

HEALTH DEPARTMENT - 170

MISSION AND SERVICES

Mission - The Health Department protects the public's health; assures availability of and access to quality health care services; and promotes individual and community responsibility for the prevention of disease, injury and disability.

Core Services -

- Health service resources for families and individuals in need
- Chronic disease interventions and education
- Disease prevention
- Environmental safety

Strategic Focus in FY 2017 -

The department's top priorities in FY 2017 are to:

- Ensure access to healthcare resources, particularly to un- and underserved County populations
- Prevent and reduce chronic disease, with an emphasis on addressing obesity in the County
- Continue to improve maternal and infant outcomes to help decrease infant mortality
- Prevent sexually transmitted diseases
- Promote safe food service facilities
- Ensure access to mental health and substance abuse treatment

FY 2017 BUDGET SUMMARY

The FY 2017 approved budget for the Health Department is \$75,387,000, an increase of \$2,625,900 or 3.6% over the FY 2016 approved budget.

GENERAL FUNDS

The FY 2017 approved General Fund budget for the Health Department is \$20,593,800, an increase of \$2,417,700 or 13.3% over the FY 2016 approved budget.

Budgetary Changes -

FY 2016 APPROVED BUDGET	\$18,176,100
Increase in compensation to support nine FY 2016 unfunded positions	\$595,500
Increase in general administrative and operational contracts based on historical spending	\$563,300
Increase in fringe benefit costs as a result of compensation changes	\$375,000
Increase in compensation due to salary requirements; which includes the transfer of five Environmental Sanitarians from State special pay to full-time status and grant cash match requirements	\$373,300
Decrease in recoveries due to the allocation from the Drug Enforcement Fund	\$281,000
Net increase in certain operating expenses based on historical spending	\$170,300
Increase in training, membership fees, gas and oil, mileage reimbursement and telephones to support the staffing of Environmental Sanitarians	\$59,300
FY 2017 APPROVED BUDGET	\$20,593,800

GRANT FUNDS

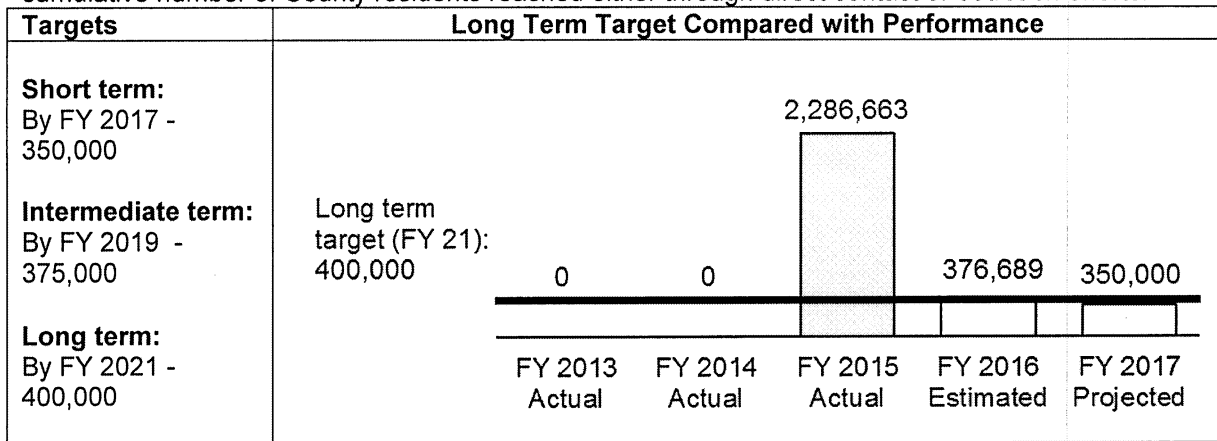
The FY 2017 approved grant budget for the Health Department is \$54,793,200, an increase of \$208,200 or 0.4% over the FY 2016 approved budget. Major sources of funds in the FY 2017 approved budget include:

- Addictions Treatment Block Grant.
- AIDS Case Management.
- General Medical Assistance Transportation.
- Public Health Emergency Preparedness.
- Ryan White HIV/AIDS Treatment Modernization Act Part A & Minority AIDS Initiative.

SERVICE DELIVERY PLAN AND PERFORMANCE

GOAL 1 - To ensure access to healthcare resources for County residents.

Objective 1.1 - Increase access to healthcare for the County's population, measured by the cumulative number of County residents reached either through direct contact or outreach efforts.



Trend and Analysis -

This new goal and objective from FY 2015 is part of the department's commitment to providing access to healthcare, which is the leading priority in the 10-year health improvement plan. All Health Department programs are related to this goal, and it is also reflected in the statewide implementation of the Affordable Care Act. Locally, one of the key ways to increase access is to ensure a trained and knowledgeable community outreach staff is embedded across programs to connect individually with clients as well as through targeted public outreach events to increase awareness and help residents link to resources. The overall impact of these activities is challenging to measure, since increased access to healthcare may not yield immediate results but will instead help to gradually lessen the burden of disease and disability over time. The reduction predicted from FY 2015 to FY 2016 is due to the ending of the Community Transformation Grant.

Performance Measures -

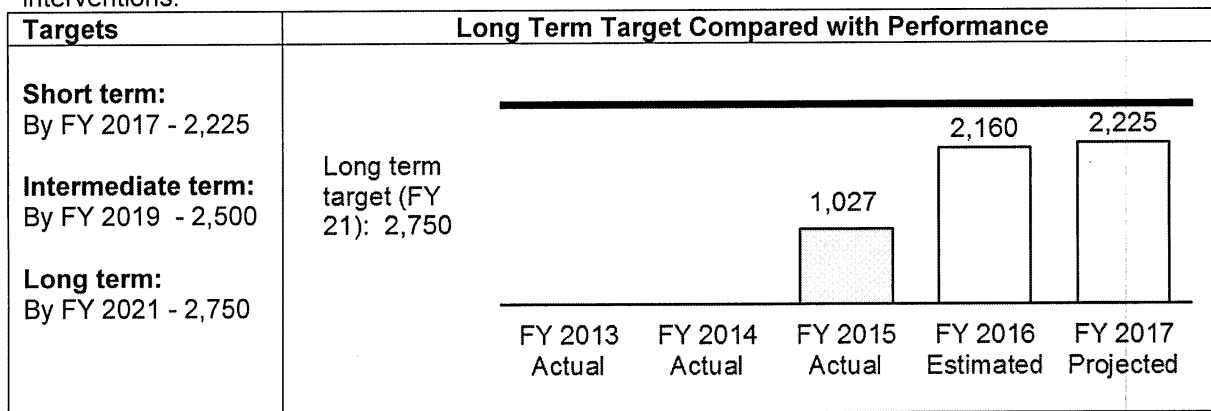
Measure Name	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Estimated	FY 2017 Projected
Resources (input)					
Number of Health Department outreach workers			28	27	25
Workload, Demand and Production (output)					
Number of overall Health Department client contacts			265,165	252,000	242,000
Number of overall Health Department public outreach efforts			541.5	600	540
Efficiency					
Average number of client contacts per outreach worker			9,613	9,333	9,680
Impact (outcome)					
Number of County residents reached through either direct contact or outreach efforts (cumulative)			2,286,663	376,689	350,000

Strategies to Accomplish the Objective

- **Strategy 1.1.1** - Build strategic partnerships to expand community engagement in underserved areas
- **Strategy 1.1.2** - Utilize community health workers to engage community members in appropriate healthcare
- **Strategy 1.1.3** - Recruit providers to open patient-centered medical homes in underserved areas
- **Strategy 1.1.4** - Utilize outreach events and messages to target hard-to-reach populations

GOAL 2 - To prevent and reduce chronic disease, including obesity, among County residents.

Objective 2.1 - Provide healthy eating and active living education and interventions to County residents, measured by the number of residents participating in healthy eating active living interventions.



Trend and Analysis -

The department is committed to targeting the common risk factors that contribute to the development of chronic diseases such as diabetes, cancer and cardiovascular disease. The department's strategies for the prevention and management of chronic diseases supports programming to address healthy eating and active living, tobacco control and obesity interventions.

Performance Measures -

Measure Name	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Estimated	FY 2017 Projected
Resources (input)					
Number of health promotion/community developer staff		9	5.6	2	2
Workload, Demand and Production (output)					
Number of public education campaigns addressing chronic disease across HD (per month)			4	2	2
Number of cumulative residents reached by all health promotion activities			1,955,441	50,000	1,569,030
Efficiency					
Number of partners using HD health promotion kits			14	14	
Impact (outcome)					
Number of residents educated by healthy eating and active living interventions			1,027	2,160	2,225
Percentage change in knowledge over baseline for educational activities			11%	17%	17%

Strategies to Accomplish the Objective

- **Strategy 2.1.1** - Build strategic partnerships to include businesses, schools and faith communities to expand community engagement
- **Strategy 2.1.2** - Implement public awareness campaign using social marketing to increase awareness of chronic diseases
- **Strategy 2.1.3** - Promote self-management and care coordination activities
- **Strategy 2.1.4** - Disseminate culturally and linguistically evidence based information and practices
- **Strategy 2.1.5** - Foster and support clinical/community linkages

Objective 2.2 - Ensure all cancer screening program clients with abnormal results are linked to care.

Trend and Analysis -

The cancer screening program was funded by the State and the funding has ended. Doctors Community Hospital was awarded the State grant for the cancer screening program. Moving forward, department staff may be involved in outreach efforts, but will no longer be involved in the screenings.

Performance Measures -

Measure Name	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Estimated	FY 2017 Projected
Resources (input)					
Number of outreach staff	3.6		1	1	
Workload, Demand and Production (output)					
Number of persons educated on colorectal cancer (CRC)	5,234		10,000	10,000	
Number of persons screened for breast cancer (BC)	642		306	306	
Number of persons screened for CRC	172		195	195	
Number of persons w/ abnormal BC results	121		12	12	
Number of persons w/ abnormal CRC results	6		2	2	
Number of persons diagnosed w/ breast cancer	15		6	6	
Number of persons diagnosed w/ colorectal cancer	1		1	1	
Efficiency					
Number of clients enrolled for Breast and Cervical Cancer Program (BCCP) by outreach staff			312	312	
Number of clients enrolled for CRC by outreach staff			258	258	
Quality					
The percentage of BCCP clients who are recalled according to DHMH requirements (quarterly)			73%	75%	
Impact (outcome)					
Percent of abnormal screening results for BC			3.9%	3.9%	
Percent of abnormal screening results for CRC			1.0%	1.0%	
Percent diagnosed with abnormal screenings who are linked to care					

Strategies to Accomplish the Objective -

- **Strategy 2.2.1** - Provide links to treatment for those with a colorectal and/or breast cancer diagnosis
- **Strategy 2.2.2** - Provide links to diagnostic services for those with abnormal mammograms
- **Strategy 2.2.3** - Provide access to screenings for the uninsured and underinsured residents in Prince George's County

GOAL 3 - To improve reproductive health care in order to reduce infant mortality and enhance birth outcomes for women in Prince George’s County.

Objective 3.1 - Increase the percentage of pregnant women in the County who are referred for and receive prenatal care during their first trimester.

Targets	Long Term Target Compared with Performance																		
<p>Short term: By FY 2017 - 53%</p> <p>Intermediate term: By FY 2019 - 55%</p> <p>Long term: By FY 2021 - 57%</p>	<p>Long term target (FY 21): 57%</p> <table border="1"> <thead> <tr> <th>Fiscal Year</th> <th>Performance (%)</th> <th>Status</th> </tr> </thead> <tbody> <tr> <td>FY 2013</td> <td>54.6%</td> <td>Actual</td> </tr> <tr> <td>FY 2014</td> <td>51.2%</td> <td>Actual</td> </tr> <tr> <td>FY 2015</td> <td>52.0%</td> <td>Actual</td> </tr> <tr> <td>FY 2016</td> <td>53.0%</td> <td>Estimated</td> </tr> <tr> <td>FY 2017</td> <td>53.0%</td> <td>Projected</td> </tr> </tbody> </table>	Fiscal Year	Performance (%)	Status	FY 2013	54.6%	Actual	FY 2014	51.2%	Actual	FY 2015	52.0%	Actual	FY 2016	53.0%	Estimated	FY 2017	53.0%	Projected
Fiscal Year	Performance (%)	Status																	
FY 2013	54.6%	Actual																	
FY 2014	51.2%	Actual																	
FY 2015	52.0%	Actual																	
FY 2016	53.0%	Estimated																	
FY 2017	53.0%	Projected																	

Trend and Analysis -

Early, appropriate and ongoing prenatal care is linked to positive pregnancy outcomes such as full-term births and babies born with birth weights within normal limits. Starting in FY 2016, maternity clinic services were no longer offered at the department, but were instead provided by six community partners to make the services more accessible and available to County residents. Performance measures for Objective 3.1 show the performance of the Family Planning Clinic in the Health Department, and their role in linking maternity clients to the new community partners. (Historical data have been updated.)

Performance Measures -

Measure Name	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Estimated	FY 2017 Projected
Resources (input)					
Number of scheduled Family Planning appointments				3,114	3,114
Workload, Demand and Production (output)					
Number of new pregnant females identified in the Family Planning clinic				405	405
Number of maternity referrals made to community partners				405	405
Number of Family Planning appointments kept				2,268	2,268
Number of women seen at Family Planning who are screened for domestic violence				618	618
Efficiency					
Proportion of kept Family Planning appointments compared to those scheduled.				72.3%	75.0%
Quality					
Average number of days to get appointment for Family Planning Clinic				17.5	14
Impact (outcome)					
Percent of new mothers in the County that received first trimester care (annual measure)	54.6%	51.2%		52.0%	53.0%
Percent of low birth weight babies born to County residents (annual measure)	9.4%	9.2%			
Percent of pre-term babies born to County residents (annual measure)	10.8%	10.3%			

Strategies to Accomplish the Objective -

- **Strategy 3.1.1** - Ensure appropriate medical and social service referrals to community-based organizations and other resources for all high-risk pregnant women
- **Strategy 3.1.2** - Maintain a presence with key stakeholders and other agencies serving women and children in order to identify and refer eligible clients
- **Strategy 3.1.3** - Increase the number of met appointments in the Family Planning Clinic by improving the show rate for clients by calling clients for missed appointments and rescheduling

Objective 3.2 - Reduce the number of infant deaths within 12 months of birth per 1,000 live births in the County.

Targets	Long Term Target Compared with Performance																		
<p>Short term: By FY 2017 - 6.8</p> <p>Intermediate term: By FY 2019 - 6.6</p> <p>Long term: By FY 2021 - 6.5</p>	<p>Long term target (FY 21): 6.5</p> <table border="1"> <thead> <tr> <th>Fiscal Year</th> <th>Actual / Estimated / Projected</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>FY 2013</td> <td>Actual</td> <td>7.8</td> </tr> <tr> <td>FY 2014</td> <td>Actual</td> <td>6.9</td> </tr> <tr> <td>FY 2015</td> <td>Actual</td> <td>-</td> </tr> <tr> <td>FY 2016</td> <td>Estimated</td> <td>6.8</td> </tr> <tr> <td>FY 2017</td> <td>Projected</td> <td>6.8</td> </tr> </tbody> </table>	Fiscal Year	Actual / Estimated / Projected	Value	FY 2013	Actual	7.8	FY 2014	Actual	6.9	FY 2015	Actual	-	FY 2016	Estimated	6.8	FY 2017	Projected	6.8
Fiscal Year	Actual / Estimated / Projected	Value																	
FY 2013	Actual	7.8																	
FY 2014	Actual	6.9																	
FY 2015	Actual	-																	
FY 2016	Estimated	6.8																	
FY 2017	Projected	6.8																	

Trend and Analysis -

The department has two programs working to improve birth outcomes and reduce infant mortality: Fetal Infant Mortality Review (FIMR) Program uses perinatal coordinators to work closely with at-risk pregnant women, while the Infants at Risk program (IAR) supports mothers and their infants up to age one who are at highest risk of poor health outcomes due to medical-psychosocial issues. The agency works closely with Prince George's Hospital, Laurel Regional Medical Center and Medstar Southern Maryland Hospital. Other hospitals may also complete a referral or call the department to refer a County resident. (Historical data, in some cases, is unavailable.)

Performance Measures -

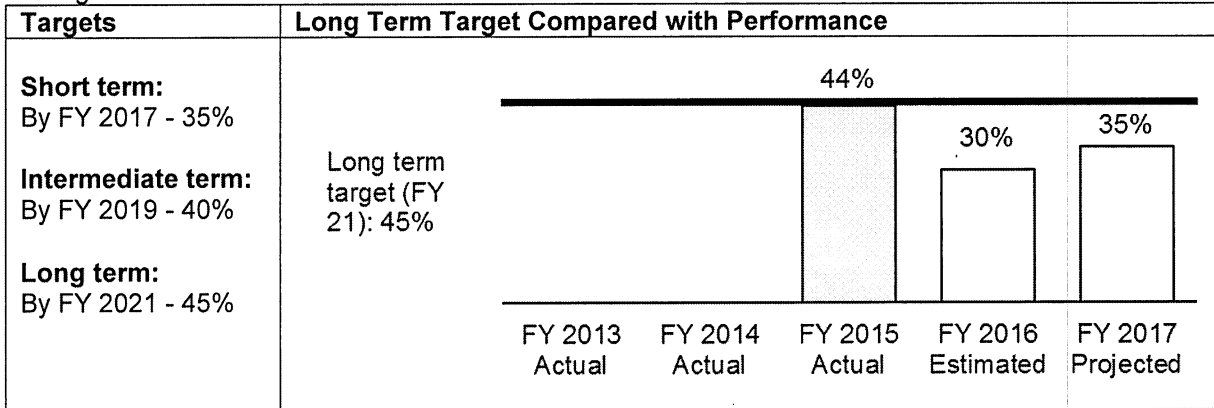
Measure Name	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Estimated	FY 2017 Projected
Resources (input)					
Number of IAR Staff (budgeted RNs, support staff, etc.)		3	2	2	2
Workload, Demand and Production (output)					
The number of referrals for IAR case management for children birth to age one			875	975	975
The number of home visits for new referrals for case management birth to age one			114	42	42
The number of home visit referrals for follow-up case management birth to age one			82	99	99
The number of unduplicated mothers receiving case management services (hospital visits/phone intervention)		767	678	627	627
The number of teens <18 years receiving case management services		150	109	69	69
The number of referrals received from Prince George's Hospital		367	289	393	393
The number of referrals received from Laurel Regional Medical Center		35	13	9	9
The number of referrals received from Medstar Southern Maryland Hospital		216	91	102	102
Quality					
Number of babies/children referred to other County Resources		958	730	459	459
Number of mothers referred to Addictions/Mental Health			9	30	30
Impact (outcome)					
Number of infant deaths (IAR program clients can be referred to the program after an infant death)			57	27	27
Infant Mortality Rate (County-wide measure) per 1,000 live births (annual measure)	7.8	6.9		6.8	6.8

Strategies to Accomplish the Objective -

- **Strategy 3.2.1** - Provide prenatal information to at-risk women who live in high-risk communities by utilizing social media and targeting the faith-based and non-profit based community service groups
- **Strategy 3.2.2** - Work closely with Treatment of Mothers of Addicted Newborns (TMAN) and Children and Parents Program (CAP), the HIV Program, Healthy Families, Family Support Center, school system health educators and other resources to coordinate services for clients
- **Strategy 3.2.3** - Work closely with local hospitals to ensure high-risk infants are identified and enrolled in the IAR program

GOAL 4 - To prevent and control sexually transmitted diseases and infections in order to enhance the health of all the County's residents, workers and visitors.

Objective 4.1 - Increase HIV tests for those at high-risk, and ensure those with positive tests are linked to care. Measured as the proportion of newly diagnosed HIV positive clients with documented linkage to care.



Trend and Analysis -

Prince George's County has the second highest HIV rate in Maryland after Baltimore City; as of 2013 there are over 6,479 County residents living with HIV. The Health Department focuses on testing at-risk communities; more targeted outreach based on State and federal recommendations has resulted in fewer but more effective outreach events. Testing for HIV includes not just the actual test but pre- and post-test education to help prevent HIV infection. Linking people that test positive with consistent medical care has been shown to improve health outcomes and decrease HIV transmission. New positives as well as those previously diagnosed are assisted in connecting to care per Maryland Department of Health and Mental Hygiene (DHMH) guidelines. Staff also provide technical assistance to providers to increase the following: linkage to care and/or re-engaged to care, treatment, retention in care, educational resources, HIV service promotion, condom distribution, social networking and marketing campaigns. This measure includes individuals newly diagnosed through the Health Department; the reduction between FY 2015 and FY 2016 is due in part to small numbers of newly diagnosed, as well as some being anonymous tests so linkage to care is not possible.

Performance Measures -

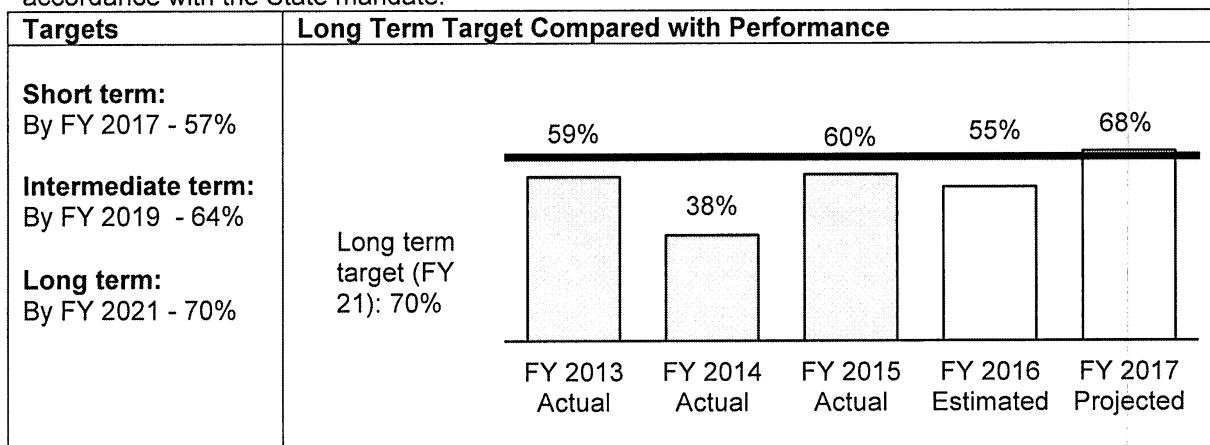
Measure Name	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Estimated	FY 2017 Projected
Resources (input)					
Number of Prevention/STI staff	15	13	11	13	13
Workload, Demand and Production (output)					
Number of HIV-related educational outreaches and awareness opportunities	149	96	32	20	20
Efficiency					
Number of HIV tests performed	11,879	10,792	9,024	7,146	7,500
Impact (outcome)					
Number of new HIV cases per 100,000 persons (annual calculation)	56.2				56.0
Percentage of newly diagnosed HIV positive with documented linkage to care.			44%	30%	35%

Strategies to Accomplish the Objective -

- **Strategy 4.1.1** - Target testing to high-risk and at-risk groups and venues
- **Strategy 4.1.2** - Increase the involvement of community-based organizations to enhance prevention, educational outreach and awareness of HIV testing and services
- **Strategy 4.1.3** - Increase condom distribution to all segments of the sexually active population, including youth, seniors, and recently released offenders
- **Strategy 4.1.4** - Ensure newly diagnosed residents are linked to medical care (defined as proof of attending a post-test HIV medical appointment)

GOAL 5 - To ensure that Prince George’s County’s physical environment is safe in order to enhance the health of all of its residents, workers and visitors.

Objective 5.1 - Conduct inspections at high and moderate priority food service facilities in accordance with the State mandate.



Trend and Analysis -

The Food Protection Program’s focus is on the status of risk factors, documentation of compliance, and targeting immediate and long term correction of out-of-control risk factors through active managerial control. High priority facilities require three inspections and moderate facilities require two inspections annually per COMAR. The DHMH audit performed earlier this year suggested that the County should have 37 Environmental Health Specialists; meeting the State mandate for inspections continues to be a challenge due to the lack of staff. The program has been enrolled in the FDA’s Voluntary National Retail Food Regulatory Program Standards since 2011 to achieve national uniformity among the nation’s retail food regulatory programs.

Performance Measures -

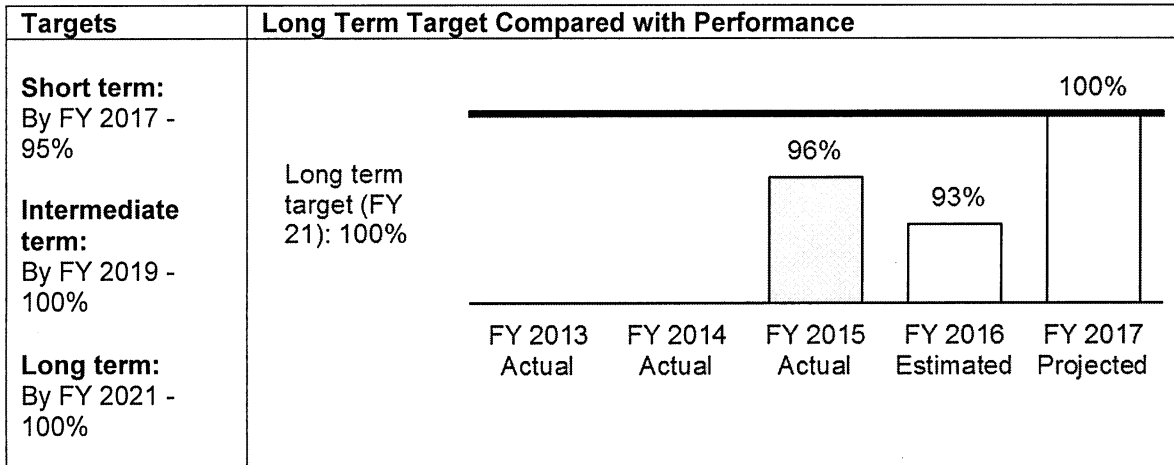
Measure Name	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Estimated	FY 2017 Projected
Resources (input)					
Number of full-time food service facility (FSF) inspectors	12	8.5	10.8	10.5	14
Workload, Demand and Production (output)					
Number of high and moderate priority FSFs that have permits	2,539	2,378	2,198	2,391	2,391
Number of high and moderate FSF inspections required by the State	6,860	6,419	5,900	6,458	6,458
Number of high and moderate priority FSFs inspected	3,707	2,423	3,535	3,567	4,400
Number of follow-up inspections of high and moderate priority FSFs	501	231	232	312	380
Efficiency					
Average number of high and moderate FSFs inspected per inspector	308.9	285.1	327.1	339.7	314.3
Quality					
Percent of "critical item" complaints responded to within 24 hours	100%	100%	100%	100%	100%
Percent of high and moderate FSFs cited for disease-related critical violations	22.0%	16.0%	11.6%	9.5%	8.5%
Percentage of State-mandated high and moderate inspections conducted	59%	38%	60%	55%	68%

Strategies to Accomplish the Objective -

- **Strategy 5.1.1** - Conduct routine food inspections on licensed food facilities based on the number of violations
- **Strategy 5.1.2** - Initiate an electronic inspection program to enhance the efficiency of inspections, improve continuity and reduce paperwork
- **Strategy 5.1.3** - Enhance public access to information electronically

GOAL 6 - To ensure that County residents have access to mental health and substance abuse treatment.

Objective 6.1 - Provide mental health and substance abuse treatment services to County residents, including the un- and underserved.



Trend and Analysis -

While we have seen a slight drop in this metric, this is likely related to multiple changes in the Behavioral Health Division’s Electronic Medical Record (EMR). The division had two changes in EMRs in a three month period, but is now using a permanent EMR. The division is working with staff weekly to ensure proper on-boarding and training on documenting all aspects of patient care, including but not limited to documentation of plans for achieving treatment goals. Within the clinics, staff have continued to service a consistently high number of residents, and have worked hard to ensure that those who are in need of more intensive levels of care receive that service.

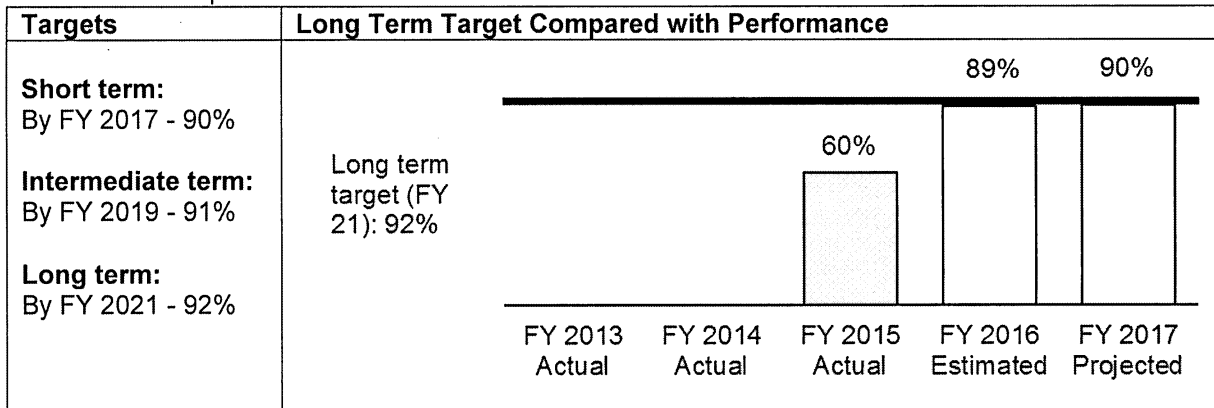
Performance Measures -

Measure Name	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Estimated	FY 2017 Projected
Resources (input)					
Number of professional staff providing treatment for Substance Abuse			54	54	54
Workload, Demand and Production (output)					
Number of clients enrolled in outpatient services for Substance Abuse			1,654	1,645	1,650
Number of cumulative clients enrolled in purchased residential services for Substance Abuse			256	165	165
Number of programs monitored by the Health Department to provide mental health services to County residents			79	88	88
Number of clients served in community mental health services (cumulative by month)			33,213	30,897	30,897
Efficiency					
Number of clients who transition from a higher level to a lower level of care based on progress in treatment for Substance Abuse			134	192	200
Impact (outcome)					
Percentage of clients with appropriately documented progress in achieving care, treatment, or service goals.			96%	93%	100%
Percent of mental health clients receiving community-based treatment who were diverted from institutional placement			60%	90%	90%

Strategies to Accomplish the Objective -

- **Strategy 6.1.1** - Provide outpatient services at the appropriate intensity level to County residents
- **Strategy 6.1.2** - Carefully monitor and document client progress in achieving care, treatment, or service goals
- **Strategy 6.1.3** - Ensure clients have access to residential treatment as appropriate (purchased service)
- **Strategy 6.1.4** - Ensure clients are transitioned to higher or lower levels of care based on progress in treatment

Objective 6.2 - Ensure emergency mental health services are available to County residents as measured by the percent of clients receiving Crisis Response System services who divert institutionalized placement.



Trend and Analysis -

The County's Mobile Crisis Services provider has continued to field well over 1,200 calls each month, over 90% within 30 seconds. The department has been successful in diverting youth from institutional placements close to 90% of the time, with well over 90% of the youth reporting that the Crisis Intervention helped to "reduce their crisis level". The program met its FY 2015 service goals and projections for FY 2016 have been revised upward since last year.

Performance Measures -

Measure Name	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Estimated	FY 2017 Projected
Resources (input)					
Number of Maryland Crisis Hotline (MCH) Specialists			3	3	3
Number of Crisis Response System (CRS) staff			15	15	13.5
Workload, Demand and Production (output)					
Number of calls to the MCH			11,000	15,148	15,148
Number of calls answered by MCH			9,000	14,368	14,368
Number of calls to the CRS			5,000	4,248	4,248
Number of Mobile Crisis Team dispatches			780	1,528	1,528
Efficiency					
Average number of calls answered per MCH specialist			3,666	4,789	4,789
Quality					
Percent of MCH calls answered within 30 seconds			85%	93%	95%
Average response time for CRS Mobile Crisis Team dispatches (in minutes)			60	28	35
Impact (outcome)					
Percent of youth whose crisis level has been reduced as a result of receiving Maryland Crisis Hotline services			90%	95%	95%
Percent of clients receiving Crisis Response System services who divert institutionalized placement			60%	89%	90%

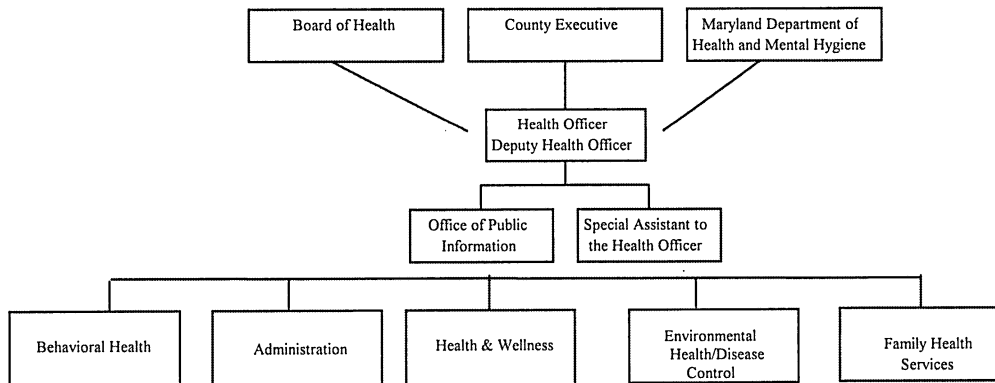
Strategies to Accomplish the Objective -

- **Strategy 6.2.1** - Ensure recipients of crisis services receive appropriate referrals to community-based services.
- **Strategy 6.2.2** - Ensure that callers to the Maryland Crisis Hotline receive pre- and post-risk assessments.

FY 2016 KEY ACCOMPLISHMENTS

- The Public Health Emergency Preparedness Program (PHEP) held a full scale three day exercise to test their ability to dispense medication to all citizens and dispensed over 1,500 doses in two hours, exceeding the goal of 600 doses.
- Developed a County response for Ebola preparedness and a potential measles outbreak, including presentations to the County's Executive team, hospital infection control professionals, emergency room directors and security staff.
- Increased the public swimming pool inspections rate by 33% from last year with help from the Youth@Work/Summer Youth Enrichment Program.
- Decreased the A1C levels for 70 percent of residents that participated in the On the Road Diabetes Program.
- Partnered with Prince George's County Public Schools to offer evening and weekend immunization clinics to minimize student exclusion from school when the new DHMH vaccine requirements went into effect.

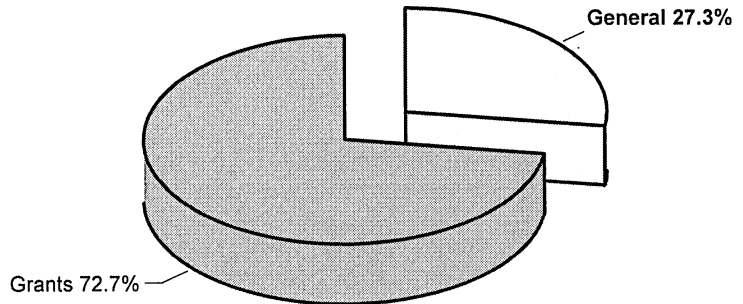
ORGANIZATIONAL CHART



	FY2015 ACTUAL	FY2016 BUDGET	FY2016 ESTIMATED	FY2017 APPROVED	CHANGE FY16-FY17
TOTAL EXPENDITURES	\$ 67,479,580	\$ 72,761,100	\$ 71,196,100	\$ 75,387,000	3.6%
EXPENDITURE DETAIL					
Administration	5,239,417	4,614,700	7,480,400	5,480,000	18.8%
Family Health Services	5,426,888	5,785,300	4,933,400	6,154,700	6.4%
Behavioral Health	582,376	866,300	785,700	1,286,900	48.6%
Environmental Health - Disease Control	4,795,049	5,598,100	3,785,300	5,456,100	-2.5%
Health & Wellness	1,210,884	1,009,600	802,800	1,507,800	49.3%
Office Of The Health Officer	3,130,885	2,850,100	2,849,100	2,975,300	4.4%
Grants	49,606,953	54,585,000	52,667,400	54,793,200	0.4%
Recoveries	(2,512,872)	(2,548,000)	(2,108,000)	(2,267,000)	-11%
TOTAL	\$ 67,479,580	\$ 72,761,100	\$ 71,196,100	\$ 75,387,000	3.6%
SOURCES OF FUNDS					
General Fund	\$ 17,872,627	\$ 18,176,100	\$ 18,528,700	\$ 20,593,800	13.3%
Other County Operating Funds:					
Grants	49,606,953	54,585,000	52,667,400	54,793,200	0.4%
TOTAL	\$ 67,479,580	\$ 72,761,100	\$ 71,196,100	\$ 75,387,000	3.6%

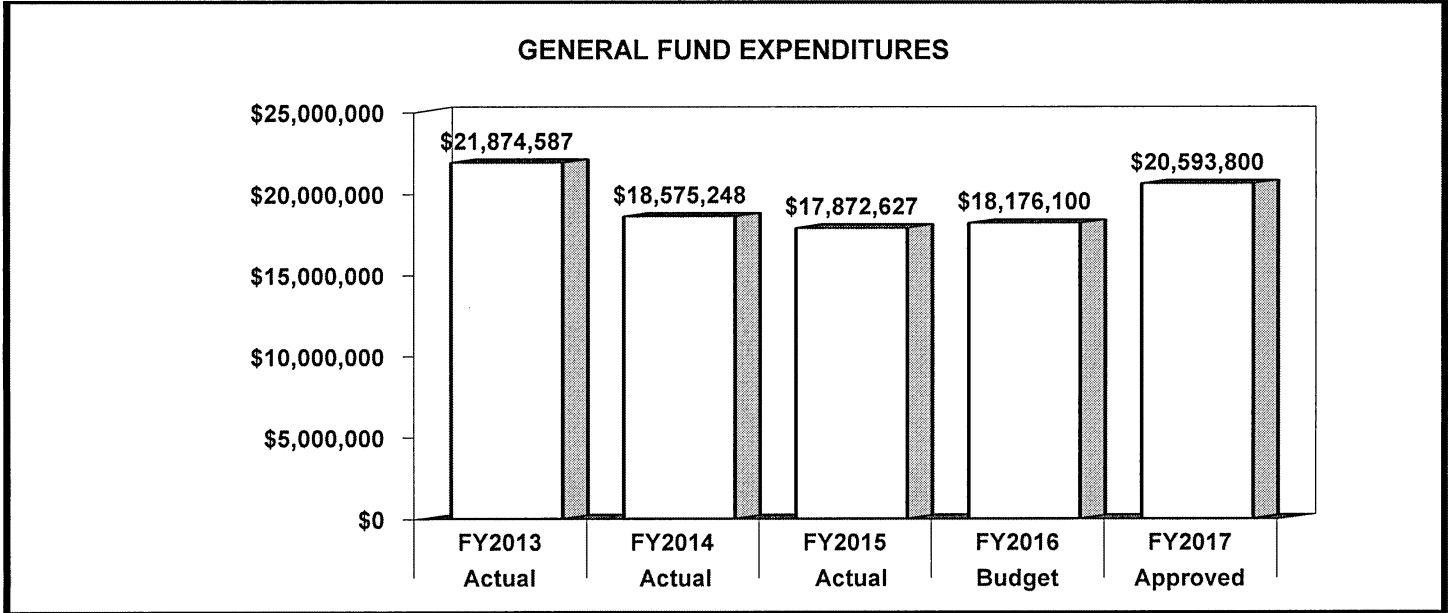
FY2017 SOURCES OF FUNDS

The agency's funding is derived from two funding sources: the General Fund and grants. Major grant programs include the General Medical Assistance Transportation, Ryan White Title I/II and HIV/AIDS programs, and Addictions Treatment Block Grant.

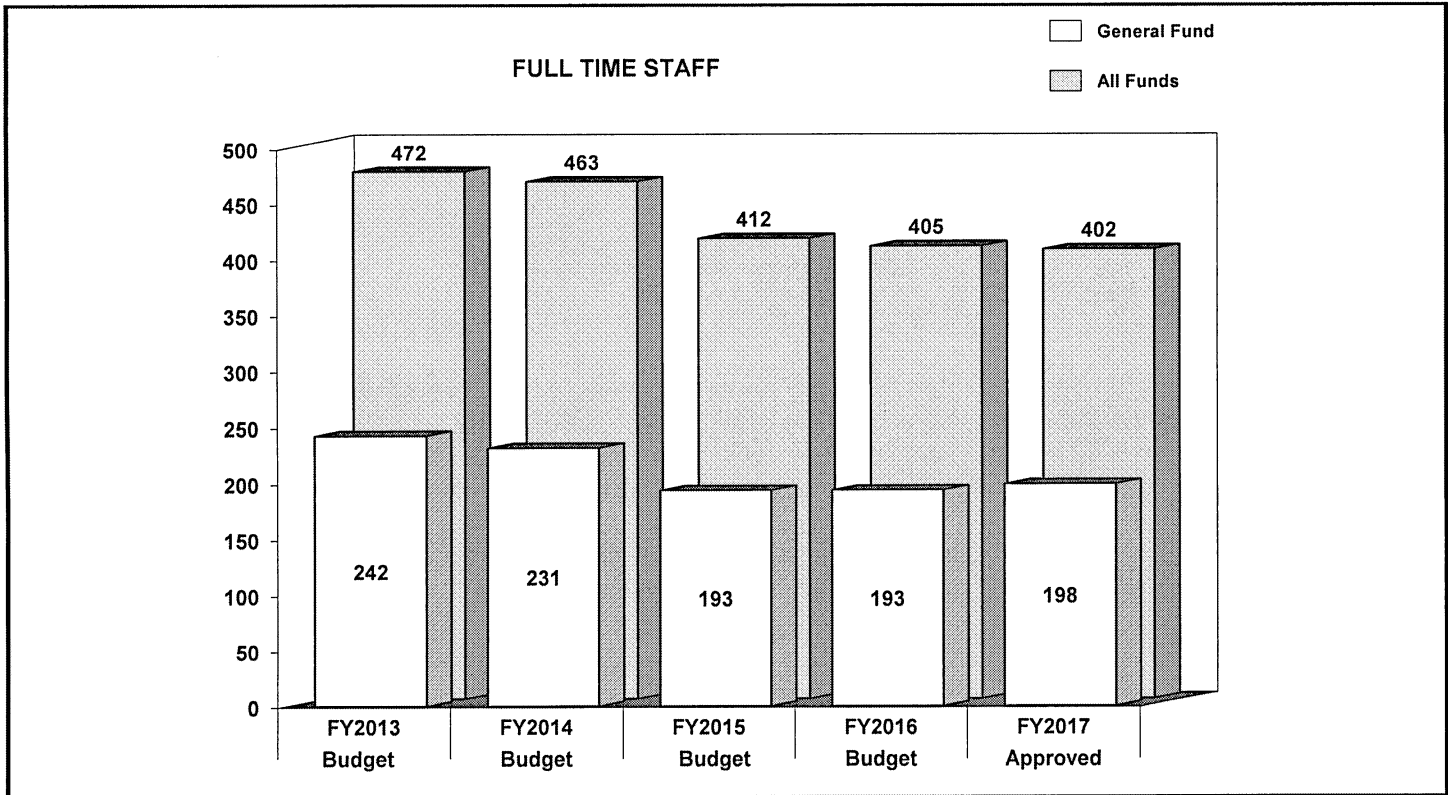


	FY2015 BUDGET	FY2016 BUDGET	FY2017 APPROVED	CHANGE FY16-FY17
GENERAL FUND STAFF				
Full Time - Civilian	193	193	198	5
Full Time - Sworn	0	0	0	0
Part Time	2	3	0	-3
Limited Term	0	0	0	0
OTHER STAFF				
Full Time - Civilian	219	212	204	(8)
Full Time - Sworn	0	0	0	0
Part Time	4	6	5	-1
Limited Term Grant Funded	149	147	141	-6
TOTAL				
Full Time - Civilian	412	405	402	(3)
Full Time - Sworn	0	0	0	0
Part Time	6	9	5	-4
Limited Term	149	147	141	-6

POSITIONS BY CATEGORY	FULL TIME	PART TIME	LIMITED TERM
Program Chiefs	12	0	0
Licensed Practical Nurses	6	0	0
Disease Control Specialists	15	0	0
Environmental Sanitarians	36	0	0
Counselors	42	0	24
Social Workers	7	0	2
Nutritionists	2	0	0
Laboratory Scientists/Dental Asst./X-Ray Technicians	7	0	0
Data Processing, Information Systems	1	0	0
Accounting/Budget Staff	18	1	3
Community Developer	41	2	27
Community Development Asst/Aides	33	0	38
Permit Specialists	1	0	0
Citizen Services Specialists	4	0	0
Clinical Support (Health Aides, Psych Nurse, Driver)	5	0	4
Physician Assistants	3	0	0
Physicians/Dentist (State)	1	0	0
Security Personnel	4	0	2
Directors/Managers	11	0	0
Community Health Nurses	61	2	7
Psychologist	2	0	1
Auditor	1	0	0
Other Staff	89	0	33
TOTAL	402	5	141



The agency's expenditures decreased 18.3% from FY 2013 to FY 2015. This decrease was primarily driven by staffing attrition. The FY 2017 approved budget is 13.3% more than FY 2016 approved budget primarily to support salary requirements.



The agency's General Fund staffing complement decreased by 49 positions from FY 2013 to FY 2016. This decrease is primarily the result of the abolishment of long term vacant positions. The FY 2017 staffing total increases by five positions over FY 2016 to reflect five Environmental Sanitarians transferred from Special state pay.

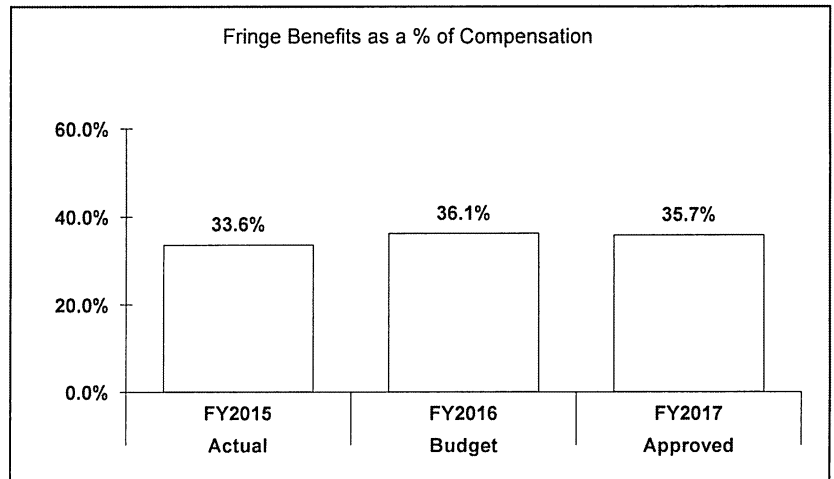
	FY2015 ACTUAL	FY2016 BUDGET	FY2016 ESTIMATED	FY2017 APPROVED	CHANGE FY16-FY17
EXPENDITURE SUMMARY					
Compensation	\$ 12,143,912	\$ 11,977,600	\$ 12,015,500	\$ 13,162,900	9.9%
Fringe Benefits	4,077,078	4,324,200	4,121,600	4,699,100	8.7%
Operating Expenses	4,164,509	4,422,300	4,499,600	4,998,800	13%
Capital Outlay	0	0	0	0	0%
	\$ 20,385,499	\$ 20,724,100	\$ 20,636,700	\$ 22,860,800	10.3%
Recoveries	(2,512,872)	(2,548,000)	(2,108,000)	(2,267,000)	-11%
TOTAL	\$ 17,872,627	\$ 18,176,100	\$ 18,528,700	\$ 20,593,800	13.3%
STAFF					
Full Time - Civilian	-	193	-	198	2.6%
Full Time - Sworn	-	0	-	0	0%
Part Time	-	3	-	0	-100%
Limited Term	-	0	-	0	0%

In FY 2017, compensation expenditures increase 9.9% over the FY 2016 budget to support staffing requirements. Compensation includes funding for 186 out of 198 full-time and State Health special pay positions. Fringe benefit expenditures increase 8.7% over the FY 2016 budget to reflect anticipated costs.

Operating expenditures increase 13.0% over the FY 2016 approved budget due to an increase in general and administrative contacts, operational contracts along with accreditations granted to the Department. Operating expenses reflect funding for vehicle equipment repair, office supplies, building repair and maintenance and travel costs.

Recoveries decrease 11.0% from the FY 2016 based on anticipated allocations for the Drug Enforcement Fund and School Based Wellness Centers.

MAJOR OPERATING EXPENDITURES FY2017	
General and Administrative	\$ 1,279,500
Contracts	
Office Automation	\$ 966,500
Operational Contracts	\$ 636,100
Office and Building Rental/Lease	\$ 504,400
Utilities	\$ 399,500



ADMINISTRATION - 01

The Division of Administration provides the administrative support structure for the department's public health programs. This unit provides support to General Fund and grant programs through centralized fiscal (budget, accounts payable, collections and purchase card), personnel, procurement, contractual, facility maintenance, security, vital records and general services. A Health Insurance Portability and Accountability Act (HIPAA) compliance component was established in July 2010 to serve as the departmental liaison for the coordination of privacy compliance for medical records.

Division Summary:

In FY 2017, compensation expenditures increase 28.2% over the FY 2016 budget primarily to support salary requirements. The staffing complement decreases by one unfunded part-time position. Fringe benefit expenditures increase 17.0% over the FY 2016 budget to reflect anticipated costs.

Operating expenditures increase 11.0% over the FY 2016 budget due to an increase in gas and oil, operating contract services and building maintenance repair. Funding supports routine operating expenses along with new contract services to assist with process improvement initiatives that will reduce waste and errors.

Recoveries increase by 22.4% over the FY 2016 budget based on anticipated indirect charges supported through grant programs.

	FY2015 ACTUAL	FY2016 BUDGET	FY2016 ESTIMATED	FY2017 APPROVED	CHANGE FY16-FY17
EXPENDITURE SUMMARY					
Compensation	\$ 1,954,403	\$ 1,827,500	\$ 1,865,400	\$ 2,343,700	28.2%
Fringe Benefits	932,788	715,100	3,542,900	836,700	17%
Operating Expenses	2,352,226	2,072,100	2,072,100	2,299,600	11%
Capital Outlay	0	0	0	0	0%
Sub-Total	\$ 5,239,417	\$ 4,614,700	\$ 7,480,400	\$ 5,480,000	18.8%
Recoveries	(1,971,169)	(1,578,600)	(1,305,800)	(1,932,800)	22.4%
TOTAL	\$ 3,268,248	\$ 3,036,100	\$ 6,174,600	\$ 3,547,200	16.8%
STAFF					
Full Time - Civilian	-	37	-	37	0%
Full Time - Sworn	-	0	-	0	0%
Part Time	-	1	-	0	-100%
Limited Term	-	0	-	0	0%

FAMILY HEALTH SERVICES - 02

The Family Health Services Division offers clinical and preventive health services to women, children and their families both in public health clinics and in their homes. Women's services include prenatal and postnatal care, dental care for pregnant women, family planning, pregnancy testing and health and nutritional education. Children receive immunizations, developmental assessments and referrals to medical specialty care for handicapping conditions. The division assists pregnant women and children in receiving comprehensive health care services through the Maryland Children's Health Program by providing on-site eligibility determination, managed care education and provider selection.

Division Summary:

In FY 2017, compensation expenditures increase 3.1% over the FY 2016 budget primarily to support salary requirements of current staff. The decrease in positions reflects the transfer of three positions in the Administration Coordination Care Unit to the Division of Health and Wellness. Fringe benefit expenditures increase 5.6% over the FY 2016 budget to reflect actual costs.

Operating expenditures increase 28.7% over the FY 2016 budget primarily due to an increase in training and mileage reimbursements, vehicle equipment repair, and general and administrative contracts.

Recoveries decrease 100% from the FY 2016 budget to reflect the Department applying directly to the Maryland State Department of Education (MSDE) to receive funding for the School Based Wellness Centers. The Department previously recovered from the Department of Family Services who was the primary recipient of this funding provided by MSDE.

	FY2015 ACTUAL	FY2016 BUDGET	FY2016 ESTIMATED	FY2017 APPROVED	CHANGE FY16-FY17
EXPENDITURE SUMMARY					
Compensation	\$ 3,674,947	\$ 3,842,100	\$ 4,296,600	\$ 3,963,000	3.1%
Fringe Benefits	1,274,135	1,339,300	0	1,414,700	5.6%
Operating Expenses	477,806	603,900	636,800	777,000	28.7%
Capital Outlay	0	0	0	0	0%
Sub-Total	\$ 5,426,888	\$ 5,785,300	\$ 4,933,400	\$ 6,154,700	6.4%
Recoveries	(369,393)	(380,600)	(314,600)	0	-100%
TOTAL	\$ 5,057,495	\$ 5,404,700	\$ 4,618,800	\$ 6,154,700	13.9%
STAFF					
Full Time - Civilian	-	65	-	62	-4.6%
Full Time - Sworn	-	0	-	0	0%
Part Time	-	0	-	0	0%
Limited Term	-	0	-	0	0%

BEHAVIORAL HEALTH - 05

The Behavioral Health Division provides outpatient substance abuse treatment and prevention services for adults, adolescents and their families. Tobacco education and cessation services are also provided. The Addictions Treatment grant provides outpatient treatment services and funds contracts with private vendors for residential treatment services which provide a continuum of services. These services include intensive inpatient services, transitional community living, long-term residential rehabilitation and outpatient services for Spanish speaking residents.

Division Summary:

In FY 2017, compensation expenditures increase 176% over the FY 2016 budget to reflect the transfer of three Public Health Program Chiefs previously supported by the Addictions Treatment Block Grant. The staff complement includes a net decrease of one full-time position. Fringe benefit expenditures increase 167.4% over the FY 2016 budget to align with anticipated fringe benefit costs.

Operating expenditures decrease 17.5% from the FY 2016 budget due to interfund transfers realigned to compensation and fringe benefit categories required for grant programs.

Recoveries decrease 81.7% from the FY 2016 budget based on the anticipated allocation from the Drug Enforcement Education Fund. Funding supports drug testing, education and advertising.

	FY2015 ACTUAL	FY2016 BUDGET	FY2016 ESTIMATED	FY2017 APPROVED	CHANGE FY16-FY17
EXPENDITURE SUMMARY					
Compensation	\$ 338,512	\$ 218,600	\$ 218,600	\$ 603,400	176%
Fringe Benefits	80,288	80,600	0	215,500	167.4%
Operating Expenses	163,576	567,100	567,100	468,000	-17.5%
Capital Outlay	0	0	0	0	0%
Sub-Total	\$ 582,376	\$ 866,300	\$ 785,700	\$ 1,286,900	48.6%
Recoveries	0	(327,100)	(269,900)	(60,000)	-81.7%
TOTAL	\$ 582,376	\$ 539,200	\$ 515,800	\$ 1,226,900	127.5%
STAFF					
Full Time - Civilian	-	6	-	5	-16.7%
Full Time - Sworn	-	0	-	0	0%
Part Time	-	0	-	0	0%
Limited Term	-	0	-	0	0%

ENVIRONMENTAL HEALTH - DISEASE CONTROL - 06

The Environmental Health/Disease Control Division is responsible for the licensing and/or inspection of all food service facilities, public swimming pools and spas, private water supplies and sewage disposal systems, solid waste facilities and the review of plans for all new and proposed facilities.

The Food Protection Program performs inspections of all food service facilities and provides the environmental response to all food borne outbreak investigations. The Administration, Permits and Plan Review Program evaluates and approves plans for new or remodeled food service and recreational facilities and reviews and approves all permit applications for all food service and recreational facilities.

The Environmental Engineering Program permits on-site sewage disposal systems (including Innovative and Alternative systems and shared sewage disposal facilities) and individual water supplies and approves new subdivisions utilizing private or shared systems.

The division also provides clinical services, disease investigations to reduce the risk of communicable diseases. Immunizations, clinical services, prevention education, animal exposure management, outbreak investigations and Communicable and Vector-Borne Disease Control. The Communicable Disease Surveillance Program maintains a database of reportable diseases; produces monthly statistics; and analyzes disease trends. Surveillance activities produce disease information and statistics for public health and medical providers.

Division Summary:

In FY 2017, compensation expenditures decrease 6.2% from the FY 2016 budget due to staff realigned to the Family Health Division. The staffing complement reflects four FY 2016 Environmental Sanitarians transferred from State special pay to the General Fund. Fringe benefit expenditures decrease 4.6% under the FY 2016 budget based on anticipated costs.

Operating expenditures increase 24.6% over the FY 2016 budget due an increase in office equipment, telephones, training and membership fees primarily to support the future inspections for food truck hubs and the MGM Hotel.

Recoveries decrease 7.2% from the FY 2016 budget based on the anticipated allocation from the Solid Waste and Stormwater Management funds.

	FY2015 ACTUAL	FY2016 BUDGET	FY2016 ESTIMATED	FY2017 APPROVED	CHANGE FY16-FY17
EXPENDITURE SUMMARY					
Compensation	\$ 3,453,584	\$ 3,705,100	\$ 3,250,600	\$ 3,476,800	-6.2%
Fringe Benefits	1,054,583	1,300,400	0	1,241,200	-4.6%
Operating Expenses	286,882	592,600	534,700	738,100	24.6%
Capital Outlay	0	0	0	0	0%
Sub-Total	\$ 4,795,049	\$ 5,598,100	\$ 3,785,300	\$ 5,456,100	-2.5%
Recoveries	(172,310)	(174,700)	(143,900)	(187,200)	7.2%
TOTAL	\$ 4,622,739	\$ 5,423,400	\$ 3,641,400	\$ 5,268,900	-2.8%
STAFF					
Full Time - Civilian	-	53	-	57	7.5%
Full Time - Sworn	-	0	-	0	0%
Part Time	-	0	-	0	0%
Limited Term	-	0	-	0	0%

HEALTH & WELLNESS - 08

The Health and Wellness Division is responsible for Chronic Disease and Access to Care programs. Programs identify services available to assist the elderly and chronically ill, which allow them to remain in the community in the least restrictive environment while functioning at the highest possible level of independence. For eligible clients, Medical Assistance grants provide in-home services and transportation.

Division Summary:

In FY 2017, compensation expenditures increase 46.6% over the FY 2016 budget to reflect the transfer of two full-time positions from grant programs to the General Fund due to the phase out of the Behavioral Health Division's cancer grants. The cancer grant programs will be administered by Doctors Community Hospital going forward. Additionally, three full-time positions are being transferred from the Family Health Division to support the Administrative Coordination Care Unit. Part-time positions decrease to reflect the transfer to the Maryland Children Health grant program (MCHP) and one part-time to full-time position conversion. Fringe benefit expenditures increase 38.2% over the FY 2016 budget due to the change in compensation.

Operating expenditures increase 85.2% over the FY 2016 budget due to an increase in advertising, general and administrative contracts and office supplies.

	FY2015 ACTUAL	FY2016 BUDGET	FY2016 ESTIMATED	FY2017 APPROVED	CHANGE FY16-FY17
EXPENDITURE SUMMARY					
Compensation	\$ 673,804	\$ 642,300	\$ 642,300	\$ 941,800	46.6%
Fringe Benefits	219,157	243,200	0	336,200	38.2%
Operating Expenses	317,923	124,100	160,500	229,800	85.2%
Capital Outlay	0	0	0	0	0%
Sub-Total	\$ 1,210,884	\$ 1,009,600	\$ 802,800	\$ 1,507,800	49.3%
Recoveries	0	0	0	0	0%
TOTAL	\$ 1,210,884	\$ 1,009,600	\$ 802,800	\$ 1,507,800	49.3%
STAFF					
Full Time - Civilian	-	11	-	17	54.5%
Full Time - Sworn	-	0	-	0	0%
Part Time	-	2	-	0	-100%
Limited Term	-	0	-	0	0%

OFFICE OF THE HEALTH OFFICER - 11

The Office of the Health Officer directs the departments's public health programs and activities in conformance with applicable laws, regulations, policies, procedures and standards of the State of Maryland and the County. The Office of the Health Officer assures high standards of clinical care in the department and provides public health expertise and direction as well as coordinates and facilitates federal, State and local resources and partnerships to improve health access to care for County uninsured and under-insured residents.

Planning staff conduct community needs assessments; write health status reports; and develop local health plans in accordance with federal, State and regional initiatives. Planning staff also collect, analyze and interpret health-related statistical data to identify populations at risk; establish health priorities; and facilitate grant applications to improve access to health care in order to improve the status of the health of all residents and to eliminate health disparities.

Visual Communications staff design, produce and distribute health information materials for public education and review existing materials for quality of content and cultural appropriateness. The Public Information Officer coordinates the agency's responses to all inquiries from the media, requests for information under the Maryland Public Information Act and legislative activities. The Ryan White CARE Act Title I staff function as the administrative agent for the entire suburban Maryland area (five counties) and are responsible for awarding grant monies; processing contracts; and monitoring services provided.

Division Summary:

In FY 2017, compensation expenditures increase 5.3% over FY 2016 budget primarily to support salary requirements. Fringe benefit expenditures increase 1.4% over the FY 2016 budget due to anticipated fringe benefit costs.

Operating expenditures increase 5.1% over the FY 2016 budget due to an increase in printing, training, membership fees and general administrative contracts to align with historical spending.

	FY2015 ACTUAL	FY2016 BUDGET	FY2016 ESTIMATED	FY2017 APPROVED	CHANGE FY16-FY17
EXPENDITURE SUMMARY					
Compensation	\$ 2,048,662	\$ 1,742,000	\$ 1,742,000	\$ 1,834,200	5.3%
Fringe Benefits	516,127	645,600	578,700	654,800	1.4%
Operating Expenses	566,096	462,500	528,400	486,300	5.1%
Capital Outlay	0	0	0	0	0%
Sub-Total	\$ 3,130,885	\$ 2,850,100	\$ 2,849,100	\$ 2,975,300	4.4%
Recoveries	0	(87,000)	(73,800)	(87,000)	0%
TOTAL	\$ 3,130,885	\$ 2,763,100	\$ 2,775,300	\$ 2,888,300	4.5%
STAFF					
Full Time - Civilian	-	21	-	20	-4.8%
Full Time - Sworn	-	0	-	0	0%
Part Time	-	0	-	0	0%
Limited Term	-	0	-	0	0%

	FY 2015 ACTUAL	FY 2016 BUDGET	FY 2016 ESTIMATED	FY 2017 APPROVED	CHANGE FY16-FY17
EXPENDITURE SUMMARY					
Compensation	\$17,659,364	\$ 20,403,100	\$ 18,705,500	\$ 19,398,600	-4.9%
Fringe Benefits	4,534,243	5,485,400	5,336,800	5,426,400	-1.1%
Operating Expenses	27,560,009	28,912,900	28,843,500	30,184,600	4.4%
Capital Outlay	-	-	-	-	0.0%
TOTAL	\$49,753,616	\$ 54,801,400	\$ 52,885,800	\$ 55,009,600	0.4%

The FY 2017 approved grant budget is \$55,009,600, an increase of 0.4% from the FY 2016 budget. The increase in grants is primarily due to anticipated funding for the Partnership for the Expanded Access to Health Services and Expanding Access to Dental Care. The Partnership for the Expanded Access to Health Services grant funding will address health disparities and promote health equity by enabling health insurance enrollment, transportation and literacy. The Expanding Access to Dental Care grant will expand dental care to 150 uninsured adults each year for three years.

STAFF SUMMARY BY DIVISION & GRANT PROGRAM	FY 2016			FY 2017		
	FT	PT	LTGF	FT	PT	LTGF
Behavioral Health Services						
Addictions Treatment Block Grant	55	2	31	44	1	22
Administrative Grant	8	0	2	6	0	2
Children in the Need of Assistance	0	0	0	0	0	1
Crownsville Project	0	0	1	0	0	1
Drug and Alcohol Prevention	2	0	1	2	0	1
Drug Court Services	0	0	0	1	0	0
Federal Treatment Grant	4	0	0	2	0	3
Integration of Child Welfare Funds	0	0	0	1	0	0
Integration of Sexual Health in Recovery	0	0	0	1	0	0
Mental Health Services Grant	0	0	1	0	0	1
Oasis Youth Program	2	0	0	2	0	0
Offender ReEntry	0	0	0	0	0	4
Operation Safe Kids (OSK)	0	0	5	0	0	5
Project Launch	0	0	2	0	0	2
Project Safety Net	5	0	5	5	0	9
Recovery Support Services Grant	2	0	8	2	0	8
Temporary Cash Assistance	0	0	0	3	0	2
Substance Abuse Treatment Outcome Partnership (STOP)	0	0	0	6	0	3
Tobacco Enforcement Initiative	0	0	0	0	0	3
Tobacco Implementation Grant	1	0	0	1	0	0
Sub-Total	79	2	56	76	1	67
Environmental Health and Disease Control						
Cities Readiness Initiatives (CRI)	1	0	0	1	0	0
Hepatitis B Prevention	1	0	0	1	0	0
MCHIP Eligibility Determination - PWC	16	0	13	0	0	0
Public Health Emergency Preparedness	3	0	0	3	0	0
TB Control	2	0	2	0	0	0
TB Refugee	1	0	1	0	0	0
Sub-Total	24	0	16	5	0	0
Family Health						
Abstinence Education	0	0	2	0	0	0
Administrative Care Coordination (HealthLine)	12	0	0	0	0	0
AIDS Case Manager	8	0	3	12	0	5
Babies Born Healthy	1	0	3	1	0	1
Crenshaw Perinatal	1	0	0	0	0	0
Dental Sealant	1	0	3	1	0	3
Healthy Teens and Young Adult	6	0	0	6	0	0
High Risk Infant	1	0	0	1	0	0
HIV Prevention Services	6	1	4	5	1	4
Immunization Action Grant	1	0	0	1	0	0
Linkage to Care	0	0	2	0	0	0
Partnership	0	0	0	0	0	2
Personal Responsibility Education	0	0	1	0	0	0
Reproductive Health	6	1	0	5	1	0
Ryan White Part A	15	0	5	13	0	6
Ryan White Part B	6	0	1	0	0	0
School Based Wellness Centers	1	0	7	0	0	0
STD Caseworker	5	0	2	5	0	2
Surveillance and Quality Improvement	1	0	0	1	0	0
TB Control	0	0	0	3	0	1
TB Refugee	0	0	0	3	0	1
Women, Infants & Children (WIC)	18	0	10	18	0	10
WIC Breast Feeding Peer Counseling	0	0	3	0	0	4
Sub-Total	89	2	46	75	2	39

STAFF SUMMARY BY DIVISION & GRANT PROGRAM	FY 2016			FY 2017		
	FT	PT	LTGF	FT	PT	LTGF
<u>Health and Wellness</u>						
Administrative Care Coordination (HealthLine)	0	0	0	12	0	2
Cancer Diagnosis and Treatment	0	0	1	0	0	0
Cancer Outreach	1	0	0	0	0	0
Geriatric Evaluation and Review Services (STEPS/AERS)	6	0	2	6	0	1
MCHP Eligibility Determination - PWC	0	0	0	18	1	11
Medical Assistance Transportation	10	0	12	9	0	12
Sub-Total	17	0	15	45	1	26
<u>Office of the Health Officer</u>						
Health Enterprise Zones	0	1	6	0	1	6
Ryan White	3	0	3	3	0	3
System of Care	0	1	5	0	0	0
Sub-Total	3	2	14	3	1	9
TOTAL	212	6	147	204	5	141

In FY 2017, funding is anticipated for 204 full-time, five part-time and 141 limited term grant funded (LTGF) positions.

Behavioral Health Division

Full-time staffing levels are decreasing as a result of a position transfer to the General Fund and a retirement. Eleven staff are transferred from the Addictions Treatment Block Grant to the Drug Court Services, Integration of Child Welfare Funds, STOP and Temporary Cash Assistance programs.

Part-time staffing levels decrease due to retirement.

Six LTGF staff are transferred from the Addictions Treatment Block Grant to the Children in Need of Assistance, STOP and Temporary Cash Assistance programs. In FY 2016, additional LTGF staffing was added to support the Offender ReEntry and Tobacco Enforcement Initiative programs.

Environmental Health and Disease Control Division

Full-time and LTGF staffing totals decrease to reflect the transfer of the MCHP Eligibility Determination program to the Health and Wellness division. Additionally, positions associated with the TB programs are now reflected in the Health and Wellness Division.

Family Health Division

Full-time staff decreases primarily due to the transfer of the Administrative Care Coordination program to the Health and Wellness division. The LTGF staff decreases due to the School Based Wellness Centers support of contractual services.

Health and Wellness Division

Full-time and LTGF staffing totals increase to reflect the transfer of positions from the MCHP Eligibility Determination and Administrative Care Coordination programs. Furthermore, part-time staffing totals increase to reflect a position transfer from the General Fund.

Office of the Health Officer

Part-time and LTGF staff decrease due to the expiration System of Care Grant.

HEALTH DEPARTMENT - 170

GRANTS

GRANTS BY DIVISION	FY 2015 ACTUAL	FY 2016 BUDGET	FY 2016 ESTIMATED	FY 2017 APPROVED	\$ CHANGE FY16 - FY17	% CHANGE FY16 - FY17
<u>Division of Behavioral Health Services</u>						
Addictions Treatment Block Grant	\$ 9,247,196	\$ 9,222,100	\$ 9,066,000	\$ 5,215,300	\$ (4,006,800)	-43.4%
Administrative Grant	852,207	790,100	790,100	790,100	-	0.0%
Ambulatory Funding	-	-	-	2,149,100	2,149,100	100.0%
Continuum of Care	538,659	565,500	565,500	569,200	3,700	0.7%
Crownsville Project	52,813	74,300	74,300	74,300	-	0.0%
Drama Club Anger Management Program	-	30,000	30,000	30,000	-	0.0%
Drug Court Services				130,600	130,600	100.0%
Federal Block Grant	1,319,832	1,338,300	1,338,300	1,338,300	-	0.0%
Federal Fund Treatment Grant	1,088,523	1,485,700	1,483,600	-	(1,485,700)	-100.0%
HIDTA Grant	149,480	151,100	136,000	136,000	(15,100)	-10.0%
House Bill 7- Integration of Child Welfare Funds				71,000	71,000	100.0%
Integration of Sexual Health in Recovery	186,553	227,900	216,500	216,500	(11,400)	-5.0%
Maryland Strategic Prevention Framework	3,378	-	-	-	-	0.0%
Mental Health Services Grant	1,513,339	1,748,600	1,748,600	1,758,400	9,800	0.6%
OASIS Youth Program	176,744	89,300	89,300	101,800	12,500	14.0%
Offender ReEntry	-	-	399,900	-	-	0.0%
Operations Safe Kids	111,778	350,000	350,000	350,000	-	0.0%
Path Program	106,652	106,700	106,700	106,700	-	0.0%
Prevention Services	410,880	499,700	499,700	505,800	6,100	1.2%
Project Launch	647,127	664,100	664,100	672,500	8,400	1.3%
Project Safety Net	1,288,437	1,465,200	1,464,600	1,214,600	(250,600)	-17.1%
Recovery Housing for Women	682,204	711,800	711,800	847,500	135,700	19.1%
Region II Prevention	(23,549)	-	-	-	-	0.0%
Safe Neighborhoods	8,888	-	-	-	-	0.0%
Senate Bill 512 Children in Need of Assistance	-	-	-	60,000	60,000	100.0%
Substance Abuse Treatment Outcomes Partnership (STOP)				643,700	643,700	100.0%
Temporary Cash Assistance				455,900	455,900	100.0%
Tobacco Enforcement Initiative	45,919	116,000	116,000	213,100	97,100	83.7%
Tobacco Implementation Project	250,215	293,400	293,400	293,400	-	0.0%
Wrap Around Prince George's *	-	-	-	-	-	100.0%
Sub-Total	\$ 18,657,275	\$ 19,929,800	\$ 20,144,400	\$ 17,943,800	\$ (1,986,000)	-10.0%
<u>Division of Environmental Health and Disease Control</u>						
Bay Restoration (Septic) Fund	\$ 68,514	\$ 168,000	\$ 146,000	\$ 300,000	\$ 132,000	78.6%
Cities Readiness Initiatives (CRI)	147,292	154,400	155,600	155,600	1,200	0.8%
Consent2Share	154,866	250,000	-	-	(250,000)	-100.0%
Hepatitis B Prevention	71,744	68,500	68,500	68,500	-	0.0%
Lead Paint Poisoning Program	47,950	51,600	57,300	57,300	5,700	11.0%
MCHP Eligibility Determination - PWC (transferred to Health and Wellness)	1,913,407	2,023,900	-	-	(2,023,900)	-100.0%
NACCHO Voluntary Retail Food Regulatory Program	1,078	-	-	-	-	0.0%
Public Health Emergency Preparedness (PHEP)	469,457	542,700	517,100	517,100	(25,600)	-4.7%
PHEP Ebola Supplemental	-	-	67,000	-	-	0.0%
TB Control Cooperative Agreement (transferred to Family Health)	184,537	225,600	188,800	-	(225,600)	-100.0%
TB Refugee (transferred to Family Health)	463,463	645,600	372,500	-	(645,600)	-100.0%
Sub-Total	\$ 3,522,308	\$ 4,130,300	\$ 1,572,800	\$ 1,098,500	\$ (3,031,800)	-73.4%

GRANTS BY DIVISION	FY 2015 ACTUAL	FY 2016 BUDGET	FY 2016 ESTIMATED	FY 2017 APPROVED	\$ CHANGE FY16 - FY17	% CHANGE FY16 - FY17
Division of Family Health						
Abstinence Education	\$ 114,059	\$ 190,000	\$ -	\$ -	\$ (190,000)	-100.0%
Administrative Care Coordination Grant - Expansion (transferred to Health and Wellness)	-	153,000	126,000	-	(153,000)	-100.0%
Administrative Care Coordination Grant - Ombudsman (transferred to Health and Wellness)	989,824	1,081,000	1,155,000	-	(1,081,000)	-100.0%
AIDS Case Management	744,319	800,500	889,400	2,245,500	1,445,000	180.5%
Babies Born Healthy	103,445	129,500	129,500	129,500	-	0.0%
Crenshaw Perinatal	99,157	78,600	-	-	(78,600)	-100.0%
Dental Sealant D Driver Van	177,288	260,300	210,000	210,000	(50,300)	-19.3%
Expanding Access to Dental Care	-	-	-	200,000	200,000	100.0%
Healthy Teens/Young Adults	514,267	589,500	554,500	559,500	(30,000)	-5.1%
High Risk Infant	105,514	117,600	117,600	117,600	-	0.0%
HIV Partner Services	27,883	-	-	-	-	0.0%
HIV Prevention Integration	820,849	872,500	830,400	1,660,800	788,300	90.3%
Immunization Action Grant	233,285	274,900	234,900	284,900	10,000	3.6%
Infants and Toddlers Part B	535,849	-	-	-	-	0.0%
Infants and Toddlers Part B 619	139,944	-	-	-	-	0.0%
Infants and Toddlers Program (Part C and County Funds)	301,321	-	-	-	-	0.0%
Infants and Toddlers - MA Reimbursements	432,300	-	-	-	-	0.0%
Infants and Toddlers - State	1,753,074	-	-	-	-	0.0%
Linkage to Care	137,055	150,000	-	-	(150,000)	-100.0%
Oral Disease and Injury Prevention	-	40,000	40,000	40,000	-	0.0%
Oral Health Clinical Care	36,915	40,000	42,500	42,000	2,000	5.0%
Oral Health HRSA	22,440	-	-	-	-	0.0%
Perinatal Partnership	177	-	-	-	-	0.0%
Partnership for Care	-	55,000	150,000	150,000	95,000	172.7%
Personal Responsibility Education	37,994	85,000	85,000	85,000	-	0.0%
Project Connect	1,621	5,500	-	-	(5,500)	-100.0%
Reproductive Health	446,909	529,300	514,400	514,400	(14,900)	-2.8%
Ryan White Title I/PART A & MAI	837,482	2,417,100	2,410,800	2,410,800	(6,300)	-0.3%
Ryan White Title II/Part B	1,022,137	1,276,100	1,276,100	-	(1,276,100)	-100.0%
Ryan White Title II/Part B - ADAP	40,017	-	-	-	-	0.0%
School Based Wellness Center	312,453	850,000	850,000	850,000	-	0.0%
School Based Wellness Center MSDE	-	-	-	405,900	405,900	100.0%
STD Caseworker	495,503	587,000	772,000	975,800	388,800	66.2%
Surveillance and Quality Improvement	122,876	142,600	142,600	142,600	-	0.0%
TB Control Cooperative Agreement (transferred from Environmental Health)	-	-	-	377,600	377,600	100.0%
TB Refugee (transferred from Environmental Health)	-	-	-	763,200	763,200	100.0%
Women, Infants & Children (WIC)	2,116,050	2,233,800	2,417,900	2,422,700	(1,470,600)	-65.8%
WIC Breast Feeding Peer Counseling	121,204	148,800	245,000	245,100	96,300	64.7%
Sub-Total	\$ 12,843,211	\$ 13,107,600	\$ 13,193,600	\$ 14,832,900	\$ 1,725,300	13.2%
Division of Health and Wellness						
Administrative Care Coordination Grant - Expansion (transferred from Family Health)	\$ -	\$ -	\$ -	\$ 126,000	\$ 126,000	100.0%
Administrative Care Coordination Grant - Ombudsman (transferred to from Family Health)	-	-	-	1,155,000	1,155,000	100.0%
Cancer Diagnosis and Treatment	74,232	197,900	197,900	-	(197,900)	-100.0%
Cancer Outreach Diagnosis and Case Management	127,673	181,300	-	-	(181,300)	-100.0%
CDC Breast and Cervical Cancer	147,561	207,200	113,200	-	(207,200)	-100.0%
Colorectal Cancer Prevention Education and Screening	690,507	812,600	672,800	-	(812,600)	-100.0%
Community Transformation Grant	409,970	-	-	-	-	0.0%
General Medical Assistance Transportation	4,632,168	5,247,600	4,080,400	5,247,600	-	0.0%
Geriatric Evaluation and Review Services (STEPS/AERS)	481,473	699,400	699,400	701,800	2,400	0.3%
KIDZ Healthy Revolution Grant	-	-	-	240,000	240,000	100.0%
Komen National Vulnerable Populations Grant	30,019	-	30,000	-	-	0.0%
MCHP Eligibility Determination - PWC (transferred from Environmental Health)	-	-	2,017,900	2,017,900	2,017,900	100.0%
Maryland Million Hearts	7,554	-	-	-	-	0.0%
Partnership for Expanded Access to Health Services	-	-	-	500,000	500,000	100.0%
Tobacco Dependence Grant	-	-	75,000	-	-	0.0%
Sub-Total	\$ 6,601,157	\$ 7,346,000	\$ 7,886,600	\$ 9,988,300	\$ 2,642,300	36.0%

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GRANTS

GRANTS BY DIVISION	FY 2015 ACTUAL	FY 2016 BUDGET	FY 2016 ESTIMATED	FY 2017 APPROVED	\$ CHANGE FY16 - FY17	% CHANGE FY16 - FY17
<u>Office of the Health Officer</u>						
Center for Medicare and Medicaid Services (CMS)	\$ -	\$ -	\$ -	\$ 1,000,000	\$ 1,000,000	100.0%
Health Enterprise Zone (HEZ)	1,062,901	1,100,000	1,100,000	1,100,000	-	0.0%
Medicare and Medicaid Services Health Care Innovations	11,724	-	-	900,000	900,000	0.0%
Project Lift	117,242	-	-	-	-	0.0%
Ryan White HIV/AIDS Treatment Modernization Act - Part A & Minority AIDS Initiative	6,503,250	7,771,300	7,771,300	7,929,700	158,400	2.0%
System of Care	287,885	1,200,000	998,700	-	(1,200,000)	-100.0%
Sub-Total	\$ 7,983,002	\$ 10,071,300	\$ 9,870,000	\$ 10,929,700	\$ 858,400	8.5%
HD Total Grants - Outside Sources	\$ 49,606,953	\$ 54,585,000	\$ 52,667,400	\$ 54,793,200	\$ 208,200	0.4%
Total Transfer from General Fund - (County Contribution/Cash Match)	\$ 146,663	\$ 216,400	\$ 218,400	\$ 216,400	\$ -	0.0%
Total Grant Expenditures	\$ 49,753,616	\$ 54,801,400	\$ 52,885,800	\$ 55,009,600	\$ 208,200	0.4%

DIVISION OF BEHAVIORAL HEALTH SERVICES -- \$17,943,800

Grants within this division support services for adults, adolescents and families who abuse alcohol and other drugs, including prevention services for high-risk youth and families. Other programs include community-based tobacco use prevention, cessation and enforcement services and ambulatory services for uninsured individuals needing assessment and treatment. The Addictions Treatment grant supports outpatient and intensive outpatient treatment services delivered by Health Department staff, as well as outpatient and residential treatment services delivered through contracts with private providers. The High Intensity Drug Trafficking Areas (HIDTA) program enhances and coordinates drug control efforts among local, State and federal law enforcement agencies. The Division is also responsible for long-range planning for mental health services, needs assessments and the development of alternative resource providers.

DIVISION OF ENVIRONMENTAL HEALTH AND DISEASE CONTROL-- \$1,098,500

The Public Health Emergency Preparedness Grant supports planning activities and the integrated efforts between County health civic organizations and health care facilities to train medical practitioners and citizen volunteers in emergency preparedness; establishing dispensing sites and shelters; and implementing emergency response strategies in the event of a man-made or natural disaster. The Bay Restoration Fund provides funds for on-site sewage disposal system upgrades using the best available technology for nitrogen removal. The Cities Readiness Initiative is specific to Incident Management and Anthrax attacks.

DIVISION OF FAMILY HEALTH -- \$14,832,900

Grant funded programs serve at-risk, predominantly uninsured/underinsured populations including infants and children, adolescents, pregnant women and women of childbearing age through early diagnosis, screening, treatment, counseling, education, follow-up, case management, referral, linkage to Medicaid, and nutrition services (including WIC). Funding also supports necessary services to individuals with specific types of communicable diseases such as Sexually Transmitted Diseases and HIV/AIDS and extensive community education activities. The Personal Responsibility Education Programs provide pregnancy prevention education before marriage. The Dental Sealant Grant provides dental care to the County public schools via mobile van. The Immunization Program focuses on providing immunization services to ensure that children attain full compliance with recommended immunization schedules and can enter school on time. The School Based Wellness Center Program provides collaboration with the Prince George's County Board of Education to provide extended operating hours and services to the community. The Tuberculosis (TB) Refugee grant provides for TB screening and various evaluations for refugees.

DIVISION OF HEALTH AND WELLNESS -- \$9,988,300

Grant funding supports prevention and/or mitigation of heart disease and diabetes through the use of community screens, referral services and interventions to assist individuals with lifestyle decisions/changes. Medical Assistance grants provide personal care and case management to frail elderly individuals with chronic diseases or developmentally disabled persons and transportation to medical appointments for Medical Assistance recipients. Grant funding is also used to evaluate the needs of individuals at risk of institutionalization, and to purchase services to prevent their placement in a nursing home or other health care facility. The Partnership for Expanded Access to Health Services program addresses health disparities and promotes health equity by enabling health insurance enrollment, transportation and literacy.

DIVISION OF THE HEALTH OFFICER -- \$10,929,700

The Ryan White CARE Act Title I staff function as the administrative agent for the entire suburban Maryland area (five counties) and are responsible for the awarding of grant monies, processing contracts, and monitoring services provided. Grant funding is used for comprehensive care services to HIV patients eligible for services under the Ryan White grant of \$7.9 million. The Health Enterprise Zone (HEZ) grant will provide funding to expand the primary care resources and recruit primary care providers to establish five Patient Centered Medical Homes to serve a minimum of 10,000 residents. The Center for Medicare and Medicaid Services funding will support the use of health information technology for continuous quality improvement at the point of care and the exchange of information in a structured format.