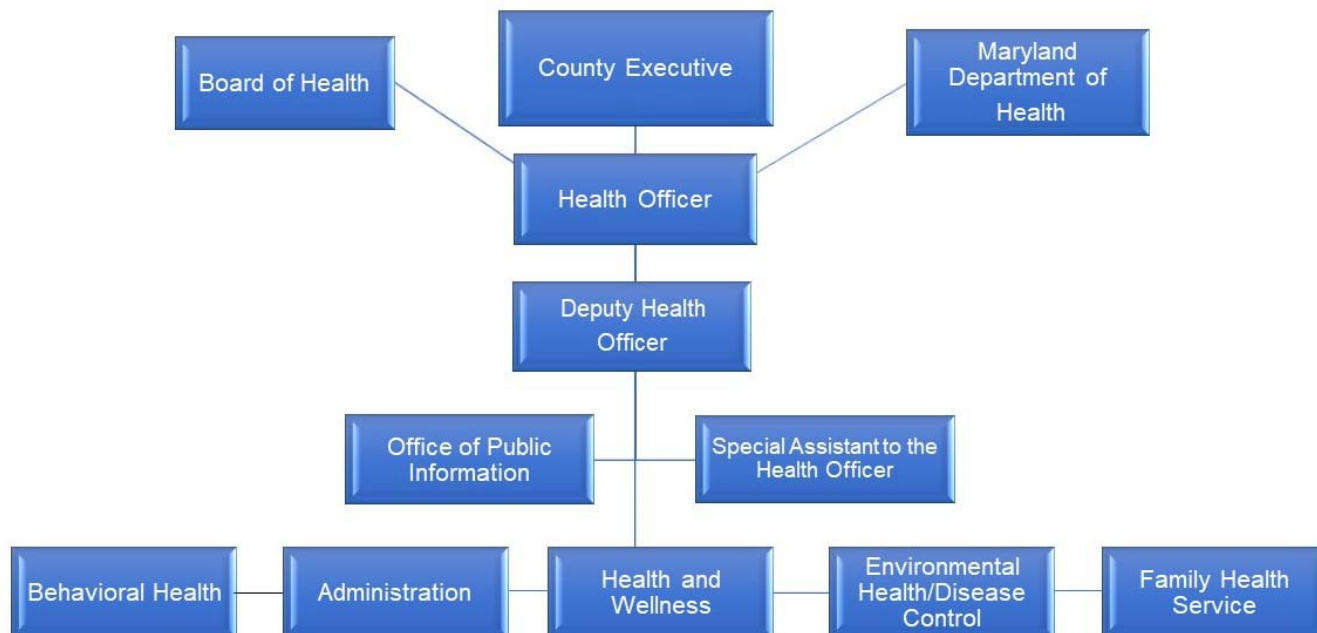


Health Department



MISSION AND SERVICES

The Health Department (PGCHD) 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

- Maternal and child health services, family planning and sexually transmitted infection treatment and testing
- Assuring access to behavioral health services, resources and education and preventing Opioid Use Disorder
- Chronic disease and health promotion interventions
- Assuring access to resources addressing health and social needs including care coordination services
- Communicable disease investigation, outbreak prevention and emergency preparedness activities
- Environmental health promotion and protection

FY 2025 KEY ACCOMPLISHMENTS

- Began development of a new strategic plan that will chart the Department’s strategic direction for the next six years.
- Completed construction and launched the Dyer Care Center at 9314 Piscataway Rd in Clinton, MD, the first behavioral health Crisis Stabilization Center in the County.
- Established new collaborations, partnerships and service venues, creating additional access points and entryways into the HIV care system for underserved populations.

- Convened 14 community based outreach collaboration meetings, providing a vital platform for sharing insights, evaluating progress and strategizing solutions to ongoing challenges in FY 2025.

STRATEGIC FOCUS AND INITIATIVES FOR FY 2026

The department's top priorities in FY 2026 are:

- Improve performance and work culture by fostering collaboration, improving execution and empowering leaders at all levels of the Department.
- Implement the Department's strategic plan that is currently being developed.
- Support the workforce, information technology and administrative needs through revised departmental policies and procedures and working closely with County administrative agencies to refine business practices that impact grant funded operations.
- Support and expand behavioral health services including increasing awareness of the 988 suicide-prevention hotline and supporting youth behavioral health.
- Integrate electronic applications to streamline permitting, licensing and the inspections of facilities through the Momentum system and integrating other cloud-based systems for communicable disease reporting.

FY 2026 BUDGET SUMMARY

The FY 2026 proposed budget for the Health Department is \$106,674,300, an increase of \$14,628,200 or 15.9% over the FY 2025 approved budget.

Expenditures by Fund Type

Fund Types	FY 2024 Actual		FY 2025 Budget		FY 2025 Estimate		FY 2026 Proposed	
	Amount	% Total	Amount	% Total	Amount	% Total	Amount	% Total
General Fund	\$34,824,476	42.6%	\$32,369,300	35.2%	\$44,317,800	46.8%	\$34,164,400	32.0%
Grant Funds	46,981,111	57.4%	59,676,800	64.8%	50,440,000	53.2%	60,420,500	56.6%
Special Revenue Funds	—	0.0%	—	0.0%	—	0.0%	12,089,400	11.3%
Total	\$81,805,587	100.0%	\$92,046,100	100.0%	\$94,757,800	100.0%	\$106,674,300	100.0%

GENERAL FUND

The FY 2026 proposed General Fund budget for the Health Department is \$34,164,400, an increase of \$1,795,100 or 5.5% over the FY 2025 approved budget.

Reconciliation from Prior Year

	Expenditures
FY 2025 Approved Budget	\$32,369,300
Increase Cost: Operating — Funding is provided for the Health Assures program to support underinsured residents	\$1,000,000
Increase Cost: Technology Cost Allocation — Increase in OIT charges based on anticipated countywide costs for technology	434,000
Increase Cost: Compensation - Mandated Salary Requirements — Net increase in the annualization of FY 2025 and planned FY 2026 salary adjustments as well as an increase in budgeted salary attrition offset by an increase in unfunded vacancies and salary lapse	402,600

Reconciliation from Prior Year *(continued)*

	Expenditures
Increase Cost: Operating — Increase in operating contract services to support nurse monitoring and assessment evaluation review services, language interpretation and snow removal services	361,500
Increase Cost: Compensation — Increase in State special payment positions	333,600
Increase Cost: Operating — Increase in building repairs and maintenance, telephones and interagency legal fees	328,000
Add: Compensation - New Positions — Funding is provided for two new positions including a Budget Management Analyst 3A that will serve as a program liaison providing financial guidance and a Systems Analyst 3G to support the electronic medical records system; offset by a transfer of one Community Health Nurse position to the grants program	224,600
Increase Cost: Fringe Benefits — Increase in the fringe benefit expenses to align with projected costs; the fringe benefit rate decreases from 34.6% to 34.2%	105,000
Increase Cost: Operating — Increase in membership fees, operating equipment maintenance, vehicle maintenance, gas and oil costs	36,400
Increase Cost: Recoveries — Decrease in recoveries from grant programs	800
Decrease Cost: Operating — Net decrease in monetary and custodial services, team building, personnel background checks, waste management and the methadone clinic general and administrative contracts offset by increased funding for consulting, marketing and laboratory services	(133,500)
Decrease Cost: Operating — Decrease in community messaging and advertising, training and travel non-training costs	(134,700)
Decrease Cost: Operating — Decrease in telephone, utilities, postage, printing and county match for the Assistance in Community Integration Services (ACIS) grant program	(206,500)
Decrease Cost: Operating — Decrease in mileage reimbursements, general office supplies, operating equipment non-capital, equipment leases and other automation costs	(241,700)
Decrease Cost: Operating — Decrease in office and building leases due to relocating to the Health and Human Services Building	(300,700)
Decrease Cost: Compensation — Decrease in full time positions partially funded by grant programs, overtime costs and county match for the ACIS grant	(414,300)
FY 2026 Proposed Budget	\$34,164,400

GRANT FUNDS

The FY 2026 proposed grant budget for the Health Department is \$60,420,500, an increase of \$743,700 or 1.2% over the FY 2025 approved budget. Major sources of funds in the FY 2026 proposed budget include:

- AIDS Case Management
- General Fund Services
- Maternal and Child Health Expansion
- General Medical Assistance Transportation

Reconciliation from Prior Year

	Expenditures
FY 2025 Approved Budget	\$59,676,800
Enhance: Existing Program/Service — Dental Sealant D Driver Van, HIV Prevention Services, Oral Disease and Injury Prevention, Personal Responsibility Education, Women, Infants and Children, WIC Breastfeeding Peer Counseling, Opioid Operation Command Center Block, System of Care, Tobacco School Based, Transition Age Youth and Young Adults Program, Administrative Care Coordination Grant-Expansion, Adult Evaluation and Review Services, Assistance in Community Integration Services, Diabetes, Heart Disease and Stroke, Maryland Children's Health Program Eligibility Determination, 988 State and Territory Cooperative Agreement BH003SCA, Federal Block Grant American Rescue Plan Act Mental Health Services, General Fund Mental Services Grant, PATH Program, Public Health Emergency Preparedness and Public Health Workforce Supplemental Funding	\$7,163,800
Add: New Grant — Integrated Maternal and Maternal and Child Health Expansion, Behavioral Health Workforce Education and Training Program, Emergency Risk Protection Order, Opioid-Impacted Family Support Program, Early Learning Center Enhancing Epidemiology and Laboratory Capacity for COVID-19 Through Community-Based Strategies, COVID-19 Public Health Workforce Supplemental Funding	6,851,100
Shift: Divisional Transfer of program — Hepatitis B Prevention, Federal Fund Adult Treatment Grant, Recovery Support Pregnant/Postpartum Women and Women with Children Enhancements	(100)
Eliminate: Program/Service — Opioid Overdose Prevention & Education Competitive	(264,700)
Remove: Prior Year Appropriation — Ending the HIV Epidemic in Sexual Transmitted Disease (STD) Clinics, Scale Up of HIV Prevention Services in Sexual Health Clinics, Strengthening Local Health Infrastructure, 988 State and Territory Cooperative Agreement BH016STS, 988 State and Territory Cooperative Agreement BH002STC, Community Health Integration Service System Program, Infants and Toddlers, Local Health Department Health Disparities and Urban Area Security Initiative (UASI) Public Health Emergency Response	(6,267,000)
Reduce: Existing Program/Service — AIDS Case Management, Ending the Epidemic Health Resources and Services Administration (HRSA), Immunization Action Grant, Implement Ending the Epidemic, Reproductive Health, STD Caseworker, Syringe Services, TB Control Cooperative Agreement, Tobacco Administration, Tobacco Cessation, Tobacco Control Community, Childhood Lead Poisoning Prevention, General Medical Assistance Transportation, Continuum of Care, Federal Fund Block Mental Health and State Opioid Response III Detention	(6,739,400)
FY 2026 Proposed Budget	\$60,420,500

SPECIAL REVENUE FUNDS**Opioid Local Abatement Special Revenue Fund**

The FY 2026 proposed Opioid Local Abatement Special Revenue Fund budget for the Health Department is \$12,089,400, an increase of \$12,089,400 or 100.0% over the FY 2025 approved budget.

Reconciliation from Prior Year

	Expenditures
FY 2025 Approved Budget	\$—
Add: Operating — Increase in restitution payments	\$8,000,000
Shift: Transfer from Grants — Transfer from grant fund to special revenue fund	4,089,400
FY 2026 Proposed Budget	\$12,089,400

STAFF AND BUDGET RESOURCES

Authorized Positions	FY 2024 Budget	FY 2025 Budget	FY 2026 Proposed	Change FY25-FY26
General Fund				
Full Time - Civilian	232	233	234	1
Full Time - Sworn	0	0	0	0
Subtotal - FT	232	233	234	1
Part Time	1	1	1	0
Limited Term	0	0	0	0

Grant Program Funds				
Full Time - Civilian	251	251	253	2
Full Time - Sworn	0	0	0	0
Subtotal - FT	251	251	253	2
Part Time	3	3	3	0
Limited Term	94	95	93	(2)

TOTAL				
Full Time - Civilian	483	483	487	4
Full Time - Sworn	0	0	0	0
Subtotal - FT	483	484	487	3
Part Time	4	4	4	0
Limited Term	94	95	93	(2)

Positions By Classification	FY 2026		
	Full Time	Part Time	Limited Term
Account Clerk	6	0	2
Accountant	8	0	2
Administrative Aide	36	0	2
Administrative Assistant	12	0	3
Administrative Specialist	11	0	0
Associate Director	5	0	0
Auditor	2	0	1
Budget Assistant	1	0	0
Budget Management Analyst	16	0	0
Building Engineer	1	0	0
Building Security Officer	4	0	0
Citizen Services Specialist	1	0	0
Communications Specialist	0	0	1
Community Developer	66	1	18
Community Development Aide	2	0	0
Community Development Assistant	57	1	10
Community Health Nurse	57	1	7
Community Services Manager	1	0	0
Compliance Specialist	2	0	2
Counselor	31	0	17

Positions By Classification	FY 2026		
	Full Time	Part Time	Limited Term
Data Coordinator	0	0	1
Data Entry Operator	1	0	0
Dental Hygienist	0	0	1
Dentist	1	0	0
Deputy Director	2	0	0
Disease Control Specialist	29	0	5
Environmental Health Specialist	35	0	0
Equipment Operator	0	0	0
Facilities Manager	1	0	0
Facilities Superintendent	2	0	0
General Clerk	14	0	3
Graphic Artist	1	0	1
Health Aide	9	0	1
Health Officer	1	0	0
Human Resource Analyst	8	0	1
Human Resource Manager	1	0	0
Information Technology Engineer	1	0	0
Information Technology Project Coordinator	2	0	0
Licensed Practical Nurse	3	1	3
Mail Services Operator	2	0	0
Maintenance Services Attendant	1	0	0
Nurse Practitioner	6	0	3
Nutritionist	1	0	1
Permits Specialist	1	0	0
Physician Assistant	1	0	0
Physician Clinical Specialist	1	0	0
Physician Program Manager	1	0	0
Physician Supervisor	1	0	0
Planner	6	0	1
Police Officer Supervisor	1	0	0
Procurement Officer	2	0	1
Programmer-Systems Analyst	5	0	0
Property Standards Inspector	1	0	0
Provider Health Literacy Lead	0	0	1
Public Health Lab Scientist	2	0	0
Public Health Program Chief	11	0	0
Public Information Officer	1	0	0
Public Safety Aide	3	0	0
Radiology Technician	1	0	0
Service Aide	0	0	1
Social Worker	7	0	4
Supervisory Clerk	1	0	0
Supply Property Clerk	1	0	0
TOTAL	487	4	93

Expenditures by Category - General Fund

Category	FY 2024 Actual	FY 2025 Budget	FY 2025 Estimate	FY 2026 Proposed	Change FY25-FY26	
					Amount (\$)	Percent (%)
Compensation	\$13,892,011	\$20,469,000	\$20,516,500	\$21,015,500	\$546,500	2.7%
Fringe Benefits	6,771,782	7,082,300	6,709,900	7,187,300	105,000	1.5%
Operating	11,825,627	7,654,800	18,197,400	8,797,600	1,142,800	14.9%
Capital Outlay	4,244,658	—	1,150,000	—	—	
SubTotal	\$36,734,078	\$35,206,100	\$46,573,800	\$37,000,400	\$1,794,300	5.1%
Recoveries	(1,909,602)	(2,836,800)	(2,256,000)	(2,836,000)	800	0.0%
Total	\$34,824,476	\$32,369,300	\$44,317,800	\$34,164,400	\$1,795,100	5.5%

In FY 2026, compensation expenditures increase 2.7% over the FY 2025 budget due to funding two new positions (Budget Management Analyst 3A and Systems Analyst 5A), countywide salary adjustments, the annualization of FY 2025 salary adjustments, anticipated salary attrition partially offset by an increase in unfunded vacancies, salary lapse and one Community Health Nurse realigned to grant programs. Compensation costs include funding for 234 full time positions and one part time position. Fringe benefit expenditures increase 1.5% over the FY 2025 budget to align with projected costs.

Operating expenses increase 14.9% over the FY 2025 budget primarily due to support underinsured residents, nurse monitoring and assessment evaluation review services and snow removal services. Funding increases for office automation costs, telephones and interagency legal fees, building and vehicle maintenance.

Recoveries increase 0.03% over the FY 2025 budget to support recoverable compensation, fringe benefits and operating expenditures from various grants.

The FY 2024 actuals reflect a transfer from the general fund to the American Rescue Plan Act grant.

Expenditures by Division - General Fund

Category	FY 2024 Actual	FY 2025 Budget	FY 2025 Estimate	FY 2026 Proposed	Change FY25-FY26	
					Amount (\$)	Percent (%)
Administration	\$6,904,105	\$2,862,900	\$7,852,900	\$1,494,800	\$(1,368,100)	-47.8%
Family Health Services	6,739,646	6,906,000	11,729,300	8,053,200	1,147,200	16.6%
Behavioral Health	3,137,404	2,846,500	3,128,800	1,960,200	(886,300)	-31.1%
Environmental Health - Disease Control	5,875,106	6,010,600	5,226,900	5,836,300	(174,300)	-2.9%
Health and Wellness	2,368,686	2,262,600	3,348,300	2,768,600	506,000	22.4%
Office of the Health Officer	9,799,529	11,480,700	13,031,600	14,051,300	2,570,600	22.4%
Total	\$34,824,476	\$32,369,300	\$44,317,800	\$34,164,400	\$1,795,100	5.5%

General Fund - Division Summary

Category	FY 2024 Actual	FY 2025 Budget	FY 2025 Estimate	FY 2026 Proposed	Change FY25-FY26	
					Amount (\$)	Percent (%)
Administration						
Compensation	\$2,942,955	\$2,766,500	\$4,420,500	\$2,819,400	\$52,900	1.9%
Fringe Benefits	1,180,387	957,500	1,445,500	964,300	6,800	0.7%
Operating	4,676,723	1,975,700	3,092,900	547,100	(1,428,600)	-72.3%
Capital Outlay	—	—	1,150,000	—	—	
SubTotal	\$8,800,065	\$5,699,700	\$10,108,900	\$4,330,800	\$(1,368,900)	-24.0%
Recoveries	(1,895,960)	(2,836,800)	(2,256,000)	(2,836,000)	800	0.0%
Total Administration	\$6,904,105	\$2,862,900	\$7,852,900	\$1,494,800	\$(1,368,100)	-47.8%
Family Health Services						
Compensation	\$4,523,700	\$4,815,600	\$5,095,000	\$5,030,000	\$214,400	4.5%
Fringe Benefits	1,587,895	1,666,200	1,666,100	1,720,300	54,100	3.2%
Operating	628,051	424,200	4,968,200	1,302,900	878,700	207.1%
Capital Outlay	—	—	—	—	—	
SubTotal	\$6,739,646	\$6,906,000	\$11,729,300	\$8,053,200	\$1,147,200	16.6%
Recoveries	—	—	—	—	—	
Total Family Health Services	\$6,739,646	\$6,906,000	\$11,729,300	\$8,053,200	\$1,147,200	16.6%
Behavioral Health						
Compensation	\$2,094,009	\$1,834,900	\$1,862,100	\$1,201,300	\$(633,600)	-34.5%
Fringe Benefits	667,402	634,900	608,900	410,800	(224,100)	-35.3%
Operating	389,635	376,700	657,800	348,100	(28,600)	-7.6%
Capital Outlay	—	—	—	—	—	
SubTotal	\$3,151,046	\$2,846,500	\$3,128,800	\$1,960,200	\$(886,300)	-31.1%
Recoveries	(13,642)	—	—	—	—	
Total Behavioral Health	\$3,137,404	\$2,846,500	\$3,128,800	\$1,960,200	\$(886,300)	-31.1%
Environmental Health - Disease Control						
Compensation	\$4,373,958	\$4,428,000	\$3,861,700	\$4,297,800	\$(130,200)	-2.9%
Fringe Benefits	1,459,168	1,531,900	1,262,800	1,469,800	(62,100)	-4.1%
Operating	41,980	50,700	102,400	68,700	18,000	35.5%
Capital Outlay	—	—	—	—	—	
SubTotal	\$5,875,106	\$6,010,600	\$5,226,900	\$5,836,300	\$(174,300)	-2.9%
Recoveries	—	—	—	—	—	
Total Environmental Health - Disease Control	\$5,875,106	\$6,010,600	\$5,226,900	\$5,836,300	\$(174,300)	-2.9%

General Fund - Division Summary (continued)

Category	FY 2024 Actual	FY 2025 Budget	FY 2025 Estimate	FY 2026 Proposed	Change FY25-FY26	
					Amount (\$)	Percent (%)
Health and Wellness						
Compensation	\$1,605,503	\$1,665,200	\$1,441,100	\$1,824,200	\$159,000	9.5%
Fringe Benefits	627,394	576,200	471,200	623,900	47,700	8.3%
Operating	135,789	21,200	1,436,000	320,500	299,300	1,411.8%
Capital Outlay	—	—	—	—	—	
SubTotal	\$2,368,686	\$2,262,600	\$3,348,300	\$2,768,600	\$506,000	22.4%
Recoveries	—	—	—	—	—	
Total Health and Wellness	\$2,368,686	\$2,262,600	\$3,348,300	\$2,768,600	\$506,000	22.4%
Office of the Health Officer						
Compensation	\$(1,648,114)	\$4,958,800	\$3,836,100	\$5,842,800	\$884,000	17.8%
Fringe Benefits	1,249,536	1,715,600	1,255,400	1,998,200	282,600	16.5%
Operating	5,953,449	4,806,300	7,940,100	6,210,300	1,404,000	29.2%
Capital Outlay	4,244,658	—	—	—	—	
SubTotal	\$9,799,529	\$11,480,700	\$13,031,600	\$14,051,300	\$2,570,600	22.4%
Recoveries	—	—	—	—	—	
Total Office of the Health Officer	\$9,799,529	\$11,480,700	\$13,031,600	\$14,051,300	\$2,570,600	22.4%
Total	\$34,824,476	\$32,369,300	\$44,317,800	\$34,164,400	\$1,795,100	5.5%

DIVISION OVERVIEW

Administration

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

Fiscal Summary

In FY 2026, the division expenditures decrease -\$1,368,100 or -47.8% under the FY 2025 budget. Staffing resources increase by one position from the FY 2025 budget. The primary budget changes include:

- An increase in personnel costs due to one new Budget Management Analyst to provide financial analysis and reporting for assigned divisions,

Countywide salary adjustments and budgeted attrition. Funding is partially offset by reduced overtime and State special payments.

- An increase in fringe benefits costs to align with projected expenses.
- A decrease in operating costs primarily due to reduced funding for general administrative contracts and training which is partially offset by an increase in telephones and interagency legal fees.

	FY 2025 Budget	FY 2026 Proposed	Change FY25-FY26	
			Amount (\$)	Percent (%)
Total Budget	\$2,862,900	\$1,494,800	\$1,368,100	-47.8%
STAFFING				
Full Time - Civilian	33	34	1	3.0%
Full Time - Sworn	0	0	0	0.0%
Subtotal - FT	33	34	1	3.0%
Part Time	0	0	0	0.0%
Limited Term	0	0	0	0.0%

Family Health Services

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

Fiscal Summary

In FY 2026, the division expenditures increase \$1,147,200 or 16.6% over the FY 2025 budget. Staffing resources increase by one position from the FY 2025 budget. The primary budget change includes:

- An increase in personnel costs due to two Community Health Nurse positions transferred from the Behavioral Health Services Division, Countywide salary adjustments and budgeted attrition. Funding

is partially offset by reduced overtime, State special payments, partially funded grant positions and one Community Health Nurse transferred to grant programs.

- Fringe benefits costs align with projected expenses.
- An increase in operating costs supporting contracts for underinsured residents partially offset by a decrease in training, general and administrative contracts, general office supplies and building repair and maintenance.

	FY 2025 Budget	FY 2026 Proposed	Change FY25-FY26	
			Amount (\$)	Percent (%)
Total Budget	\$6,906,000	\$8,053,200	\$1,147,200	16.6%
STAFFING				
Full Time - Civilian	56	57	1	1.8%
Full Time - Sworn	0	0	0	0.0%
Subtotal - FT	56	57	1	1.8%
Part Time	0	0	0	0.0%
Limited Term	0	0	0	0.0%

Behavioral Health

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

Fiscal Summary

In FY 2026, the division expenditures decrease -\$886,300 or -31.1% under the FY 2025 budget. Staffing resources decrease by four from the FY 2025 budget. The primary budget changes include:

- A decrease in personnel costs due to changes in the staffing complement. Funding is partially offset by

Countywide salary adjustments, budgeted attrition, partially funded grant positions, projected healthcare and pension costs.

- A decrease in operating expenses for office supplies, equipment lease costs, mileage, general and administrative contacts and operating contracts.
- Funding is provided to support publications and marketing.

	FY 2025 Budget	FY 2026 Proposed	Change FY25-FY26	
			Amount (\$)	Percent (%)
Total Budget	\$2,846,500	\$1,960,200	\$(886,300)	-31.1%
STAFFING				
Full Time - Civilian	20	16	(4)	-20.0%
Full Time - Sworn	0	0	0	0.0%
Subtotal - FT	20	16	(4)	-20.0%
Part Time	0	0	0	0.0%
Limited Term	0	0	0	0.0%

Environmental Health - Disease Control

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

The Food Protection Program performs inspections of all food service facilities and provides the environmental response to all food borne outbreak investigations. The Permits and Plan Review Program evaluates and approves plans for new or remodeled food service, 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 as well as approves new subdivisions utilizing private or shared systems.

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

Fiscal Summary

In FY 2026, the division expenditures decrease -\$174,300 or -2.9% under the FY 2025 budget. Staffing resources remain unchanged from the FY 2025 budget. The primary budget changes include:

- A decrease in personnel costs for overtime, State special payments and salary lapse. Funding is offset by Countywide salary adjustments, attrition and partially funded grant positions.
- A decrease in fringe benefits to align with anticipated requirements.
- A decrease in operating costs for mileage and equipment leases partially offset by an increase in general office supplies, office equipment non-capital and language interpretation services contracts.

	FY 2025 Budget	FY 2026 Proposed	Change FY25-FY26	
			Amount (\$)	Percent (%)
Total Budget	\$6,010,600	\$5,836,300	\$(174,300)	-2.9%
STAFFING				
Full Time - Civilian	55	55	0	0.0%
Full Time - Sworn	0	0	0	0.0%
Subtotal - FT	55	55	0	0.0%
Part Time	0	0	0	0.0%
Limited Term	0	0	0	0.0%

Health and Wellness

The Health and Wellness Division is responsible for chronic disease and access to care programs. Programs identify services available to assist the elderly and chronically ill, which allow them to remain in the community in the least restrictive environment while functioning at the highest possible level of independence. For eligible clients, medical assistance grants provide in-home services and transportation.

Fiscal Summary

In FY 2026, the division expenditures increase \$506,000 or 22.4% over the FY 2025 budget. Staffing resources increase by one from the FY 2025 budget. The primary budget change includes:

- An increase in personnel costs for Countywide salary adjustments, State special payments, budgeted attrition and one Nurse Practitioner transferred from the Behavioral Health Services Division.
- An increase in fringe benefits to align with projected healthcare and pension costs.
- An increase in operating to support nurse monitoring and assessment evaluation review services, mileage and general office supplies.

	FY 2025 Budget	FY 2026 Proposed	Change FY25-FY26	
			Amount (\$)	Percent (%)
Total Budget	\$2,262,600	\$2,768,600	\$506,000	22.4%
STAFFING				
Full Time - Civilian	14	15	1	7.1%
Full Time - Sworn	0	0	0	0.0%
Subtotal - FT	14	15	1	7.1%
Part Time	1	1	0	0.0%
Limited Term	0	0	0	0.0%

Office of the Health Officer

The Office of the Health Officer directs the public health programs and activities in conformance with applicable laws, regulations, policies, human resources, procedures and standards of the State of Maryland and the County. The Office of the Health Officer assures high standards of clinical care in the department and provides public health expertise and direction. The Office also coordinates and facilitates federal, State and local resources and partnerships to improve health access to care for County uninsured and underinsured residents. The Office has direct responsibility for facility maintenance and security for the health centers.

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

The visual communications staff design, produce and distribute health information materials for public education and review existing materials for the quality of content and cultural appropriateness. The Public Information Officer coordinates the department’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.

Fiscal Summary

In FY 2026, the division expenditures increase \$2,570,600 or 22.4% over the FY 2025 budget. Staffing resources increase by two positions from the FY 2025 budget. The primary budget changes include:

- An increase in personnel costs for Countywide salary adjustments, State special payments, one new Systems Analyst position to support the OCHIN/Epic primary electronic medical record system and one Program Chief realigned from the Behavioral Health Services Division. Funding is partially offset by salary lapse, matching funds for the ACIS grant program and partially funded grant positions.
- An increase in fringe benefits to align with projected healthcare and pension costs.
- An increase in operating primarily due to technology costs, memberships, general office supplies and vehicle maintenance. Funding supports operating contracts for custodial services, security electronics and snow removal.

	FY 2025 Budget	FY 2026 Proposed	Change FY25-FY26	
			Amount (\$)	Percent (%)
Total Budget	\$11,480,700	\$14,051,300	\$2,570,600	22.4%
STAFFING				
Full Time - Civilian	55	57	2	3.6%
Full Time - Sworn	0	0	0	0.0%
Subtotal - FT	55	57	2	3.6%
Part Time	0	0	0	0.0%
Limited Term	0	0	0	0.0%

OTHER FUNDS

Opioid Local Abatement Special Revenue Fund

The Opioid Local Abatement Special Revenue Fund supports opioid abatement initiatives in the County, including prevention, harm reduction, treatment recovery and public safety. Revenues received by the State, opioid manufactures or research associations and interest earned shall be held in the fund. Expenditures shall be for permitted uses that serve the purpose of future opioid remediation as set forth in the National Settlement Agreement. Funding will be received from two sources: 1. a direct allotment from the State representing the County’s share of the National Opioid Settlement and 2. an allotment from the State’s Abatement Fund. Prince George’s County is one of 58 Maryland subdivisions that is participating in the national opioid settlements. The County’s Opioid Task Force is developing recommendations for how these funds will be used over the next few years.

Fiscal Summary

In FY 2026, the Opioid Local Abatement Fund revenues and expenditures each total \$12,089,400, an increase of \$12,089,400 or 100% over the FY 2025 approved budget.

Expenditures by Category

Category	FY 2024 Actual	FY 2025 Budget	FY 2025 Estimate	FY 2026 Proposed	Change FY25-FY26	
					Amount (\$)	Percent (%)
Operating	\$—	\$—	\$—	\$12,089,400	\$12,089,400	
Total	\$—	\$—	\$—	\$12,089,400	\$12,089,400	
Total	\$—	\$—	\$—	\$12,089,400	\$12,089,400	

Fund Summary

Category	FY 2024 Actual	FY 2025 Budget	FY 2025 Estimated	FY 2026 Proposed	FY 2025-2026	
					Change \$	Change %
BEGINNING FUND BALANCE	\$—	\$—	\$—	\$—	\$—	0.0%
REVENUES						
Abatement Payments	\$—	\$—	\$—	\$8,000,000	\$8,000,000	100%
Appropriated Fund Balance	—	—	—	—	—	0.0%
Transfers	—	—	—	4,089,400	4,089,400	100%
Total Revenues	\$—	\$—	\$—	\$12,089,400	\$12,089,400	0.0%
EXPENDITURES						
Compensation	\$—	\$—	\$—	\$—	\$—	0.0%
Fringe	—	—	—	—	—	0.0%
Operating Expenses	—	—	—	12,089,400	12,089,400	100%
Capital Outlay	—	—	—	—	—	0.0%
Total Expenditures	\$—	\$—	\$—	\$12,089,400	\$12,089,400	
EXCESS OF REVENUES OVER EXPENDITURES	—	—	—	—	—	0.0%
OTHER ADJUSTMENTS	—	—	—	—	—	0.0%
ENDING FUND BALANCE	\$—	\$—	\$—	\$—	\$—	0.0%

GRANT FUNDS SUMMARY

Expenditures by Category - Grant Funds

Category	FY 2024 Actual	FY 2025 Budget	FY 2025 Estimate	FY 2026 Proposed	Change FY25-FY26	
					Amount (\$)	Percent (%)
Compensation	\$14,182,235	\$18,163,300	\$17,919,300	\$20,207,100	\$2,043,800	11.3%
Fringe Benefits	4,555,792	6,474,200	6,379,300	6,910,800	436,600	6.7%
Operating	28,811,217	35,461,600	26,516,100	33,407,600	(2,054,000)	-5.8%
Capital Outlay	—	—	—	—	—	—
SubTotal	\$47,549,244	\$60,099,100	\$50,814,700	\$60,525,500	\$426,400	0.7%
Recoveries	—	—	—	—	—	—
Total	\$47,549,244	\$60,099,100	\$50,814,700	\$60,525,500	\$426,400	0.7%

The FY 2026 proposed grant budget is \$60,525,500, an increase of 0.7% over the FY 2025 approved budget. This increase is primarily driven by new funding anticipated for new grants: Maternal and Child Health Expansion, Emergency Risk Protective Order, Opioid-Impacted Family Support Program, Early Learning Center Enhancing Epidemiology and Laboratory Capacity for COVID-19 Through Community-Based Strategies and COVID-19 Public Health Workforce Supplemental Funding.

Staff Summary by Division - Grant Funds

Staff Summary by Division & Grant Program	FY 2025			FY 2026		
	FT	PT	LTGF	FT	PT	LTGF
Administration						
American Rescue Plan Act	—	—	15	—	—	—
Total Administration	—	—	15	—	—	—
Family Health Services						
AIDS Case Management	30	—	9	31	—	9
Asthma Initiative	1	—	—	1	—	—
Babies Born Healthy	2	—	—	2	—	—
Ending the Epidemic HRSA	2	—	2	—	—	2
Ending the HIV Epidemic in STD Clinics	—	—	4	—	—	4
Hepatitis B Prevention	—	—	—	3	—	—
HIV Prevention	9	1	3	9	1	3
Immunization Action Grant	3	—	—	3	—	—
Implement Ending the Epidemic	8	—	3	8	—	3
Oral Disease and Injury Prevention	—	—	—	2	—	—
Personal Responsibility Education	—	—	1	—	—	1
Reproductive Health	7	—	—	7	—	—
STD Caseworker	13	—	2	13	—	2

Staff Summary by Division - Grant Funds (continued)

Staff Summary by Division & Grant Program	FY 2025			FY 2026		
	FT	PT	LTGF	FT	PT	LTGF
Surveillance and Quality Improvement	1	—	—	1	—	—
TB Control Cooperative Agreement	2	—	—	2	—	—
WIC Breastfeeding Peer Counseling Women, Infants, and Children (WIC)	3	—	2	3	—	2
	25	—	8	25	—	8
Total Family Health Services	106	1	34	110	1	34
Behavioral Health						
Adult Reentry Program	1	—	—	2	—	—
Bridges to Success	—	—	4	1	—	4
Drug Court Services	1	—	—	1	—	—
Federal Fund Adult Treatment Grant	4	—	1	4	—	1
General Fund Services	23	—	1	12	—	—
Integration of Sexual Health in Recovery	—	—	—	—	—	—
Maryland Injury and Violence Prevention	—	—	—	8	—	—
Mental Health Services Grant	—	—	—	—	—	1
Opioid Operations	2	—	—	1	—	—
Opioid Local Abatement Fund	1	—	—	—	—	—
Prevention Services	1	—	—	2	—	—
Project Safety Net	11	—	3	12	—	3
Substance Abuse Treatment Outcomes Partnership (STOP)	7	—	6	7	—	6
System of Care	—	—	—	1	—	—
Temporary Cash Assistance	3	—	1	3	—	1
Tobacco Cessation	1	—	—	—	—	—
Tobacco Control Community	—	—	—	1	—	—
Tobacco Enforcement Initiative	—	—	2	1	—	2
Transition Age Youth and Young Adults	1	—	—	1	—	—
Total Behavioral Health	56	—	18	57	—	18
Environmental Health - Disease Control						
Childhood Lead Poisoning Prevention	2	—	6	2	—	6
Hepatitis B Prevention	3	—	—	—	—	—
Total Environmental Health - Disease Control	5	—	6	2	—	6

Staff Summary by Division - Grant Funds *(continued)*

Staff Summary by Division & Grant Program	FY 2025			FY 2026		
	FT	PT	LTGF	FT	PT	LTGF
Health and Wellness						
Administrative Care Coordination	12	—	—	12	—	—
Assistance in Community Integration Services (ACIS)	1	—	—	1	—	—
Adult Evaluation Review Services	9	—	—	9	—	—
Diabetes, Heart Disease and Stroke	3	—	7	3	—	7
MCHP Eligibility Determination	23	1	4	23	1	4
General Medical Assistance Transportation	13	—	1	13	—	1
Total Health and Wellness	61	1	12	61	1	12
Office of the Health Officer						
Cities Readiness Initiative (CRI)	2	—	2	—	—	—
Community Health Integrated Service System Program	—	—	3	2	—	2
General Fund Mental Health Services	—	1	1	—	—	—
Health Literacy for COVID CARES	—	—	2	—	—	—
Local Behavioral Health Authority	15	—	1	15	—	20
Public Health Emergency Preparedness (PHEP)	4	—	1	4	—	1
Strengthening Maryland Public Health Infrastructure	2	—	—	2	1	—
Total Office of the Health Officer	23	1	10	23	1	23
Total	251	3	95	253	3	93

In FY 2026, funding is provided for 253 full time positions, three part time positions and 93 limited term grant funded (LTGF) positions. Full time positions increase by one Community Health Nurse realigned from the General Fund and one Administrative Aide converted from LTGF. LTGF positions decrease by one Budget Management Analyst and one Administrative Aide from the FY 2025 approved budget.

Grant Funds by Division

Grant Name	FY 2024 Actual	FY 2025 Budget	FY 2025 Estimate	FY 2026 Proposed	Change FY25-FY26	
					Amount (\$)	Percent (%)
Family Health Services						
AIDS Case Management	\$3,886,477	\$5,264,300	\$3,469,000	\$3,554,000	\$(1,710,300)	-32.5%
Asthma Initiative	81,804	85,000	85,000	85,000	—	0.0%
Babies Born Healthy	341,386	240,300	240,300	240,300	—	0.0%
COVID Mass Vaccination CARES	14,209	—	512,300	—	—	
Dental Sealant D Driver Van	2,851	31,000	31,000	32,100	1,100	3.5%
Early Learning Center Enhancing Detection Expansion	79,576	—	—	—	—	
Ending the Epidemic HRSA	825,255	2,300,000	810,000	820,000	(1,480,000)	-64.3%
Ending the HIV Epidemic in STD Clinics	446,576	650,000	100,000	—	(650,000)	-100.0%
FEMA Emergency Protective Matters	232,904	—	—	—	—	
Hepatitis B Prevention	—	—	—	68,500	68,500	
High Risk Infant	5,773	—	—	—	—	
HIV Expansion	44,486	—	—	—	—	
HIV Prevention Services	748,568	1,012,600	804,000	1,100,000	87,400	8.6%
HIV Personal Responsibility Education	18,606	—	—	—	—	
Immunization Action Grant	302,245	384,900	224,900	304,900	(80,000)	-20.8%
Implement Ending the Epidemic	1,781,240	2,463,100	1,750,000	1,800,000	(663,100)	-26.9%
Improving Reproductive & Maternal Health	33,120	—	—	—	—	
Integrated Maternal	—	—	120,000	120,000	120,000	
Integrated Plan Capacity Grant	228,662	—	—	—	—	
Maternal and Child Health Expansion	—	—	—	5,000,000	5,000,000	
Oral Disease and Injury Prevention	21,253	42,400	42,400	49,000	6,600	15.6%
Personal Responsibility Education (PREP)	76,115	72,600	72,600	73,000	400	0.6%
Reproductive Health	637,010	765,000	565,000	650,000	(115,000)	-15.0%
Ryan White Part B	8,532	—	—	—	—	
Scale Up of HIV Prevention Services in Sexual Health Clinics	—	1,000,000	—	—	(1,000,000)	-100.0%
STD Caseworker	1,093,193	1,561,000	1,200,000	1,200,000	(361,000)	-23.1%
Surveillance and Quality Improvement	124,528	131,300	131,000	131,000	(300)	-0.2%
Syringe Services	53,540	—	—	—	—	
TB Control Cooperative Agreement	212,758	201,900	170,000	170,000	(31,900)	-15.8%
Title X Telehealth	2,287,500	—	—	—	—	

Grant Funds by Division *(continued)*

Grant Name	FY 2024 Actual	FY 2025 Budget	FY 2025 Estimate	FY 2026 Proposed	Change FY25-FY26	
					Amount (\$)	Percent (%)
WIC Breastfeeding Peer Counseling	201,656	201,600	262,100	202,000	400	0.2%
Women, Infants and Children (WIC)	2,360,096	2,384,600	2,384,500	2,400,000	15,400	0.6%
Zika Nurse Project	5,868	—	—	—	—	—
Total Family Health Services	\$16,155,787	\$18,791,600	\$12,974,100	\$17,999,800	\$(791,800)	-4.2%
Behavioral Health						
Adult Reentry Program	\$10,167	\$400,000	\$400,000	\$400,000	\$—	0.0%
American Rescue Plan Mental Health One-Time Supplemental Funding	59,973	60,000	60,000	60,000	—	0.0%
Behavioral Health Workforce Education and Training Program	—	—	—	231,200	231,200	—
Bridges 2 Success	310,831	502,400	601,100	502,400	—	0.0%
Children In Need of Assistance H.B. 7 Integration of Child Welfare Funds	—	—	425,600	—	—	—
Drug Court Services	29,655	147,200	147,100	147,200	—	0.0%
Emergency Risk Protection Order	—	—	400,000	399,900	399,900	—
Federal Fund Adult Treatment Grant	747,327	948,600	948,500	—	(948,600)	-100.0%
Federal SUD Services Grant	—	—	—	948,500	948,500	—
General Fund Services	1,750,144	3,939,900	3,420,100	3,939,900	—	0.0%
Maryland Violence and Injury Prevention	19,767	22,000	12,000	22,000	—	0.0%
Opioid-Impacted Family Support Program	—	—	600,000	600,000	600,000	—
Opioid Abatement Fund	—	—	404,400	—	—	—
Opioid Operation Command Center Block	119,041	223,200	251,200	251,200	28,000	12.5%
Opioid Overdose Prevention & Education Competitive	113,313	264,700	—	—	(264,700)	-100.0%
Prevention Services	382,124	502,800	—	502,800	—	0.0%
Project Safety Net - (GOCCP)	441,979	1,214,700	1,214,600	1,214,700	—	0.0%
Recovery Support Coordinators in Pregnancy/Postpartum Project	—	—	94,100	—	—	—
Recovery Support Pregnant/Postpartum Women and Women with Children Enhancements	—	—	22,500	22,500	22,500	—
Substance Abuse Prevention - COVID Supplemental	5,550	—	—	—	—	—
Substance Abuse Treatment Outcomes Partnership (STOP)	537,271	804,600	804,500	804,600	—	0.0%
System of Care	526,838	1,000,000	1,000,000	3,000,000	2,000,000	200.0%

Grant Funds by Division (continued)

Grant Name	FY 2024 Actual	FY 2025 Budget	FY 2025 Estimate	FY 2026 Proposed	Change FY25-FY26	
					Amount (\$)	Percent (%)
Temporary Cash Assistance	391,273	506,300	—	506,300	—	0.0%
Tobacco Administration	18,595	24,500	—	19,500	(5,000)	-20.4%
Tobacco Cessation	—	219,300	158,400	13,300	(206,000)	-93.9%
Tobacco Control Community	124,642	116,700	107,700	107,700	(9,000)	-7.7%
Tobacco Enforcement Initiative	81,064	130,000	220,000	130,000	—	0.0%
Tobacco School Based	—	13,300	13,300	158,400	145,100	1,091.0%
Tobacco Use Diabetes	—	—	175,800	—	—	
Transition Age Youth and Young Adults Program	226,471	750,000	750,000	2,250,000	1,500,000	200.0%
Total Behavioral Health	\$5,896,025	\$11,790,200	\$12,230,900	\$16,232,100	\$4,441,900	37.7%
Environmental Health - Disease Control						
Bay Restoration (Septic) Fund	\$148,365	\$135,000	\$135,000	\$135,000	\$—	0.0%
Childhood Lead Poisoning Prevention	401,599	580,300	348,400	348,400	(231,900)	-40.0%
Hepatitis B Prevention	62,945	68,500	68,500	—	(68,500)	-100.0%
Strengthening Local Health Infrastructure	265,133	333,300	—	—	(333,300)	-100.0%
Total Environmental Health - Disease Control	\$878,042	\$1,117,100	\$551,900	\$483,400	\$(633,700)	-56.7%
Health and Wellness						
Administrative Care Coordination Grant-Expansion	\$1,175,338	\$1,182,300	\$1,253,100	\$1,225,900	\$43,600	3.7%
Adult Evaluation and Review Services	651,399	1,155,700	1,405,100	1,755,900	600,200	51.9%
Assistance in Community Integration Services (ACIS)	271,864	317,300	634,500	639,800	322,500	101.6%
Diabetes, Heart Disease and Stroke	1,614,683	1,000,000	1,000,000	3,000,000	2,000,000	200.0%
Early Learning Center Enhancing Epidemiology and Laboratory Capacity for COVID-19 Through Community-Based Strategies	—	—	200,000	200,000	200,000	
General Medical Assistance Transportation	4,201,689	4,630,400	3,315,200	3,315,200	(1,315,200)	-28.4%
MCHP Eligibility Determination-PWC	1,915,668	1,986,500	2,260,600	2,260,600	274,100	13.8%
Maryland Medical Assistance DPP Ancillary	11,963	75,000	75,000	75,000	—	0.0%
Total Health and Wellness	\$9,842,604	\$10,347,200	\$10,143,500	\$12,472,400	\$2,125,200	20.5%
Office of the Health Officer						
988 State and Territory Cooperative Agreement BH016STS	\$—	\$100,000	\$—	\$—	\$(100,000)	-100.0%

Grant Funds by Division *(continued)*

Grant Name	FY 2024 Actual	FY 2025 Budget	FY 2025 Estimate	FY 2026 Proposed	Change FY25-FY26	
					Amount (\$)	Percent (%)
988 State and Territory Cooperative Agreement BH002STC	226,176	226,200	—	—	(226,200)	-100.0%
988 State and Territory Cooperative Agreement BH003SCA	467,297	667,100	677,000	677,000	9,900	1.5%
988 State and Territory Cooperative Agreement Supplemental	75,870	—	—	—	—	
988 State Crisis System Funding	858,621	2,371,200	2,371,100	2,371,200	—	0.0%
Administrative/LBHA Core Services	1,835,966	2,395,500	2,395,400	2,395,500	—	0.0%
Behavioral Health Crisis Pilot Program	—	—	1,535,900	—	—	
Buprenorphine Initiative	—	30,000	30,000	30,000	—	0.0%
Cities Readiness Initiative	201,652	211,900	211,900	211,900	—	0.0%
Community Health Integration Service System Program	2,692,759	2,999,900	—	—	(2,999,900)	-100.0%
Continuum of Care	690,978	744,400	—	744,300	(100)	0.0%
COVID-19 Public Health Workforce Supplemental Funding	635,080	—	—	300,000	300,000	
Crisis Services	551,469	806,700	806,700	806,700	—	0.0%
Early Learning Center (ELC)	—	—	443,100	—	—	
Enhancing Detection Expansion	—	—	400,000	—	—	
Extreme Risk Protection Orders Liaison Site	—	—	400,000	—	—	
Federal Block Grant ARPA Mental Health Services	683,308	797,100	797,100	797,200	100	0.0%
Federal Fund Block Mental Health	1,578,607	1,771,500	1,771,400	1,755,700	(15,800)	-0.9%
General Fund Mental Health Services	912,160	1,871,200	1,871,100	1,871,300	100	0.0%
Health Literacy Enhancement	467,509	—	—	—	—	
Infants and Toddlers MSDE	—	150,000	—	—	(150,000)	-100.0%
Local Health Department Health Disparities	645,046	757,600	—	—	(757,600)	-100.0%
Local Overdose Fatality Review Team	—	—	60,000	—	—	
Maryland Recovery Net	7,644	10,000	10,000	10,000	—	0.0%
PATH Program	108,870	109,400	109,300	109,500	100	0.1%
Pathways to Equity	412,827	—	—	—	—	
Public Health Emergency Preparedness	435,965	554,500	554,400	554,600	100	0.0%
Public Health Workforce Supplemental Funding	—	150,000	300,000	278,700	128,700	85.8%
Recovery Support Pregnant/ Postpartum Women and Women with Children Enhancements	—	22,500	—	—	(22,500)	-100.0%

Grant Funds by Division *(continued)*

Grant Name	FY 2024 Actual	FY 2025 Budget	FY 2025 Estimate	FY 2026 Proposed	Change FY25-FY26	
					Amount (\$)	Percent (%)
State Opioid Response III Detention MOUD	670,849	709,000	195,200	194,200	(514,800)	-72.6%
Urban Areas Security Initiative (UASI) - Maryland Emergency Response System (MDERS)	—	125,000	—	125,000	—	0.0%
Urban Areas Security Initiative (UASI) - Public Health Emergency Response (PHER)	50,000	50,000	—	—	(50,000)	-100.0%
Total Office of the Health Officer	\$14,208,653	\$17,630,700	\$14,539,600	\$13,232,800	\$(4,397,900)	-24.9%
Subtotal	\$46,981,111	\$59,676,800	\$50,440,000	\$60,420,500	\$743,700	1.2%
Total Transfer from General Fund - (County Contribution/Cash Match)	568,133	422,300	374,700	105,000	(317,300)	-75.1%
Total	\$47,549,244	\$60,099,100	\$50,814,700	\$60,525,500	\$426,400	0.7%

Grant Descriptions

DIVISION OF FAMILY HEALTH SERVICES -- \$17,999,800

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, Hepatitis B services, referral and linkage to Medicaid and nutrition services (including WIC). Funding also supports necessary services to individuals with specific types of communicable diseases such as Sexually Transmitted Diseases and HIV/AIDS and extensive community education activities. Personal Responsibility Education Programs provide pregnancy prevention education before marriage. The Childhood Asthma program provides healthcare education opportunities on asthma management and home visiting programs. The Dental Sealant Grant provides dental care to the County public schools via mobile van. The Immunization Program focuses on providing immunization services to ensure that children attain full compliance with recommended immunization schedules and can enter school on time. Funding will provide resources for HIV prevention within sexual health services.

DIVISION OF BEHAVIORAL HEALTH SERVICES -- \$16,232,100

Grants within this division support services for adults, adolescents and families with behavioral health needs, including addictions and mental health, as well as prevention services for high-risk youth and families. The Behavioral Health Services Division 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 division also receives funding for interventions to target special populations in the community, including but not limited to tobacco prevention and special services for pregnant and post-partum women. The Division is also responsible for long-range planning for behavioral health services in the County, needs assessments and the development of alternative resource providers. The opioid funding will address the opioid crisis by increasing access to evidence-based treatment, reducing unmet

treatment needs for individuals with opioid disorders and reducing opioid related deaths through the provision of prevention, treatment and recovery support services. Funding will provide substance abuse disorder treatment, recovery and reentry services to adults in the criminal justice system and firearm use prevention. The division will also expand services to young adults who have, or are at risk of, developing mental health conditions.

DIVISION OF ENVIRONMENTAL HEALTH AND DISEASE CONTROL -- \$483,400

The Bay Restoration Fund provides funds for on-site sewage disposal system upgrades using the best available technology for nitrogen removal. The division also receives funding for childhood lead poisoning.

DIVISION OF HEALTH AND WELLNESS -- \$12,472,400

Grant funding supports prevention and/or the mitigation of diabetes, heart disease and stroke through the use of community screens, referral services and interventions to assist individuals with lifestyle decisions/changes. Medical Assistance grants provide personal care and case management to frail elderly individuals with chronic diseases or developmentally disabled persons transportation to medical appointments for Medical Assistance recipients. Funding is received to hire an Epidemiologist and Community Health Workers to provide mandated services. The Assistance In Community Integration Services (ACIS) grant provides assistance to adults reentering the community after incarceration, military service and/or youth who are trying to find their place in the community. Grant funding is also used to evaluate the needs of individuals at risk of institutionalization and to purchase services to prevent their placement in a nursing home or other health care facility. The division also receives funding to promote children's health programs to increase eligibility determinations and work toward the expansion of State Medicaid accessibility by assisting customers with applying for the health insurance, decreasing the timeline for approval, and specifically focusing on Medicaid for families, adults, children and pregnant women.

OFFICE OF THE HEALTH OFFICER -- \$13,232,800

Grants within this division support 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; pediatric health services; mechanisms to expand the public health workforce; and implementing emergency response strategies in the event of a man-made or natural disaster. The division will also provide oversight to the Local Behavioral Health Authority, Federal Fund Block Mental Health, Continuum of Care, Crisis Services, General Fund Mental Health and Maryland Recovery Net programs. The Cities Readiness Initiative is specific to incident management. Buprenorphine prescription assistance will be provided to individuals who are uninsured or underinsured to eliminate gaps in dosing for individuals who are prescribed medication to treat opioid use disorder. Funding will also support the 9-8-8 Lifeline Call Center as well as recruitment and training to retain a call specialist workforce to staff local centers.

SERVICE DELIVERY PLAN AND PERFORMANCE

Goal 1 — To ensure access to and resources supportive of the health and well-being of county residents.

Objective 1.1 — Increase access to health and well-being resources for County residents.

FY 2030 Target	FY 2023 Actual	FY 2024 Actual	FY 2025 Estimated	FY 2026 Projected	Trend
500,000	673,909	641,589	644,976	600,000	↔

Trend and Analysis

The Health Department is committed to ensuring access to healthcare, which is a key component of our Mission and Vision. A key way to help increase access is to ensure a trained and knowledgeable community outreach staff is embedded across programs. These community outreach workers connect individually with clients as well as through targeted public outreach events to increase awareness and help residents link to community resources. The resources include Health Assures, which provides funding for healthcare services for residents lacking insurance coverage. The overall impact of these activities is challenging to measure, since increased access to healthcare may not yield immediate results; but will instead help to gradually lessen the burden of disease and disability over time.

Note: FY2022 actual for "Cumulative residents reached through direct contact or outreach efforts (cumulative)" has been restated for accuracy.

Performance Measures

Measure Name	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Estimated	FY 2026 Projected
Workload, Demand and Production (Output)					
Overall client contacts	145,534	158,759	111,945	174,222	180,000
Cumulative public outreach efforts	199	166	155	642	600
Impact (Outcome)					
Cumulative residents reached through direct contact or outreach efforts (cumulative)	647,903	673,909	641,589	644,976	600,000

Goal 2 — To prevent and reduce chronic disease, including obesity, among County residents.

Objective 2.1 — Increase the number of residents enrolled in healthy eating and active living interventions.

FY 2030 Target	FY 2023 Actual	FY 2024 Actual	FY 2025 Estimated	FY 2026 Projected	Trend
4,000	2,464	3,122	4,416	3,500	↑

Trend and Analysis

The Health Department is committed to targeting the common risk factors that contribute to the development of chronic diseases such as diabetes, cancer, and cardiovascular disease. The agency's strategies for the prevention and management of chronic diseases support programming to promote healthy behaviors, early detection and diagnosis of metabolic syndrome, community-specific outreach and education activities and chronic disease prevention and self-management.

Performance Measures

Measure Name	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Estimated	FY 2026 Projected
Resources (Input)					
Health promotion/community developer staff	3	2	3	5	5
Workload, Demand and Production (Output)					
Monthly public education campaigns addressing chronic disease	2	2	3	10	5
Programs actively supporting community/clinical linkages	3	3	3	10	5
Impact (Outcome)					
Residents enrolled in healthy eating and active living interventions	2,241	2,464	3,122	4,416	3,500

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 number of women that use LARC as their primary birth control method.

FY 2030 Target	FY 2023 Actual	FY 2024 Actual	FY 2025 Estimated	FY 2026 Projected	Trend
40	68	52	32	30	↓

Trend and Analysis

The Department is committed to improving birth outcomes for County residents, which requires a partnership with health care providers, community members, community stakeholders, Prince George's County Public Schools, local, State and federal partners. Improving birth outcomes begins with promoting health, wellness and prevention. The Department does this through its Family Planning and Adolescent Health Clinic by offering health assessments, nutrition education, mental health assessments, reproductive health and linkages to medical homes and community services. Services are available to both male and female residents regardless of their ability to pay for such services. Service delivery continues to be impacted by staff turnover. The program does not offer abortion services but will continue to care for women pre/post abortion.

Performance Measures

Measure Name	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Estimated	FY 2026 Projected
Resources (Input)					
Scheduled family planning appointments	2,306	2,377	3,173	680	600
Workload, Demand and Production (Output)					
New pregnant females identified through Family Planning appointments and referred to community partners	60	64	18	76	60
Family planning appointments kept	1,759	1,845	2,389	628	1,000

Performance Measures *(continued)*

Measure Name	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Estimated	FY 2026 Projected
Clients seen at family planning appointments who are screened for domestic violence	718	751	1,410	692	700
Efficiency					
"No Show" rate for Family Planning Appointments	24%	23%	22%	8%	10%
Impact (Outcome)					
Women utilizing LARC's (Long Active Reversible Contraceptives)	82	68	52	32	30

Objective 3.2 — Reduce infant mortality.

FY 2030 Target	FY 2023 Actual	FY 2024 Actual	FY 2025 Estimated	FY 2026 Projected	Trend
0	6	0	0	0	

Trend and Analysis

There are several initiatives related to reducing maternal, fetal and infant mortality which are funded through Maryland Department of Health (MDH) and the Health Resources and Services Administration (HRSA). The impact of the Dobbs v Jackson decision is estimated to result in a further 21% increase in pregnancy-related deaths among all women. Black women are expected to experience a 33% increase in deaths, the largest for any population. The Department expects a significant increase in care expenses for infants.

Note: Infant mortality data has not been released by the State Vital Records department for calendar year 2024. This data is not compiled on a fiscal year cycle and would not be accurate until the calendar year data is complete because it includes resident outcomes that are delivered/pronounced in out-of-state jurisdictions. CY 2024 will not be available until late fall or early 2026. Impact measures are pending verification from an external source and data will be entered once it becomes available.

FY 2022 actual for "Healthy Beginnings Staff (budgeted RNs, support staff, etc.)" has been restated for accuracy.

Performance Measures

Measure Name	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Estimated	FY 2026 Projected
Resources (Input)					
Healthy Beginnings Staff (budgeted RNs, support staff, etc.)	2	2	1	0	0
Workload, Demand and Production (Output)					
Referrals for Healthy Beginnings case management for children birth to age one	433	646	612	692	650
Home visits for new referrals for case management birth to age one	205	203	162	120	120
Home visit referrals for follow-up case management birth to age one	691	709	717	676	700

Performance Measures *(continued)*

Measure Name	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Estimated	FY 2026 Projected
Unduplicated mothers receiving case management services	1,694	1,733	1,547	1,448	1,350
Teens <18 years receiving case management services	183	192	174	184	180
Quality					
Babies/children referred to other County Resources	648	755	623	708	700
Mothers referred to Addictions/Mental Health	34	31	39	20	30
Impact (Outcome)					
New mothers that received first trimester care	57%	54%	0%	0%	0%
Low birth weight babies born to County residents	9%	10%	0%	0%	0%
Pre-term babies born to County residents	10%	11%	0%	0%	0%
Annual Infant Mortality Rate (County-wide measure) per 1,000 live births	5	6	0	0	0

Goal 4 — To prevent and control disease and infections in order to enhance the health of all the County's residents, workers and visitors.

Objective 4.1 — Increase identification of new HIV cases and linkage to care.

FY 2030 Target	FY 2023 Actual	FY 2024 Actual	FY 2025 Estimated	FY 2026 Projected	Trend
31	33	24	35	34	↔

Trend and Analysis

The goal of ending the HIV Epidemic by 2030 has four goals and several indicators that are used to measure the effectiveness of efforts based on incidence and prevalence. New infections have trended down in recent years. However, due to the COVID-19 pandemic, there has been a rebound in positive HIV cases. The department has the following goals associated with HIV linkage to care: (1) Diagnose all people with HIV as early as possible. (2) Treat people with HIV rapidly and effectively to reach sustained viral suppression. (3) Prevent new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs). (4) Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.

Note: The Maryland state Health Department no longer funds PrEP. The Prince George's County Health Department does offer it when someone comes into one of the County's reproductive health clinics. However, Family Health Services (FHS) doesn't keep separate stats for PrEP since it not a funded service. The data is unable to be retroactively obtained, per FHS.

FY 2022 actuals for "New HIV cases per 100,000 persons" and "Newly diagnosed HIV positive with documented linkage to care" have been restated for accuracy.

Performance Measures

Measure Name	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Estimated	FY 2026 Projected
Resources (Input)					
Prevention/STI staff	6	5	15	15	15
Workload, Demand and Production (Output)					
HIV related educational outreach and awareness opportunities	20	19	7	16	15
Residents started on PrEP	1,010	1,189	0	0	0
Residents that receive individual PrEP education	1	160	0	0	0
Efficiency					
HIV tests performed through Reproductive Health Resource Center, HIV Clinic, and TB Clinic	407	330	1,570	1,647	1,600
Residents retained on PrEP at 180 days	202	238	0	0	0
Impact (Outcome)					
New HIV cases per 100,000 persons	32	33	24	35	34
Newly diagnosed HIV positive with documented linkage to care	86%	90%	88%	85%	85%

Objective 4.2 — Maintain timely reportable condition investigations to protect residents' health.

FY 2030 Target	FY 2023 Actual	FY 2024 Actual	FY 2025 Estimated	FY 2026 Projected	Trend
12,000	53,016	13,777	13,080	11,500	↓

Trend and Analysis

The Health Department is responsible for investigating reportable conditions, including vaccine-preventable diseases, food borne, and water borne outbreaks, and animal bites. In FY 2020, the emergence of COVID-19 highlighted how critical these investigations are to providing timely investigation and guidance to residents, as well as determining potential contacts. The Communicable Disease Program (CDP) is at the forefront of these activities and works in close partnership with the Maryland Department of Health to ensure investigations are conducted in a thorough and timely manner.

Performance Measures

Measure Name	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Estimated	FY 2026 Projected
Resources (Input)					
Core CDI staff	5	4	5	5	3
Workload, Demand and Production (Output)					
Animal bite investigations	1,097	1,256	1,446	1,200	1,000
Other disease investigations	33,078	51,425	11,756	11,000	10,000

Performance Measures *(continued)*

Measure Name	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Estimated	FY 2026 Projected
Impact (Outcome)					
Vaccine preventable disease investigations	7	17	10	10	5
Total disease investigations	37,725	53,016	13,777	13,080	11,500

Goal 5 — To ensure that Prince George's County's physical environment is safe in order to enhance the health of all residents, workers and visitors.

Objective 5.1 — Conduct inspections at high and moderate priority food service facilities.

FY 2030 Target	FY 2023 Actual	FY 2024 Actual	FY 2025 Estimated	FY 2026 Projected	Trend
40%	58%	56%	55%	43%	↔

Trend and Analysis

The Food Protection Program's focus is to ensure the food produced and eaten in the county is safe through monitoring risk factors, documentation of compliance, and targeting immediate and long-term issues through active managerial control. Annually, High-priority food facilities require three inspections and moderate facilities require two inspections. While the Food Protection Program staff consistently perform above industry standards, meeting the state mandate for inspections is a challenge due to continued staff vacancies. COMAR mandates will not be met until the Food Protection Program is fully staffed according to state of Maryland staffing protocols.

Performance Measures

Measure Name	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Estimated	FY 2026 Projected
Resources (Input)					
Full time food service facility (FSF) inspectors	14	14	14	19	13
Workload, Demand and Production (Output)					
High and moderate priority FSFs that have permits	2,349	2,084	2,257	2,736	2,800
High and moderate FSF inspections required by the State	6,371	5,676	6,176	6,840	7,000
High and moderate priority FSFs inspected	2,414	3,266	3,481	3,800	3,000
Follow-up inspections of high and moderate priority FSFs	636	1,123	911	1,040	800
Efficiency					
High and moderate FSFs inspected per inspector	169	227	258	210	230
Impact (Outcome)					
Percentage of State-mandated high and moderate inspections conducted	38%	58%	56%	55%	43%

Goal 6 — To ensure that County residents have access to behavioral health services.

Objective 6.1 — Maintain behavioral health services for underserved County residents.

FY 2030 Target	FY 2023 Actual	FY 2024 Actual	FY 2025 Estimated	FY 2026 Projected	Trend
100%	98%	98%	99%	98%	↔

Trend and Analysis

An array of Public Behavioral Health System (BHS) services are available to residents of the County, including crisis support, inpatient services, intensive substance use disorder outpatient services, medication-assisted treatment (MAT), outpatient, residential, and partial hospitalization treatment services, respite care, residential rehabilitation, supported employment and targeted case management. In addition to these publicly funded programs, the County has received grant funds that assist special populations and support recovery-oriented, person-centered services. It is critical that County residents have access to trauma-informed, culturally and linguistically competent person-centered services and support necessary to help individuals thrive and facilitate resiliency and recovery, with a focus on early identification and prevention of behavioral health disorders. To ensure that the full continuum of services is available to all ages, the First Episode Psychosis program was implemented in FY 2022, for youth and young adults, ages 15-30. In FY 2023 grant funded services have been expanded to include a therapeutic nursery service which is an early childhood mental health and education program for families with high-risk children, ages three to five.

BHS closed their methadone clinic on January 31, 2025. This is the only publicly funded program providing substance use treatment. Since the program has been closed, there will be 0 staff providing treatment for substance use for FY 2026. Up until its closure, there were 11 staff. Averaging out the staff per month for the fiscal year results in the figure "6" recorded for FY 2025.

Note: FY 2022 actual for "Monthly staff providing treatment for substance use" has been restated for accuracy.

Performance Measures

Measure Name	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Estimated	FY 2026 Projected
Resources (Input)					
Monthly staff providing treatment for substance use	18	17	15	6	0
Workload, Demand and Production (Output)					
Clients enrolled in outpatient services at Health Department programs	77	97	93	86	90
Monthly programs monitored that provide behavioral health services to County residents	412	477	591	688	600
Impact (Outcome)					
Clients with appropriately documented plan for achieving care, treatment or service goals	98%	98%	98%	99%	98%

Objective 6.2 — Ensure emergency behavioral health services are available for County residents.

FY 2030 Target	FY 2023 Actual	FY 2024 Actual	FY 2025 Estimated	FY 2026 Projected	Trend
90%	88%	86%	97%	90%	↔

Trend and Analysis

In FY 2022, the county's former Crisis Response System (CRS) service provider diverted individuals from hospitals and detention centers 77% of the time, allowing individuals who experience a mental health crisis to be referred to community-based services when safe to do so. The percentage decrease from FY 2021 can be attributed to the mobile response vendor's transition and an increase in the severity of the Mobile Response Team (MRT) calls received. The Department continues to collaborate with community-based programs and participate in transitional and technical assistance meetings with key stakeholders and the new crisis provider. The number of calls to the crisis response (dispatch center) is expected to increase as the community becomes familiar with how to access mobile response services, however, the volume of the calls may not revert to previous fiscal year numbers due to the implementation of 9-8-8, the County's crisis call center.

Note: FY 2022 actual for "Crisis Response System (CRS) staff" has been restated for accuracy.

Performance Measures

Measure Name	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Estimated	FY 2026 Projected
Resources (Input)					
Crisis Response System (CRS) staff	15	19	31	32	29
Workload, Demand and Production (Output)					
Calls to the CRS	10,766	5,342	2,728	2,730	2,500
Mobile Crisis Team dispatches	375	691	1,207	1,572	1,200
Quality					
Response time for CRS Mobile Crisis Team dispatches (average)	29:10	41:30	45:00	41:50	40:00
Impact (Outcome)					
Clients receiving CRS services who divert institutionalization	77%	88%	86%	97%	90%