

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 2015 -

The Health Department's top priorities in FY 2015 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
- 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 2015 BUDGET SUMMARY

The FY 2015 approved budget for the Health Department is \$75,892,800, an increase of \$5,580,000 or 7.9% over the FY 2014 budget.

GENERAL FUNDS

The FY 2015 approved General Fund budget for the Health Department is \$19,077,600, a decrease of \$663,100 or 3.4% under the FY 2014 budget.

Budgetary Changes –

FY 2014 BUDGET	\$19,740,700
Increase in compensation to support anticipated cost of living adjustments for staff	\$225,900
Increase in contractual services primarily for infection control services based on anticipated requirements	\$194,900
Fringe benefits as a percent of compensation changes from 32.3% to 36.1% based on current year trend	\$146,500
Increase in funding for "SNAP to Health" Program	\$100,000
Transfer three Transforming Neighborhoods Initiative (TNI) limited term general fund community developers to the Department of Social Services	(\$121,700)
Reflect anticipated staffing attrition within department based on vacancy history	(\$291,600)
Net savings including the shifting of certain staff to grants and not refilling lower priority vacancies in support of providing access to healthcare resources and preventing and reducing chronic disease	(\$917,100)
FY 2015 APPROVED BUDGET	\$19,077,600

GRANT FUNDS

The FY 2015 approved grant budget for the Health Department is \$56,815,200, an increase of \$6,243,100 or 12.3% over the FY 2014 budget. Major changes in the FY 2015 approved budget include:

- Transfer of the Department of Family Services' Mental Health and Disabilities Division (\$5.5 million) to the Addictions and Mental Health Division of the Health Department
- 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 access to healthcare for the County's population.

Trend and Analysis –This is a new objective under a revised goal for FY 2015. The Health Department is dedicated 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. One of the key ways to help increase access is to ensure a trained and knowledgeable community outreach staff is embedded across programs who connect individually with clients as well as through targeted public outreach events to increase awareness and help residents link to community resources. The 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.

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 – Maintain the number of healthy eating and active living interventions to County residents.

Trend and Analysis –The Health Department is dedicated to expanding the existing obesity program that targets prevention and education to include other chronic conditions including hypertension and diabetes. The agency's healthy eating and active living interventions impact obesity and other chronic conditions and the strategies support chronic disease prevention and management; however, the primary grant for these interventions will end during FY 2015 thus limiting the number of interventions that will be offered. At least one intervention per chronic condition will be offered.

Performance Measures -

Measure Name	FY 2011 Actual	FY 2012 Actual	FY 2013 Actual	FY 2014 Estimated	FY 2015 Projected
Resources (input)					
Number of health promotion/community developer staff				9	2
Number of trained volunteers				92	20
Workload, Demand and Production (output)					
Number of partners using health promotion kits					25
Number of public education campaigns addressing chronic disease across the agency					3
Number of residents reached by all health promotion activities					100,000
Efficiency					
Value of volunteer hours (number of volunteers @\$15 per hour)					Baseline @ \$15 per hour
Impact (outcome)					
Number of residents educated by healthy eating and active living interventions					2,000
Percentage change in knowledge over baseline for educational activities					75%

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** - Recruit and train volunteers to educate and promote wellness/healthy living
- **Strategy 2.1.4** - Promote self-management/care coordination including engaging community health workers to facilitate care coordination
- **Strategy 2.1.5** - 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.

Trend and Analysis – In the County, cancer is the second leading cause of death and disability after heart disease. To reduce the impact of cancer in the County requires appropriate screenings and linkage to care. This is especially critical for the un- and under-insured populations residing in Prince George's County. To better serve this vulnerable population, the cancer screening programs were moved from the Health Department to Doctors Community Hospital in FY 2014. The focus at the agency is now on community outreach efforts to ensure these programs are successful. (Historical data is, in some cases, unavailable.)

Performance Measures -

Measure Name	FY 2011 Actual	FY 2012 Actual	FY 2013 Actual	FY 2014 Estimated	FY 2015 Projected
Resources (input)					
Number of outreach staff	3.6	3.6	3.6	4	4
Workload, Demand and Production (output)					
Number of persons educated on colorectal cancer (CRC)	5,346	2,300	5,234	3,900	3,900
Number of persons screened for breast cancer (BC)	685	656	642	650	650
Number of persons screened for CRC	170	199	172	270	270
Number of persons w/ abnormal BC results	93	85	121		
Number of persons w/ abnormal CRC results	89	80	6		
Number of persons diagnosed with BC	8	8	15		
Number of persons diagnosed with CRC	2	2	1		
Efficiency					
Number of clients enrolled for Maryland Breast and Cervical Cancer Screening Program (BCCP) by outreach staff					
Number of clients enrolled for the CRC Program by outreach staff					
Quality					
The percentage of BCCP clients who are recalled according to Maryland Department of Health and Mental Hygiene (DHMH) requirements				60%	90%
Impact (outcome)					
Percent of abnormal screening results for BC	14%	13%			
Percent of abnormal screening results for CRC	52%	40%			
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.

Targets	Long Term Target Compared with Performance																				
<p>Short term: By FY 2015 - 57%</p> <p>Intermediate term: By FY 2017 - 59%</p> <p>Long term: By FY 2019 - 61%</p>	<p>Long term target (FY 19): 61%</p>	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td></td> <td style="text-align: center;">54%</td> <td style="text-align: center;">54%</td> <td style="text-align: center;">55%</td> <td style="text-align: center;">57%</td> </tr> <tr> <td style="text-align: center;">46%</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">FY 2011 Actual</td> <td style="text-align: center;">FY 2012 Actual</td> <td style="text-align: center;">FY 2013 Actual</td> <td style="text-align: center;">FY 2014 Estimated</td> <td style="text-align: center;">FY 2015 Projected</td> </tr> </table>						54%	54%	55%	57%	46%					FY 2011 Actual	FY 2012 Actual	FY 2013 Actual	FY 2014 Estimated	FY 2015 Projected
	54%	54%	55%	57%																	
46%																					
FY 2011 Actual	FY 2012 Actual	FY 2013 Actual	FY 2014 Estimated	FY 2015 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. Performance measures for Objective 3.1 show the performance of maternity clinics associated with the Health Department. These maternity services are contracted out and exist throughout the community. In FY 2015, the agency will continue to report the activity in these clinics. However, the impact measure for the objective will change. Previously, the “percent of women receiving care” was calculated as a percentage of the agency’s clients who entered first trimester care. Beginning in FY 2015, the agency will instead report the total percentage of pregnant women in the County who received prenatal care during their first trimester, not just in the County’s programs. The agency advises that this data is available on a baby’s birth certificate and will allow the County to track this objective Countywide. Data for this measure is reported by calendar year and was last released by the Maryland Department of Health and Mental Hygiene (DHMH) in December of 2012. Historical rates of first trimester care were thus available for FY 2011 – FY 2012 and part of FY 2013.(Historical data is, in some cases, unavailable.)

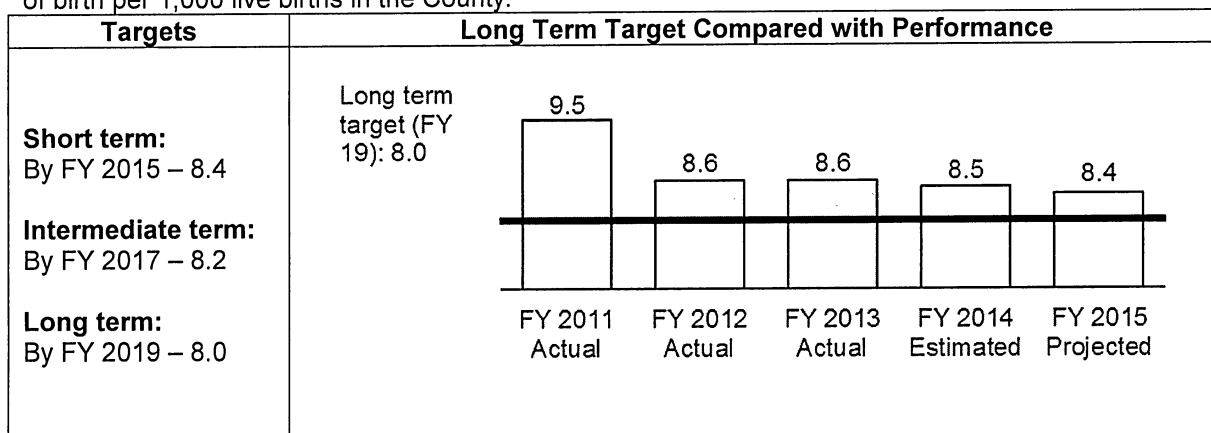
Performance Measures -

Measure Name	FY 2011 Actual	FY 2012 Actual	FY 2013 Actual	FY 2014 Estimated	FY 2015 Projected
Resources (input)					
Number of scheduled Family Planning/maternity consultations	7,398	7,768		7,500	7,500
Workload, Demand and Production (output)					
Number of new pregnant females seen in the maternity clinic	4,697	4,697		4,000	
Number of follow-up maternity clinic clients seen					4,000
Number of Family Planning/maternity appointments kept					
Number of women seen at Family Planning who are screened for domestic violence					
Number of referrals to resources in the County	1,984	2,083		2,000	2,000
Efficiency					
Proportion of kept Family Planning appointments compared to those scheduled.					
Quality					
Average number of days to get appointment for first prenatal visit	3	2		21	14
Impact (outcome)					
Percent of new mothers in the County that received first trimester care	46.3%	54.0%	54%	55%	57%
Percent of low birth weight babies born to County residents	10.0%	10.0%	10.0%	10%	9.8%
Percent of pre-term babies born to County residents		10.8%	10.8%	10.7%	10.6%

Strategies to Accomplish the Objective -

- **Strategy 3.1.1** - Provide 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 potentially eligible clients
- **Strategy 3.1.3** - Increase the number of met appointments in all maternity clinics by improving the show rate for clients by calling clients for missed appointments and rescheduling

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



Trend and Analysis - Prior to FY 2014, the agency reported on the County’s efforts to enhance birth outcomes by reporting on Healthy Families, which is part of the Department of Family Services. However, beginning in FY 2014, the agency will report on the Infant at Risk Program (IAR), a grant-

funded program run through the Health Department. IAR provides early intervention to mothers and their infants up to age one who are at highest risk of poor health outcomes due to medical- psychosocial issues, with the goal of maximizing their health and well-being. The agency works closely with Prince George's Hospital, Laurel Regional Medical Center and Medstar Southern Maryland Hospital. The agency advised that other hospitals may complete a referral or call the agency to refer a County resident. Infant mortality data is reported by calendar year and was last released by DHMH in December of 2012. (Historical data, in some cases, is unavailable.)

Performance Measures -

Measure Name	FY 2011 Actual	FY 2012 Actual	FY 2013 Actual	FY 2014 Estimated	FY 2015 Projected
Resources (input)					
Number of IAR Staff (budgeted RNs, support staff, etc.)	3	3		3	3
Workload, Demand and Production (output)					
The number of referrals for IAR case management for children birth to age one	591	832		840	800
The number of home visits for new referrals for case management birth to age one	115	102		1,105	500
The number of home visit referrals for follow-up case management birth to age one.	173	396		368	400
The number of unduplicated mothers receiving case management services (hospital visits/phone intervention)	647	934		893	600
The number of teens <18 years receiving case management services	159	149		179	130
The number of referrals received from Prince George's Hospital	722	918		997	950
The number of referrals received from Laurel Regional Medical Center				20	20
The number of referrals received from Medstar Southern Maryland Hospital				45	45
Quality					
Number of babies/children referred to Infants and Toddlers	2	5		7	7
Number of babies/children referred to other County Resources	360	410		450	600
Number of mothers referred to Addictions/Mental Health	0	0		5	5
Impact (outcome)					
Number of infant deaths (IAR program)	0	0		0	0
Infant Mortality Rate (County-wide measure) per 1,000 live births	9.5	8.6	8.6	8.5	8.4

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 Infants and Toddlers, Treatment of Mothers of Addicted Newborns, and Children and Parents Program, the HIV Program, Healthy Families, Family Support Center and other resources to coordinate services for clients
- **Strategy 3.2.3** - Increase teen referrals through outreach to the County Schools' Adolescent Pregnant and Parenting Programs staff
- **Strategy 3.2.4** - Work closely with regional 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 2010 over 5,500 County residents had been diagnosed with HIV. The Health Department focuses on testing at-risk communities (e.g., youth, seniors, the incarcerated) at least twice per week. 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 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. (Historical data is, in some cases, unavailable.)

Performance Measures -

Measure Name	FY 2011 Actual	FY 2012 Actual	FY 2013 Actual	FY 2014 Estimated	FY 2015 Projected
Resources (input)					
Number of Prevention/STI staff	12	10	15	12	12
Workload, Demand and Production (output)					
Number of HIV-related educational outreaches and awareness opportunities	55	50	149	160	160
Efficiency					
Number of HIV tests performed	10,410	10,722	11,879	13,500	13,500
Impact (outcome)					
Number of new HIV cases per 100,000 persons	56.4	56.9	N/A	58.506	58.506
Proportion of newly diagnosed HIV positive with documented linkage to care.					60%

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.

Targets	Long Term Target Compared with Performance				
Short term: By FY 2015 - 40% Intermediate term: By FY 2017 - 45% Long term: By FY 2019 - 50%	Long term target (FY 19): 50%				
	FY 2011 Actual	FY 2012 Actual	FY 2013 Actual	FY 2014 Estimated	FY 2015 Projected

Trend and Analysis - High and moderate priority food service facilities are considered at increased risk for causing food-borne illnesses and require two inspections annually. 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. In FY 2015, the inspection rate is expected to be lower due to training of new staff to replace a significant number of losses from retirement and attrition. To better utilize limited staff, a new electronic inspection program (Pat Trac) was implemented in December 2013, which will help simplify the documentation process while in the field and expedite data entry and analysis.

Performance Measures -

Measure Name	FY 2011 Actual	FY 2012 Actual	FY 2013 Actual	FY 2014 Estimated	FY 2015 Projected
Resources (input)					
Number of full-time food service facility (FSF) inspectors	11	11	12	7	12
Workload, Demand and Production (output)					
Number of high and moderate priority FSFs that have permits	2,233	2,350	2,539	2,378	2,400
Number of high and moderate FSF inspections required by the State	6,108	5,980	6,860	6,419	6,450
Number of high and moderate priority FSFs inspected	3,715	2,980	3,707	2,900	2,600
Number of follow-up inspections of high and moderate priority FSFs	514	532	501	300	500
Efficiency					
Average number of high and moderate FSFs inspected per inspector	337.7	270.9	308.9	414.3	216.7
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	33%	21%	22%	17%	25%
Percentage of State-mandated high and moderate inspections conducted	61%	50%	54%	45%	40%

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 un- and underserved County residents.

Trend and Analysis - The Division of Addictions and Mental Health is mainly supported through State funds and provides varied levels of outpatient care, including intensive outpatient, outpatient, and continuing 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.

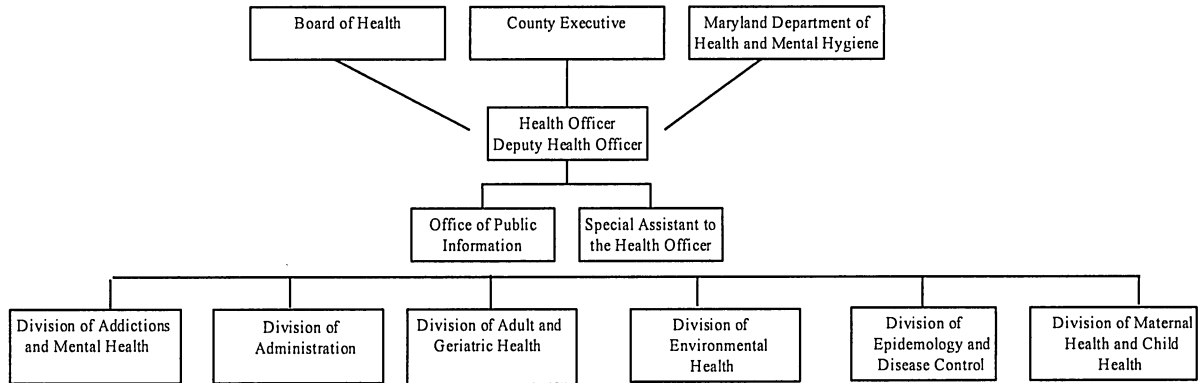
Strategies to Accomplish the Objective -

- **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

FY 2014 KEY ACCOMPLISHMENTS

- Received grant award of \$4.1 million to expand the number of Primary Care Providers in Capitol Heights, Seat Pleasant, and Fairmont Heights communities in the 20743 zip code.
- Increased awareness of the Health Department through Healthy Revolutions branding.
- Expanded integrated and strategic partnerships with primary care physicians and hospitals to improve care coordination for our residents.
- Increased awareness of medical assistance programs to ensure better access to care.
- Created K.I.S.S. – Keeping it Sexually Safe Social Media Campaign, formerly known as BeSTDFree.com, the logo for which won a Communicators award that is featured on the updated interactive website.
- Created and implemented the Adolescent Recovery Clubhouse, designed to assist adolescents in maintaining their recovery from substance abuse and learning appropriate coping mechanisms.
- Streamlined process for vital records office and began accepting credit card payments for services.
- Implemented the Electronic Health Records and Kareo (billing system) within the Health Department.
- Actively participated via the Food Protection Program in the newly formed Food Equity Council in Prince George's County; the Council is made up of citizens actively committed to addressing inequity in healthy food choices.

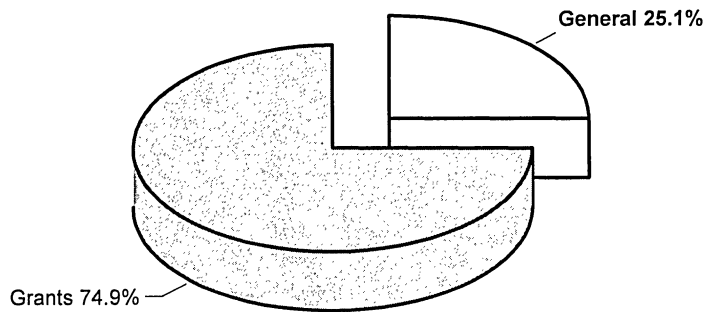
ORGANIZATIONAL CHART



	FY2013 ACTUAL	FY2014 BUDGET	FY2014 ESTIMATED	FY2015 APPROVED	CHANGE FY14-FY15
TOTAL EXPENDITURES	\$ 71,091,361	\$ 70,312,800	\$ 72,219,600	\$ 75,892,800	7.9%
EXPENDITURE DETAIL					
Administration	7,012,333	5,947,500	5,390,000	5,166,500	-13.1%
Maternal & Child Health	5,477,743	4,689,800	4,596,000	4,709,700	0.4%
Addictions And Mental Health	542,821	758,000	1,061,000	843,400	11.3%
Environmental Health	4,004,800	3,555,200	3,555,200	3,622,600	1.9%
Adult & Geriatric Health	1,446,419	1,192,200	1,132,000	1,170,400	-1.8%
Epidemiology & Disease Control	3,725,936	3,473,900	3,773,900	3,657,100	5.3%
Office Of The Health Officer	2,207,898	2,743,500	2,721,400	2,507,900	-8.6%
Grants	49,216,774	50,572,100	52,609,500	56,815,200	12.3%
Recoveries	(2,543,363)	(2,619,400)	(2,619,400)	(2,600,000)	-0.7%
TOTAL	\$ 71,091,361	\$ 70,312,800	\$ 72,219,600	\$ 75,892,800	7.9%
SOURCES OF FUNDS					
General Fund	\$ 21,874,587	\$ 19,740,700	\$ 19,610,100	\$ 19,077,600	-3.4%
Other County Operating Funds:					
Grants	49,216,774	50,572,100	52,609,500	56,815,200	12.3%
TOTAL	\$ 71,091,361	\$ 70,312,800	\$ 72,219,600	\$ 75,892,800	7.9%

FY2015 SOURCES OF FUNDS

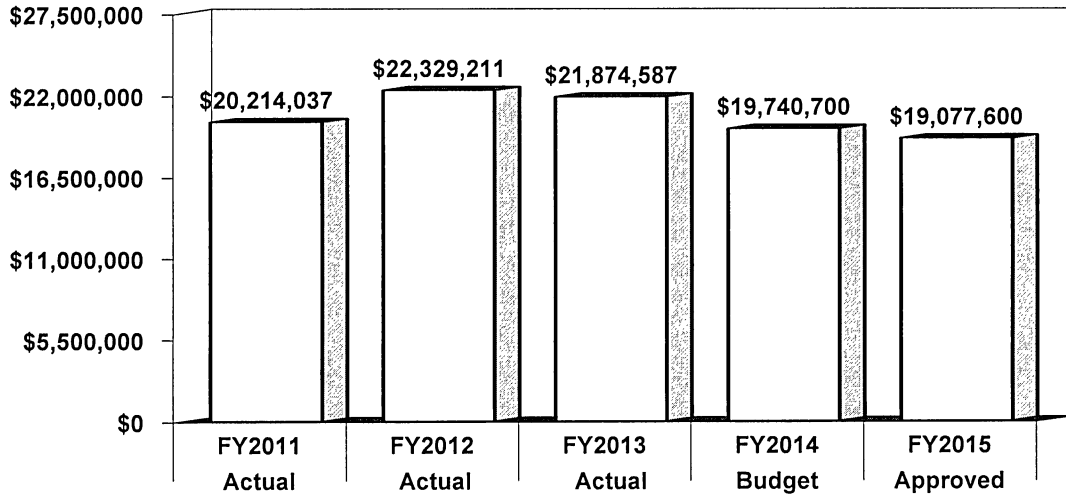
The agency's funding is derived from two funding sources: the General Fund and grants. Major grant programs include the Women, Infants and Children (WIC) program, the Ryan White Title I/II and HIV/AIDS programs, and the Addictions programs.



	FY2013 BUDGET	FY2014 BUDGET	FY2015 APPROVED	CHANGE FY14-FY15
GENERAL FUND STAFF				
Full Time - Civilian	242	231	193	(38)
Full Time - Sworn	0	0	0	0
Part Time	4	4	2	-2
Limited Term	0	3	0	-3
OTHER STAFF				
Full Time - Civilian	230	232	219	(13)
Full Time - Sworn	0	0	0	0
Part Time	5	7	4	-3
Limited Term Grant Funded	128	164	149	-15
TOTAL				
Full Time - Civilian	472	463	412	(51)
Full Time - Sworn	0	0	0	0
Part Time	9	11	6	-5
Limited Term	128	167	149	-18

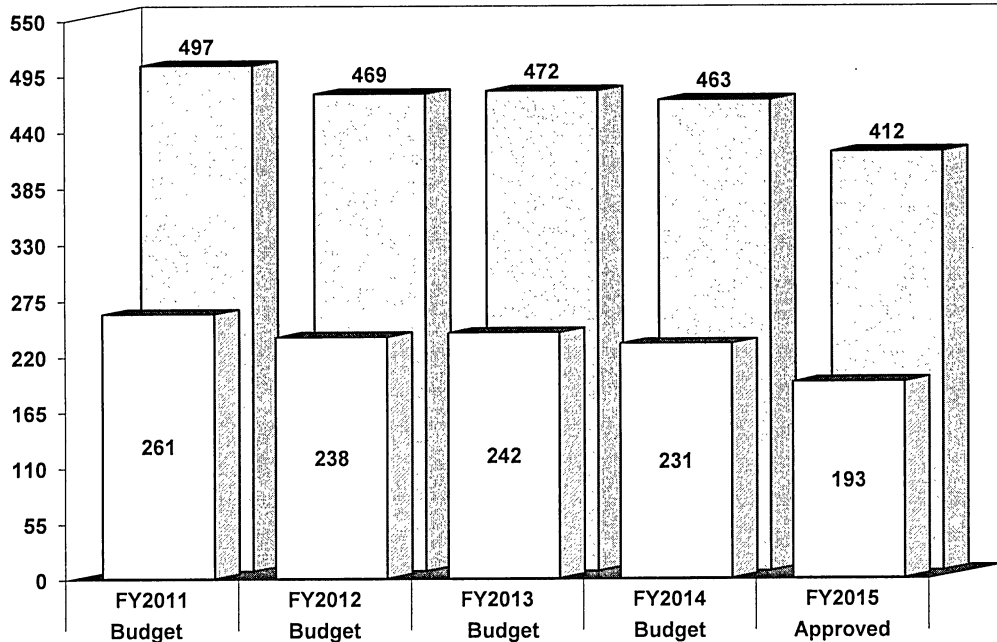
POSITIONS BY CATEGORY	FULL TIME	PART TIME	LIMITED TERM
Program Chiefs	17	0	0
Licensed Practical Nurses	11	0	0
Disease Control Specialists	16	0	1
Environmental Sanitarians	34	0	0
Counselors	42	1	21
Social Workers	6	0	3
Nutritionists	1	0	1
Laboratory Scientists/Dental Asst./X-Ray Technicians	6	0	0
Data Processing, Information Systems	2	0	1
Accounting/Budget Staff	17	1	0
Community Developer	31	2	32
Community Development Asst/Aides	30	0	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	2	4
Other Staff	106	0	41
TOTAL	412	6	149

GENERAL FUND EXPENDITURES



The agency's expenditures increased 8.2% from FY 2011 to FY 2013. This increase was primarily driven by the operating expenses and a reduction in recoveries. The FY 2015 approved budget is 3.4% less than FY 2014 budget primarily due to anticipated staffing attrition.

FULL TIME STAFF



The agency's General Fund staffing complement decreased by 30 positions from FY 2011 to FY 2014. This decrease is the result of moving staff from the General Fund to various grants. The FY 2015 staffing totals include 38 fewer General Fund positions than in the FY 2014 budget due to abolishing unfunded vacant positions.

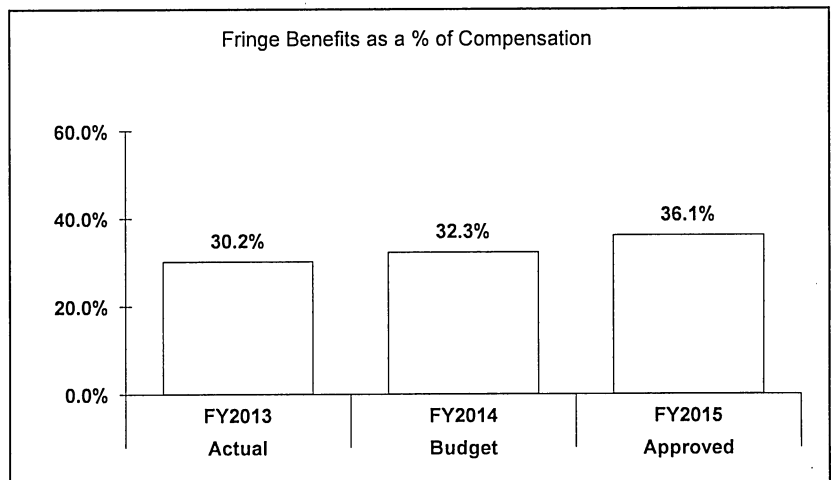
	FY2013 ACTUAL	FY2014 BUDGET	FY2014 ESTIMATED	FY2015 APPROVED	CHANGE FY14-FY15
EXPENDITURE SUMMARY					
Compensation	\$ 13,786,448	\$ 13,161,700	\$ 12,078,000	\$ 12,182,000	-7.4%
Fringe Benefits	4,161,863	4,251,200	4,310,800	4,397,700	3.4%
Operating Expenses	6,469,127	4,947,200	5,840,700	5,097,900	3%
Capital Outlay	512	0	0	0	0%
	\$ 24,417,950	\$ 22,360,100	\$ 22,229,500	\$ 21,677,600	-3.1%
Recoveries	(2,543,363)	(2,619,400)	(2,619,400)	(2,600,000)	-0.7%
TOTAL	\$ 21,874,587	\$ 19,740,700	\$ 19,610,100	\$ 19,077,600	-3.4%
STAFF					
Full Time - Civilian	-	231	-	193	-16.5%
Full Time - Sworn	-	0	-	0	0%
Part Time	-	4	-	2	-50%
Limited Term	-	3	-	0	-100%

In FY 2015, compensation expenditures decrease 7.4% under the FY 2014 budget due to anticipated attrition based on historical vacancy rates, shifting certain positions to grants programs, and the transfer of TNI limited term general fund positions to the Department of Social Services. Compensation costs include funding for 193 full-time and two part-time positions along with the lapsing of lower priority vacant positions. The decrease of 38 full-time positions from FY 2014 reflects the elimination of 38 long term unfunded positions. Fringe benefit expenditures increase 3.4% over the FY 2014 budget based on the change in the fringe rate.

Operating expenditures increase 3.0% over the FY 2014 budget to maintain day-to-day operations including contracted infection control services and support for the "SNAP to Health" program.

Recoveries decrease slightly by 0.7% under FY 2014 budget due to the anticipated indirect sources from various grants and operational costs at School-Based Wellness Centers.

MAJOR OPERATING EXPENDITURES FY2015	
Office Automation	\$ 1,165,800
General and Administrative	\$ 1,066,500
Contracts	
Operational Contracts	\$ 550,800
Office and Building Rental/Lease	\$ 511,700
Interfund Transfers	\$ 390,400



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 2015, compensation expenditures decrease 21.3% under the FY 2014 budget primarily due to reallocating funded positions to other divisions. The decrease in positions is primarily attributed to the elimination of long-term funded vacant positions. Fringe benefit expenditures increase 10.8% over the FY 2014 budget due to the fringe benefit rate changes and to align with actual costs.

Operating expenditures decrease 10.2% under the FY 2014 budget due to a decrease in vehicle maintenance and office automation charges. Operating expenses reflect funding for utilities, telephone charges, building maintenance and general contracts.

Recoveries decrease by 1.7% under the FY 2014 budget based on anticipated indirect sources from various grants and operational costs at School-Based Wellness Centers.

	FY2013 ACTUAL	FY2014 BUDGET	FY2014 ESTIMATED	FY2015 APPROVED	CHANGE FY14-FY15
EXPENDITURE SUMMARY					
Compensation	\$ 3,173,928	\$ 2,655,500	\$ 1,928,300	\$ 2,089,400	-21.3%
Fringe Benefits	1,034,532	572,000	653,000	634,000	10.8%
Operating Expenses	2,803,873	2,720,000	2,808,700	2,443,100	-10.2%
Capital Outlay	0	0	0	0	0%
Sub-Total	\$ 7,012,333	\$ 5,947,500	\$ 5,390,000	\$ 5,166,500	-13.1%
Recoveries	(1,893,593)	(1,966,300)	(1,663,300)	(1,932,800)	-1.7%
TOTAL	\$ 5,118,740	\$ 3,981,200	\$ 3,726,700	\$ 3,233,700	-18.8%
STAFF					
Full Time - Civilian	-	59	-	33	-44.1%
Full Time - Sworn	-	0	-	0	0%
Part Time	-	0	-	1	100%
Limited Term	-	0	-	0	0%

MATERNAL & CHILD HEALTH - 02

The Maternal and Child Health 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 2015, compensation expenditures decrease 2.1% under the FY 2014 budget primarily due to the department lapsing two lower priority funded vacancies. The decrease in positions is also attributed to the elimination of long-term unfunded vacant positions. Fringe benefit expenditures increase 5.8% over the FY 2014 budget due the change in the fringe benefit rate.

Operating expenditures increase 2.7% over the FY 2014 budget primarily due to an increase in vehicle maintenance charges.

	FY2013 ACTUAL	FY2014 BUDGET	FY2014 ESTIMATED	FY2015 APPROVED	CHANGE FY14-FY15
EXPENDITURE SUMMARY					
Compensation	\$ 3,320,993	\$ 2,901,400	\$ 2,819,200	\$ 2,841,100	-2.1%
Fringe Benefits	1,070,238	1,051,900	1,042,700	1,112,500	5.8%
Operating Expenses	1,086,512	736,500	734,100	756,100	2.7%
Capital Outlay	0	0	0	0	0%
Sub-Total	\$ 5,477,743	\$ 4,689,800	\$ 4,596,000	\$ 4,709,700	0.4%
Recoveries	(380,613)	(380,600)	(380,600)	(380,600)	0%
TOTAL	\$ 5,097,130	\$ 4,309,200	\$ 4,215,400	\$ 4,329,100	0.5%
STAFF					
Full Time - Civilian	-	63	-	52	-17.5%
Full Time - Sworn	-	0	-	0	0%
Part Time	-	0	-	0	0%
Limited Term	-	0	-	0	0%

ADDICTIONS AND MENTAL HEALTH - 05

The Addictions and Mental 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 2015, compensation expenditures decrease 9.4% under the FY 2014 budget due to certain positions moving to grants. Fringe benefit expenditures increase 19.1% over the FY 2014 budget due to the change in fringe benefit rates.

Operating expenditures increase 23.5% over the FY 2014 budget due to anticipated office lease expenses and funding to support a new contract for drug testing, urinalysis, and advertising.

	FY2013 ACTUAL	FY2014 BUDGET	FY2014 ESTIMATED	FY2015 APPROVED	CHANGE FY14-FY15
EXPENDITURE SUMMARY					
Compensation	\$ 96,956	\$ 271,000	\$ 271,000	\$ 245,600	-9.4%
Fringe Benefits	22,011	81,200	81,200	96,700	19.1%
Operating Expenses	423,854	405,800	708,800	501,100	23.5%
Capital Outlay	0	0	0	0	0%
Sub-Total	\$ 542,821	\$ 758,000	\$ 1,061,000	\$ 843,400	11.3%
Recoveries	0	0	(303,000)	(25,000)	0%
TOTAL	\$ 542,821	\$ 758,000	\$ 758,000	\$ 818,400	8%
STAFF					
Full Time - Civilian	-	5	-	3	-40%
Full Time - Sworn	-	0	-	0	0%
Part Time	-	0	-	0	0%
Limited Term	-	0	-	0	0%

ENVIRONMENTAL HEALTH - 06

The Environmental Health 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 program also inspects all public swimming pools and spas, landfills, rubble fills, sewage sludge utilization sites and refuse disposal vehicles; monitors the handling of hazardous and infectious waste; inspects sources of air pollution; and regulates open burning.

All of the above programs respond to citizen complaints.

Planning, development and maintenance of emergency response capability for bio-terrorism, natural disasters and other emergencies is ongoing.

Division Summary:

In FY 2015, compensation expenditures decrease 5.1% under the FY 2014 budget due to certain positions moving to grants and other complement changes. Fringe benefit expenditures increase 3.2% over the FY 2014 budget due to the change in fringe benefit rates.

Operating expenditures increase 189.3% over the FY 2014 budget due to support for the "SNAP to Health" program and an anticipated increase in vehicle maintenance charges.

	FY2013 ACTUAL	FY2014 BUDGET	FY2014 ESTIMATED	FY2015 APPROVED	CHANGE FY14-FY15
EXPENDITURE SUMMARY					
Compensation	\$ 3,006,506	\$ 2,554,000	\$ 2,554,000	\$ 2,424,800	-5.1%
Fringe Benefits	907,789	912,800	912,800	942,100	3.2%
Operating Expenses	90,505	88,400	88,400	255,700	189.3%
Capital Outlay	0	0	0	0	0%
Sub-Total	\$ 4,004,800	\$ 3,555,200	\$ 3,555,200	\$ 3,622,600	1.9%
Recoveries	(182,157)	(185,500)	(185,500)	(174,600)	-5.9%
TOTAL	\$ 3,822,643	\$ 3,369,700	\$ 3,369,700	\$ 3,448,000	2.3%
STAFF					
Full Time - Civilian	-	45	-	41	-8.9%
Full Time - Sworn	-	0	-	0	0%
Part Time	-	0	-	0	0%
Limited Term	-	0	-	0	0%

ADULT & GERIATRIC HEALTH - 08

The Adult and Geriatric Health Division 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 2015, compensation expenditures increase 2.5% over the FY 2014 budget due to anticipated cost of living adjustments. Fringe benefit expenditures increase 12.3% over the FY 2014 budget due to the change in compensation and fringe benefit rates.

Operating expenditures decrease 35.7% under the FY 2014 budget due to a reduction in temporary staffing charges within the division.

	FY2013 ACTUAL	FY2014 BUDGET	FY2014 ESTIMATED	FY2015 APPROVED	CHANGE FY14-FY15
EXPENDITURE SUMMARY					
Compensation	\$ 643,973	\$ 727,300	\$ 695,900	\$ 745,700	2.5%
Fringe Benefits	194,941	261,800	243,900	294,100	12.3%
Operating Expenses	607,505	203,100	192,200	130,600	-35.7%
Capital Outlay	0	0	0	0	0%
Sub-Total	\$ 1,446,419	\$ 1,192,200	\$ 1,132,000	\$ 1,170,400	-1.8%
Recoveries	0	0	0	0	0%
TOTAL	\$ 1,446,419	\$ 1,192,200	\$ 1,132,000	\$ 1,170,400	-1.8%
STAFF					
Full Time - Civilian	-	12	-	11	-8.3%
Full Time - Sworn	-	0	-	0	0%
Part Time	-	4	-	1	-75%
Limited Term	-	0	-	0	0%

EPIDEMIOLOGY & DISEASE CONTROL - 10

The Epidemiology & Disease Control Division 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 2015, compensation expenditures decrease 5.3% under the FY 2014 budget primarily due to anticipated attrition reflected in the department. Fringe benefit expenditures increase 2.1% over the FY 2014 budget due to the change in fringe benefit rates.

Operating expenditures increase 116.2% over the FY 2014 budget due to the anticipated usage of the countywide infection control services contract.

	FY2013 ACTUAL	FY2014 BUDGET	FY2014 ESTIMATED	FY2015 APPROVED	CHANGE FY14-FY15
EXPENDITURE SUMMARY					
Compensation	\$ 2,373,628	\$ 2,369,000	\$ 2,369,000	\$ 2,242,300	-5.3%
Fringe Benefits	670,660	853,900	853,900	872,100	2.1%
Operating Expenses	681,136	251,000	551,000	542,700	116.2%
Capital Outlay	512	0	0	0	0%
Sub-Total	\$ 3,725,936	\$ 3,473,900	\$ 3,773,900	\$ 3,657,100	5.3%
Recoveries	0	0	0	0	0%
TOTAL	\$ 3,725,936	\$ 3,473,900	\$ 3,773,900	\$ 3,657,100	5.3%
STAFF					
Full Time - Civilian	-	37	-	33	-10.8%
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 2015, compensation expenditures decrease 5.4% under FY 2014 budget primarily due to realignment of positions between divisions in addition to the funding of high priority vacant positions. Compensation decreases while positions increase due to anticipated attrition, inclusion of unfunded vacancies and reduction of State special pays. The loss of three limited term general fund positions reflects the transfer of those positions to the Department of Social Services to support the TNI School Resources program. Fringe benefit expenditures decrease 13.8% under the FY 2014 budget due to the compensation changes.

Operating expenditures decrease 13.6% under the FY 2014 budget primarily due to the elimination of the one-time statistical information system and temporary staffing reductions.

	FY2013 ACTUAL	FY2014 BUDGET	FY2014 ESTIMATED	FY2015 APPROVED	CHANGE FY14-FY15
EXPENDITURE SUMMARY					
Compensation	\$ 1,170,464	\$ 1,683,500	\$ 1,440,600	\$ 1,593,100	-5.4%
Fringe Benefits	261,692	517,600	523,300	446,200	-13.8%
Operating Expenses	775,742	542,400	757,500	468,600	-13.6%
Capital Outlay	0	0	0	0	0%
Sub-Total	\$ 2,207,898	\$ 2,743,500	\$ 2,721,400	\$ 2,507,900	-8.6%
Recoveries	(87,000)	(87,000)	(87,000)	(87,000)	0%
TOTAL	\$ 2,120,898	\$ 2,656,500	\$ 2,634,400	\$ 2,420,900	-8.9%
STAFF					
Full Time - Civilian	-	10	-	20	100%
Full Time - Sworn	-	0	-	0	0%
Part Time	-	0	-	0	0%
Limited Term	-	3	-	0	-100%

	FY 2013 ACTUAL	FY 2014 BUDGET	FY 2014 ESTIMATED	FY 2015 APPROVED	CHANGE FY14-FY15
EXPENDITURE SUMMARY					
Compensation	\$18,149,867	\$ 20,797,700	\$ 19,704,100	\$ 21,843,800	5.0%
Fringe Benefits	4,818,680	6,199,500	5,406,000	6,535,000	5.4%
Operating Expenses	26,638,627	23,965,300	27,889,800	28,826,800	20.3%
Capital Outlay	-	-	-	-	0.0%
TOTAL	\$49,607,174	\$ 50,962,500	\$ 52,999,900	\$ 57,205,600	12.3%

In FY 2015, the increase in grants is primarily due to the transfer of programs from the Department of Family Services' Mental Health and Disabilities Administration into the Health Department's Division of Addictions and Mental Health. The programs transferred include: the Administrative Grant, Crownsville Project, Federal Block Grant, Housing First, Mental Health Services Grant, Path Program, Project Launch and Shelter Plus. The Department also anticipates funding for the Komen National Vulnerable Populations and Mobilization for Health: National Prevention Partnership grants.

STAFF SUMMARY BY DIVISION & GRANT PROGRAM	FY 2014			FY 2015		
	FT	PT	LTGF	FT	PT	LTGF
<u>Addictions and Mental Health</u>						
Addictions Treatment Block Grant	67	2	44	57	2	35
Administrative Grant	0	0	0	8	0	2
Crownsville Project	0	0	0	0	0	1
Drug and Alcohol Prevention	1	0	0	2	0	1
Federal Treatment Grant	0	0	3	3	0	4
Integration of Sexual Health in Recovery	0	0	0	0	0	1
Mental Health Services Grant	0	0	0	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	0	0	0	2
Project Safety Net	6	1	8	7	0	6
Recovery Support Services Grant				1	0	6
Tobacco Implementation Grant	1	0	0	0	0	0
Sub-Total	77	3	60	80	2	64
<u>Adult and Geriatric Health</u>						
Cancer Diagnosis and Treatment	2	0	0	0	0	1
Cancer Outreach	1	0	0	1	0	0
CDC Breast and Cervical Cancer	2	0	0	0	0	0
Colorectal Cancer	5	1	0	2	0	0
Community Transformation Grant	0	0	9	0	0	0
Geriatric Evaluation and Review Services (STEPS/AERS)	5	0	1	5	0	2
Maryland Million Hearts	0	0	4	0	0	0
Medical Assistance Transportation	15	0	10	10	0	12
Senior Care	0	0	5	0	0	0
Sub-Total	30	1	29	18	0	15
<u>Environmental Health</u>						
Cities Readiness Initiatives (CRI)	1	0	0	1	0	0
Lead Paint Poisoning Outreach	0	0	0	1	0	0
Public Health Emergency Preparedness	4	0	0	3	0	0
Sub-Total	5	0	0	5	0	0
<u>Epidemiology and Disease Control</u>						
Case Manager	1	0	0	4	0	0
Expanded HIV Testing	3	0	1	0	0	0
Hepatitis B Prevention	1	1	0	1	0	0
HIV Partner Services	2	0	3	2	0	1
HIV Prevention Services	3	1	6	6	1	4
Ryan White Part A	8	0	3	10	0	7
Ryan White Part B	15	0	7	7	0	1
Ryan White Part B ADAP	0	0	0	2	0	3
Ryan White Subgrant	1	0	0	0	0	0
STD Caseworker	3	0	1	3	0	1
TB Control	2	0	1	1	0	1
TB Refugee	1	0	2	2	0	1
Sub-Total	40	2	24	38	1	19

STAFF SUMMARY BY DIVISION & GRANT PROGRAM	FY 2014			FY 2015		
	FT	PT	LTGF	FT	PT	LTGF
<u>Maternal and Child Health</u>						
Abstinence Education	0	0	0	0	0	3
Administrative Care Coordination (HealthLine)	12	0	0	10	0	1
Babies Born Healthy	0	0	3	1	0	2
Crenshaw Perinatal	1	0	0	0	0	0
Dental Sealant	0	0	1	0	0	4
Healthy Teens and Young Adult	5	0	0	6	0	0
High Risk Infant	1	0	0	1	0	0
HIV Prevention Integration	0	0	0	0	0	0
Immunization Action Grant	2	0	1	1	0	0
Improved Pregnancy Outcome	1	0	0	1	0	0
Infant and Toddler - MA Reimbursement	1	0	2	0	0	2
Infant and Toddler Part C and County	5	0	3	4	0	3
Infant and Toddler - State	3	0	0	3	0	0
Lead Paint Poisoning Outreach	1	0	0	0	0	0
MCHIP Eligibility Determination - PWC	16	0	17	17	0	11
Oral Health Clinical Care	0	0	1	0	0	0
Personal Responsibility Education	0	0	0	0	0	1
Reproductive Health	8	1	0	6	1	0
School Base Wellness Center	0	0	0	9	0	0
Women, Infants & Children (WIC)	21	0	8	16	0	10
WIC Breast Feeding Peer Counseling	0	0	4	0	0	3
Sub-Total	77	1	40	75	1	40
<u>Office of the Health Officer</u>						
Health Enterprise Zones	0	0	8	0	0	8
Ryan White	3	0	3	3	0	3
Sub-Total	3	0	11	3	0	11
TOTAL	232	7	164	219	4	149

In FY 2015, funding is anticipated for 219 full-time, 4 part-time and 149 limited term grant funded (LTGF) positions. The staffing decrease is primarily due to the conversion of previously filled merit positions to LTGF positions along with the expiration of programs.

HEALTH DEPARTMENT - 170

GRANTS

GRANTS BY DIVISION	FY 2013 ACTUAL	FY 2014 BUDGET	FY 2014 ESTIMATED	FY 2015 APPROVED	\$ CHANGE FY14 - FY15	% CHANGE FY14 - FY15
<u>Division of Addictions and Mental Health</u>						
Addictions Treatment Block Grant	\$ 10,061,018	\$ 10,756,800	\$ 9,629,100	\$ 9,629,100	\$ (1,127,700)	-10.5%
Administrative Grant	-	-	-	790,100	790,100	100.0%
Crownsville Project	-	-	-	74,300	74,300	100.0%
Drama Club Anger Management Program	-	-	30,000	30,000	30,000	100.0%
Drug and Alcohol Prevention	478,117	489,200	480,600	480,600	(8,600)	-1.8%
Federal Block Grant	-	-	-	1,338,200	1,338,200	100.0%
Federal Fund Treatment Grant	1,349,120	1,388,600	1,165,600	1,165,600	(223,000)	-16.1%
HIDTA Grant	151,146	156,200	151,100	151,100	(5,100)	-3.3%
Housing First	-	-	-	235,000	235,000	100.0%
Integration of Sexual Health in Recovery	-	48,000	227,900	114,000	66,000	137.5%
Maryland Strategic Prevention Framework	33,475	69,500	-	-	(69,500)	-100.0%
Mental Health Services Grant	-	-	-	1,748,600	1,748,600	100.0%
OASIS Youth Program	103,814	112,300	73,300	73,300	(39,000)	-34.7%
Operations Safe Kids - (transferred to MCH)	-	350,000	350,000	350,000	-	0.0%
Path Program	-	-	-	106,700	106,700	100.0%
Project Launch	-	-	-	600,000	600,000	100.0%
Project Safety Net	1,464,610	1,464,600	1,464,600	1,464,600	-	0.0%
Recovery Housing for Women	196,381	426,200	998,400	711,800	285,600	67.0%
Safe Neighborhoods	-	-	1,500,000	-	-	0.0%
Shelter Plus	-	-	-	585,500	585,500	100.0%
Tobacco Implementation Project	197,779	200,100	293,500	293,500	93,400	46.7%
Sub-Total	\$ 14,035,460	\$ 15,461,500	\$ 16,364,100	\$ 19,942,000	\$ 4,480,500	29.0%
<u>Division of Adult and Geriatric Health</u>						
Breast and Cervical Screening Supplement	\$ 13,482	\$ -	\$ -	\$ -	\$ -	0.0%
Cancer Diagnosis and Treatment	122,850	228,300	228,300	228,300	-	0.0%
Cancer Outreach Diagnosis and Case Management	167,648	171,900	171,900	171,900	-	0.0%
CDC Breast and Cervical Cancer	224,285	224,600	207,200	207,200	(17,400)	-7.7%
Colorectal Cancer Prevention Education and Screening	779,577	809,200	826,000	826,000	16,800	2.1%
Community Transformation Grant	257,536	-	911,000	-	-	0.0%
General Medical Assistance Transportation	5,394,799	4,741,400	5,215,400	5,215,500	474,100	10.0%
Geriatric Evaluation and Review Services (STEPS/AERS)	567,349	663,200	663,200	663,200	-	0.0%
Komen National Vulnerable Populations Grant	-	-	-	60,000	60,000	100.0%
Maryland Million Hearts	112,800	195,000	47,400	-	(195,000)	-100.0%
Mobilization for Health: National Prevention Partnership	-	-	-	1,500,000	1,500,000	100.0%
Senior Care	686,344	-	-	-	-	0.0%
Sub-Total	\$ 8,326,670	\$ 7,033,600	\$ 8,270,400	\$ 8,872,100	\$ 1,838,500	26.1%
<u>Division of Environmental Health</u>						
Bay Restoration (Septic) Fund	\$ -	\$ 164,000	\$ 176,000	\$ 176,000	\$ 12,000	7.3%
Cities Readiness Initiatives (CRI)	156,757	168,500	150,000	150,000	(18,500)	-11.0%
FDA Voluntary Retail Food Regular Program	2,500	2,500	2,500	2,500	-	0.0%
Lead Paint Poisoning Program	55,922	-	57,300	57,300	57,300	100.0%
Medical Reserve Corps Outreach	-	5,000	-	-	(5,000)	-100.0%
NACCHO Voluntary Retail Food Regulatory Program	-	-	10,000	10,000	10,000	100.0%
PHEP - Main (12 Month)	520,807	613,900	524,500	524,500	(89,400)	-14.6%
Sub-Total	\$ 735,986	\$ 953,900	\$ 920,300	\$ 920,300	\$ (33,600)	-3.5%
<u>Division of Epidemiology and Disease Control</u>						
AIDS Case Management	\$ 78,961	\$ 93,100	\$ 380,600	\$ 190,300	\$ 97,200	104.4%
Expanded HIV Testing	319,741	336,500	-	-	(336,500)	-100.0%
Hepatitis B Prevention	67,500	67,500	68,500	68,500	1,000	1.5%
HIV Partner Services	275,077	329,100	329,100	329,100	-	0.0%
HIV Prevention Services	832,698	826,100	972,400	972,500	146,400	17.7%
Ryan White Title I/PART A & MAI	2,271,552	2,445,600	2,417,100	2,417,100	(28,500)	-1.2%
Ryan White Title II/Part B	1,827,381	1,942,400	1,269,800	1,269,800	(672,600)	-34.6%
Ryan White Title II/Part B - ADAP	-	-	385,200	385,200	385,200	100.0%
STD Caseworker	304,095	325,500	300,800	300,800	(24,700)	-7.6%
TB Control Cooperative Agreement	366,155	267,300	276,800	225,600	(41,700)	-15.6%
TB Refugee	471,814	281,100	645,500	645,600	364,500	129.7%
Sub-Total	\$ 6,814,974	\$ 6,914,200	\$ 7,045,800	\$ 6,804,500	\$ (109,700)	-1.6%

GRANTS BY DIVISION	FY 2013 ACTUAL	FY 2014 BUDGET	FY 2014 ESTIMATED	FY 2015 APPROVED	\$ CHANGE FY14 - FY15	% CHANGE FY14 - FY15
<u>Division of Maternal and Child Health</u>						
Abstinence Education	\$ 139,750	\$ 200,000	\$ 200,000	\$ 200,000	\$ -	0.0%
Administrative Care Coordination Grant - Ombudsman	1,008,656	1,081,000	1,081,000	1,081,000	-	0.0%
Babies Born Healthy	90,848	127,400	129,500	127,400	-	0.0%
Crenshaw Perinatal	78,199	78,600	78,600	78,600	-	0.0%
Dental Sealant D Driver Van	198,615	180,000	230,000	230,000	50,000	27.8%
Family Planning Supplies	57,997	58,000	-	-	(58,000)	-100.0%
Hallways to Health	45,000	-	45,000	-	-	0.0%
Healthy Teens/Young Adults	525,232	549,500	549,500	549,500	-	0.0%
High Risk Infant	100,679	117,600	117,600	117,700	100	0.1%
HIV Prevention Integration	180,000	-	-	-	-	0.0%
Home Visiting	87,747	-	274,800	-	-	0.0%
Immunization Action Grant	215,996	204,900	273,400	204,900	-	0.0%
Improved Pregnancy Outcome (IPO)	123,370	152,200	152,200	152,200	-	0.0%
Infants and Toddlers - MA Reimbursements	630,000	617,500	704,800	717,100	99,600	16.1%
Infants and Toddlers Program (Caryover)	55,400	-	-	-	-	0.0%
Infants and Toddlers Part B	266,761	266,800	292,100	266,800	-	0.0%
Infants and Toddlers Part B 619	9,000	9,000	9,000	9,000	-	0.0%
Infants and Toddlers Program (Part C and County Funds)	708,551	708,600	767,300	708,600	-	0.0%
Infants and Toddlers - State	1,152,036	1,148,600	1,285,400	1,187,000	38,400	3.3%
Lead Paint Poisoning Outreach	55,922	57,300	-	-	(57,300)	-100.0%
MCHP Eligibility Determination - PWC	1,849,149	2,017,900	2,017,900	2,017,900	-	0.0%
Minority Infant Mortality Reduction	95,748	-	-	-	-	0.0%
Operation Safe Kids	246,113	-	-	-	-	0.0%
Oral Health Clinical Care	48,176	50,000	47,300	50,000	-	0.0%
Oral Health HRSA	-	-	33,000	-	-	0.0%
Personal Responsibility Education	46,322	100,000	85,000	85,000	(15,000)	-15.0%
Project Connect	-	-	5,000	5,000	5,000	100.0%
Reproductive Health	560,844	608,700	459,200	594,400	(14,300)	-2.3%
School Based Wellness Center	-	-	-	850,000	850,000	100.0%
Women, Infants & Children (WIC)	2,273,160	2,400,000	2,269,600	2,246,800	(153,200)	-6.4%
WIC Breast Feeding Peer Counseling	153,063	176,600	117,700	117,700	(58,900)	-33.4%
Sub-Total	\$ 11,002,334	\$ 10,910,200	\$ 11,224,900	\$ 11,596,600	\$ 686,400	6.3%
<u>Office of the Health Officer</u>						
Health Enterprise Zone	\$ 1,100,000	\$ 1,500,000	\$ 1,100,000	\$ 1,100,000	\$ (400,000)	-26.7%
Institute for Public Health Innovation	-	-	52,000	-	-	0.0%
Local Health Improvement Planning	-	100,000	-	-	(100,000)	-100.0%
Ryan White HIV/AIDS Treatment Modernization Act - Part A & Minority AIDS Initiative	7,201,350	7,698,700	7,632,000	7,579,700	(119,000)	-1.5%
Sub-Total	\$ 8,301,350	\$ 9,298,700	\$ 8,784,000	\$ 8,679,700	\$ (619,000)	-6.7%
HD Total Grants - Outside Sources	\$ 49,216,774	\$ 50,572,100	\$ 52,609,500	\$ 56,815,200	\$ 6,243,100	12.3%
Total Transfer from General Fund - (County Contribution/Cash Match)	\$ 390,400	\$ 390,400	\$ 390,400	\$ 390,400	\$ -	0.0%
Total Grant Expenditures	\$ 49,607,174	\$ 50,962,500	\$ 52,999,900	\$ 57,205,600	\$ 6,243,100	12.3%

* Programs from the Department of Family Services

DIVISION OF ADDICTIONS AND MENTAL HEALTH -- \$19,942,000

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 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 previously under the Department of Family Services.

DIVISION OF ADULT AND GERIATRIC HEALTH -- \$8,872,100

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. Grant funding through the Mobilization for Health: National Prevention Partnership Grant will focus on reducing diabetes, hypertension and obesity.

DIVISION OF ENVIRONMENTAL HEALTH -- \$920,300

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.

DIVISION OF EPIDEMIOLOGY AND DISEASE CONTROL -- \$6,804,500

Grant funding supports necessary services to individuals with specific types of communicable diseases such as Sexually Transmitted Diseases, HIV/AIDS, Tuberculosis, and Hepatitis B for pregnant mothers. From the support of the grants, investigations are conducted to control the spread of these diseases in the community. In particular, the Tuberculosis (TB) Refugee grant provides for TB screening and various evaluations for refugees. Also, grants support a variety of services including HIV antibody testing at the Health Department clinics and in the community, counseling of infected individuals, case management, diagnostic evaluation for persons with HIV infections, and extensive community education activities.

DIVISION OF MATERNAL AND CHILD HEALTH -- \$11,596,600

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). The Abstinence Education and 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 Infants and Toddlers Program specifically serves children diagnosed with or at-risk for developmental disabilities and delays. 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 community health services within the Prince George's schools.

DIVISION OF THE HEALTH OFFICER -- \$8,679,700

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 \$7.6 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.