenging for those with limited financial resources and transportation options. Many lower-income people are unable to take time off work to obtain medical care.

The senior population is projected to grow substantially. The 65+ population is projected to grow 43.1 percent between 2020 and 2030 compared to 8.5 percent for Cecil County as a whole. More health and seniors-focused social services will be needed.

Drug intoxication deaths (per-capita) are significantly higher in Cecil County than in the U.S. Stakeholders indicated that access to treatment services is challenging due to stigmas and inadequate treatment options. Only one residential treatment facility is available in the county and the facility is not accessible to many. Cost and insurance-related barriers are present.

Transportation barriers are significant in the county. Stakeholders and survey respondents described a lack of public and private transportation options. The public transportation infrastructure is extremely limited as are taxi services and ride share applications. The rising cost of used cars and fuel has significantly impacted residents' ability to drive to medical appointments and services. According to the CDC's Social Vulnerability Index, approximately 65 percent of Cecil County's population lives in census tracts with high vulnerability for housing and transportation issues.

Cancer
Cancer rates in Cecil County are above Maryland and U.S. averages (age adjusted rates per 100,000 population of 525, 453, and 449 respectively have been reported). Cecil County rates have been above the U.S. average for the following cancer types:

- Bladder
- Cervix

- Colon and rectum
- Corpus and uterus, NOS
- Esophagus
- Kidney and renal pelvis
- Liver and bile duct
- Lung and bronchus
- Melanoma of the skin
- Non-Hodgkin lymphoma
- Oral cavity and pharynx
- Ovary
- Prostate

Cecil County has a particularly high (age-adjusted) rate of lung and bronchus cancer mortality (87.1 per 100,000 — more than 50 percent above the U.S. average of 57.3 per 100,000).

Childhood Trauma/Adverse Childhood Experiences (ACEs)
The Centers for Disease Control and Prevention defines adverse childhood experiences, or ACEs, as potentially traumatic events that occur in childhood (0-17 years). These may include experiencing violence, abuse, or neglect, witnessing violence in the home, and/or having a family member attempt or die by suicide.

ACEs may include other aspects of the child's environment that undermine a sense of safety, such as substance use or mental health problems in the home, or instability due to parental separation or a household member being in jail or prison.

ACEs can have long-term, negative effects on health, wellbeing, and future life opportunities such as education and employment. They can also increase the risk of injury, sexually transmitted infections, maternal and child health problems (including teen pregnancy, pregnancy complications, and fetal death), involvement in sex trafficking, and a wide range of chronic diseases and leading causes of death such as cancer, diabetes, heart disease, and suicide.

A comparatively high percentage of Cecil County adults (33.7 percent) have reported 3-8 ACEs during childhood — well above the averages in Maryland (23.0 percent) and the U.S. (16.6 percent). Stakeholders emphasized that the impact of ACEs can be generational, particularly those associated with substance use or mental health problems.

LGBTQ+ Health Disparities
LGBTQ+ individuals face health inequities due to social stigma, discrimination, and denial of civil rights. Discrimination has been linked to high rates of psychiatric disorders, substance use, and suicide. Experiences of violence and victimization are

common for LGBTQ+ individuals. Mental health and personal safety are often compromised by lack of family and social acceptance of sexual orientation and/or gender identity.

In Cecil County, LGBTQ+ youth are more than twice as likely to be bullied and threatened with a weapon on school property compared to youth who identify as straight. Queer youth also are much more likely to engage in high-risk behaviors such as tobacco, alcohol, and other drug use and to report significantly lower rates of physical activity.

Community health survey respondents identified the LGBTQ+ community as an underserved population for health needs.

Stakeholders from West Cecil Health Center (a local FQHC) reported historical challenges with the queer community accessing care due to stigma and long-standing, underlying discrimination. Administrators and providers expressed a deliberate effort in recent years to engage the LGBTQ+ community and create culturally competent, accessible and relevant health care.

Mental Health
Poor mental health status is a significant health concern in Cecil County.   In 2018, the number of mentally unhealthy days in the county (in the last 30 days) was 4.5. This compares to 3.7 in Maryland and 4.1 in the U.S. CDC data indicate particularly high rates of "mental health not good" in Elkton (ZIP Code 21921) and North East (ZIP Code 21901).

The supply of mental health providers is also a significant issue. Cecil County has a comparatively low per-capita supply of providers, and the county is a health professional shortage area (HPSA) for mental health.

Eighty-six percent of survey respondents identified mental health as a "top three" most important community health need in Cecil County.

Community meeting participants and interviewees stressed that residents have problems accessing mental health services, getting timely appointments, and establishing ongoing care. Mental health services for children and adolescents are in short supply. Stigma, childhood trauma, substance use, and the impact of the COVID-19 pandemic were noted as contributing factors.

Nutrition, Obesity, and Physical Inactivity
According to County Health Rankings, the following Cecil County indicators benchmark unfavorably compared to the U.S.:

- Adults with body mass index (BMI) greater than 30
- Percentage of adults reporting no leisure-time physical activity
- Percentage of adults with access to locations for physical activity

Youth Risk Behavioral Surveillance System (YRBSS) data also show that fruit and vegetable consumption is comparatively low for Cecil County youth.

Stakeholders and providers noted the high prevalence of chronic conditions associated with poor nutrition, obesity, and physical inactivity such as diabetes, hypertension, and heart disease. Providers shared their difficulties in assisting patients with providing the right amount and type of education and skills development to manage these conditions due to limited face-to-face time and reimbursement structures that disincentivize this work.

Smoking, Tobacco, and Vape Product Use
Adult smoking rates have been higher in Cecil County (18.6 percent) than in Maryland (12.6 percent) and the U.S. (17.0 percent).

Youth tobacco/nicotine use in Cecil County also compares unfavorably compared to national averages. The following indicators for youth have been above U.S. averages:

- Currently smoke cigarettes
- Currently frequently smoke cigarettes
- Ever used a vape product
- Currently use smokeless tobacco

The proportion of Cecil County youth that currently use smokeless tobacco is more than 50 percent above the U.S. average.

Substance Use Disorders
Drug poisoning deaths rate per 100,000 population (age-adjusted) was significantly higher in Cecil County (74.1 per 100,000) than in Maryland (39.4 per 100,000) and the U.S. (24.0 per 100,000). The drug overdose death rate in Cecil County more than doubled between 2016 and 2020.

Binge drinking rates have been higher than U.S. averages in several Cecil County ZIP Codes, including 21904, 21911, 21921, 21901, and 21917.

For Cecil County's youth population, the following measures have compared unfavorably to U.S. averages:

- Currently drink alcohol
- Current binge drinking

- Currently use marijuana
- Ever used heroin
- Ever used methamphetamines

Community health survey respondents listed substance use as a top concern in Cecil County. Respondents also identified "community members dealing with substance use disorders" as an underserved population.

Interviewees and community meeting participants also identified substance use as a top health concern. Stigma and the lack of available and affordable treatment options have contributed to this significant community health need.

METHODS

Selecting Health Priorities

On July 21, 2022, CHAC met to review results of the CHNA and select health priorities for inclusion in Cecil County's Community Health Improvement Plan for FY23- 25. Meeting participants were presented with data and information collected on the eight significant health needs identified through the 2022 Community Health Needs Assessment and asked to vote on their top three health priorities for inclusion in the CHIP via a survey link. This survey was distributed via the CHAC email listserv following the meeting to allow those who were not able to attend the meeting to vote.

CHAC members were asked to consider the following criteria from the National Association of County and City Health Officials (NACCHO) when selecting the top three health priorities for Cecil County (Table 1):

Table 1.[7]

| NACCHO Criteria for Priority Selection	
Size	How many people are affected by the health problem?
Seriousness	Does the health problem lead to death, disability, and/or reduced quality of life?
Trends	Has the health problem gotten better or worse over time?
Equity	Are there specific groups that are more affected by the health problem?

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[7] National Association of County and City Health Officials. White paper: Community Health Assessments and Community Health Improvement Plans for Accreditation Preparation Demonstration Project, pg. 1, 2016. Accessed at: https://www.naccho.org

Intervention	Are there existing strategies available to address the health problem?
Feasibility	Can we reasonably combat the health problem?
Value	How does the community rate the importance of the health problem?
Consequences of Inaction	What is the risk to the population by not acting on the health problem?
Social Determinant/ Root Cause	Does the health problem impact other health issues? What is the root cause of the health problem?

Prioritization of Health Issues:

Health priorities receiving at least 25 percent of the vote were considered for inclusion. Forty-nine CHAC members took part in the voting process. The following chart shows CHAC membership voting for inclusion in the Community Health Improvement Plan for FY23- 25:

Chart 1. CHAC Membership Health Priority Voting
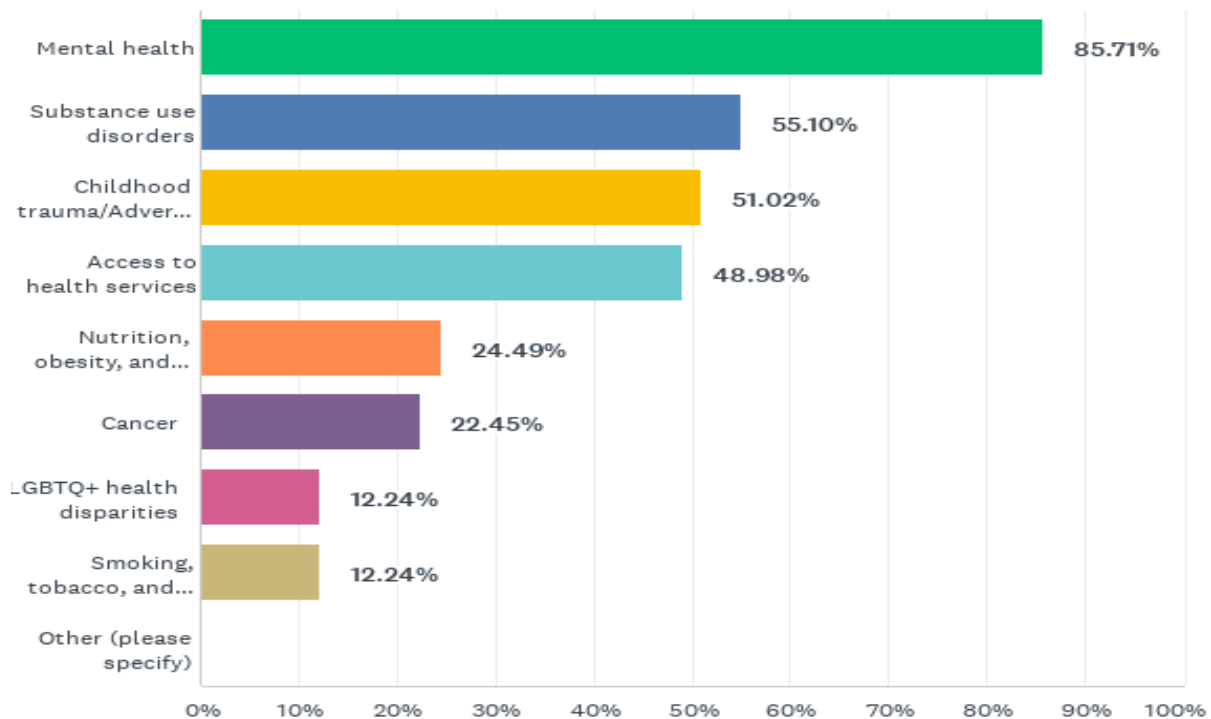
Following the CHAC vote, four health issues received at least 25 percent of the vote and were considered for inclusion in the CHIP. The CHNA planning team decided to include Childhood

Trauma as a primary focus area under mental health and established the following priorities:
1) Mental Health
   a. Childhood Trauma
2) Substance Use Disorders
3) Access to Health Services

Strategic Planning

The CHNA planning team presented selected health priorities to CHAC membership, Cecil County's Partnership for Health and Cecil County's Board of Health along with a framework for developing the CHIP. With the blessing of these groups, the planning team then met separately with representatives from the Behavioral Health Council, the LMB Trauma Committee, and a newly formed Access to Care Workgroup to develop CHIP workplans for each of the priority areas. A draft of the CHIP plan was presented to CHAC membership at the January 19, 2023 CHAC meeting.

CHIP Work Plans

The CHIP work plans were created with high level detail in order to be able to accommodate potential changes in community resource allocations and community partner groups' infrastructure and planning, as well as be able to add new objectives and strategies within each priority area to best manage challenges that may arise. In addition, community groups working within the priority areas will be encouraged to use a reporting template developed during the previous CHNA cycles. This tool is not mandatory to use but recommended in order to standardize reporting.

Mental Health

CHAC will be working to enhance and support the efforts to address Mental Health (MH) in Cecil County. The CHAC chair and planning committee met with representatives from the Behavioral Health Advisory Council and LMB-Trauma Subcommittee to establish the following workplan. In an effort to integrate activities for mental health and substance use disorders, the work plans overlap in many areas. Behavioral Health Advisory Council and Local Management Board-Trauma Subcommittee members will be responsible for carrying out plan activities.

Key Indicators
- Mentally Unhealthy Days
- Rate of ED Visits Related to MH Conditions
- Prevalence of Depression among Youth
- Suicide Death Rate
- Prevalence of ACEs

Goals
- **1.1:** Conduct a health equity assessment to determine where inequities exist related to behavioral health in Cecil County.
- **1.2**: Promote the value of behavioral health wellness and prevention efforts.
- **1.3:** Decrease stigma related to behavioral health disorders.
- **1.4:** Increase awareness of behavioral health needs in the community.
- **1.5:** Increase collaboration among community partners to address the behavioral health needs in the community.
- **1.6:** Educate and empower community members and health professionals on childhood trauma recognition and prevention.

Mental Health Work Plan

Objectives	Strategies
1.1.1: Conduct a health equity assessment and share results with community partners. **1.1.2:** Incorporate health equity considerations into CHIP activities.	A. Determine methodology for assessment using evidence-based tools and resources (1) B. Conduct assessment and disseminate results (1) C. Review and revise CHIP workplans as needed to address identified equity-related issues (2)

1.2.1: Increase social-emotional learning opportunities. **1.2.2:** Prioritize mental health wellness opportunities.	**A.** Train a critical mass of community stakeholders in an evidence-based mental health skills training (e.g. Mental Health First Aid) (1) **B.** Make evidence-based mental health training broadly available to government agencies (e.g., Cecil County Public Schools, Cecil County Health Department, Cecil County Department of Community Services, Cecil County Department of Social Services, Cecil County Sheriff's Office, municipal governments, and law enforcement agencies), community-based organizations and county businesses (1) **C.** Increase mental health wellness opportunities (2) **D.** Increase opportunities for alternative activities to reduce negative social influences that contribute to mental health, wellness, and substance use (2)
1.3.1: Increase understanding of behavioral health disorders as recognized health conditions. **1.3.2:** Develop messaging that addresses specific reasons stigma exists in Cecil County. **1.3.3:** Celebrate successes of those living with behavioral health disorders.	**A.** Increase understanding of substance use disorder and recovery (1) **B.** Increase understanding of different treatment pathways (1) **C.** Perform needs assessment activities (surveys, focus groups, KI interviews, etc.) to understand stigma in Cecil County (2) **D.** Promote opportunities to communicate that treatment is effective, and that "people can and do recover" from substance use disorders (3)

1.4.1: Increase awareness of signs and symptoms of behavioral health concerns. **1.4.2:** Increase awareness of behavioral health resources.	**A.** Increase knowledge and awareness of mental health, signs and symptoms of mental illness, and available resources (1) **B.** Develop programming that teaches tools for emotional regulation and stress management while simultaneously offering opportunities for relationship building and interpersonal connection (1) **C.** Elevate community awareness of existing portals / create new entry points to behavioral health treatment and recovery support resources (2) **D.** Increase the county's awareness, access to, and understanding of local, regional, and online support services through literacy-level appropriate communications and access to vetted resources (2) **E.** Elevate community awareness on how to identify and respond to an overdose (2) **F.** Increase public awareness of suicide prevention to reduce suicide attempts and fatalities in Cecil County (2)
1.5.1: Coordinate public communications efforts among partner organizations. **1.5.2:** Coordinate data collection and evaluation efforts. **1.5.3:** Increase community outreach and advocacy.	**A.** Develop a comprehensive data management and program evaluation system to inform services and track outcomes (2) **B.** Identify and implement strategies to reduce perceived barriers to behavioral health treatments and recovery support for individuals and families affected by behavioral health disorders (2) **C.** Survey consumers regarding perceived barriers to involvement in behavioral health treatments and recovery support (3) **D.** Increase collaboration among local behavioral health providers to improve service to the community (3) **E.** Collaborate with local providers, consumers and advocacy groups to identify gaps, and develop strategies to improve quality of care and access to services (3) **F.** Increase implementation of locally appropriate and evidence-based strategies to reduce overdose fatality and increase community participation in these strategies (3)

	G. Train a critical mass of community stakeholders in an evidence-based mental health skills training (e.g., Mental Health First Aid) (3)
1.6.1 Develop a plan to reduce the burden of childhood trauma in Cecil County.	A. Reconvene the Local Management Board- Trauma Subcommittee (1) B. Provide ACEs training to health professionals, allied health and community members (1) C. Increase educational opportunities for childhood trauma (1)

Substance Use Disorders

CHAC will be working to enhance and support the efforts to address substance use disorders (SUDs) in Cecil County. The CHAC chair and planning committee met with representatives from the Behavioral Health Advisory Council to establish the following workplan. In an effort to integrate activities for mental health and substance use disorders, the work plans overlap. Behavioral Health Advisory Council and Local Management Board-Trauma Subcommittee members will be responsible for carrying out plan activities.

Key Indicators
- Rate of ED Visits Related to Substance Use Disorders
- Drug Intoxication Death Rate
- Prevalence of Youth Substance Use

Goals
- **1.1:** Conduct a health equity assessment to determine where inequities exist related to behavioral health in Cecil County.
- **1.2**: Promote the value of behavioral health wellness and prevention efforts.
- **1.3:** Decrease stigma related to behavioral health disorders.
- **1.4:** Increase awareness of behavioral health needs in the community.
- **1.5:** Increase collaboration among community partners to address the behavioral health needs in the community.

Substance Use Disorders Work Plan

Objectives	Strategies
2.1.1: Conduct a health equity assessment and share results with community partners. **2.1.2:** Incorporate health equity considerations into CHIP activities.	**A.** Determine methodology for assessment using evidence-based tools and resources (1) **B.** Conduct assessment and disseminate results (1) **C.** Review and revise CHIP workplans as needed to address identified equity-related issues (2)
2.2.1: Increase social-emotional learning opportunities. **2.2.2:** Prioritize mental health wellness opportunities.	**A.** Train a critical mass of community stakeholders in an evidence-based mental health skills training (e.g. Mental Health First Aid) (1) **B.** Make evidence-based mental health training broadly available to government agencies (e.g., Cecil County Public Schools, Cecil County Health Department, Cecil County Department of Community Services, Cecil County Department of Social Services, Cecil County Sheriff's Office, municipal governments, and law enforcement agencies), community-based organizations and county businesses (1) **C.** Increase mental health wellness opportunities (2) **D.** Increase opportunities for alternative activities to reduce negative social influences that contribute to mental health, wellness, and substance use (2)

2.3.1: Increase understanding of behavioral health disorders as recognized health conditions. **2.3.2:** Develop messaging that addresses specific reasons stigma exists in Cecil County. **2.3.3:** Celebrate successes of those living with behavioral health disorders.	**A.** Increase understanding of substance use disorder and recovery (1) **B.** Increase understanding of different treatment pathways (1) **C.** Perform needs assessment activities (surveys, focus groups, KI interviews, etc.) to understand stigma in Cecil County (2) **D.** Promote opportunities to communicate that treatment is effective, and that "people can and do recover" from substance use disorders (3)
2.4.1: Increase awareness of signs and symptoms of behavioral health concerns. **2.4.2:** Increase awareness of behavioral health resources.	**A.** Increase knowledge and awareness of mental health, signs and symptoms of mental illness, and available resources (1) **B.** Develop programming that teaches tools for emotional regulation and stress management while simultaneously offering opportunities for relationship building and interpersonal connection (1) **C.** Elevate community awareness of existing portals / create new entry points to behavioral health treatment and recovery support resources (2) **D.** Increase the county's awareness, access to, and understanding of local, regional and online support services through literacy-level appropriate communications and access to vetted resources (2) **E.** Elevate community awareness on how to identify and respond to an overdose (2) **F.** Increase public awareness of suicide prevention to reduce suicide attempts and fatalities in Cecil County (2)
2.5.1: Coordinate public communications efforts	**A.** Develop a comprehensive data management and program evaluation system to inform services and track outcomes (2)

among partner organizations. **2.5.2:** Coordinate data collection and evaluation efforts. **2.5.3:** Increase community outreach and advocacy.	**B.** Identify and implement strategies to reduce perceived barriers to behavioral health treatments and recovery support for individuals and families affected by behavioral health disorders (2) **C.** Survey consumers regarding perceived barriers to involvement in behavioral health treatments and recovery support (3) **D.** Increase collaboration among local behavioral health providers to improve service to the community (3) **E.** Collaborate with local providers, consumers and advocacy groups to identify gaps, and develop strategies to improve quality of care and access to services (3) **F.** Increase implementation of locally appropriate and evidence-based strategies to reduce overdose fatality and increase community participation in these strategies (3) **G.** Train a critical mass of community stakeholders in an evidence-based mental health skills training (e.g., Mental Health First Aid) (3)

Access to Health Services

CHAC will be working to increase access to health services in Cecil County. The CHAC chair invited partners to form a special Access to Care workgroup to establish the following workplan and help coordinate and carry out plan activities. Behavioral Health Advisory Council, Healthy Lifestyles Task Force and Cancer Task Force members will work in conjunction with the Access to Care workgroup to implement plan activities.

Key Indicators
- Ratio of Population to Behavioral Health Providers
- Percentage of Population with No Access to Transportation
- Lung Cancer Screening Rates
- Prevalence of Prediabetes and Diabetes

Goals
- **3.1**: Conduct a health equity assessment to determine where inequities exist related to accessing health services in Cecil County.

- **3.2:** Improve access to behavioral health services to increase the number of individuals receiving services and reduce health disparities.
- **3.3:** Increase access to transportation services for Cecil County residents receiving health services.
- **3.4:** Increase access to cancer screening services in Cecil County.
- **3.5:** Increase access to diabetes prevention and management resources.

Access to Health Services Work Plan

Objectives	Strategies
3.1.1: Conduct a health equity assessment and share results with community partners. **3.1.2:** Incorporate health equity considerations into CHIP activities.	**A.** Determine methodology for assessment using evidence-based tools and resources (1) **B.** Conduct assessment and disseminate results (1) **C.** Review and revise CHIP workplans as needed to address identified equity-related issues (2)
3.2.1: Increase capacity and availability of services. **3.2.2:** Assure equitable access to care. **3.2.3:** Implement workforce development strategies to recruit and retain behavioral health professionals in Cecil County.	**A.** Improve access to in-county behavioral health crisis response and inpatient services, especially for individuals in need of medication for opioid use disorder (MOUD) (1) **B.** Establish satellite support service locations to increase access, reduce transportation burdens, normalize the need for family support and reduce scheduling pressures at provider offices (1) **C.** Develop policies and programs that incentivize existing providers to offer services in Cecil County (1) **D.** Ensure that individuals have access to the full continuum of behavioral health services regardless of

	insurance status (2) **E.** Enhance and integrate the local behavioral health crisis response system to divert individuals from the criminal justice system and non-essential emergency room visits (2) **F.** Identify underserved populations within the behavioral health system (2) **G.** Identify behavioral health needs of children and adolescents (2) **H.** Develop a formal mechanism to attract and retain a talented and professional behavioral health workforce (3) **I.** Develop specific strategies to increase the number of young people in Cecil County pursuing behavioral health careers (3)
3.3.1: Compile a resource directory of available transportation resources in Cecil County. **3.3.2:** Research model transportation programs and funding opportunities to expand transportation resources.	**A.** Identify available free and low-cost transportation resources in Cecil County (1) **B.** Ensure resource directory is accessible to the public and providers through platforms such as Find Help and Unite Us (1) **C.** Market transportation resource directory to the public (1) **D.** Provide onboarding to Cecil County providers on available resources in the county (1) **E.** Identify model transportation programs in similar counties (2) **F.** Identify funding opportunities to expand transportation resources (2)

3.4.1: Craft and implement public outreach materials to promote cancer screenings, with a focus on Low Dose Computed Tomography (LDCT), and other prevention activities. **3.4.2:** Work with providers to understand and address barriers to patient referral and screening.	**A.** Work with the Cancer Task Force to develop educational and outreach materials (1) **B.** Analyze provider survey results to determine barriers to patient referral and patient screening (2) **C.** Develop strategies to assist providers with making referrals and reduce barriers to patient screening (2)
3.5.1: Increase referrals to, and enrollment in diabetes prevention and management resources.	**A.** Examine current provider referral processes and make changes where necessary for new EHR system(s) (1) **B.** Educate providers on the availability of programs and the referral process (1) **C.** Provide follow-up for patients that are referred to programs, but do not enroll to determine barriers (1)

MONITORING & EVALUATION

Progress towards meeting goals and objectives in the CHIP is monitored by the chairperson of CHAC. Semi-annual reports from CHAC task forces and workgroups on project activities are provided at CHAC meetings. These progress reports are shared with all CHAC membership. Following these reports, goals and objectives may be reviewed and revised as needed.

APPENDIX A – CHAC Member Organizations

CHAC membership includes the following organizations:

Affiliated Sante Group	Healthcare Professionals
Ashley Treatment Center	Healthy Cecil WATCH Program
ChristinaCare	Maryland State Representatives
ChristianaCare, Union Hospital	Meeting Ground
Cecil College	On Our Own of Cecil County
Cecil County Dept. of Community Services	Private Citizens
Cecil County Dept. of Emergency Services	The Paris Foundation
Cecil County Dept. of Juvenile Services	Stone Run Family Medicine
Cecil County Dept. of Social Services	United Healthcare
Cecil County Government	Upper Bay Counseling & Support Services
Cecil County Health Department	Voices of Hope
Cecil County Partnership for Health	West Cecil Health Center
Cecil County Public Schools	WIN Family Health
Cecil County Sheriff's Office	Meadow Wood Behavioral Health System
Deep Roots	YMCA of Cecil County
Drug Free Cecil	Youth Empowerment Source
Elkton Housing Authority	