

HEALTH DEPARTMENT - 70

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 -

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

Strategic Focus in FY 2014 -

The Health Department's top priorities in FY 2014 are:

- Increase access to quality services and information about our services by ensuring that residents and citizens are aware of the safety net of healthcare facilities and providers in the County
- Increase the number of people receiving an early diagnosis and treatment for breast or colorectal cancer by providing links to treatment and diagnostic services
- Increase the percentage of women who receive prenatal care and services and the number of babies born at or above 5.5 pounds by disseminating prenatal information to at-risk women, and providing appropriate medical and social service recommendations in partnership with the Department of Family Services

FY 2014 BUDGET SUMMARY

The FY 2014 approved budget for the Health Department is \$70,889,300, an increase of \$1,099,900 or 1.6% over the FY 2013 approved budget.

GENERAL FUNDS

The FY 2014 approved General Fund budget for the Health Department is \$20,317,200, a decrease of \$1,854,200 or 8.4% below the FY 2013 approved budget.

Budgetary Changes –

| | |
|--|---------------------|
| FY 2013 APPROVED BUDGET | \$22,171,400 |
| Support for three limited term general fund community health workers to assist the six Transforming Neighborhood Initiative (TNI) areas | \$121,700 |
| Maintenance of Electronic Health Records System | \$75,000 |
| Increase for Health Enterprise Zone program enhancements | \$75,000 |
| Decrease in office and building rental costs based on anticipated facility requirements | (\$45,600) |
| Decrease in contractual janitorial services | (\$95,000) |
| Increase in recoveries primarily due to anticipated staff and operating costs at School-Based Wellness Centers | (\$158,900) |
| Decrease in office automation charge | (\$195,200) |
| Various operational changes | (\$227,700) |
| Decrease in Infection Control Services based on anticipated requirements | (\$289,000) |
| Achievement of savings from vacancies based on organizational priorities | (\$326,800) |
| Transfer of certain food inspection functions to the Department of Permitting, Inspections, and Enforcement (includes personnel and operating resources) | (\$787,700) |
| FY 2014 APPROVED BUDGET | \$20,317,200 |

GRANT FUNDS

The FY 2014 approved grant budget for the Health Department is \$50,572,100, an increase of \$2,954,100 or 6.2% over the FY 2013 approved budget. Major changes in the FY 2014 approved budget include:

- Funding for the Health Enterprise Zone program
- Funding for the Maryland Million Hearts program
- Funding for the Recovery Housing for Women program

SERVICE DELIVERY PLAN AND PERFORMANCE

GOAL 1 - To provide access to healthcare resources by ensuring that residents and citizens are aware of the safety net of healthcare facilities and providers that currently exist.

Objective 1.1 - Maintain the number of people with abnormal cancer screening results that are linked to care.

| Targets | Long Term Target Compared with Performance | | | | | | | | | | | | | | | | |
|---|--|--|--|--|--|-------------|--------------------------------|---------|-----------|---------|-----------|---------|-----------|---------|---------------|---------|---------------|
| <p>Short term: By FY 2014 - 20</p> <p>Intermediate term: By FY 2016 - 20</p> <p>Long term: By FY 2018 - 20</p> | <p>Long term target (FY 18): 20 20</p> <table border="1" style="margin-top: 10px;"> <caption>Performance Data</caption> <thead> <tr> <th>Fiscal Year</th> <th>Actual / Estimated / Projected</th> </tr> </thead> <tbody> <tr> <td>FY 2010</td> <td>Actual: 0</td> </tr> <tr> <td>FY 2011</td> <td>Actual: 7</td> </tr> <tr> <td>FY 2012</td> <td>Actual: 9</td> </tr> <tr> <td>FY 2013</td> <td>Estimated: 20</td> </tr> <tr> <td>FY 2014</td> <td>Projected: 20</td> </tr> </tbody> </table> | | | | | Fiscal Year | Actual / Estimated / Projected | FY 2010 | Actual: 0 | FY 2011 | Actual: 7 | FY 2012 | Actual: 9 | FY 2013 | Estimated: 20 | FY 2014 | Projected: 20 |
| Fiscal Year | Actual / Estimated / Projected | | | | | | | | | | | | | | | | |
| FY 2010 | Actual: 0 | | | | | | | | | | | | | | | | |
| FY 2011 | Actual: 7 | | | | | | | | | | | | | | | | |
| FY 2012 | Actual: 9 | | | | | | | | | | | | | | | | |
| FY 2013 | Estimated: 20 | | | | | | | | | | | | | | | | |
| FY 2014 | Projected: 20 | | | | | | | | | | | | | | | | |

Trend and Analysis - In the County, cancer is the second leading cause of death and disability, after heart disease. In prior fiscal years this objective emphasized either a reduction in abnormal cancer screening results or an increase in diagnosis and treatment. However, following a leadership change in both the department and the Division of Epidemiology and Disease Control, the emphasis shifted to connecting citizens with abnormal screenings to care they would otherwise not receive due to financial need. Specifically, the department has reallocated \$300,000 to connect first-time clients with abnormal colorectal cancer screenings to care that they previously did not receive. The department has advised that, prior to October 2012, staff neither had clear direction from leadership nor a mechanism in place to link to care those clients who would not be connected otherwise. Additionally, in comparing breast cancer linkage to care from FY 2012 and FY 2013, the department expects a data cleanliness project to clarify the apparent discrepancy as there is immediate linkage to expanded care. The department further advised that its data reporting requires further cleanup to accurately gauge any potential gaps in linkages to care. For example, the department knows how many constituents are linked to care but not how many need such linkages to care. (Historical data, in some cases, is unavailable.)

Performance Measures -

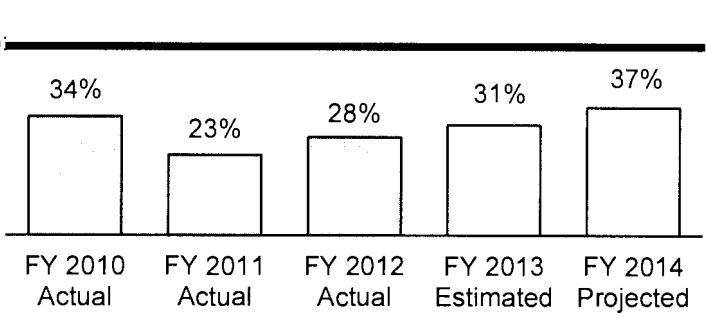
| Measure Name | FY 2010 Actual | FY 2011 Actual | FY 2012 Actual | FY 2013 Estimated | FY 2014 Projected |
|---|-------------------|-------------------|-------------------|----------------------|----------------------|
| Resources (input) | | | | | |
| Number of breast clinic screening staff | | 3.6 | 3.6 | 3.6 | 4.3 |
| Number of colorectal clinic screening staff | | 4 | 4 | 4 | 3.3 |
| Workload, Demand and Production (output) | | | | | |
| Number of persons educated on colorectal cancer (CRC) | | 5,346 | 2,300 | 6,700 | 4,000 |
| Number of persons screened for breast cancer (BC) | | 685 | 656 | 650 | 700 |
| Number of persons screened for CRC | | 170 | 199 | 200 | 200 |
| Number of persons w/ abnormal BC results | | 93 | 85 | 85 | 90 |
| Number of persons w/ abnormal CRC results | | 89 | 80 | 80 | 80 |
| Number of persons with abnormal results requiring assistance with linkage to care (TO BE DEVELOPED) | | | | | |
| Efficiency | | | | | |
| Avg. breast cancer screens seen per BC staff | | 190.3 | 182.2 | 180.6 | 162.8 |
| Avg. colorectal cancer screens seen per CRC staff | | 42.5 | 49.8 | 50.0 | 60.6 |
| Impact (outcome) | | | | | |
| Percent of abnormal screening results for BC | | 14% | 13% | 13% | 13% |
| Percent of abnormal screening results for CRC | | 52% | 40% | 40% | 40% |
| Persons with BC abnormal screenings linked to care | | 7 | 8 | 15 | 15 |
| Persons with CRC abnormal screenings linked to care | | | 1 | 5 | 5 |

Strategies to Accomplish the Objective -

- **Strategy 1.1.1** - Provide links to treatment for those with a colorectal and/or breast cancer diagnosis
- **Strategy 1.1.2** - Provide links to diagnostic services for those with abnormal mammograms
- **Strategy 1.1.3** - Provide screenings for the uninsured and underinsured residents in Prince George's County

GOAL 2 - To improve reproductive health care in order to reduce infant mortality and enhance birth outcomes for women in Prince George's County.

Objective 2.1 - Increase the percentage of pregnant women who receive prenatal care during their first trimester.

| Targets | Long Term Target Compared with Performance | | | | | | | | | | | | | | | | | | | | | |
|--|---|-------------|------------|--------|---------|-----|--------|---------|-----|--------|---------|-----|--------|---------|-----|-----------|---------|-----|-----------|--------------------------|-----|--------|
| <p>Short term: By FY 2014 - 32%</p> <p>Intermediate term: By FY 2016 - 44%</p> <p>Long term: By FY 2018 - 54%</p> | <p>Long term target (FY 18): 54%</p>  <table border="1" data-bbox="702 414 1412 734"> <caption>Performance Data for Objective 2.1</caption> <thead> <tr> <th>Fiscal Year</th> <th>Percentage</th> <th>Status</th> </tr> </thead> <tbody> <tr> <td>FY 2010</td> <td>34%</td> <td>Actual</td> </tr> <tr> <td>FY 2011</td> <td>23%</td> <td>Actual</td> </tr> <tr> <td>FY 2012</td> <td>28%</td> <td>Actual</td> </tr> <tr> <td>FY 2013</td> <td>31%</td> <td>Estimated</td> </tr> <tr> <td>FY 2014</td> <td>37%</td> <td>Projected</td> </tr> <tr> <td>Long Term Target (FY 18)</td> <td>54%</td> <td>Target</td> </tr> </tbody> </table> | Fiscal Year | Percentage | Status | FY 2010 | 34% | Actual | FY 2011 | 23% | Actual | FY 2012 | 28% | Actual | FY 2013 | 31% | Estimated | FY 2014 | 37% | Projected | Long Term Target (FY 18) | 54% | Target |
| Fiscal Year | Percentage | Status | | | | | | | | | | | | | | | | | | | | |
| FY 2010 | 34% | Actual | | | | | | | | | | | | | | | | | | | | |
| FY 2011 | 23% | Actual | | | | | | | | | | | | | | | | | | | | |
| FY 2012 | 28% | Actual | | | | | | | | | | | | | | | | | | | | |
| FY 2013 | 31% | Estimated | | | | | | | | | | | | | | | | | | | | |
| FY 2014 | 37% | Projected | | | | | | | | | | | | | | | | | | | | |
| Long Term Target (FY 18) | 54% | Target | | | | | | | | | | | | | | | | | | | | |

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. African-American infants have the highest rate of infant mortality of all groups in the County as well as the State, per the State's Department of Health and Mental Hygiene's Vital Statistics Administration. The department began tracking the number of pregnant women who receive prenatal care during their first trimester through a program known as Healthy Women/Healthy Lives, which targets African-American women and other minorities between the ages of 18 and 44 to improve their pre-conceptual health status. The department explained that the 18% decline from FY 2010 to FY 2012 in pregnant females entering care was due to the loss of leadership and a significant passage of time before that leadership was replaced. (Historical data, in some cases, is unavailable.)

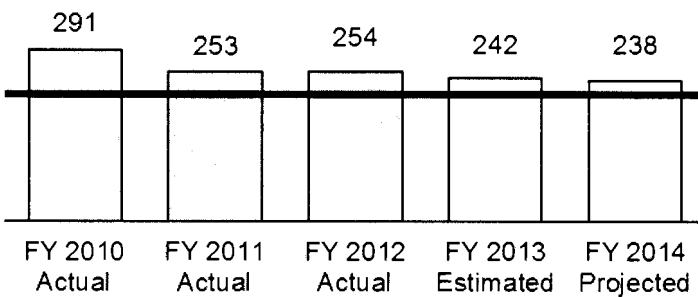
Performance Measures -

| Measure Name | FY 2010 Actual | FY 2011 Actual | FY 2012 Actual | FY 2013 Estimated | FY 2014 Projected |
|---|-------------------|-------------------|-------------------|----------------------|----------------------|
| Resources (input) | | | | | |
| Number of Family Planning clinicians | | 7 | 8 | 8 | 8 |
| Number of Family Planning consultations | | 7,398 | 7,768 | 8,156 | 8,156 |
| Workload, Demand and Production (output) | | | | | |
| Number of pregnant females seen in the maternity clinic | | 4,697 | 4,697 | 4,931 | 4,931 |
| Number educated regarding early prenatal care | | 148 | 182 | 225 | 300 |
| Number of referrals to resources in the County | | 1,984 | 2,083 | 2,187 | 2,187 |
| Number of persons seen in family planning clinic | | 6,215 | 6,526 | 6,852 | 6,900 |
| Number of new prenatal clients served | 613 | 650 | 650 | 683 | 683 |
| Efficiency | | | | | |
| Number of pregnant females seen per staff | | 671 | 587 | 616 | 616 |
| Number of 1st trimester referrals per staff | | 49 | 61 | 75 | 75 |
| Avg. number of consultations per clinician | | 1,057 | 971 | 1,020 | 1,020 |
| Quality | | | | | |
| Average number of weeks to get appointment for first prenatal visit | 3 | 3 | 2 | 2 | 2 |
| Impact (outcome) | | | | | |
| Number of first trimester pregnant females entering care | 208 | 148 | 182 | 215 | 250 |
| Percent of first trimester pregnant females entering care | 34% | 23% | 28% | 31% | 37% |

Strategies to Accomplish the Objective -

- **Strategy 2.1.1** - Provide appropriate medical and social service referrals to community-based organizations and other resources for all high-risk pregnant women
- **Strategy 2.1.2** - Maintain a presence with key stakeholders and other agencies serving women and children in order to identify potentially eligible clients
- **Strategy 2.1.3** - 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 2.2 - Decrease the number of at-risk infants who are born prematurely or born below 5.5 pounds to mothers referred to and serviced by Infants at Risk by 5% every 2 years.

| Targets | Long Term Target Compared with Performance | | | | |
|---|--|--|--|--|--|
| Short term: By FY 2014 - 238 | <div style="display: flex; align-items: center;"> <div style="margin-right: 20px;"> Long term target (FY 18): 215 </div>  </div> | | | | |
| Intermediate term: By FY 2016 - 226 | | | | | |
| Long term: By FY 2018 - 215 | | | | | |

Trend and Analysis - Prior to FY 2014, the department reported on the County's efforts to enhance birth outcomes by reporting on Healthy Families, a program run through the Department of Family Services. However, beginning in FY 2014, the department will report on the Infant at Risk Program (IAR), a grant-funded program run through the Health Department. IAR provides early intervention to pregnant women and parenting 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 department works closely with Prince George's Hospital, Laurel Regional Medical Center and Medstar Southern Maryland Hospital. The department advised that other hospitals may complete a referral or call the department to refer a County resident. (Historical data, in some cases, is unavailable.)

Performance Measures -

| Measure Name | FY 2010 Actual | FY 2011 Actual | FY 2012 Actual | FY 2013 Estimated | FY 2014 Projected |
|--|-------------------|-------------------|-------------------|----------------------|----------------------|
| Resources (input) | | | | | |
| Amount of funding | \$117,645 | \$117,645 | \$117,645 | \$117,645 | \$117,645 |
| Number of Staff (budgeted RNs, support staff, etc.) | 3 | 3 | 3 | 3 | 3 |
| Workload, Demand and Production (output) | | | | | |
| The number of referrals for IAR case management for children birth to age one with Medical Assistance | 631 | 591 | 832 | 800 | 840 |
| The number of unduplicated mothers receiving case management services (hospital visits/phone intervention) | 857 | 647 | 934 | 850 | 893 |
| The number of teens <18 years receiving case management services | 191 | 159 | 149 | 170 | 179 |
| The number of referrals received from Prince George's Hospital | 718 | 722 | 918 | 950 | 997 |
| The number of referrals received from Laurel Regional Medical Center | | | | 17 | 20 |
| The number of referrals received from Medstar Southern Maryland Hospital | | | | 42 | 45 |
| Quality | | | | | |
| Number of home visits completed | | | | | 100 |
| Number of babies/children referred to Infants and Toddlers | 7 | 2 | 5 | 5 | 7 |
| Number of babies/children referred to other County Resources | 340 | 360 | 410 | 430 | 450 |
| Number of mothers referred to Addictions/Mental Health | 2 | 0 | 0 | 2 | 5 |
| Impact (outcome) | | | | | |
| Number of babies born who are below low birth weight (<=5.5lbs.) | 291 | 253 | 254 | 242 | 238 |

Strategies to Accomplish the Objective -

- **Strategy 2.2.1** - 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 2.2.2** - Work closely with Infants and Toddlers, TMAN and CAP, the HIV Program, Healthy Families, Family Support Center and other resources to coordinate services for clients
- **Strategy 2.2.3** - Increase teen referrals through outreach to the County Schools' Adolescent Pregnant and Parenting Programs staff

GOAL 3 - 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 3.1 - Increase the number of persons tested for HIV.

| Targets | Long Term Target Compared with Performance | | | | |
|---|--|-------------------|-------------------|-------------------|----------------------|
| Short term: By FY 2014 - 15,000 Intermediate term: By FY 2016 - 15,000 Long term: By FY 2018 - 15,000 | Long term target (FY 18): 15,000 | 15,000 | | | |
| | | 10,812 | 10,410 | 10,722 | 12,000 |
| | | FY 2010 Actual | FY 2011 Actual | FY 2012 Actual | FY 2013 Estimated |
| | | | | | FY 2014 Projected |
| | | | | | |

Trend and Analysis - HIV is a priority communicable disease pursuant to the County's *Strategy for a Healthy Prince George's County*. The decline in HIV screenings in recent years was due to a shift in focus required by the Ryan White grant funder towards more targeted screening of high risk populations as opposed to more screening of the general population. Due to the increase in staffing driven by an increased reliance on temporary employees in FY 2013 and continuing in FY 2014, the department anticipates increasing the number of testing moderately in FY 2013 and significantly in FY 2014. Staffing has also been affected by increased State funds, allowing the department to hire five community development assistants and two health aides. The department focuses on testing at-risk communities (e.g., youth, seniors, MSM) twice per week but would like to increase testing frequency to five times per week. The department advised that individuals having positive HIV test results are immediately connected to care. The department cautioned that the \$2 million it receives from the Ryan White grants is in question due to uncertainty over possible federal grant funding cuts. (Historical data, in some cases, is unavailable.)

Performance Measures -

| Measure Name | FY 2010 Actual | FY 2011 Actual | FY 2012 Actual | FY 2013 Estimated | FY 2014 Projected |
|---|----------------|----------------|----------------|-------------------|-------------------|
| Resources (input) | | | | | |
| Number of Prevention/STI staff | | 12 | 10 | 15 | 18 |
| Workload, Demand and Production (output) | | | | | |
| Number of HIV-related educational outreaches and awareness opportunities | | 55 | 50 | 150 | 70 |
| Efficiency | | | | | |
| Number of HIV tests per staff | | 820 | 1,002 | 780 | 833 |
| Impact (outcome) | | | | | |
| Number of HIV cases per 100,000 persons | | 56.4 | 56.9 | 57.4 | 58.5 |
| Number of HIV tests performed (Positive tests immediately result in connection to care) | 10,812 | 10,410 | 10,722 | 12,000 | 15,000 |


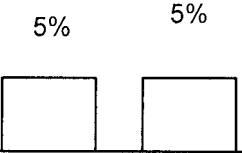
Strategies to Accomplish the Objective -

- **Strategy 3.1.1** - Target testing to high-risk and at-risk groups and venues
- **Strategy 3.1.2** - Increase the involvement of community-based organizations to enhance prevention, educational outreach and awareness of HIV testing and services

- **Strategy 3.1.3** - Increase condom distribution to all segments of the sexually active population, including youth, seniors and recently released offenders

GOAL 4 - To address obesity with the goal of preventing and controlling chronic disease in the County.

Objective 4.1 - Reduce the rate of obesity through nutrition and physical activity interventions.

| Targets | Long Term Target Compared with Performance | | | | |
|--|---|-------------------|-------------------|----------------------|----------------------|
| Short term: By FY 2014 - 5% | Long term target (FY 18): 6%  | | | | |
| Intermediate term: By FY 2016 - 6% |  | | | | |
| Long term: By FY 2018 - 6% | FY 2010 Actual | FY 2011 Actual | FY 2012 Actual | FY 2013 Estimated | FY 2014 Projected |

Trend and Analysis - In FY 2013, the department began researching a program that would target the education and prevention of obesity, as well as other chronic conditions including hypertension. FY 2014 marks the first year of implementation for the program, a Community Transformation Grant (CTG) activity, which educates diverse populations on the importance of healthy eating and active living. The department advised that providers will use the online Wellness Plan to record data on bodily health (e.g., blood pressure, cholesterol) and behavioral health (e.g., cigarette use, diet, physical activity). Furthermore, the Prescription REC (Rx REC) program will be introduced as part of the Wellness Plan that will utilize the County's outdoor trails and parks. Rx REC is a three-month program that links participants who have or are at risk for chronic disease with fitness trainers, nutrition education, health screenings and physical activity equipment. The department advised that while the educational component is already in place with two CTG staff, the Wellness Plan (including Rx REC) is targeted for implementation in early 2013. The department noted that the basis for current FY 2013 estimates and FY 2014 projections is the Health Action Plan which cites 2011 Behavioral Risk Factor Surveillance System data: 71.5% of County adults reported being overweight or obese and 21.6% reported being at a healthy weight. (Historical data, in some cases, is unavailable.)

Performance Measures -

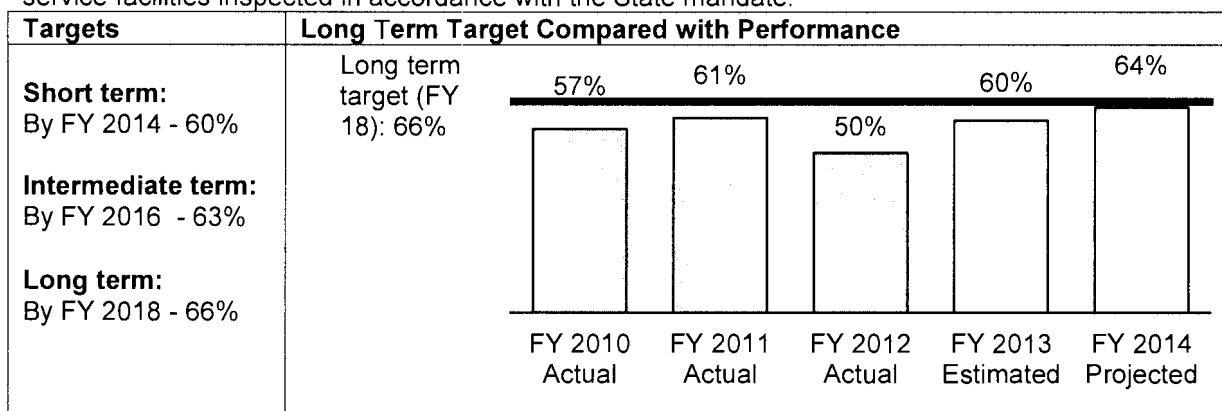
| Measure Name | FY 2010 Actual | FY 2011 Actual | FY 2012 Actual | FY 2013 Estimated | FY 2014 Projected |
|---|----------------|----------------|----------------|-------------------|-------------------|
| Resources (input) | | | | | |
| Number of health promotion/community developer staff | | | | 11 | 11 |
| Number of trained volunteers | | | | 50 | 200 |
| Workload, Demand and Production (output) | | | | | |
| Number of residents educated about healthy eating and active living | | | | 75,000 | 363,000 |
| Percentage of Whites, Blacks and Hispanic residents who report no physical activity regularly | | | | 24% | 24% |
| Efficiency | | | | | |
| Value of volunteer hours (number of volunteers @\$120 per day X 12 months) | | | | \$24,000 | \$288,000 |
| Impact (outcome) | | | | | |
| Percent of improvement over baseline in rates of obesity (those determined to be overweight) | | | | 5% | 5% |

Strategies to Accomplish the Objective

- **Strategy 4.1.1** - Promote community, school and backyard gardens in urban environment
- **Strategy 4.1.2** - Conduct community outreach and education activities; promote the creation of wellness plans for residents
- **Strategy 4.1.3** - Implement social marketing campaign to increase awareness/education on healthy living

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 - Increase the percentage of inspections conducted at high and moderate priority food service facilities inspected in accordance with the State mandate.



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. Historically, it has been a challenge to meet the State mandate while dealing with declines in the staffing complement and/or turnover in staff. However, the number of inspections made increased 27% from FY 2012 to FY 2013 estimated (2,980 to 3,778) due to the increase in the number of full-time staff that were fully trained. It was also noted that in prior fiscal years, the number of full-time inspectors included a percentage of

time from all staff e.g., specialist inspectors who only conduct inspections 50% of the time were included with the count of full-time inspectors. Past fiscal year staff reporting has been revised to remove that inclusion. The department advised that the new electronic inspection program it anticipated rolling out in FY 2013 was delayed because the Department of Permitting, Inspections and Enforcement requested a review of the selected vendor. The department further advised it should be able to roll out the program in May 2013.

Performance Measures -

| Measure Name | FY 2010 Actual | FY 2011 Actual | FY 2012 Actual | FY 2013 Estimated | FY 2014 Projected |
|---|-------------------|-------------------|-------------------|----------------------|----------------------|
| Resources (input) | | | | | |
| Number of full-time food service facility (FSF) inspectors | 8 | 11 | 11 | 11 | 11 |
| Workload, Demand and Production (output) | | | | | |
| Number of high and moderate priority FSFs that have permits | 2,233 | 2,233 | 2,350 | 2,397 | 2,466 |
| Number of high and moderate FSF inspections required by the State | 6,108 | 6,108 | 5,980 | 6,300 | 6,537 |
| Number of high and moderate priority FSFs inspected | 3,500 | 3,715 | 2,980 | 3,778 | 4,188 |
| Number of follow-up inspections of high and moderate priority FSFs | 633 | 514 | 532 | 500 | 397 |
| Efficiency | | | | | |
| Average number of high and moderate FSFs inspected per inspector | 437.5 | 337.7 | 270.9 | 343.5 | 380.7 |
| 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 | 35% | 33% | 21% | 20% | 16% |
| Percentage of State-mandated high and moderate inspections conducted | 57% | 61% | 50% | 60% | 64% |

Strategies to Accomplish the Objective -

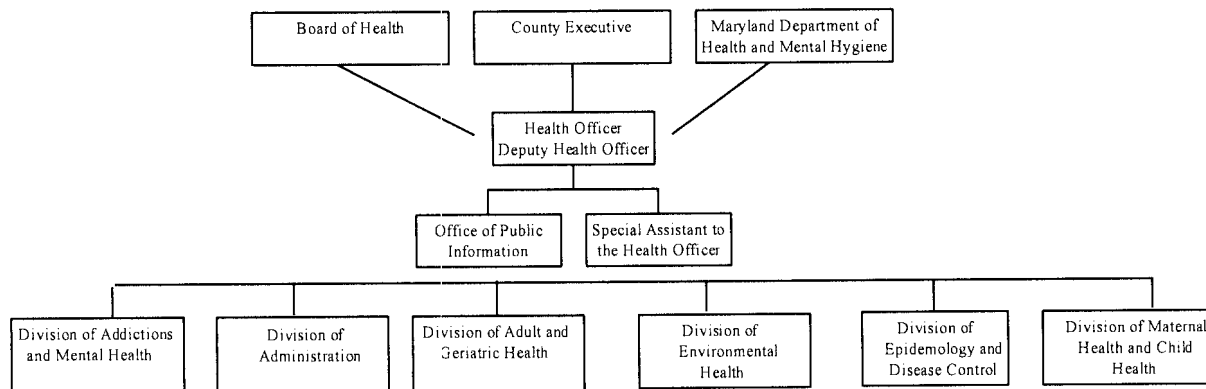
- **Strategy 5.1.1** - Reorganize staff in Environmental Health to maximize efficiency and assure that trained field sanitarians are available to monitor and inspect facilities to meet regulatory requirements
- **Strategy 5.1.2** - Initiate an electronic inspection program to enhance the efficiency of inspections, improve continuity and reduce paperwork
- **Strategy 5.1.3** - Ensure compliance through a balance of educational and enforcement methods

FY 2013 KEY ACCOMPLISHMENTS

- Electronic Health Records and Practice Management system implementation.
- Partnership with Streetwise for HIV/STI outreach and condom distribution throughout the County
- Environmental Health continues to move forward with its electronic inspection program. All field sanitarians within the division will have laptop computers and the software to conduct field inspections of food service facilities, well/septic installations and complaints.
- The Environmental Engineering program initiated a Healthy Homes program which is integrated within the Lead Poisoning Prevention Program. The Healthy Homes Program currently provides education to property owners about keeping their homes healthy, i.e., mold, lead free and proper ventilation. The program is also working with the Department of Social Services to inspect prospective homes for foster and adoptive children.

- Initiated Youth Recovery Clubhouse, a support and activity center for youth ages 12 – 17 who are enrolled in or have successfully completed substance abuse treatment.
- Completed in-depth quantitative and qualitative research in three communities toward understanding the specific nature of substance abuse problems, to assist development and implementation of community-specific behavioral prevention and intervention and treatment services.
- Partnered with Southern Maryland Hospital to look at high risk deliveries to determine root causes of increase in Neonatal Intensive Care Unit (NICU) Level III deliveries when it is only a Level II NICU.

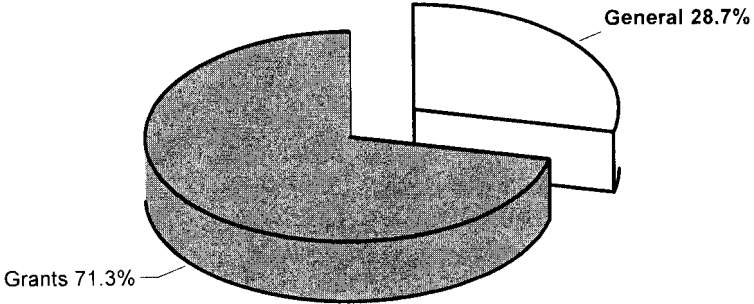
ORGANIZATIONAL CHART



| | FY2012 ACTUAL | FY2013 BUDGET | FY2013 ESTIMATED | FY2014 APPROVED | CHANGE FY13-FY14 |
|--------------------------------------|----------------------|----------------------|----------------------|----------------------|---------------------|
| TOTAL EXPENDITURES | \$ 71,372,308 | \$ 69,789,400 | \$ 77,017,100 | \$ 70,889,300 | 1.6% |
| EXPENDITURE DETAIL | | | | | |
| Administration | 6,327,159 | 6,748,200 | 6,829,800 | 5,824,000 | -13.7% |
| Maternal & Child Health | 5,596,561 | 5,332,400 | 5,301,000 | 4,689,800 | -12.1% |
| Addictions And Mental Health | 565,698 | 510,000 | 512,700 | 758,000 | 48.6% |
| Environmental Health | 4,622,452 | 4,559,500 | 4,537,800 | 3,555,200 | -22% |
| Adult & Geriatric Health | 1,285,857 | 1,044,300 | 1,222,600 | 1,192,200 | 14.2% |
| Epidemiology & Disease Control | 4,843,789 | 4,050,300 | 3,929,000 | 3,773,900 | -6.8% |
| Office Of The Health Officer | 1,662,133 | 1,987,200 | 2,207,900 | 2,743,500 | 38.1% |
| Grants | 49,053,328 | 47,618,000 | 54,536,800 | 50,572,100 | 6.2% |
| Recoveries | (2,584,669) | (2,060,500) | (2,060,500) | (2,219,400) | 7.7% |
| TOTAL | \$ 71,372,308 | \$ 69,789,400 | \$ 77,017,100 | \$ 70,889,300 | 1.6% |
| SOURCES OF FUNDS | | | | | |
| General Fund | \$ 22,318,980 | \$ 22,171,400 | \$ 22,480,300 | \$ 20,317,200 | -8.4% |
| Other County Operating Funds: | | | | | |
| Grants | 49,053,328 | 47,618,000 | 54,536,800 | 50,572,100 | 6.2% |
| TOTAL | \$ 71,372,308 | \$ 69,789,400 | \$ 77,017,100 | \$ 70,889,300 | 1.6% |

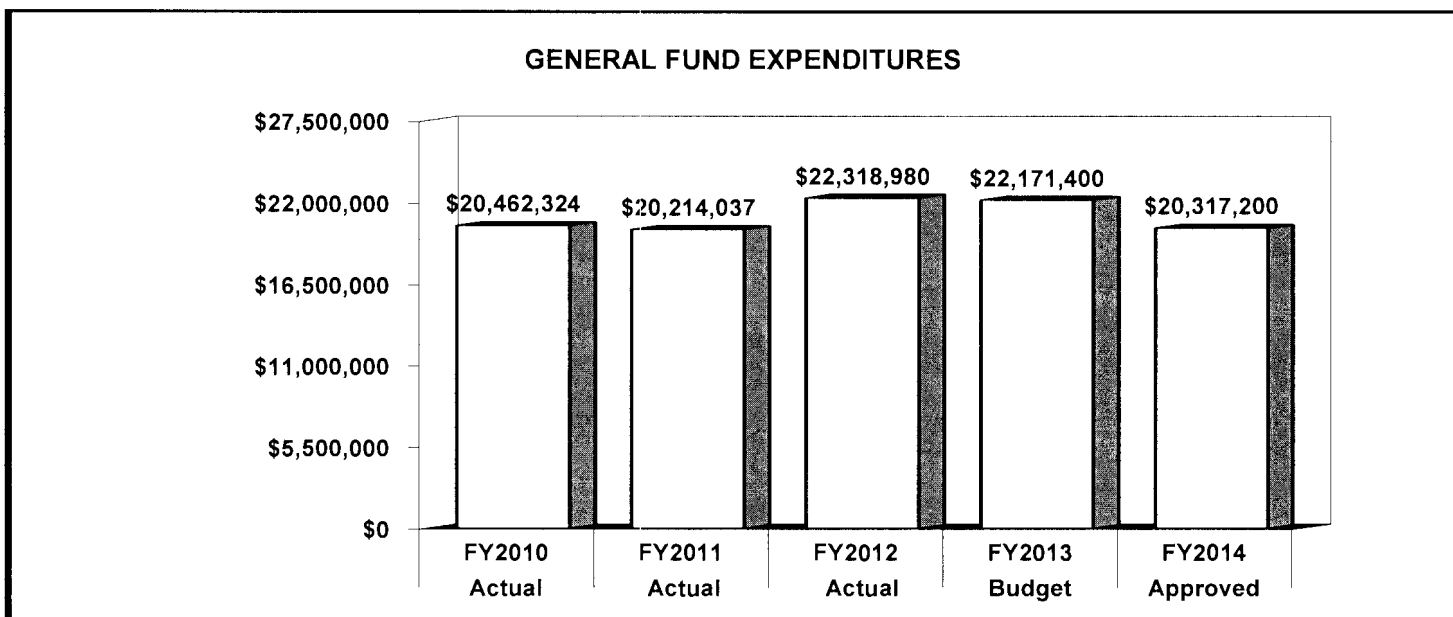
FY2014 SOURCES OF FUNDS

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.

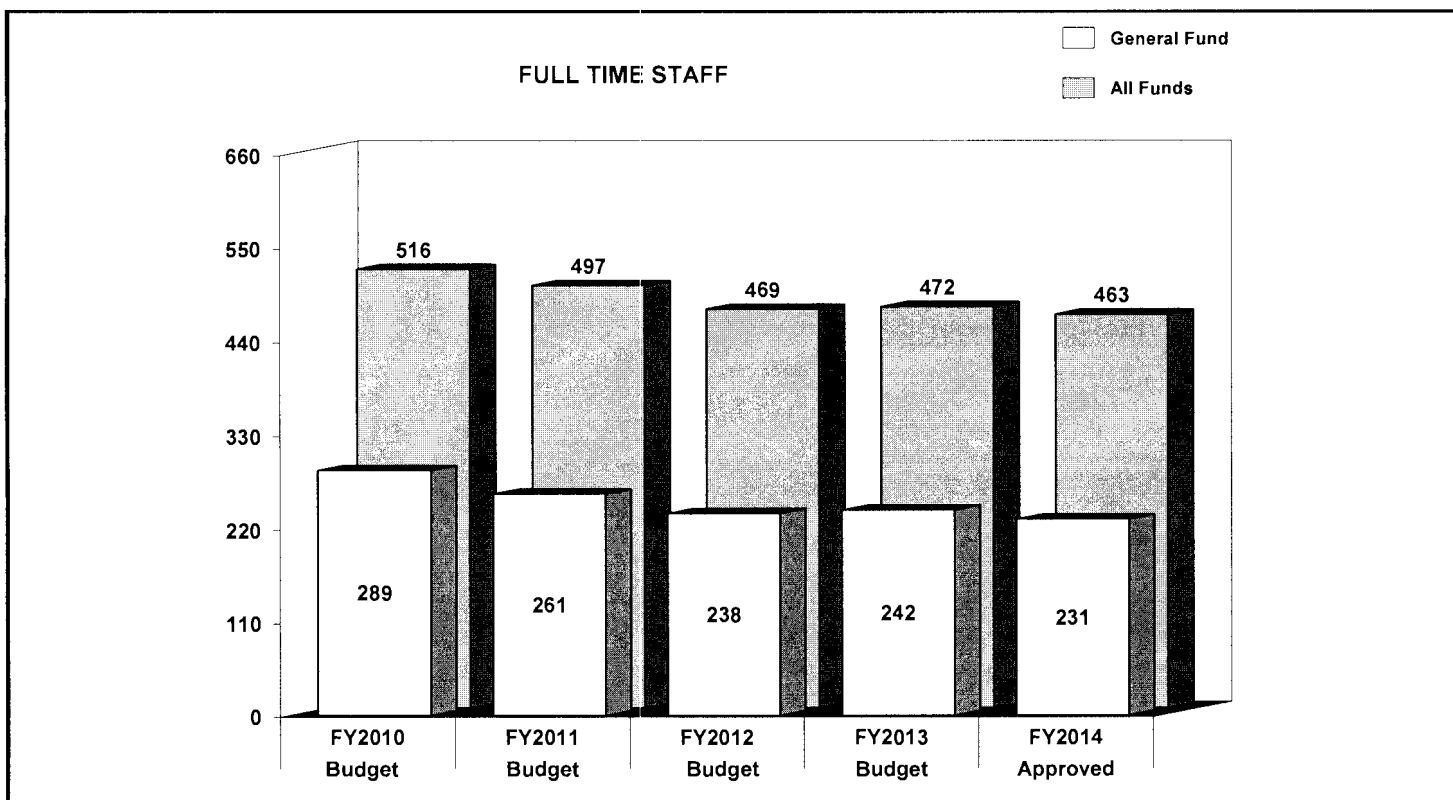


| | FY2012 BUDGET | FY2013 BUDGET | FY2014 APPROVED | CHANGE FY13-FY14 |
|---------------------------|------------------|------------------|--------------------|---------------------|
| GENERAL FUND STAFF | | | | |
| Full Time - Civilian | 238 | 242 | 231 | (11) |
| Full Time - Sworn | 0 | 0 | 0 | 0 |
| Part Time | 4 | 4 | 4 | 0 |
| Limited Term | 0 | 0 | 3 | 3 |
| OTHER STAFF | | | | |
| Full Time - Civilian | 231 | 230 | 232 | 2 |
| Full Time - Sworn | 0 | 0 | 0 | 0 |
| Part Time | 7 | 5 | 7 | 2 |
| Limited Term Grant Funded | 132 | 128 | 164 | 36 |
| TOTAL | | | | |
| Full Time - Civilian | 469 | 472 | 463 | (9) |
| Full Time - Sworn | 0 | 0 | 0 | 0 |
| Part Time | 11 | 9 | 11 | 2 |
| Limited Term | 132 | 128 | 167 | 39 |

| POSITIONS BY CATEGORY | FULL TIME | PART TIME | LIMITED TERM |
|--|--------------|--------------|-----------------|
| Program Chiefs | 20 | 0 | 0 |
| Licensed Practical Nurses | 7 | 0 | 0 |
| Disease Control Specialists | 16 | 0 | 2 |
| Environmental Sanitarians | 34 | 0 | 0 |
| Counselors | 48 | 2 | 27 |
| Social Workers | 8 | 0 | 6 |
| Nutritionists | 1 | 1 | 4 |
| Laboratory Scientists/Dental Asst./X-Ray Technicians | 4 | 0 | 0 |
| Data Processing, Information Systems | 2 | 0 | 1 |
| Psychologist | 1 | 0 | 0 |
| Accounting/Budget Staff | 34 | 0 | 4 |
| Community Developer | 32 | 4 | 36 |
| Community Development Asst/Aides | 45 | 0 | 42 |
| Permit Specialists | 1 | 0 | 0 |
| Citizen Services Specialists | 3 | 0 | 0 |
| Clinical Support (Health Aides, Psych Nurse, Driver) | 10 | 0 | 5 |
| Physician Assistants | 2 | 0 | 1 |
| Physicians/Dentist (State) | 6 | 0 | 0 |
| Security Personnel | 7 | 0 | 0 |
| Directors/Managers | 15 | 0 | 0 |
| Community Health Nurses | 66 | 4 | 13 |
| Other Staff | 101 | 0 | 26 |
| TOTAL | 463 | 11 | 167 |



The agency's expenditures increased 9.1% from FY 2010 to FY 2012. This increase is primarily driven by the operating expenses and a reduction in recoveries. The FY 2014 approved budget is 8.4% less than FY 2013 approved budget primarily due to staff transferred to the newly established DPE.



The agency's General Fund staffing complement decreased by 47 positions from FY 2010 to FY 2013. This decrease is the result of moving staff from the General Fund to various grants and creating contract positions within the grants. The FY 2014 staffing totals includes 11 less General Fund positions than in the FY 2013 budget.

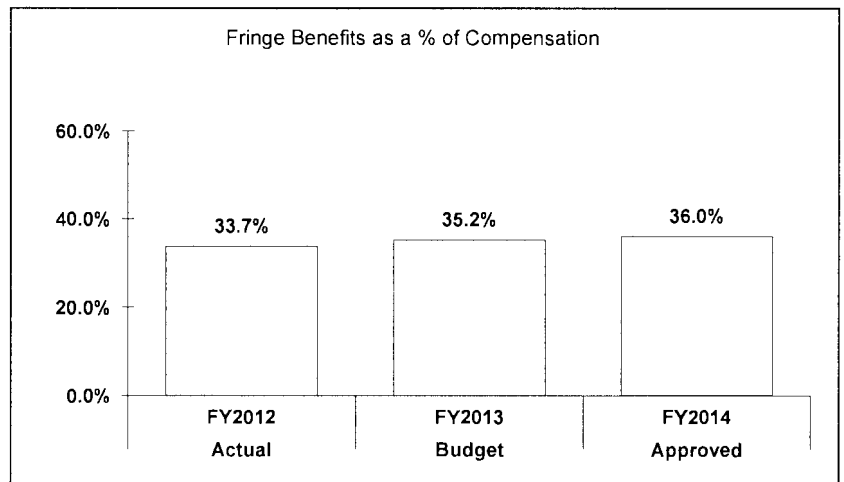
| | FY2012 ACTUAL | FY2013 BUDGET | FY2013 ESTIMATED | FY2014 APPROVED | CHANGE FY13-FY14 |
|----------------------------|----------------------|----------------------|----------------------|----------------------|---------------------|
| EXPENDITURE SUMMARY | | | | | |
| Compensation | \$ 13,338,810 | \$ 13,575,600 | \$ 14,033,400 | \$ 12,789,100 | -5.8% |
| Fringe Benefits | 4,492,801 | 4,773,700 | 5,052,000 | 4,597,900 | -3.7% |
| Operating Expenses | 7,025,876 | 5,882,600 | 5,455,400 | 5,149,600 | -12.5% |
| Capital Outlay | 46,162 | 0 | 0 | 0 | 0% |
| | \$ 24,903,649 | \$ 24,231,900 | \$ 24,540,800 | \$ 22,536,600 | -7% |
| Recoveries | (2,584,669) | (2,060,500) | (2,060,500) | (2,219,400) | 7.7% |
| TOTAL | \$ 22,318,980 | \$ 22,171,400 | \$ 22,480,300 | \$ 20,317,200 | -8.4% |
| STAFF | | | | | |
| Full Time - Civilian | - | 242 | - | 231 | -4.5% |
| Full Time - Sworn | - | 0 | - | 0 | 0% |
| Part Time | - | 4 | - | 4 | 0% |
| Limited Term | - | 0 | - | 3 | 100% |

In FY 2014, compensation expenditures decrease 5.8% under the FY 2013 budget due to programmatic adjustments such as a transfer of functions to the newly established Department of Permitting, Inspections, and Enforcement (DPIE) and shifting certain positions to grants programs. Compensation costs include funding for 231 full-time and four part-time positions along with the lapsing of lower priority vacant positions. Fringe benefit expenditures decrease under the FY 2013 budget based on compensation changes.

Operating expenditures decrease 12.5% under the FY 2013 budget due to the reduction in contracts for infection control services.

Recoveries increase 7.7% over the FY 2013 budget due to the anticipated indirect sources from various grants and operational costs at School-Based Wellness Centers.

| MAJOR OPERATING EXPENDITURES FY2014 | |
|--|--------------|
| Office Automation | \$ 1,161,500 |
| General and Administrative | \$ 1,071,600 |
| Contracts | |
| Operational Contracts | \$ 523,800 |
| Utilities | \$ 495,000 |
| Office and Building Rental/Lease | \$ 432,500 |



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 2014, compensation expenditures decrease 23.1% under the FY 2013 budget primarily due to reallocating funded positions to other divisions. Fringe benefit expenditures decrease 1.6% under the FY 2013 budget due to the compensation changes.

Operating expenditures decrease 7.9% under the FY 2013 budget due to a decrease in office automation. Operating expenses reflect funding for utilities, telephone charges, building maintenance and general contracts.

Recoveries increase by 11.3% over the FY 2013 budget based on anticipated indirect sources from various grants and operational costs at School-Based Wellness Centers.

| | FY2012 ACTUAL | FY2013 BUDGET | FY2013 ESTIMATED | FY2014 APPROVED | CHANGE FY13-FY14 |
|----------------------------|---------------------|---------------------|---------------------|---------------------|---------------------|
| EXPENDITURE SUMMARY | | | | | |
| Compensation | \$ 2,656,369 | \$ 2,968,300 | \$ 3,048,600 | \$ 2,282,900 | -23.1% |
| Fringe Benefits | 1,039,728 | 933,700 | 921,300 | 918,700 | -1.6% |
| Operating Expenses | 2,631,062 | 2,846,200 | 2,859,900 | 2,622,400 | -7.9% |
| Capital Outlay | 0 | 0 | 0 | 0 | 0% |
| Sub-Total | \$ 6,327,159 | \$ 6,748,200 | \$ 6,829,800 | \$ 5,824,000 | -13.7% |
| Recoveries | (1,926,875) | (1,407,400) | (1,407,400) | (1,566,300) | 11.3% |
| TOTAL | \$ 4,400,284 | \$ 5,340,800 | \$ 5,422,400 | \$ 4,257,700 | -20.3% |
| STAFF | | | | | |
| Full Time - Civilian | - | 58 | - | 59 | 1.7% |
| Full Time - Sworn | - | 0 | - | 0 | 0% |
| Part Time | - | 0 | - | 0 | 0% |
| 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 2014, compensation expenditures decrease 14.4% under the FY 2013 budget primarily due to a reallocation of the Adam's House program to the Addictions and Mental Health Division. Fringe benefit expenditures decrease 10.3% under the FY 2013 budget due to the decrease in compensation.

Operating expenditures decrease 4.5% under the FY 2013 budget primarily due to a reduction in contractual services including medical testing and utilities.

| | FY2012 ACTUAL | FY2013 BUDGET | FY2013 ESTIMATED | FY2014 APPROVED | CHANGE FY13-FY14 |
|----------------------------|---------------------|---------------------|---------------------|---------------------|---------------------|
| EXPENDITURE SUMMARY | | | | | |
| Compensation | \$ 3,365,467 | \$ 3,388,000 | \$ 3,313,600 | \$ 2,901,400 | -14.4% |
| Fringe Benefits | 1,180,171 | 1,173,300 | 1,216,300 | 1,051,900 | -10.3% |
| Operating Expenses | 1,050,923 | 771,100 | 771,100 | 736,500 | -4.5% |
| Capital Outlay | 0 | 0 | 0 | 0 | 0% |
| Sub-Total | \$ 5,596,561 | \$ 5,332,400 | \$ 5,301,000 | \$ 4,689,800 | -12.1% |
| Recoveries | (385,219) | (380,600) | (380,600) | (380,600) | 0% |
| TOTAL | \$ 5,211,342 | \$ 4,951,800 | \$ 4,920,400 | \$ 4,309,200 | -13% |
| STAFF | | | | | |
| Full Time - Civilian | - | 66 | - | 63 | -4.5% |
| 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 2014, compensation expenditures increase 229.3% over the FY 2013 budget due to the transfer of the Adam's House program (three positions) from the Division of Maternal and Child Health to this division and the transfer of one position to a grant program. Fringe benefit expenditures increase 152.2% over the FY 2013 budget due to the change in compensation.

Operating expenditures increase 2.6% over the FY 2013 budget due to the transfer of Adam's House to this division.

| | FY2012 ACTUAL | FY2013 BUDGET | FY2013 ESTIMATED | FY2014 APPROVED | CHANGE FY13-FY14 |
|----------------------------|-------------------|-------------------|---------------------|--------------------|---------------------|
| EXPENDITURE SUMMARY | | | | | |
| Compensation | \$ 119,729 | \$ 82,300 | \$ 87,200 | \$ 271,000 | 229.3% |
| Fringe Benefits | 25,199 | 32,200 | 30,000 | 81,200 | 152.2% |
| Operating Expenses | 396,288 | 395,500 | 395,500 | 405,800 | 2.6% |
| Capital Outlay | 24,482 | 0 | 0 | 0 | 0% |
| Sub-Total | \$ 565,698 | \$ 510,000 | \$ 512,700 | \$ 758,000 | 48.6% |
| Recoveries | (75) | 0 | 0 | 0 | 0% |
| TOTAL | \$ 565,623 | \$ 510,000 | \$ 512,700 | \$ 758,000 | 48.6% |
| STAFF | | | | | |
| Full Time - Civilian | - | 3 | - | 5 | 66.7% |
| 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 2014, compensation expenditures decrease 20.9% under the FY 2013 budget due to the transfer of nine positions to the newly established DPIE and program position reductions. Fringe benefit expenditures decrease 24.2% under the FY 2013 budget due to the change in compensation.

Operating expenditures decrease 30.6% under the FY 2013 budget due to transfer of operating resources to DPIE.

| | FY2012 ACTUAL | FY2013 BUDGET | FY2013 ESTIMATED | FY2014 APPROVED | CHANGE FY13-FY14 |
|----------------------------|--------------------------|--------------------------|-----------------------------|----------------------------|-----------------------------|
| EXPENDITURE SUMMARY | | | | | |
| Compensation | \$ 3,368,077 | \$ 3,227,500 | \$ 3,228,200 | \$ 2,554,000 | -20.9% |
| Fringe Benefits | 1,079,304 | 1,204,600 | 1,181,400 | 912,800 | -24.2% |
| Operating Expenses | 175,071 | 127,400 | 128,200 | 88,400 | -30.6% |
| Capital Outlay | 0 | 0 | 0 | 0 | 0% |
| Sub-Total | \$ 4,622,452 | \$ 4,559,500 | \$ 4,537,800 | \$ 3,555,200 | -22% |
| Recoveries | (185,500) | (185,500) | (185,500) | (185,500) | 0% |
| TOTAL | \$ 4,436,952 | \$ 4,374,000 | \$ 4,352,300 | \$ 3,369,700 | -23% |
| STAFF | | | | | |
| Full Time - Civilian | - | 54 | - | 45 | -16.7% |
| 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 2014, compensation expenditures increase 16.1% over the FY 2013 budget due to salary requirements within the division. Fringe benefit expenditures increase 7.0% over the FY 2013 budget due to the change in compensation.

Operating expenditures increase 17.2% over the FY 2013 budget due to an increase in contract expenses for case monitoring.

| | FY2012 ACTUAL | FY2013 BUDGET | FY2013 ESTIMATED | FY2014 APPROVED | CHANGE FY13-FY14 |
|----------------------------|---------------------|---------------------|---------------------|---------------------|---------------------|
| EXPENDITURE SUMMARY | | | | | |
| Compensation | \$ 527,284 | \$ 626,300 | \$ 683,800 | \$ 727,300 | 16.1% |
| Fringe Benefits | 179,827 | 244,700 | 267,500 | 261,800 | 7% |
| Operating Expenses | 561,512 | 173,300 | 271,300 | 203,100 | 17.2% |
| Capital Outlay | 17,234 | 0 | 0 | 0 | 0% |
| Sub-Total | \$ 1,285,857 | \$ 1,044,300 | \$ 1,222,600 | \$ 1,192,200 | 14.2% |
| Recoveries | 0 | 0 | 0 | 0 | 0% |
| TOTAL | \$ 1,285,857 | \$ 1,044,300 | \$ 1,222,600 | \$ 1,192,200 | 14.2% |
| STAFF | | | | | |
| Full Time - Civilian | - | 12 | - | 12 | 0% |
| Full Time - Sworn | - | 0 | - | 0 | 0% |
| Part Time | - | 4 | - | 4 | 0% |
| 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 2014, compensation expenditures decrease 1.0% under the FY 2013 budget primarily due to a transfer of a split-funded position to grants. Fringe benefit expenditures decrease 2.3% under the FY 2013 budget due to the change in compensation.

Operating expenditures decrease 29.7% under the FY 2013 budget due to a decrease in the Countywide Infection Control services contract.

| | FY2012 ACTUAL | FY2013 BUDGET | FY2013 ESTIMATED | FY2014 APPROVED | CHANGE FY13-FY14 |
|----------------------------|---------------------|---------------------|---------------------|---------------------|---------------------|
| EXPENDITURE SUMMARY | | | | | |
| Compensation | \$ 2,489,640 | \$ 2,392,700 | \$ 2,487,500 | \$ 2,369,000 | -1% |
| Fringe Benefits | 800,062 | 874,200 | 900,400 | 853,900 | -2.3% |
| Operating Expenses | 1,549,641 | 783,400 | 541,100 | 551,000 | -29.7% |
| Capital Outlay | 4,446 | 0 | 0 | 0 | 0% |
| Sub-Total | \$ 4,843,789 | \$ 4,050,300 | \$ 3,929,000 | \$ 3,773,900 | -6.8% |
| Recoveries | 0 | 0 | 0 | 0 | 0% |
| TOTAL | \$ 4,843,789 | \$ 4,050,300 | \$ 3,929,000 | \$ 3,773,900 | -6.8% |
| STAFF | | | | | |
| Full Time - Civilian | - | 38 | - | 37 | -2.6% |
| 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. This office also directs and coordinates the public and private health response to health emergencies.

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 2014, compensation expenditures increase 89.1% over FY 2013 budget primarily due to the realignment of State and County salaries between divisions in addition to the creation of three limited term general fund community health workers to support TNI. Fringe benefit expenditures increase 66.4% over the FY 2013 budget due to the compensation changes.

Operating expenditures decrease 31.0% under the FY 2013 budget primarily due to the elimination of the one-time earmark for contracted services in TNI areas. Operating expenses also supports maintenance for the electronic health records system that was implemented in FY 2013 and supports the Health Enterprise Zone program.

| | FY2012 ACTUAL | FY2013 BUDGET | FY2013 ESTIMATED | FY2014 APPROVED | CHANGE FY13-FY14 |
|----------------------------|---------------------|---------------------|---------------------|---------------------|---------------------|
| EXPENDITURE SUMMARY | | | | | |
| Compensation | \$ 812,244 | \$ 890,500 | \$ 1,184,500 | \$ 1,683,500 | 89.1% |
| Fringe Benefits | 188,510 | 311,000 | 535,100 | 517,600 | 66.4% |
| Operating Expenses | 661,379 | 785,700 | 488,300 | 542,400 | -31% |
| Capital Outlay | 0 | 0 | 0 | 0 | 0% |
| Sub-Total | \$ 1,662,133 | \$ 1,987,200 | \$ 2,207,900 | \$ 2,743,500 | 38.1% |
| Recoveries | (87,000) | (87,000) | (87,000) | (87,000) | 0% |
| TOTAL | \$ 1,575,133 | \$ 1,900,200 | \$ 2,120,900 | \$ 2,656,500 | 39.8% |
| STAFF | | | | | |
| Full Time - Civilian | - | 11 | - | 10 | -9.1% |
| Full Time - Sworn | - | 0 | - | 0 | 0% |
| Part Time | - | 0 | - | 0 | 0% |
| Limited Term | - | 0 | - | 3 | 100% |

| | FY 2012 ACTUAL | FY 2013 BUDGET | FY 2013 ESTIMATED | FY 2014 APPROVED | CHANGE FY13-FY14 |
|----------------------------|----------------------|----------------------|----------------------|----------------------|---------------------|
| EXPENDITURE SUMMARY | | | | | |
| Compensation | \$ 18,359,040 | \$ 19,420,400 | \$ 21,294,200 | \$ 20,797,700 | 7.1% |
| Fringe Benefits | 5,363,150 | 6,746,700 | 5,763,100 | 6,199,500 | -8.1% |
| Operating Expenses | 25,721,538 | 21,841,300 | 27,869,900 | 23,965,300 | 9.7% |
| Capital Outlay | - | - | - | - | 0.0% |
| TOTAL | \$ 49,443,728 | \$ 48,008,400 | \$ 54,927,200 | \$ 50,962,500 | 6.2% |

In FY 2014, the approved grant budget is \$50,962,500, an increase of 6.2% over the FY 2013 approved budget. The increase in grants is primarily due to new funding for the following programs: Recovery Housing for Women, Health Enterprise Zone, and Maryland Million Hearts. Increased funding is also anticipated for the Infants and Toddlers Part B and Drug and Alcohol Prevention programs.

| STAFF SUMMARY BY DIVISION & GRANT PROGRAM | FY 2013 | | | FY 2014 | | |
|--|-----------|----------|-----------|-----------|----------|-----------|
| | FT | PT | LTGF | FT | PT | LTGF |
| Addictions and Mental Health | | | | | | |
| Addictions Treatment Block Grant | 67 | 3 | 41 | 67 | 2 | 44 |
| Drug and Alcohol Prevention | 2 | 0 | 0 | 1 | 0 | 0 |
| Federal Treatment Grant | 0 | 0 | 0 | 0 | 0 | 3 |
| Oasis Youth Program | 2 | 0 | 0 | 2 | 0 | 0 |
| Operation Safe Kids (OSK) | 0 | 0 | 0 | 0 | 0 | 5 |
| Project Safety Net | 5 | 0 | 6 | 6 | 1 | 8 |
| Tobacco Implementation Grant | 0 | 0 | 0 | 1 | 0 | 0 |
| Sub-Total | 76 | 3 | 47 | 77 | 3 | 60 |
| Adult and Geriatric Health | | | | | | |
| Cancer Diagnosis and Treatment | 1 | 0 | 0 | 2 | 0 | 0 |
| Cancer Outreach | 2 | 0 | 0 | 1 | 0 | 0 |
| CDC Breast and Cervical Cancer | 1 | 0 | 0 | 2 | 0 | 0 |
| Colorectal Cancer | 5 | 0 | 1 | 5 | 1 | 0 |
| Community Transformation Grant | 0 | 0 | 0 | 0 | 0 | 9 |
| Geriatric Evaluation and Review Services (STEPS/AERS) | 5 | 0 | 1 | 5 | 0 | 1 |
| Maryland Million Hearts | 0 | 0 | 0 | 0 | 0 | 4 |
| Medical Assistance Transportation | 13 | 0 | 9 | 15 | 0 | 10 |
| Senior Care | 0 | 0 | 3 | 0 | 0 | 5 |
| Susan G. Komen Foundation Grant | 0 | 0 | 1 | 0 | 0 | 0 |
| Sub-Total | 27 | 0 | 15 | 30 | 1 | 29 |
| Environmental Health | | | | | | |
| Cities Readiness Initiatives (CRI) | 1 | 0 | 0 | 1 | 0 | 0 |
| Public Health Emergency Preparedness | 4 | 0 | 0 | 4 | 0 | 0 |
| Sub-Total | 5 | 0 | 0 | 5 | 0 | 0 |
| Epidemiology and Disease Control | | | | | | |
| Case Manager | 2 | 0 | 0 | 1 | 0 | 0 |
| Expanded HIV Testing | 3 | 0 | 2 | 3 | 0 | 1 |
| Hepatitis B Prevention | 1 | 0 | 0 | 1 | 1 | 0 |
| HIV Partner Services | 2 | 0 | 0 | 2 | 0 | 3 |
| HIV Prevention Services | 3 | 1 | 0 | 3 | 1 | 6 |
| Ryan White Part A | 0 | 0 | 0 | 8 | 0 | 3 |
| Ryan White Part B | 12 | 0 | 4 | 15 | 0 | 7 |
| Ryan White Subgrant | 9 | 0 | 6 | 1 | 0 | 0 |
| STD Caseworker | 3 | 0 | 1 | 3 | 0 | 1 |
| TB Control | 2 | 0 | 1 | 2 | 0 | 1 |
| TB Refugee | 1 | 0 | 2 | 1 | 0 | 2 |
| Sub-Total | 38 | 1 | 16 | 40 | 2 | 24 |

| STAFF SUMMARY BY DIVISION & GRANT PROGRAM | FY 2013 | | | FY 2014 | | |
|--|------------|----------|------------|------------|----------|------------|
| | FT | PT | LTGF | FT | PT | LTGF |
| Maternal and Child Health | | | | | | |
| Administrative Care Coordination (HealthLine) | 12 | 0 | 1 | 12 | 0 | 0 |
| Babies Born Healthy | 0 | 0 | 2 | 0 | 0 | 3 |
| Crenshaw Perinatal | 1 | 0 | 0 | 1 | 0 | 0 |
| Dental Sealant | 0 | 0 | 0 | 0 | 0 | 1 |
| Healthy Teens and Young Adult | 7 | 0 | 0 | 5 | 0 | 0 |
| High Risk Infant | 1 | 0 | 0 | 1 | 0 | 0 |
| HIV Prevention Integration | 2 | 1 | 0 | 0 | 0 | 0 |
| Immunization Action Grant | 2 | 0 | 1 | 2 | 0 | 1 |
| Improved Pregnancy Outcome | 1 | 0 | 0 | 1 | 0 | 0 |
| Infant and Toddler - MA Reimbursement | 1 | 0 | 2 | 1 | 0 | 2 |
| Infant and Toddler Part C and County | 4 | 0 | 4 | 5 | 0 | 3 |
| Infant and Toddler - State | 4 | 0 | 0 | 3 | 0 | 0 |
| Lead Paint Poisoning Outreach | 1 | 0 | 0 | 1 | 0 | 0 |
| MCHIP Eligibility Determination - PWC | 17 | 0 | 16 | 16 | 0 | 17 |
| Minority Infant Mortality Reduction | 0 | 0 | 2 | 0 | 0 | 0 |
| Operation Safe Kids | 0 | 0 | 4 | 0 | 0 | 0 |
| Oral Health Clinical Care | 0 | 0 | 0 | 0 | 0 | 1 |
| Reproductive Health | 7 | 0 | 1 | 8 | 1 | 0 |
| The PLAN | 0 | 0 | 2 | 0 | 0 | 0 |
| Women, Infants & Children (WIC) | 20 | 0 | 8 | 21 | 0 | 8 |
| WIC Breast Feeding Peer Counseling | 1 | 0 | 4 | 0 | 0 | 4 |
| Sub-Total | 81 | 1 | 47 | 77 | 1 | 40 |
| Office of the Health Officer | | | | | | |
| Health Enterprise Zones | 0 | 0 | 0 | 0 | 0 | 8 |
| Ryan White | 3 | 0 | 3 | 3 | 0 | 3 |
| Sub-Total | 3 | 0 | 3 | 3 | 0 | 11 |
| TOTAL | 230 | 5 | 128 | 232 | 7 | 164 |

In FY 2014, funding is anticipated for 232 full-time, seven part-time and 164 limited term grant funded positions. The staffing increase of 40 positions is mainly due to new contract staff and new programs anticipated in FY 2014.

| GRANTS BY DIVISION | FY 2012 ACTUAL | FY 2013 BUDGET | FY 2013 ESTIMATED | FY 2014 APPROVED | \$ CHANGE FY13 - FY14 | % CHANGE FY13 - FY14 |
|--|----------------------|----------------------|----------------------|----------------------|--------------------------|-------------------------|
| <u>Division of Addictions and Mental Health</u> | | | | | | |
| Addictions and Pregnancy | \$ 42,922 | \$ - | \$ - | \$ - | \$ - | 0.0% |
| Addictions Cigarette Restitution/Expansion Grant | 86,071 | - | - | - | - | 0.0% |
| Addictions Treatment Block Grant | 10,215,078 | 10,713,900 | 10,756,100 | 10,756,800 | 42,900 | 0.4% |
| Drug and Alcohol Prevention | - | 386,600 | 489,100 | 489,200 | 102,600 | 26.5% |
| Drug Court Treatment | 4,476 | - | - | - | - | 0.0% |
| Federal Fund Treatment Grant | 1,418,437 | 1,273,300 | 1,388,600 | 1,388,600 | 115,300 | 9.1% |
| HIDTA Grant | 174,756 | 156,200 | 156,200 | 156,200 | - | 0.0% |
| Integration of Sexual Health in Recovery | - | - | 48,000 | 48,000 | 48,000 | 100.0% |
| Maryland Strategic Prevention Framework | 10,703 | 67,000 | 69,500 | 69,500 | 2,500 | 3.7% |
| OASIS Youth Program | 265,057 | 112,300 | 112,300 | 112,300 | - | 0.0% |
| Operations Safe Kids - (transferred to MCH) | - | - | - | 350,000 | 350,000 | 100.0% |
| Partnership for Living Among Neighbors-PLAN (trans to MCH) | 62,952 | - | - | - | - | 0.0% |
| Project Safety Net | 1,481,429 | 1,464,600 | 1,464,600 | 1,464,600 | - | 0.0% |
| Recovery Housing for Women | - | - | 426,200 | 426,200 | 426,200 | 100.0% |
| Region II Prevention | 501,132 | - | - | - | - | 0.0% |
| Senate Bill 512 - House Bill 7 | 4,863 | - | - | - | - | 0.0% |
| State and Community Injury Prevention | 5,041 | 4,900 | - | - | (4,900) | -100.0% |
| Substance Abuse Treatment Outcomes | 33,616 | - | - | - | - | 0.0% |
| Temporary Cash Assistance | 32,462 | - | - | - | - | 0.0% |
| Tobacco Implementation Project | 198,972 | 210,200 | 200,100 | 200,100 | (10,100) | -4.8% |
| Sub-Total | \$ 14,537,967 | \$ 14,389,000 | \$ 15,110,700 | \$ 15,461,500 | \$ 1,072,500 | 7.5% |
| <u>Division of Adult and Geriatric Health</u> | | | | | | |
| Cancer Diagnosis and Treatment | \$ 54,860 | \$ 228,400 | \$ 228,300 | \$ 228,300 | \$ (100) | 0.0% |
| Cancer Outreach Diagnosis and Case Management | 177,716 | 171,900 | 171,900 | 171,900 | - | 0.0% |
| Cancer Surveillance Control Clinical Services | 567,221 | - | - | - | - | - |
| CDC Breast and Cervical Cancer | 239,665 | 228,000 | 224,600 | 224,600 | (3,400) | -1.5% |
| Colorectal Cancer Prevention Education and Screening | 191,647 | 819,600 | 809,200 | 809,200 | (10,400) | -1.3% |
| Community Transformation Grant | - | - | 2,639,400 | - | - | 0.0% |
| General Medical Assistance Transportation | 4,873,098 | 4,687,400 | 4,687,400 | 4,741,400 | 54,000 | 1.2% |
| Geriatric Evaluation and Review Services (STEPS/AERS) | 535,846 | 615,100 | 611,900 | 663,200 | 48,100 | 7.8% |
| Maryland Million Hearts | - | - | 195,000 | 195,000 | 195,000 | 100.0% |
| Senior Care | 586,771 | 603,600 | 802,600 | - | (603,600) | -100.0% |
| Susan G. Komen Foundation | 106,871 | 100,000 | - | - | (100,000) | -100.0% |
| Sub-Total | \$ 7,333,695 | \$ 7,454,000 | \$ 10,370,300 | \$ 7,033,600 | \$ (420,400) | -5.6% |
| <u>Division of Environmental Health</u> | | | | | | |
| ARRA School Age Influenza Campaign | \$ 18,668 | \$ - | \$ - | \$ - | \$ - | 0.0% |
| Bay Restoration (Septic) Fund | - | 164,100 | 164,000 | 164,000 | (100) | 0.0% |
| Cities Readiness Initiatives (CRI) | 177,490 | 137,000 | 168,500 | 168,500 | 31,500 | 23.0% |
| FDA Voluntary Retail Food Regular Program | - | - | 2,500 | 2,500 | 2,500 | 100.0% |
| Medical Reserve Corps Outreach | 7,888 | 5,000 | - | 5,000 | - | 0.0% |
| PHEP - Main (10 Month) | 487,734 | 348,300 | 555,900 | 613,900 | 265,600 | 76.3% |
| PHEP - Main (5 Weeks) | 66,012 | 61,800 | - | - | (61,800) | -100.0% |
| Sub-Total | \$ 757,792 | \$ 716,200 | \$ 890,900 | \$ 953,900 | \$ 237,700 | 33.2% |
| <u>Division of Epidemiology and Disease Control</u> | | | | | | |
| AIDS Case Management | \$ 152,183 | \$ 170,100 | \$ 93,100 | \$ 93,100 | \$ (77,000) | -45.3% |
| Community Level Prevention | 563,476 | - | - | - | - | - |
| Expanded HIV Testing | 409,365 | 449,300 | 336,500 | 336,500 | (112,800) | -25.1% |
| Hepatitis B Prevention | 70,691 | 67,500 | 67,500 | 67,500 | - | 0.0% |
| HIV Partner Services | 136,169 | 179,100 | 329,100 | 329,100 | 150,000 | 83.8% |
| HIV Prevention Services | - | 572,500 | 898,100 | 826,100 | 253,600 | 44.3% |
| Ryan White Title I/PART A & MAI | - | 2,411,600 | 2,445,600 | 2,445,600 | 34,000 | 1.4% |
| Ryan White Subgrant | 2,453,994 | - | - | - | - | 0.0% |
| Ryan White Title I/Part B | 1,814,257 | 1,722,000 | 1,942,400 | 1,942,400 | 220,400 | 12.8% |
| Ryan White Minority Aids | 6,510 | - | - | - | - | 0.0% |
| STD Caseworker | 322,747 | 284,500 | 333,200 | 325,500 | 41,000 | 14.4% |
| TB Control Cooperative Agreement | 244,409 | 215,200 | 267,300 | 267,300 | 52,100 | 24.2% |
| TB Refugee | 337,879 | 361,100 | 281,100 | 281,100 | (80,000) | -22.2% |
| Sub-Total | \$ 6,516,680 | \$ 6,432,900 | \$ 6,993,900 | \$ 6,914,200 | \$ 481,300 | 7.5% |

HEALTH DEPARTMENT - 70

GRANTS

| GRANTS BY DIVISION | FY 2012 ACTUAL | FY 2013 BUDGET | FY 2013 ESTIMATED | FY 2014 APPROVED | \$ CHANGE FY13 - FY14 | % CHANGE FY13 - FY14 |
|---|----------------------|----------------------|----------------------|----------------------|--------------------------|-------------------------|
| <u>Division of Maternal and Child Health</u> | | | | | | |
| Abstinence Education | \$ - | \$ - | \$ 200,000 | \$ 200,000 | \$ 200,000 | 100.0% |
| Adam's Housing - Winning Fathers | 4,814 | - | - | - | - | 0.0% |
| Administrative Care Coordination Grant - Ombudsman | 1,143,328 | 1,081,000 | 1,081,000 | 1,081,000 | - | 0.0% |
| Babies Born Healthy | 111,128 | 127,400 | 127,400 | 127,400 | - | 0.0% |
| Care for Kids Administration | 16,047 | - | - | - | - | 0.0% |
| Crenshaw Pennatal | 77,947 | 78,600 | 78,600 | 78,600 | - | 0.0% |
| Dental Sealant D Driver Van | 20,789 | - | 230,000 | 180,000 | 180,000 | 100.0% |
| Family Planning Supplies | 52,045 | 58,000 | 58,000 | 58,000 | - | 0.0% |
| Healthy Teens/Young Adults | 566,710 | 549,500 | 549,500 | 549,500 | - | 0.0% |
| High Risk Infant | 102,611 | 117,700 | 117,600 | 117,600 | (100) | -0.1% |
| HIV Prevention Integration | 136,676 | 180,000 | 180,000 | - | (180,000) | -100.0% |
| Home Visiting | - | - | 90,800 | - | - | 0.0% |
| Immunization Action Grant | 255,964 | 204,900 | 259,300 | 204,900 | - | 0.0% |
| Improved Pregnancy Outcome (IPO) | 150,056 | 152,200 | 152,200 | 152,200 | - | 0.0% |
| Improving Dental Access | 6,995 | - | - | - | - | 0.0% |
| Infants and Toddlers ARRA | 1,098,779 | - | - | - | - | 0.0% |
| Infants and Toddlers Program (Carryover) | - | 120,000 | - | - | (120,000) | -100.0% |
| Infants and Toddlers Case Management | 159 | - | - | - | - | 0.0% |
| Infants and Toddlers Part B | 166,224 | 118,200 | 266,800 | 266,800 | 148,600 | 125.7% |
| 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) | 778,508 | 685,700 | 882,600 | 708,600 | 22,900 | 3.3% |
| Infants and Toddlers - MA Reimbursements | 582,142 | 567,500 | 567,500 | 617,500 | 50,000 | 8.8% |
| Infants and Toddlers - State | 1,332,955 | 1,148,600 | 1,187,000 | 1,148,600 | - | 0.0% |
| Infants and Toddlers CLIG Lead Agency | 55,547 | - | - | - | - | 0.0% |
| Kaiser Care for Kids Administration | 40,831 | - | - | - | - | 0.0% |
| Lead Paint Poisoning Outreach | 70,223 | 57,400 | 57,300 | 57,300 | (100) | -0.2% |
| MCHP Eligibility Determination - PWC | 1,774,703 | 2,018,000 | 2,017,900 | 2,017,900 | (100) | 0.0% |
| Minority Infant Mortality Reduction | 113,352 | 135,000 | 135,000 | - | (135,000) | -100.0% |
| Operation Safe Kids | 298,787 | 350,000 | 350,000 | - | (350,000) | -100.0% |
| Oral Health Clinical Care | 54,379 | 50,000 | 50,000 | 50,000 | - | 0.0% |
| Perinatal Partnership | 3,219 | - | - | - | - | 0.0% |
| Personal Responsibility Education | - | - | 100,000 | 100,000 | 100,000 | 100.0% |
| Reproductive Health | 591,102 | 578,700 | 611,800 | 608,700 | 30,000 | 5.2% |
| Women, Infants & Children (WIC) | 2,504,876 | 2,400,000 | 2,436,500 | 2,400,000 | - | 0.0% |
| WIC Breast Feeding Peer Counseling | 225,423 | 217,700 | 176,500 | 176,600 | (41,100) | -18.9% |
| WIC Renovations | (24,034) | - | - | - | - | 0.0% |
| Sub-Total | \$ 12,321,285 | \$ 11,005,100 | \$ 11,972,300 | \$ 10,910,200 | \$ (94,900) | -0.9% |
| <u>Office of the Health Officer</u> | | | | | | |
| Coalition for Healthy Lifestyles | \$ 1,317 | \$ - | \$ - | \$ - | - | 0.0% |
| Health Enterprise Zone | - | - | 1,500,000 | 1,500,000 | 1,500,000 | 100.0% |
| Kaiser Place Matters | 95,927 | - | - | - | - | 0.0% |
| Local Health Improvement Planning | - | - | - | 100,000 | 100,000 | 100.0% |
| Maryland Community Health Resource Commission | 51,226 | - | - | - | - | 0.0% |
| Maryland Hospital Association | 39,962 | - | - | - | - | 0.0% |
| Maryland Regional Gang Initiative | 1,515 | - | - | - | - | 0.0% |
| Ryan White HIV/AIDS Treatment Modernization Act - Part A & Minority AIDS Initiative | \$ 7,392,962 | \$ 7,620,800 | \$ 7,698,700 | \$ 7,698,700 | \$ 77,900 | 1.0% |
| Sub-Total | \$ 7,582,909 | \$ 7,620,800 | \$ 9,198,700 | \$ 9,298,700 | \$ 1,677,900 | 22.0% |
| HD Total Grants - Outside Sources | \$ 49,053,328 | \$ 47,618,000 | \$ 54,536,800 | \$ 50,572,100 | \$ 2,954,100 | 6.2% |
| Total Transfer from General Fund - (County Contribution/Cash Match) | \$ 390,400 | \$ 390,400 | \$ 390,400 | \$ 390,400 | \$ - | 0.0% |
| Total Grant Expenditures | \$ 49,443,728 | \$ 48,008,400 | \$ 54,927,200 | \$ 50,962,500 | \$ 2,954,100 | 6.2% |

DIVISION OF ADDICTIONS AND MENTAL HEALTH -- \$15,461,500

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 program enhances and coordinates drug control efforts among local, State and federal law enforcement agencies. The Maryland Strategic Prevention Framework funding supports the prevention of and reduction in the progression of substance use disorders, including childhood and underage drinking; reduces substance related problems; and builds prevention capacity and infrastructure at the State, local and community levels.

DIVISION OF ADULT AND GERIATRIC HEALTH -- \$7,033,600

Grant funding is used for screening services for breast, cervical and colorectal cancers, as well as case management and follow-up. 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 ENVIRONMENTAL HEALTH -- \$953,900

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; establishes dispensing sites and shelters; and implement 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.

DIVISION OF EPIDEMIOLOGY AND DISEASE CONTROL -- \$6,914,200

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 -- \$10,910,200

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 serves 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.

OFFICE OF THE HEALTH OFFICER -- \$9,298,700

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 awarding 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 \$7.7 million. The Health Enterprise Zone grant will provide funding to expand and recruit primary care resources and providers. The goal is to establish five Patient Centered Medical Homes to serve a minimum of 10,000 residents.