

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 services for families and individuals in need
- Chronic disease interventions and education
- Disease prevention
- Environmental safety

Strategic Focus in FY 2016 -

The agency's top priorities in FY 2016 are:

- 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
- Improve maternal and infant outcomes which will help decrease infant mortality
- Prevent sexually transmitted diseases
- Promote safe food services facilities
- Ensure access to mental health and substance abuse treatment

FY 2016 BUDGET SUMMARY

The FY 2016 approved budget for the Health Department is \$72,761,100, a decrease of \$3,131,700 or 4.1% under the FY 2015 budget.

GENERAL FUNDS

The FY 2016 approved General Fund budget for the Health Department is \$18,176,100, a decrease of \$901,500 or 4.7% under the FY 2015 budget.

Budgetary Changes –

FY 2015 BUDGET	\$19,077,600
Reflect application of County Council spending control measures in Recoveries	\$52,000
Reflect compensation adjustments and maintain 36.1% fringe rate	(\$73,500)
Reduce one-time funding for SNAP to Health program from \$100,000 to \$25,000	(\$75,000)
Decrease in cash match for FY 2016 grant programs	(\$174,000)
Reflect County Council spending control measures, maintain FY 2015 salary levels,	(\$204,400)
Net decrease in certain operating expenses based on historical spending, decrease in the OIT office automation charge, FY 2016 requirements, and County Council spending control measures	(\$426,600)
FY 2016 APPROVED BUDGET	\$18,176,100

GRANT FUNDS

The FY 2016 approved grant budget for the Health Department is \$54,585,000, a decrease of \$2,230,200 or 3.9% under the FY 2015 budget. Major changes in the FY 2016 approved budget include:

- Transfer of Infants and Toddlers program to the Prince George’s County Board of Education
- Elimination of funding for the Mobilization for Health: National Prevention Partnership

SERVICE DELIVERY PLAN AND PERFORMANCE

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

Objective 1.1 - Increase the number of County residents reached by outreach efforts to improve the access to healthcare for the County’s population.

Targets	Long Term Target Compared with Performance				
Short term: By FY 2016 - 376,689 Intermediate term: By FY 2018 - 390,000 Long term: By FY 2020 - 400,000	Long term target (FY 20): 400,000		1,805,606		
			376,689		
	0	0	0	1,805,606	376,689
	FY 2012 Actual	FY 2013 Actual	FY 2014 Actual	FY 2015 Estimated	FY 2016 Projected

Trend and Analysis -

This new goal and objective from FY 2015 is part of the agency’s commitment to providing access to healthcare, which is the leading priority in the 10-year health improvement plan. It is measured by the cumulative number of County residents reached either through direct contact or outreach efforts. All 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 help increase access is to ensure a trained and knowledgeable community outreach staff is embedded across programs that connect with residents both individually with clients as well as through targeted public outreach events. This helps to increase awareness and helps residents link to community 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 -

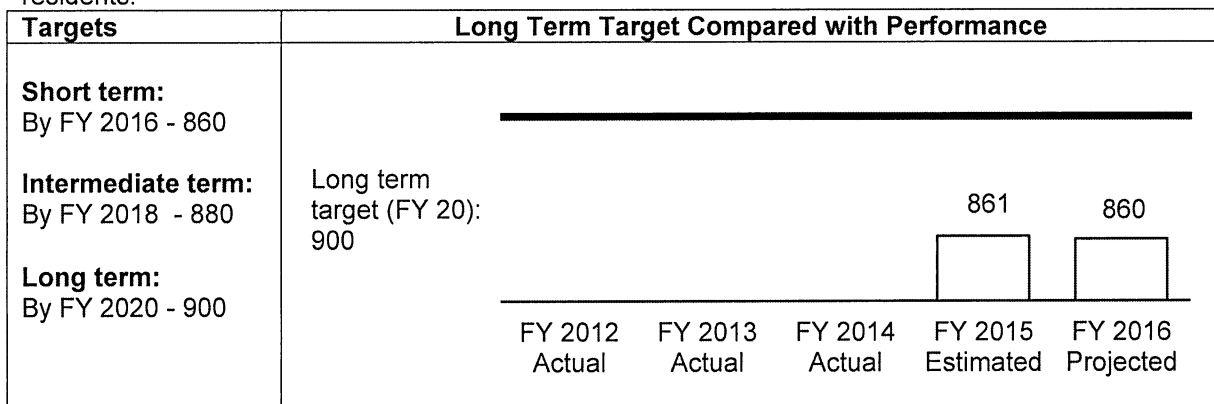
Measure Name	FY 2012 Actual	FY 2013 Actual	FY 2014 Actual	FY 2015 Estimated	FY 2016 Projected
Resources (input)					
Number of Health Department outreach workers				30	27
Workload, Demand and Production (output)					
Number of overall Health Department direct client contacts				253,000	252,000
Number of overall Health Department public outreach efforts				700	600
Efficiency					
Average number of client contacts per outreach worker				8,433	9,333
Impact (outcome)					
Number of County residents reached through either direct contact or outreach efforts				1,805,606	376,689

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.



Trend and Analysis -

The agency is dedicated to expanding the existing obesity program that targets prevention and education to include other chronic conditions including hypertension and diabetes. This objective is measured by the number of residents participating in healthy eating and active living interventions. The interventions impact obesity and other chronic conditions and the strategies support chronic disease prevention and management; however, the primary grant for these interventions ended in October 2014 thus limiting the number of interventions that will be offered.

Performance Measures -

Measure Name	FY 2012 Actual	FY 2013 Actual	FY 2014 Actual	FY 2015 Estimated	FY 2016 Projected
Resources (input)					
Number of health promotion/community developer staff			9	4	2
Workload, Demand and Production (output)					
Number of public education campaigns addressing chronic disease				8	2
Number of residents reached by all health promotion activities				1,590,000	50,000
Efficiency					
Number of partners using health promotion kits				14	14
Impact (outcome)					
Number of residents educated by healthy eating and active living interventions				861	860
Percentage change in knowledge over baseline for educational activities				12%	12%

Strategies to Accomplish the Objective

- **Strategy 2.1.1** - Build strategic partnerships 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/care coordination including engaging community health workers to facilitate care coordination
- **Strategy 2.1.4** - Develop and disseminate culturally and linguistically evidence based information and practices

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

Targets	Long Term Target Compared with Performance					
Short term: By FY 2016 -100% Intermediate term: By FY 2018 -100% Long term: By FY 2020 -100%	Long term target (FY 20): 100%					
		FY 2012 Actual FY 2013 Actual FY 2014 Actual FY 2015 Estimated FY 2016 Projected				

Trend and Analysis -

In the County, cancer is the second leading cause of death and disability after heart disease. Reducing the impact of cancer requires appropriate screenings and linkage to care. This is especially critical for the un- and underinsured populations residing in the County. To better serve this vulnerable population, the cancer screening programs were moved from the agency to Doctor's Community Hospital in FY 2014. The focus at the agency now is on community outreach efforts to link clients to screening activities at Doctor's to ensure these programs are successful.

Performance Measures -

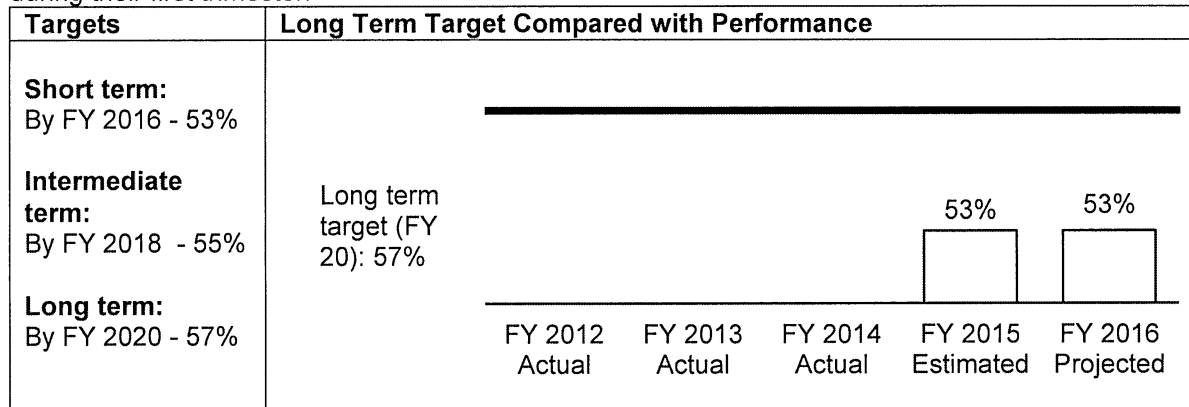
Measure Name	FY 2012 Actual	FY 2013 Actual	FY 2014 Actual	FY 2015 Estimated	FY 2016 Projected
Resources (input)					
Number of outreach staff	3.6	3.6		1	1
Workload, Demand and Production (output)					
Number of persons educated on colorectal cancer (CRC)	2,300	5,234		10,000	10,000
Number of persons screened for breast cancer (BC)	656	642		306	306
Number of persons screened for CRC	199	172		195	195
Number of persons w/ abnormal BC results	85	121		12	12
Number of persons w/ abnormal CRC results	80	6		2	2
Number of persons diagnosed w/ BC	8	15		6	6
Number of persons diagnosed w/ CRC	2	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				73%	75%
Impact (outcome)					
Percent of abnormal screening results for BC	13%			3.9%	3.9%
Percent of abnormal screening results for CRC	40%			1.0%	1.0%
Percent diagnosed with abnormal screenings who are linked to care				100%	100%

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 receive prenatal care during their first trimester.



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 will no longer be offered at the agency; they will now be provided by six community partners that will 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 agency, and their role in linking maternity clients to the new community partners.

Performance Measures -

Measure Name	FY 2012 Actual	FY 2013 Actual	FY 2014 Actual	FY 2015 Estimated	FY 2016 Projected
Resources (input)					
Number of scheduled Family Planning appointments	7,768		7,500	7,400	6,000
Workload, Demand and Production (output)					
Number of new pregnant females identified in the Family Planning clinic				285	285
Number of maternity referrals made to community partners					285
Number of Family Planning appointments kept				5,920	4,800
Number of women seen at Family Planning who are screened for domestic violence				1,200	1,200
Efficiency					
Proportion of kept Family Planning appointments compared to those scheduled				80.0%	80.0%
Quality					
Average number of days to get appointment for first prenatal visit	2			14	14
Impact (outcome)					
Percent of new mothers in the County that received first trimester care				53%	53%
Percent of low birth weight babies born to County residents	10.0%	10.0%			
Percent of pre-term babies born to County residents	10.8%	10.8%			

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 infant mortality rate in the County as measured by the number of infant deaths within 12 months of birth per 1,000 live births.

Targets	Long Term Target Compared with Performance																					
<p>Short term: By FY 2016 - 7.7</p> <p>Intermediate term: By FY 2018 - 7.6</p> <p>Long term: By FY 2020 - 7.5</p>	<p>Long term target (FY20): 7.5</p> <table border="1"> <caption>Infant Mortality Rate Data</caption> <thead> <tr> <th>Fiscal Year</th> <th>Rate</th> <th>Status</th> </tr> </thead> <tbody> <tr> <td>FY 2012</td> <td>8.6</td> <td>Actual</td> </tr> <tr> <td>FY 2013</td> <td>8.6</td> <td>Actual</td> </tr> <tr> <td>FY 2014</td> <td>7.9</td> <td>Actual</td> </tr> <tr> <td>FY 2015</td> <td>7.8</td> <td>Estimated</td> </tr> <tr> <td>FY 2016</td> <td>7.7</td> <td>Projected</td> </tr> <tr> <td>FY 2020 (Target)</td> <td>7.5</td> <td>Target</td> </tr> </tbody> </table>	Fiscal Year	Rate	Status	FY 2012	8.6	Actual	FY 2013	8.6	Actual	FY 2014	7.9	Actual	FY 2015	7.8	Estimated	FY 2016	7.7	Projected	FY 2020 (Target)	7.5	Target
Fiscal Year	Rate	Status																				
FY 2012	8.6	Actual																				
FY 2013	8.6	Actual																				
FY 2014	7.9	Actual																				
FY 2015	7.8	Estimated																				
FY 2016	7.7	Projected																				
FY 2020 (Target)	7.5	Target																				

Trend and Analysis -

Infant mortality is measured as the number of infant deaths within 12 months of birth per 1,000 live births in the County. The agency has two programs working to improve birth outcomes and reduce infant mortality: the Fetal and Infant Mortality Review (FIMR) 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 agency to refer a County resident. (Historical data, in some cases, is unavailable.)

Performance Measures -

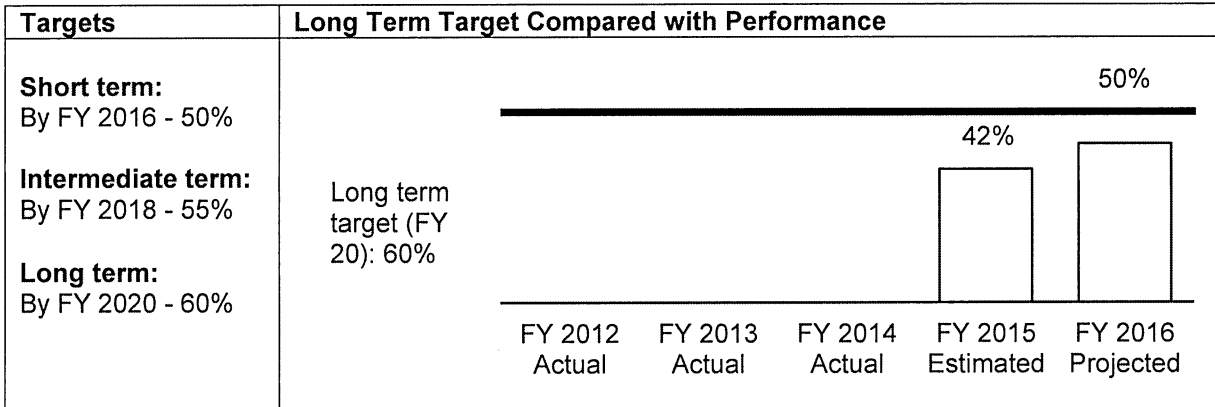
Measure Name	FY 2012 Actual	FY 2013 Actual	FY 2014 Actual	FY 2015 Estimated	FY 2016 Projected
Resources (input)					
Number of IAR Staff (budgeted RNs, support staff, etc.)	3		3	2	2
Number of FIMR Perinatal Navigators				2	2
Workload, Demand and Production (output)					
Number of prenatal women enrolled in FIMR					1,500
Number of home visits by FIMR perinatal navigators					
The number of referrals for IAR case management for children birth to age one	832			939	900
The number of home visits for new referrals for IAR case management birth to age one	102			183	180
The number of home visit referrals for IAR follow-up case management birth to age one.	396			126	125
The number of unduplicated mothers receiving IAR case management services (hospital visits/phone intervention)	934		767	681	600
The number of teens <18 years receiving IAR case management services	149		150	120	120
The number of referrals received from Prince George's Hospital	918		367	315	300
The number of referrals received from Laurel Regional Medical Center			35	27	25
The number of referrals received from Medstar Southern Maryland Hospital			216	111	100
Number of FIMR home visits per perinatal navigator					
Quality					
Number of babies/children referred to Infants and Toddlers	5				
Number of FIMR referrals to community resources					
Number of babies/children referred to other County Resources	410		958	894	850
Number of mothers referred to Addictions/Mental Health	0			5	5
Impact (outcome)					
Number of FIMR clients who delivery full term					
Number of infant deaths (IAR program)	0			78	70
Infant Mortality Rate (County-wide measure) per 1,000 live births	8.6	8.6	7.9	7.8	7.7

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 faith-based and non-profit based community service groups
- **Strategy 3.2.2** - Work closely with Treatment of Mothers of Addicted Newborns and Children and Parents Program, 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 disease 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.



Trend and Analysis -

Prince George's County has the second highest HIV rate in Maryland after Baltimore City; as of 2011 there are over 5,400 County residents living with HIV. The agency focuses on testing at-risk communities. 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 those 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 provides 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.

Performance Measures -

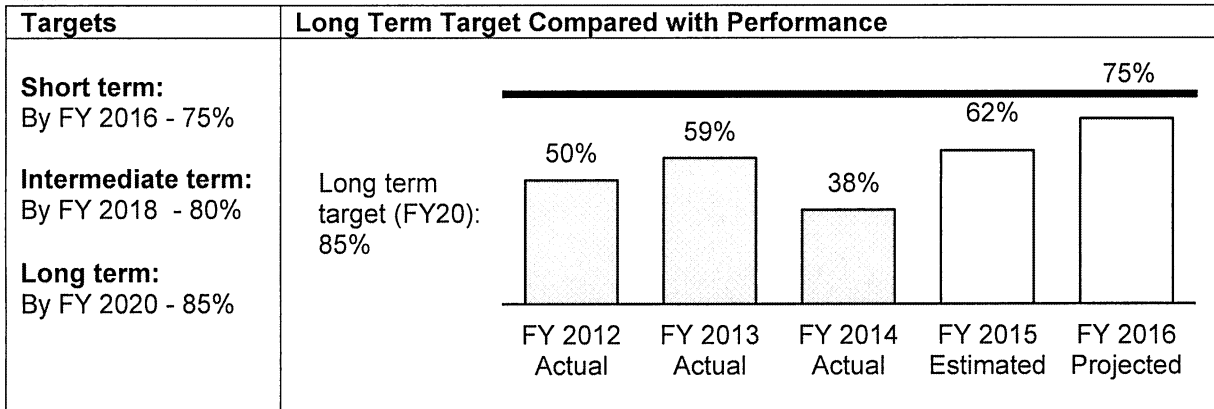
Measure Name	FY 2012 Actual	FY 2013 Actual	FY 2014 Actual	FY 2015 Estimated	FY 2016 Projected
Resources (input)					
Number of prevention/STI staff	10	15	13	10.5	10.5
Workload, Demand and Production (output)					
Number of HIV-related educational outreaches and awareness opportunities	50	149	96	36	36
Efficiency					
Number of HIV tests performed	10,722	11,879	10,792	10,017	10,000
Impact (outcome)					
Number of new HIV cases per 100,000 persons	56.9			58.5	58.5
Percentage of newly diagnosed HIV positive with documented linkage to care				42%	50%

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 -

This is measured as the percentage of required State-mandated high and moderate facility inspections conducted each year. High and moderate priority food service facilities are considered at increased risk for causing food-borne illnesses and require two inspections annually per State regulations. Inspections not only require significant onsite time (1.5 hours for moderate and over 2 hours for high priority facilities), but travel time, substantial documentation, and time to address any issues. Per Federal Drug Administration (FDA) guidelines, the County should have 22 food service facility inspectors; meeting the State inspection mandate is a continued challenge. However, even a modest increase in staff in FY 2015 has already improved the inspection rate compared to FY 2014. Maintaining staff positions will be critical to avoid a decline in the inspection rate. With a highly trained consistent workforce it is anticipated the inspection rate will continue to improve, helping to ensure the safety of County residents and visitors.

Performance Measures -

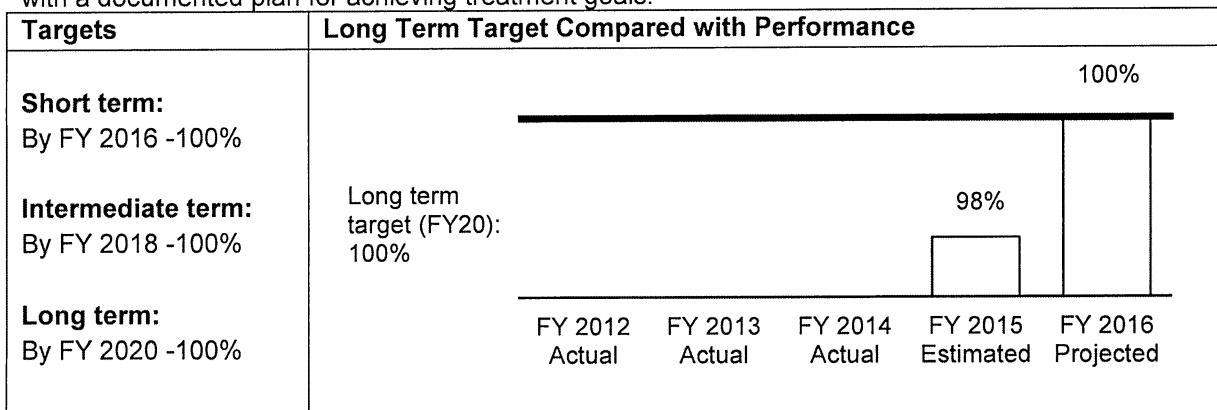
Measure Name	FY 2012 Actual	FY 2013 Actual	FY 2014 Actual	FY 2015 Estimated	FY 2016 Projected
Resources (input)					
Number of full-time food service facility (FSF) inspectors	11	12	8.5	12	13
Workload, Demand and Production (output)					
Number of high and moderate priority FSFs that have permits	2,350	2,539	2,378	2,198	2,198
Number of high and moderate FSF inspections required by the State	5,980	6,860	6,419	5,900	5,900
Number of high and moderate priority FSFs inspected	2,980	3,707	2,423	3,705	4,000
Number of follow-up inspections of high and moderate priority FSFs	532	501	231	240	250
Efficiency					
Average number of high and moderate FSFs inspected per inspector	270.9	308.9	285.1	308.8	307.7
Quality					
Percent of "critical item" complaints responded to within 24 hours	100%	100%	100%	100%	100%
Impact (outcome)					
Percent of high and moderate FSFs cited for disease-related critical violations	21%	22%	16%	11%	11%
Percentage of State-mandated high and moderate inspections conducted	50%	59%	38%	62%	75%

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, as measured by the percent of substance abuse treatment clients with a documented plan for achieving treatment goals.



Trend and Analysis -

In July 2014, the County's Core Service Agency that was focused on mental health services merged with the agency's Division of Behavioral Health. The division services are mainly supported through State funds and provide or support varied levels of care for both adult and adolescent clients and their families. The programs are staffed by certified and/or licensed substance abuse and mental health professionals and are provided at locations across the County. It is important to understand that because these are chronic issues clients may need a variety of services over a long period of time; the division works to help reduce the intensity of the treatment needed by helping clients better control and maintain their issues.

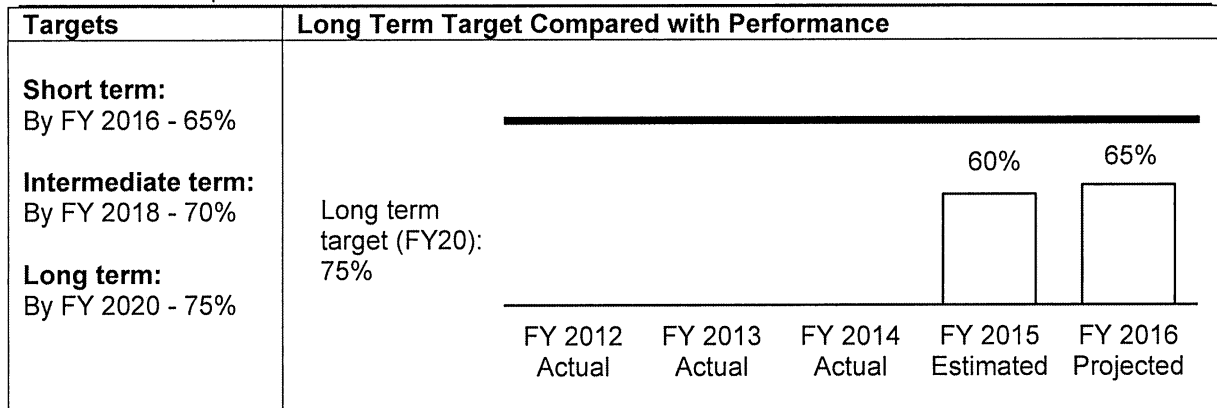
Performance Measures -

Measure Name	FY 2012 Actual	FY 2013 Actual	FY 2014 Actual	FY 2015 Estimated	FY 2016 Projected
Resources (input)					
Number of professional staff providing treatment				56	56
Workload, Demand and Production (output)					
Number of clients enrolled in outpatient services				1,631	1,630
Number of clients enrolled in purchased residential services				408	400
Number of programs monitored by the Health Department to provide mental health services to County residents				79	79
Number of clients served in community mental health services				33,213	34,000
Efficiency					
Number of clients who transition from a higher level to a lower level of care based on progress in treatment				250	250
Impact (outcome)					
Proportion of clients with appropriately documented progress in achieving care, treatment, or service goals.				98%	100%
Percent of mental health clients receiving community-based treatment who were diverted from institutional placement				60%	65%

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 that 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 -

An important aspect of this program is the provision of emergency mental health services to County residents, which includes a phone hotline and a mobile crisis team. Providing timely crisis services is critical to protecting the lives of residents. The measures reflect the work previously captured as the performance measures for the Core Service Agency.

Performance Measures -

Measure Name	FY 2012 Actual	FY 2013 Actual	FY 2014 Actual	FY 2015 Estimated	FY 2016 Projected
Resources (input)					
Number of Maryland Crisis Hotline (MCH) Specialists				3	3
Number of Crisis Response System (CRS) staff				15	15
Workload, Demand and Production (output)					
Number of calls to the MCH				11,000	11,000
Number of calls answered by MCH				9,000	9,000
Number of calls to the CRS				5,000	5,000
Number of Mobile Crisis Team dispatches				780	780
Efficiency					
Average number of calls answered per MCH specialist				3,666	3,666
Quality					
Percent of MCH calls answered within 30 seconds				85%	90%
Average response time for CRS Mobile Crisis Team dispatches (in minutes)				60	60
Impact (outcome)					
Percent of youth whose crisis level has been reduced as a result of receiving Maryland Crisis Hotline services				90%	90%
Percent of clients receiving Crisis Response System services who divert institutionalized placement				60%	65%

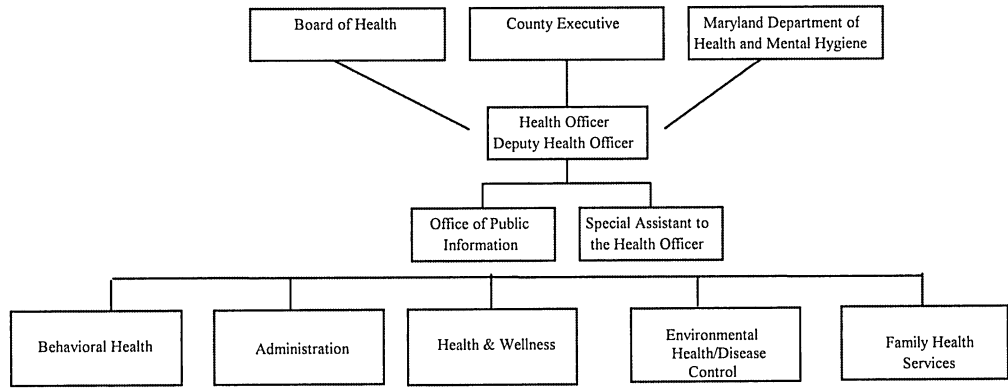
Strategies to Accomplish the Objective -

- **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 MCH receive pre- and post- risk assessments

FY 2015 KEY ACCOMPLISHMENTS

- The Women, Infants, and Children program exceeded their caseload resulting in increased funding to support the needs in the County.
- Implemented billing for School Based Wellness Centers and HIV services.
- The Communicable and Vector Borne Disease and Public Health Emergency Preparedness programs worked with the Office of the Health Officer to reach out to government agencies and the medical community to plan for Ebola due to an ongoing outbreak in western Africa.
- The Food Protection Program completed standardization of their operating procedures and participated in a mentorship program with the City of Alexandria, Virginia .
- Expanded substance abuse and mental health services were offered in the Langley Park TNI area with the implementation of the Multi-Service Center at La Union Mall.
- Successfully integrated the Core Services Agency/Mental Health Authority with the Addictions Authority within the Agency under the new name of Behavioral Health Services.
- Successfully opened a third primary care provider in the Health Enterprise Zone (HEZ), and launched a data website (www.pgchealthzone.org) to support HEZ activities as well as community partners seeking data for grant funding.
- Successfully implemented the agency-wide reorganization of management teams and divisions.

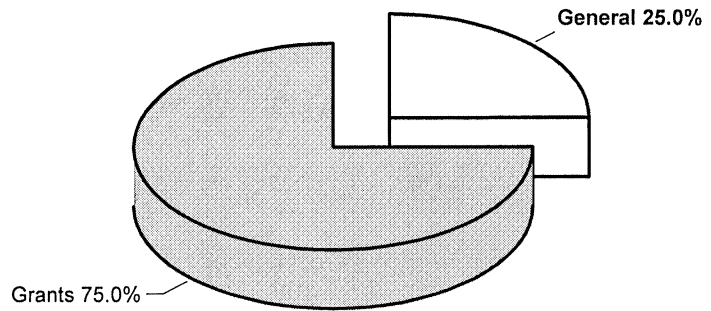
ORGANIZATIONAL CHART



	FY2014 ACTUAL	FY2015 BUDGET	FY2015 ESTIMATED	FY2016 APPROVED	CHANGE FY15-FY16
TOTAL EXPENDITURES	\$ 59,534,182	\$ 75,892,800	\$ 77,635,000	\$ 72,761,100	-4.1%
EXPENDITURE DETAIL					
Administration	5,414,069	5,166,500	5,830,900	4,614,700	-10.7%
Family Health Services	4,216,643	6,038,600	5,883,200	5,785,300	-4.2%
Behavioral Health	1,109,402	843,400	861,900	866,300	2.7%
Environmental Health - Disease Control	2,717,642	5,701,100	5,414,400	5,598,100	-1.8%
Health & Wellness	1,569,677	1,170,400	1,057,300	1,009,600	-13.7%
Epidemiology & Disease Control	3,293,812	0	0	0	0%
Office Of The Health Officer	2,715,321	2,757,600	2,604,900	2,850,100	3.4%
Grants	40,958,934	56,815,200	58,478,500	54,585,000	-3.9%
Recoveries	(2,461,318)	(2,600,000)	(2,496,100)	(2,548,000)	-2%
TOTAL	\$ 59,534,182	\$ 75,892,800	\$ 77,635,000	\$ 72,761,100	-4.1%
SOURCES OF FUNDS					
General Fund	\$ 18,575,248	\$ 19,077,600	\$ 19,156,500	\$ 18,176,100	-4.7%
Other County Operating Funds:					
Grants	40,958,934	56,815,200	58,478,500	54,585,000	-3.9%
TOTAL	\$ 59,534,182	\$ 75,892,800	\$ 77,635,000	\$ 72,761,100	-4.1%

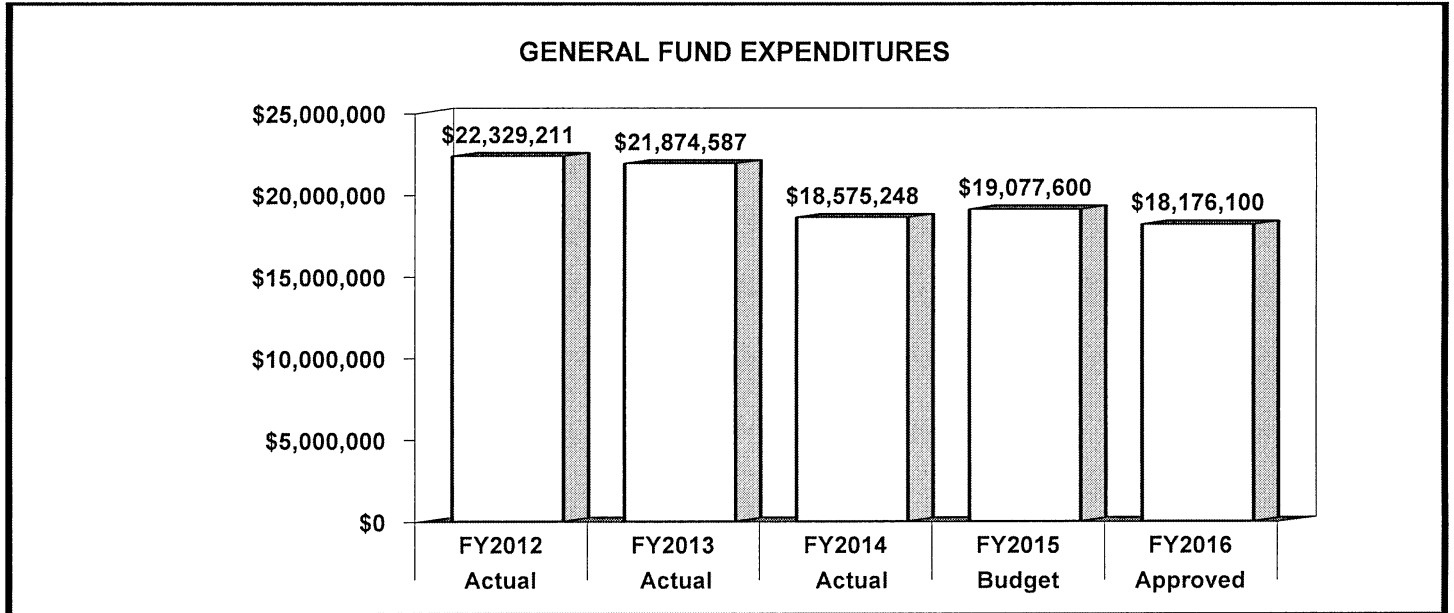
FY2016 SOURCES OF FUNDS

The agency's funding is derived from two funding sources: the General Fund and grants. Major grant programs include the Women, Infants and Children (WIC) program, the Ryan White Title I/II and HIV/AIDS programs, and the Addictions programs.

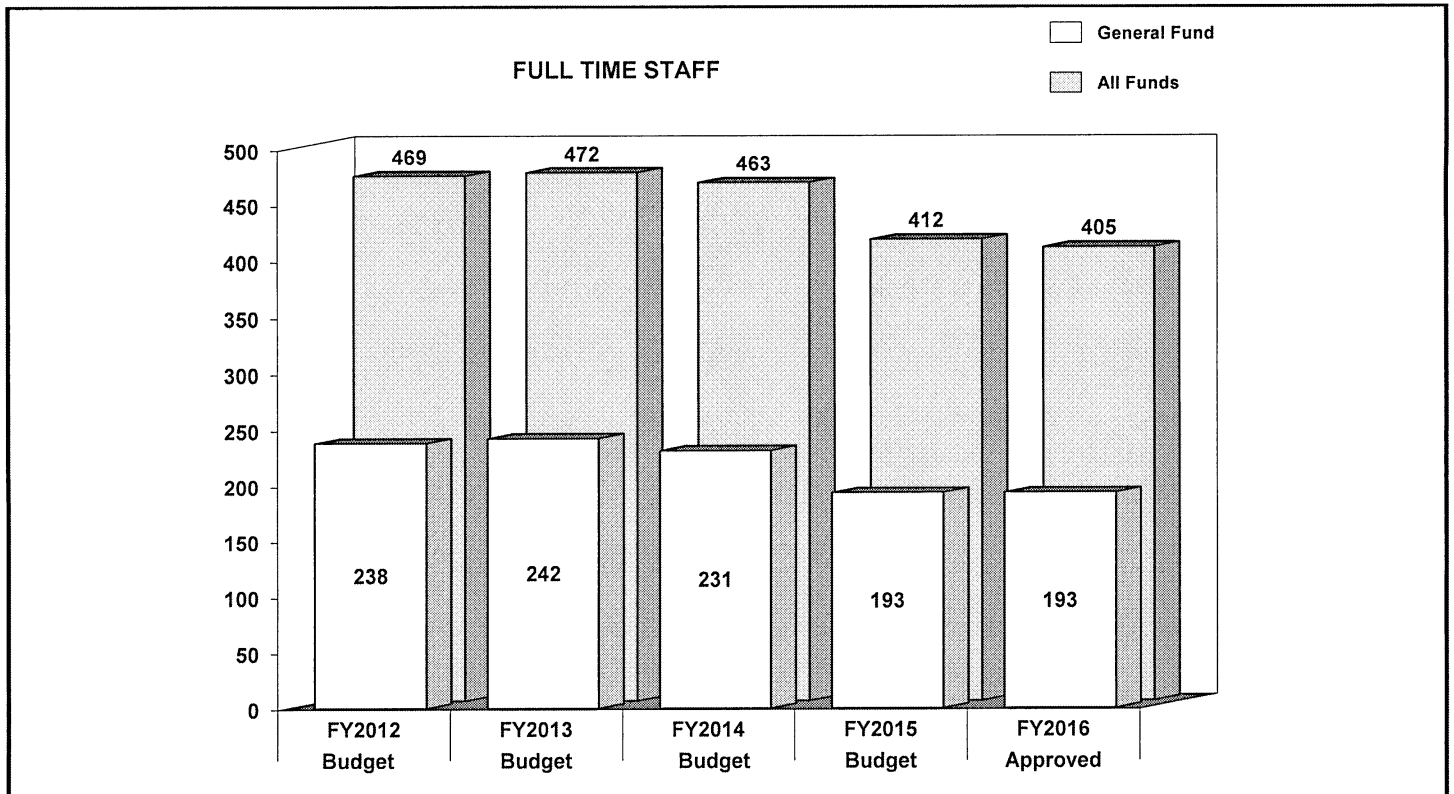


	FY2014 BUDGET	FY2015 BUDGET	FY2016 APPROVED	CHANGE FY15-FY16
GENERAL FUND STAFF				
Full Time - Civilian	231	193	193	0
Full Time - Sworn	0	0	0	0
Part Time	4	2	3	1
Limited Term	3	0	0	0
OTHER STAFF				
Full Time - Civilian	232	219	212	(7)
Full Time - Sworn	0	0	0	0
Part Time	7	4	6	2
Limited Term Grant Funded	164	149	147	-2
TOTAL				
Full Time - Civilian	463	412	405	(7)
Full Time - Sworn	0	0	0	0
Part Time	11	6	9	3
Limited Term	167	149	147	-2

POSITIONS BY CATEGORY	FULL TIME	PART TIME	LIMITED TERM
Program Chiefs	17	0	0
Licensed Practical Nurses	11	0	0
Disease Control Specialists	16	0	1
Environmental Sanitarians	34	0	0
Counselors	42	0	21
Social Workers	6	0	3
Nutritionists	1	0	1
Laboratory Scientists/Dental Asst./X-Ray Technicians	6	0	0
Data Processing, Information Systems	2	0	1
Accounting/Budget Staff	17	1	0
Community Developer	31	0	32
Community Development Asst/Aides	30	1	39
Permit Specialists	1	0	0
Citizen Services Specialists	3	0	0
Clinical Support (Health Aides, Psych Nurse, Driver)	6	0	6
Physician Assistants	2	0	0
Physicians/Dentist (State)	5	0	0
Security Personnel	6	0	0
Directors/Managers	10	0	0
Community Health Nurses	60	1	4
Other Staff	99	6	39
TOTAL	405	9	147



The agency's expenditures decreased 16.8% from FY 2012 to FY 2014. This decrease was primarily driven by the compensation changes and operating expenses. The FY 2016 approved budget is 4.7% less than FY 2015 budget primarily due to a reduction in office automation and the grant cash match.



The agency's General Fund staffing complement decreased by 45 positions from FY 2012 to FY 2015. This decrease is primarily the result of the abolishment of long term vacant positions in FY 2015 and staff movement from the General Fund to various grants. The FY 2016 staffing totals remains unchanged from the FY 2015 budget.

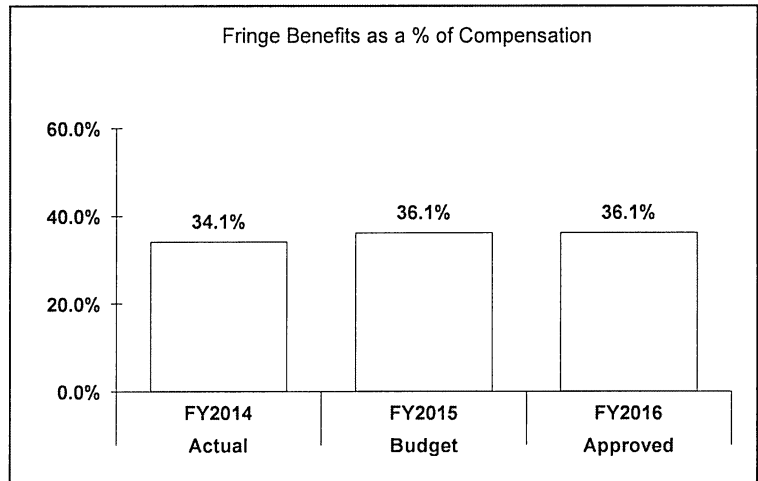
	FY2014 ACTUAL	FY2015 BUDGET	FY2015 ESTIMATED	FY2016 APPROVED	CHANGE FY15-FY16
EXPENDITURE SUMMARY					
Compensation	\$ 11,333,738	\$ 12,182,000	\$ 12,029,900	\$ 11,977,600	-1.7%
Fringe Benefits	3,861,935	4,397,700	3,933,500	4,324,200	-1.7%
Operating Expenses	5,840,893	5,097,900	5,689,200	4,422,300	-13.3%
Capital Outlay	0	0	0	0	0%
	\$ 21,036,566	\$ 21,677,600	\$ 21,652,600	\$ 20,724,100	-4.4%
Recoveries	(2,461,318)	(2,600,000)	(2,496,100)	(2,548,000)	-2%
TOTAL	\$ 18,575,248	\$ 19,077,600	\$ 19,156,500	\$ 18,176,100	-4.7%
STAFF					
Full Time - Civilian	-	193	-	193	0%
Full Time - Sworn	-	0	-	0	0%
Part Time	-	2	-	3	50%
Limited Term	-	0	-	0	0%

In FY 2016, compensation expenditures decrease 1.7% under the FY 2015 budget to support current staffing requirements, anticipated attrition based on historical vacancy rates and County Council spending control measures. Compensation costs include funding for 172 out of 193 full-time and two of three part-time positions along with State Health special pay positions. Fringe benefit expenditures decrease 1.7% under the FY 2015 budget to maintain the prior year fringe rate.

Operating expenditures decrease 13.3% under the FY 2015 budget to due to the reduction in the OIT office automation charge and aligning day-to-day operations to prior year actuals.

Recoveries decrease 2% from FY 2015 budget due to County Council spending control measures. Recoveries include anticipated indirect sources from various grants and operational costs for School-Based Wellness Centers.

MAJOR OPERATING EXPENDITURES FY2016	
Office Automation	\$ 966,500
General and Administrative	\$ 897,000
Contracts	
Office and Building Rental/Lease	\$ 504,400
Operational Contracts	\$ 455,300
Utilities	\$ 385,200



ADMINISTRATION - 01

The Division of Administration provides the administrative support structure for the agency'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 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 2016, compensation expenditures decrease 12.5% under the FY 2015 budget primarily due to reallocating funded positions between divisions and grants and spending control measures. The increase in positions primarily includes unfunded vacant positions. Fringe benefit expenditures increase 12.8% over the FY 2015 budget to align with actual staffing complement changes.

Operating expenditures decrease 15.2% under the FY 2015 budget due to a decrease in office automation charges. Operating expenses reflect funding for utilities, telephone charges, building maintenance and general contracts.

Recoveries decrease by 18.3% under the FY 2015 budget based on anticipated indirect sources from various grants and operational costs at School-Based Wellness Centers and spending control measures.

	FY2014 ACTUAL	FY2015 BUDGET	FY2015 ESTIMATED	FY2016 APPROVED	CHANGE FY15-FY16
EXPENDITURE SUMMARY					
Compensation	\$ 1,931,903	\$ 2,089,400	\$ 2,111,200	\$ 1,827,500	-12.5%
Fringe Benefits	844,818	634,000	662,100	715,100	12.8%
Operating Expenses	2,637,348	2,443,100	3,057,600	2,072,100	-15.2%
Capital Outlay	0	0	0	0	0%
Sub-Total	\$ 5,414,069	\$ 5,166,500	\$ 5,830,900	\$ 4,614,700	-10.7%
Recoveries	(1,719,302)	(1,932,800)	(1,855,500)	(1,578,600)	-18.3%
TOTAL	\$ 3,694,767	\$ 3,233,700	\$ 3,975,400	\$ 3,036,100	-6.1%
STAFF					
Full Time - Civilian	-	33	-	37	12.1%
Full Time - Sworn	-	0	-	0	0%
Part Time	-	1	-	1	0%
Limited Term	-	0	-	0	0%

FAMILY HEALTH SERVICES - 02

The Family Health Services (reorganized from the Maternal and Child Health Division in FY 2015) 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 2016, compensation expenditures increase 3.7% over the FY 2015 budget primarily due to the reallocation of funded positions between divisions and grants. The increase in positions includes unfunded vacancies. Fringe benefit expenditures decrease 8.3% under the FY 2015 budget to align to anticipated costs.

Operating expenditures decrease 30.8% under the FY 2015 budget primarily due to a reduction in medical contract and supply costs.

Recoveries do not change from the FY 2015 budget.

	FY2014 ACTUAL	FY2015 BUDGET	FY2015 ESTIMATED	FY2016 APPROVED	CHANGE FY15-FY16
EXPENDITURE SUMMARY					
Compensation	\$ 2,667,466	\$ 3,704,700	\$ 3,681,300	\$ 3,842,100	3.7%
Fringe Benefits	962,048	1,460,800	1,338,100	1,339,300	-8.3%
Operating Expenses	587,129	873,100	863,800	603,900	-30.8%
Capital Outlay	0	0	0	0	0%
Sub-Total	\$ 4,216,643	\$ 6,038,600	\$ 5,883,200	\$ 5,785,300	-4.2%
Recoveries	(380,595)	(380,600)	(365,400)	(380,600)	0%
TOTAL	\$ 3,836,048	\$ 5,658,000	\$ 5,517,800	\$ 5,404,700	-4.5%
STAFF					
Full Time - Civilian	-	52	-	65	25%
Full Time - Sworn	-	0	-	0	0%
Part Time	-	0	-	0	0%
Limited Term	-	0	-	0	0%

BEHAVIORAL HEALTH - 05

The Behavioral Health Division (reorganized from Addictions and Mental Health Division in FY 2015) 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 2016, compensation expenditures decrease 11% under the FY 2015 budget to reflect FY 2016 salary requirements and spending control measures. Fringe benefit expenditures decrease 16.6% under the FY 2015 budget to align with anticipated fringe benefit costs and spending control measures.

Operating expenditures increase 13.2% over the FY 2015 budget due to additional contractual costs offset by a reduction in the required agency cash match for grant programs.

Recoveries increase 1208.4% over the FY 2015 budget to align to anticipated indirect resources from division grants.

	FY2014 ACTUAL	FY2015 BUDGET	FY2015 ESTIMATED	FY2016 APPROVED	CHANGE FY15-FY16
EXPENDITURE SUMMARY					
Compensation	\$ 239,335	\$ 245,600	\$ 243,600	\$ 218,600	-11%
Fringe Benefits	73,918	96,700	94,200	80,600	-16.6%
Operating Expenses	796,149	501,100	524,100	567,100	13.2%
Capital Outlay	0	0	0	0	0%
Sub-Total	\$ 1,109,402	\$ 843,400	\$ 861,900	\$ 866,300	2.7%
Recoveries	(100,217)	(25,000)	(24,000)	(327,100)	1208.4%
TOTAL	\$ 1,009,185	\$ 818,400	\$ 837,900	\$ 539,200	-34.1%
STAFF					
Full Time - Civilian	-	3	-	6	100%
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 (reorganized from the Environmental Health and Epidemiology & Disease Control Divisions in FY 2015) 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, prevention and control activities to reduce the risk of communicable diseases. Immunizations, clinical services, prevention education, animal exposure management, outbreak investigations, refugee tuberculosis screenings, partner notification, HIV counseling and testing, and mental health services for HIV infected individuals are offered through the Sexually Transmitted Disease, Tuberculosis Control, Communicable and Vector-Borne Disease Control, and the HIV/AIDS Programs. 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 2016, compensation expenditures increase 2.3% over the FY 2015 budget due to certain positions moving from grants and other complement changes. Fringe benefit expenditures decrease 7.0% under the FY 2015 budget based on anticipated fringe benefit costs.

Operating expenditures decrease 13% under the FY 2015 budget primarily due to the reduction of funding for "SNAP to Health" allocation from \$100,000 to \$25,000.

	FY2014 ACTUAL	FY2015 BUDGET	FY2015 ESTIMATED	FY2016 APPROVED	CHANGE FY15-FY16
EXPENDITURE SUMMARY					
Compensation	\$ 2,022,639	\$ 3,621,300	\$ 3,607,700	\$ 3,705,100	2.3%
Fringe Benefits	628,310	1,398,400	1,145,900	1,300,400	-7%
Operating Expenses	66,693	681,400	660,800	592,600	-13%
Capital Outlay	0	0	0	0	0%
Sub-Total	\$ 2,717,642	\$ 5,701,100	\$ 5,414,400	\$ 5,598,100	-1.8%
Recoveries	(174,204)	(174,600)	(167,700)	(174,700)	0.1%
TOTAL	\$ 2,543,438	\$ 5,526,500	\$ 5,246,700	\$ 5,423,400	-1.9%
STAFF					
Full Time - Civilian	-	41	-	53	29.3%
Full Time - Sworn	-	0	-	0	0%
Part Time	-	0	-	0	0%
Limited Term	-	0	-	0	0%

HEALTH & WELLNESS - 08

The Health & Wellness Division (reorganized from the Adult and Geriatric Health Division in FY 2015) provides screening and treatment for breast, cervical cancer and colorectal cancer. Other 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 2016, compensation expenditures decrease 13.9% under the FY 2015 budget due to reallocating funded positions between divisions and grants and spending control measures. Fringe benefit expenditures decrease 17.3% under the FY 2015 budget due to the change in compensation.

Operating expenditures decrease 5.0% under the FY 2015 budget due to a reduction in office automation, training costs and mileage reimbursement expenses.

	FY2014 ACTUAL	FY2015 BUDGET	FY2015 ESTIMATED	FY2016 APPROVED	CHANGE FY15-FY16
EXPENDITURE SUMMARY					
Compensation	\$ 698,872	\$ 745,700	\$ 694,000	\$ 642,300	-13.9%
Fringe Benefits	225,754	294,100	243,600	243,200	-17.3%
Operating Expenses	645,051	130,600	119,700	124,100	-5%
Capital Outlay	0	0	0	0	0%
Sub-Total	\$ 1,569,677	\$ 1,170,400	\$ 1,057,300	\$ 1,009,600	-13.7%
Recoveries	0	0	0	0	0%
TOTAL	\$ 1,569,677	\$ 1,170,400	\$ 1,057,300	\$ 1,009,600	-13.7%
STAFF					
Full Time - Civilian	-	11	-	11	0%
Full Time - Sworn	-	0	-	0	0%
Part Time	-	1	-	2	100%
Limited Term	-	0	-	0	0%

EPIDEMIOLOGY & DISEASE CONTROL - 10

The Epidemiology & Disease Control Division was abolished in FY 2015 upon the reorganization of the Health Department and this divisions functions fall under the Environmental Health/Disease Control Division.

	FY2014 ACTUAL	FY2015 BUDGET	FY2015 ESTIMATED	FY2016 APPROVED	CHANGE FY15-FY16
EXPENDITURE SUMMARY					
Compensation	\$ 2,097,865	\$ 0	\$ 0	\$ 0	0%
Fringe Benefits	703,337	0	0	0	0%
Operating Expenses	492,610	0	0	0	0%
Capital Outlay	0	0	0	0	0%
Sub-Total	\$ 3,293,812	\$ 0	\$ 0	\$ 0	0%
Recoveries	0	0	0	0	0%
TOTAL	\$ 3,293,812	\$ 0	\$ 0	\$ 0	0%
STAFF					
Full Time - Civilian	-	33	-	0	-100%
Full Time - Sworn	-	0	-	0	0%
Part Time	-	0	-	0	0%
Limited Term	-	0	-	0	0%

OFFICE OF THE HEALTH OFFICER - 11

The Office of the Health Officer directs the agency'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 agency 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 2016, compensation expenditures decrease 1.9% under FY 2015 budget primarily to align with division salary requirements and spending control measures. Fringe benefit expenditures increase 25.7% over the FY 2015 budget due to anticipated fringe benefit costs.

Operating expenditures decrease 1.3% under the FY 2015 budget primarily due to a reduction in contractual costs and training expenses.

	FY2014 ACTUAL	FY2015 BUDGET	FY2015 ESTIMATED	FY2016 APPROVED	CHANGE FY15-FY16
EXPENDITURE SUMMARY					
Compensation	\$ 1,675,658	\$ 1,775,300	\$ 1,692,100	\$ 1,742,000	-1.9%
Fringe Benefits	423,750	513,700	449,600	645,600	25.7%
Operating Expenses	615,913	468,600	463,200	462,500	-1.3%
Capital Outlay	0	0	0	0	0%
Sub-Total	\$ 2,715,321	\$ 2,757,600	\$ 2,604,900	\$ 2,850,100	3.4%
Recoveries	(87,000)	(87,000)	(83,500)	(87,000)	0%
TOTAL	\$ 2,628,321	\$ 2,670,600	\$ 2,521,400	\$ 2,763,100	3.5%
STAFF					
Full Time - Civilian	-	20	-	21	5%
Full Time - Sworn	-	0	-	0	0%
Part Time	-	0	-	0	0%
Limited Term	-	0	-	0	0%

	FY 2014 ACTUAL	FY 2015 BUDGET	FY 2015 ESTIMATED	FY 2016 APPROVED	CHANGE FY15-FY16
EXPENDITURE SUMMARY					
Compensation	\$14,749,950	\$21,843,800	\$20,453,600	\$20,403,100	-6.6%
Fringe Benefits	4,283,710	6,535,000	5,728,000	5,485,400	-16.1%
Operating Expenses	22,315,639	28,826,800	32,687,300	28,912,900	0.3%
Capital Outlay	-	-	-	-	0.0%
TOTAL	\$41,349,299	\$57,205,600	\$58,868,900	\$54,801,400	-4.2%

The FY 2016 approved grant budget is \$54.8 million, a decrease of 4.2% from the FY 2015 budget. The decrease in grants is primarily due to the transfer of the Infants and Toddlers program to the Prince George's County Board of Education. Additionally, the Department doesn't intend to pursue funding for the Housing First, Maryland Million Hearts, Mobilization for Health National Prevention Partnership, Voluntary Retail Food Regulatory Program and HIV Partner Services programs. Reduced funding is anticipated for the Addictions Treatment Block Grant, Reproductive Health and the Women, Infants and Children (WIC) programs.

STAFF SUMMARY BY DIVISION & GRANT PROGRAM	FY 2015			FY 2016		
	FT	PT	LTGF	FT	PT	LTGF
<u>Behavioral Health Services</u>						
Addictions Treatment Block Grant	57	2	35	55	2	31
Administrative Grant	8	0	2	8	0	2
Crownsville Project	0	0	1	0	0	1
Drug and Alcohol Prevention	2	0	1	2	0	1
Federal Treatment Grant	3	0	4	4	0	0
Integration of Sexual Health in Recovery	0	0	1	0	0	0
Mental Health Services Grant	0	0	1	0	0	1
Oasis Youth Program	2	0	0	2	0	0
Operation Safe Kids (OSK)	0	0	5	0	0	5
Project Launch	0	0	2	0	0	2
Project Safety Net	7	0	6	5	0	5
Recovery Support Services Grant	1	0	6	2	0	8
Tobacco Implementation Grant	0	0	0	1	0	0
Sub-Total	80	2	64	79	2	56
<u>Environmental Health and Disease Control</u>						
Cities Readiness Initiatives (CRI)	1	0	0	1	0	0
Hepatitis B Prevention	1	1	0	1	0	0
Lead Paint Poisoning Outreach	1	0	0	0	0	0
MCHIP Eligibility Determination - PWC	17	0	11	16	0	13
Public Health Emergency Preparedness	3	0	0	3	0	0
TB Control	1	0	1	2	0	2
TB Refugee	2	0	1	1	0	1
Sub-Total	26	1	13	24	0	16
<u>Family Health</u>						
Abstinence Education	0	0	3	0	0	2
Administrative Care Coordination (HealthLine)	10	0	1	12	0	0
AIDS Case Manager	4	0	0	8	0	3
Babies Born Healthy	1	0	2	1	0	3
Crenshaw Perinatal	0	0	0	1	0	0
Dental Sealant	0	0	4	1	0	3
Healthy Teens and Young Adult	6	0	0	6	0	0
High Risk Infant	1	0	0	1	0	0
HIV Partner Services	2	0	1	0	0	0
HIV Prevention Services	6	1	4	6	1	4
Immunization Action Grant	1	0	0	1	0	0
Improved Pregnancy Outcome	1	0	0	0	0	0
Infant and Toddler - MA Reimbursement	0	0	2	0	0	0
Infant and Toddler Part C and County	4	0	3	0	0	0
Infant and Toddler - State	3	0	0	0	0	0
Linkage to Care	0	0	0	0	0	2
Personal Responsibility Education	0	0	1	0	0	1
Reproductive Health	6	1	0	6	1	0
Ryan White Part A	10	0	7	15	0	5
Ryan White Part B	7	0	1	6	0	1
Ryan White Part B ADAP	2	0	3	0	0	0
School Base Wellness Center	9	0	0	1	0	7
STD Caseworker	3	0	1	5	0	2
Surveillance and Quality Improvement	0	0	0	1	0	0
Women, Infants & Children (WIC)	16	0	10	18	0	10
WIC Breast Feeding Peer Counseling	0	0	3	0	0	3
Sub-Total	92	2	46	89	2	46

STAFF SUMMARY BY DIVISION & GRANT PROGRAM	FY 2015			FY 2016		
	FT	PT	LTGF	FT	PT	LTGF
Health and Wellness						
Cancer Diagnosis and Treatment	0	0	1	0	0	1
Cancer Outreach	1	0	0	1	0	0
Colorectal Cancer	2	0	0	0	0	0
Community Transformation Grant	0	0	0	0	0	0
Geriatric Evaluation and Review Services (STEPS/AERS)	5	0	2	6	0	2
Medical Assistance Transportation	10	0	12	10	0	12
Sub-Total	18	0	15	17	0	15
Office of the Health Officer						
Health Enterprise Zones	0	0	8	0	1	6
Ryan White	3	0	3	3	0	3
System of Care	0	0	0	0	1	5
Sub-Total	3	0	11	3	2	14
TOTAL	219	5	149	212	6	147

In FY 2016, funding is anticipated for 212 full-time, six part-time and 147 limited term grant funded (LTGF) positions. The staffing level decrease is primarily due to the transfer of the Infant and Toddler program to the Prince George's County Board of Education.

HEALTH DEPARTMENT - 170

GRANTS

GRANTS BY DIVISION	FY 2014 ACTUAL	FY 2015 BUDGET	FY 2015 ESTIMATED	FY 2016 APPROVED	\$ CHANGE FY15 - FY16	% CHANGE FY15 - FY16
<u>Division of Behavioral Health Services</u>						
Addictions Treatment Block Grant	\$ 7,789,200	\$ 9,629,100	\$ 9,222,100	\$ 9,222,100	\$ (407,000)	-4.2%
Administrative Grant	813,584	790,100	790,100	790,100	-	0.0%
Continuum of Care	-	585,500	573,200	565,500	(20,000)	-3.4%
Crownsville Project	58,996	74,300	74,300	74,300	-	0.0%
Drama Club Anger Management Program	15,606	30,000	30,000	30,000	-	0.0%
Drug and Alcohol Prevention	317,639	480,600	499,700	499,700	19,100	4.0%
Federal Block Grant	1,335,751	1,338,200	1,338,300	1,338,300	100	0.0%
Federal Fund Treatment Grant	979,931	1,165,600	1,359,100	1,485,700	320,100	27.5%
HIDTA Grant	151,109	151,100	151,100	151,100	-	0.0%
Housing First	-	235,000	-	-	(235,000)	-100.0%
Integration of Sexual Health in Recovery	188,721	114,000	227,900	227,900	113,900	99.9%
Maryland Strategic Prevention Framework	-	-	-	-	-	0.0%
Mental Health Services Grant	1,430,230	1,748,600	1,748,600	1,748,600	-	0.0%
OASIS Youth Program	118,913	73,300	89,300	89,300	16,000	21.8%
Operations Safe Kids	286,267	350,000	350,000	350,000	-	0.0%
Path Program	41,731	106,700	106,700	106,700	-	0.0%
Project Launch	-	600,000	664,100	664,100	64,100	10.7%
Project Safety Net	1,271,222	1,464,600	1,464,600	1,465,200	600	0.0%
Recovery Housing for Women	755,780	711,800	851,400	711,800	-	0.0%
Safe Neighborhoods	-	-	938,600	-	-	0.0%
Tobacco Enforcement Initiative	-	-	116,000	116,000	116,000	100.0%
Tobacco Implementation Project	285,751	293,500	293,500	293,400	(100)	0.0%
Sub-Total	\$ 15,840,431	\$ 19,942,000	\$ 20,888,600	\$ 19,929,800	\$ (12,200)	-0.1%
<u>Division of Environmental Health and Disease Control</u>						
Bay Restoration (Septic) Fund	\$ 5,748	\$ 176,000	\$ 168,000	\$ 168,000	\$ (8,000)	-4.5%
Cities Readiness Initiatives (CRI)	129,303	150,000	154,400	154,400	4,400	2.9%
Climate Change	-	-	15,000	-	-	0.0%
Consent2Share	-	-	350,000	250,000	250,000	100.0%
Hepatitis B Prevention	67,348	68,500	68,500	68,500	-	0.0%
FDA Voluntary Retail Food Regular Program	-	2,500	-	-	(2,500)	-100.0%
Lead Paint Poisoning Program	54,688	57,300	57,300	51,600	(5,700)	-9.9%
MCHP Eligibility Determination - PWC	1,950,987	2,017,900	2,023,900	2,023,900	6,000	0.3%
NACCHO Voluntary Retail Food Regulatory Program	-	10,000	10,000	-	(10,000)	-100.0%
Public Health Emergency Preparedness (PHEP)	372,719	524,500	542,800	542,700	18,200	3.5%
TB Control Cooperative Agreement	240,787	225,600	220,800	225,600	-	0.0%
TB Refugee	646,861	645,600	255,700	645,600	-	0.0%
Sub-Total	\$ 3,468,441	\$ 3,877,900	\$ 3,866,400	\$ 4,130,300	\$ 252,400	6.5%

* Programs transferred from the Department of Family Services

GRANTS BY DIVISION	FY 2014 ACTUAL	FY 2015 BUDGET	FY 2015 ESTIMATED	FY 2016 APPROVED	\$ CHANGE FY15 - FY16	% CHANGE FY15 - FY16
Division of Family Health						
Abstinence Education	\$ 148,061	\$ 200,000	\$ 190,000	\$ 190,000	\$ (10,000)	-5.0%
Administrative Care Coordination Grant - Expansion	-	-	153,000	153,000	153,000	100.0%
Administrative Care Coordination Grant - Ombudsman	907,238	1,081,000	1,081,000	1,081,000	-	0.0%
AIDS Case Management	431,646	190,300	889,500	800,500	610,200	320.7%
Babies Born Healthy	104,535	127,400	129,500	129,500	2,100	1.6%
Crenshaw Perinatal	80,212	78,600	78,600	78,600	-	0.0%
Dental Sealant D Driver Van	170,211	230,000	230,000	260,300	30,300	13.2%
Family Planning Supplies	4,315	-	-	-	-	0.0%
Healthy Teens/Young Adults	488,714	549,500	549,500	589,500	40,000	7.3%
High Risk Infant	109,897	117,700	117,600	117,600	(100)	0.0%
HIV Partner Services	291,302	329,100	-	-	(329,100)	-100.0%
HIV Prevention Integration	961,522	972,500	872,500	872,500	(100,000)	-10.3%
Home Visiting	19,565	-	-	-	-	0.0%
Immunization Action Grant	188,612	204,900	294,900	274,900	70,000	34.2%
Improved Pregnancy Outcome (IPO)	138,868	152,200	-	-	(152,200)	-100.0%
Infants and Toddlers Part B	-	266,800	416,800	-	(266,800)	-100.0%
Infants and Toddlers Part B 619	-	9,000	9,000	-	(9,000)	-100.0%
Infants and Toddlers Program (Part C and County Funds)	537,534	708,600	724,500	-	(708,600)	-100.0%
Infants and Toddlers - MA Reimbursements	336,217	717,100	625,000	-	(717,100)	-100.0%
Infants and Toddlers - State	450,971	1,187,000	1,213,600	-	(1,187,000)	-100.0%
Lead Paint Poisoning Outreach	24,469	-	-	-	-	0.0%
Linkage to Care	-	-	150,000	150,000	150,000	100.0%
Oral Disease and Injury Prevention	-	-	40,000	40,000	40,000	100.0%
Oral Health Clinical Care	45,030	50,000	40,000	40,000	(10,000)	-20.0%
Oral Health HRSA	32,955	-	-	-	-	0.0%
Partnership for Care	-	-	55,000	55,000	55,000	100.0%
Personal Responsibility Education	49,109	85,000	85,000	85,000	-	0.0%
Project Connect	-	5,000	5,500	5,500	500	10.0%
Reproductive Health	526,449	594,400	529,300	529,300	(65,100)	-11.0%
Ryan White Title I/PART A & MAI	-	2,417,100	2,831,300	2,417,100	-	0.0%
Ryan White Title II/Part B	1,228,748	1,269,800	1,276,100	1,276,100	6,300	0.5%
Ryan White Title II/Part B - ADAP	295,868	385,200	-	-	(385,200)	-100.0%
School Based Wellness Center	-	850,000	672,000	850,000	-	0.0%
STD Caseworker	291,987	300,800	587,000	587,000	286,200	95.1%
Surveillance and Quality Improvement	-	-	142,600	142,600	142,600	100.0%
Women, Infants & Children (WIC)	18,513	2,246,800	2,310,500	2,233,800	(13,000)	-0.6%
WIC Breast Feeding Peer Counseling	-	117,700	148,800	148,800	31,100	26.4%
Sub-Total	\$ 7,882,548	\$ 15,443,500	\$ 16,448,100	\$ 13,107,600	\$ (2,335,900)	-15.1%
Division of Health and Wellness						
Cancer Diagnosis and Treatment	\$ 54,405	\$ 228,300	\$ 198,300	\$ 197,900	\$ (30,400)	-13.3%
Cancer Outreach Diagnosis and Case Management	68,801	171,900	171,900	181,300	9,400	5.5%
CDC Breast and Cervical Cancer	136,398	207,200	207,200	207,200	-	0.0%
Colorectal Cancer Prevention Education and Screening	657,698	826,000	812,600	812,600	(13,400)	-1.6%
Community Transformation Grant	1,925,864	-	-	-	-	0.0%
General Medical Assistance Transportation	4,701,419	5,215,500	5,247,600	5,247,600	32,100	0.6%
Geriatric Evaluation and Review Services (STEPS/AERS)	604,748	663,200	773,200	699,400	36,200	5.5%
Komen National Vulnerable Populations Grant	-	60,000	60,000	-	(60,000)	-100.0%
Maryland Million Hearts	43,313	-	-	-	-	0.0%
Mobile Medical Unit	-	-	26,000	-	-	0.0%
Mobilization for Health National Prevention Partnership	-	1,500,000	-	-	(1,500,000)	-100.0%
Senior Care	66,042	-	-	-	-	0.0%
Sub-Total	\$ 8,258,688	\$ 8,872,100	\$ 7,496,800	\$ 7,346,000	\$ (1,526,100)	-17.2%
Office of the Health Officer						
Health Enterprise Zone	\$ 187,275	\$ 1,100,000	\$ 1,100,000	\$ 1,100,000	\$ -	0.0%
Medicare and Medicaid Services Health Care Innovations	-	-	110,300	-	-	100.0%
Project Lift	-	-	50,000	-	-	0.0%
Ryan White HIV/AIDS Treatment Modernization Act - Part A & Minority AIDS Initiative	5,321,551	7,579,700	8,058,300	7,771,300	191,600	2.5%
System of Care	-	-	460,000	1,200,000	1,200,000	100.0%
Sub-Total	\$ 5,508,826	\$ 8,679,700	\$ 9,778,600	\$ 10,071,300	\$ 1,391,600	16.0%
HD Total Grants - Outside Sources	\$ 40,958,934	\$ 56,815,200	\$ 58,478,500	\$ 54,585,000	\$ (2,230,200)	-3.9%
Total Transfer from General Fund - (County Contribution/Cash Match)	\$ 390,365	\$ 390,400	\$ 390,400	\$ 216,400	\$ (174,000)	-44.6%
Total Grant Expenditures	\$ 41,349,299	\$ 57,205,600	\$ 58,868,900	\$ 54,801,400	\$ (2,404,200)	-4.2%

DIVISION OF BEHAVIORAL HEALTH SERVICES -- \$19,929,800

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. 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 Federal Fund Treatment Grant supports Outpatient and Residential Care Treatment Services for residents identified with drug abuse problems. 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-- \$4,130,300

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. The Tuberculosis (TB) Refugee grant provides for TB screening and various evaluations for refugees

DIVISION OF FAMILY HEALTH -- \$13,107,600

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 Abstinence Education and Personal Responsibility Education Programs provide pregnancy prevention education before marriage. The Dental Sealant Grant serves 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 extend operating hours and services to the community.

DIVISION OF HEALTH AND WELLNESS -- \$7,346,000

Grant funding is used for screening services for breast, cervical and colorectal cancers, as well as case management and follow-up. Funding also supports the goal to decrease breast cancer mortality among low-income, uninsured and under-insured women. Prevention and/or mitigation of the impact of heart disease and diabetes by community screens, referral to services and interventions to assist individuals with lifestyle decisions/changes is another grant funded endeavor. 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.

DIVISION OF THE HEALTH OFFICER -- \$10,071,300

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 \$7.8 million. The Health Enterprise Zone 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 Improving Health Through Innovation grant will expand partnerships among health systems. Grant funding is also provided to address substance abuse, behavioral health and mental health issues.