

HEALTH DEPARTMENT - 70

MISSION AND SERVICES

Mission - The Health Department protects and promotes the health of individuals within the County in order to ensure a healthier quality of life.

The agency's mission supports accomplishing the countywide vision by:

- Working for healthy citizens and residents
- Working to support families and individuals in need

Core Services –

- Protecting health, including outpatient prenatal and reproductive health care services; alcohol, drug and addictions prevention and treatment; investigate and control communicable diseases; manage prevention efforts; and licensing and inspecting county restaurants and food service facilities
- Promoting healthy lifestyles

FY 2011 BUDGET SUMMARY

The FY 2011 proposed budget for the Health Department is \$67 million, a decrease of \$7,108,700 or 9.6% under the FY 2010 approved budget.

GENERAL FUNDS

The FY 2011 proposed general fund budget for the Health Department is \$20.5 million, a decrease of \$4.2 million or 17.2% under the FY 2010 approved budget.

Where the Money Goes –

FY 2010 APPROVED BUDGET	\$24,752,800
Reduction in force and position transfers due to state funding cut (includes fringe benefits)	(\$3,690,514)
Transfer of the Youth Strategy Program to the Department of Family Services	(\$591,200)
Increased telephone and electricity costs	\$375,300
Various budget reductions	(\$272,900)
Expand janitorial services to cover all of the department's buildings	\$147,400
Vehicle maintenance charges charged to grants	(\$97,800)
Reduction in the County's contribution to the Addictions grant	(\$78,300)
Decreased drug and medicine costs	(\$37,000)
Reduction in overtime usage	(\$25,200)
Reduction in furlough from 80 to 64 hours (including fringe benefits)	\$10,914
FY 2011 PROPOSED BUDGET	\$20,493,500

GRANT FUNDS

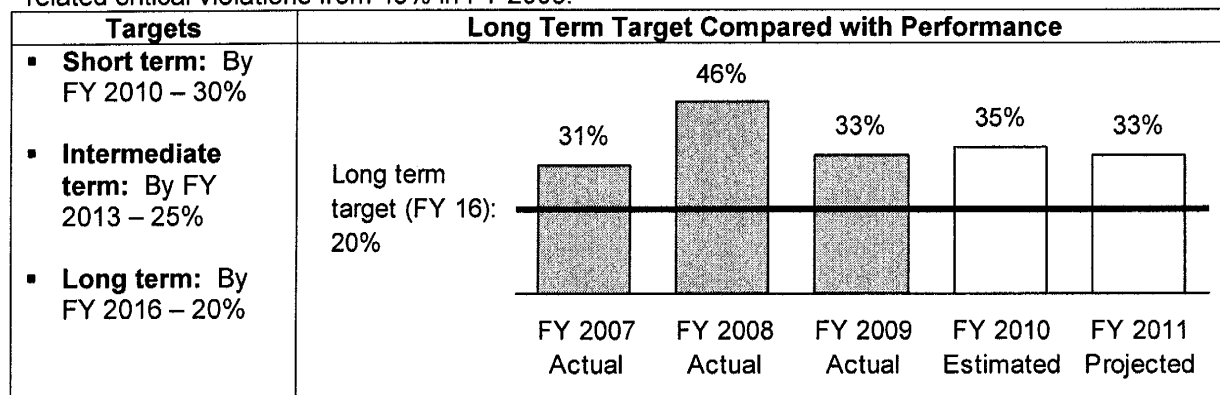
The FY 2011 proposed grant budget for the Health Department is \$46.5 million, a decrease of \$3.0 million or 5.8% under the FY 2010 approved budget. Major changes in the FY 2011 proposed budget include:

- Anticipated decrease in funding for Addictions Cigarette Restitution and Treatment programs.
- Funding was substantially cut for the Tobacco Implementation Project.
- Program funding was eliminated for the following grants: Susan G Komen; Stimulus grants; Patient Services; Pediatric Aids; Healthy Start; Improving Access to Dental Care and Coalition for Healthy Lifestyles.
- Anticipated increase in funding for Operation Safe Kids; Ryan White Title II; and Ryan White Title

SERVICE DELIVERY PLAN AND PERFORMANCE

GOAL 1 - To protect the health of county residents in order to prevent disease.

Objective 1.1 – Decrease the percent of high and moderate food service facilities receiving disease related critical violations from 46% in FY 2008.



Performance Measures –

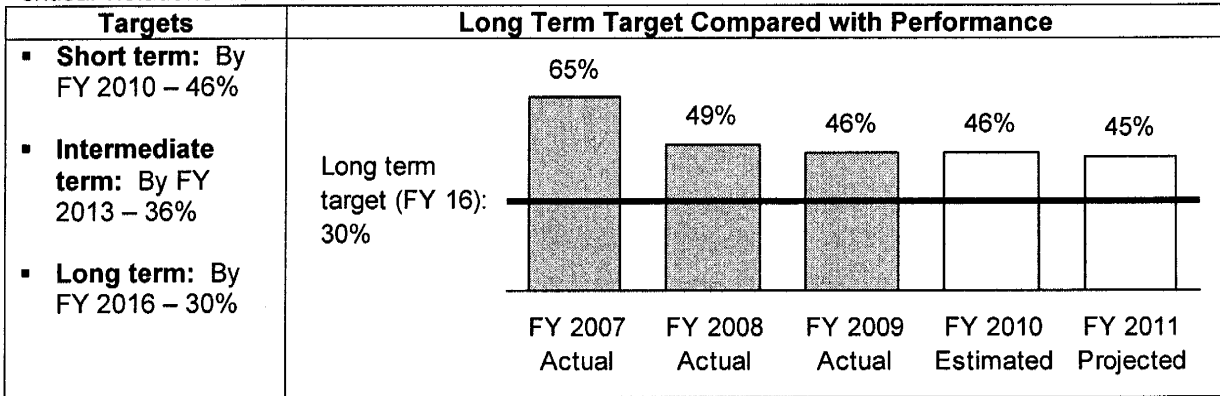
Measure Name	FY 2007 Actual	FY 2008 Actual	FY 2009 Actual	FY 2010 Estimated	FY 2011 Projected
Resources (input)					
Number of full time food service facility (FSF) inspectors	12	10	11	11	11
Workload, Demand and Production (output)					
Number of high and moderate priority FSFs inspected	2,039	2,212	3,715	3,500	3,715
Percent of required high and moderate FSF State inspections conducted	35%	37%	61%	57%	61%
Efficiency and Quality					
Average number of high and moderate FSFs inspected per inspector	169.9	221.2	337.7	318.2	337.7
Impact (outcome)					
Percent of high and moderate FSFs cited for disease-related critical violations	31%	46%	33%	35%	33%

Performance Measures Explanation – The food service facilities indicated above are considered at increased risk for causing food borne illnesses. Moderate priority facilities require two inspections annually while high priority facilities require three. The food service facilities that are cited for disease-related critical violations are temporarily closed until such time as the problem is corrected.

Strategies to Accomplish the Objective –

- **Strategy 1.1.1** – Monitor and inspect facilities to ensure legislative compliance
- **Strategy 1.1.2** – Ensure complaints are responded to within 24 hours
- **Strategy 1.1.3** – Cite facilities violating the County's code

Objective 1.2 - Decrease the percent of county swimming pools and spas receiving disease related critical violations from 49% in FY 2008.



Performance Measures –

Measure Name	FY 2007 Actual	FY 2008 Actual	FY 2009 Actual	FY 2010 Estimated	FY 2011 Projected
Resources (input)					
Number of swimming pool inspectors	5	5	5	5	5
Workload, Demand and Production (output)					
Number of public swimming pools and spas that have permits	333	346	345	366	373
Number of public swimming pool and spa inspections	388	584	447	549	597
Efficiency and Quality					
Average number of public swimming pools and spa inspections conducted per inspector	77.6	116.8	89.4	109.8	119.4
Percent of general complaints responded to within 72 hours	62%	64%	62%	75%	90%
Impact (outcome)					
Percent of swimming pools and spas closed due to disease related critical violations	65%	23%	30%	30%	29%
Percent of public swimming pools and spas cited for all critical violations (including disease-related)	65%	49%	46%	46%	45%

Performance Measures Explanation –Swimming pools and spas mainly operate during the spring and summer and as such that is when disease-related violations most frequently occur.

Strategies to Accomplish the Objective –

- **Strategy 1.2.1** – Inspect facilities
- **Strategy 1.2.2** – Respond to the community’s complaints
- **Strategy 1.2.3** – Cite swimming pools and spas that are in violation of county code
- **Strategy 1.2.4** – Close spas and pools that have disease related critical violations
- **Strategy 1.2.5** – Train staff prior to the spring in preparation for pool and spa openings

Objective 1.3 - Increase the percent of drinking water wells certified as potable after the first water testing cycle from 73% in FY 2008.

Targets	Long Term Target Compared with Performance																		
<ul style="list-style-type: none"> ▪ Short term: By FY 2010 – 85% ▪ Intermediate term: By FY 2013 – 90% ▪ Long term: By FY 2016 – 95% 	<p>Long term target (FY 16): 95%</p> <table border="1"> <thead> <tr> <th>Fiscal Year</th> <th>Performance (%)</th> <th>Status</th> </tr> </thead> <tbody> <tr> <td>FY 2007</td> <td>71%</td> <td>Actual</td> </tr> <tr> <td>FY 2008</td> <td>73%</td> <td>Actual</td> </tr> <tr> <td>FY 2009</td> <td>85%</td> <td>Actual</td> </tr> <tr> <td>FY 2010</td> <td>85%</td> <td>Estimated</td> </tr> <tr> <td>FY 2011</td> <td>88%</td> <td>Projected</td> </tr> </tbody> </table>	Fiscal Year	Performance (%)	Status	FY 2007	71%	Actual	FY 2008	73%	Actual	FY 2009	85%	Actual	FY 2010	85%	Estimated	FY 2011	88%	Projected
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Performance Measures –

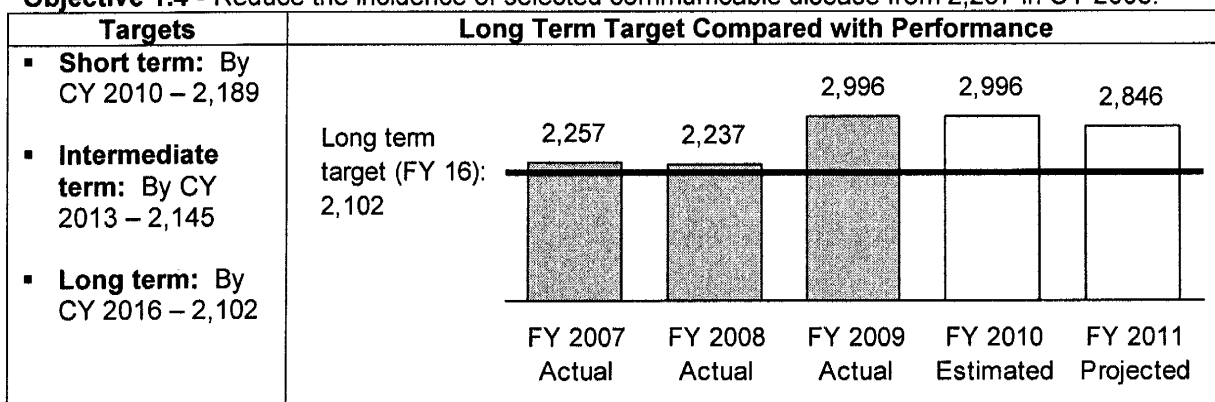
Measure Name	FY 2007 Actual	FY 2008 Actual	FY 2009 Actual	FY 2010 Estimated	FY 2011 Projected
Resources (input)					
Number of sanitarians	6	6	6	6	6
Workload, Demand and Production (output)					
Number of well permits issued	168	117	60	60	117
Number of wells inspected during installation process	235	222	109	109	222
Number of wells sampled	31	41	76	76	81
Number of wells requiring additional water sampling after the first water sampling cycle	9	14	11	11	14
Efficiency and Quality					
Average number of well inspections per sanitarian	39.2	37.0	18.2	18.2	37.0
Percent of wells inspected within 24 hours of notice of installation			75%	75%	83%
Impact (outcome)					
Percent of wells certified potable after one water testing cycle	71%	73%	85%	85%	88%

Performance Measures Explanation – A water testing cycle consists of two consecutive sets of water samples sent for bacterial cultures and collected on different days. If either culture is positive for bacterial growth the contaminated well must be disinfected and the water testing cycle repeated. Testing for bacterial seepage begins when the well has been freshly grouted. Contaminated well water is associated with diseases for the individuals and communities dependent on that well for their water supply.

Strategies to Accomplish the Objective –

- **Strategy 1.3.1** – Inspect wells during the installation process
- **Strategy 1.3.2** – Sample wells for water quality
- **Strategy 1.3.3** – Inspect wells within 24 hours of installation

Objective 1.4 - Reduce the incidence of selected communicable disease from 2,237 in CY 2008.



Performance Measures –

Measure Name	FY 2007 Actual	FY 2008 Actual	FY 2009 Actual	FY 2010 Estimated	FY 2011 Projected
Workload, Demand and Production (output)					
Number of health screenings and investigations for infectious diseases	2,197	2,165	49,236	50,214	47,703
Number of vaccinations provided	12,291	10,500	18,817	37,698	30,158
Efficiency and Quality					
Percent of persons completing anti-tuberculosis drug therapy		95%	95%	95%	95%
Impact (outcome)					
Average number of selected infectious disease cases in the County (in calendar year)	2,257	2,237	2,996	2,996	2,846
Average number of infectious disease cases per 100,000 persons (excluding HIV; data by calendar year)	267	266	363	363	344
Average number of HIV cases per 100,000 persons		12.1	12.7	12.7	12.7
Average number of tuberculosis cases per 100,000 persons	8	8	8	8	8
Average number of food and waterborne cases per 100,000 persons	29.0	24.0	26.5	26.5	25.1
Average number of gonorrhea and syphilis cases per 100,000 persons	180	192	192	192	200
Average number of invasive meningococcal cases per 100,000 persons	1.0	0.24	0.24	0.24	0.24
Number of human rabies cases per 10,000 persons	0	0	0	0	0

Performance Measures Explanation – Reducing illness and deaths from communicable diseases is a priority; to accomplish this the department focuses on screening residents in order to find diseases in their earliest stages so they can be more successfully treated. The selected investigations for infectious outbreaks are tuberculosis, gonorrhea, syphilis, HIV, food and waterborne diseases, vaccine preventable diseases (i.e.H1N1 and the seasonal flu), invasive meningococcal, invasive haemophilus influenza and human rabies (animal exposure investigations).

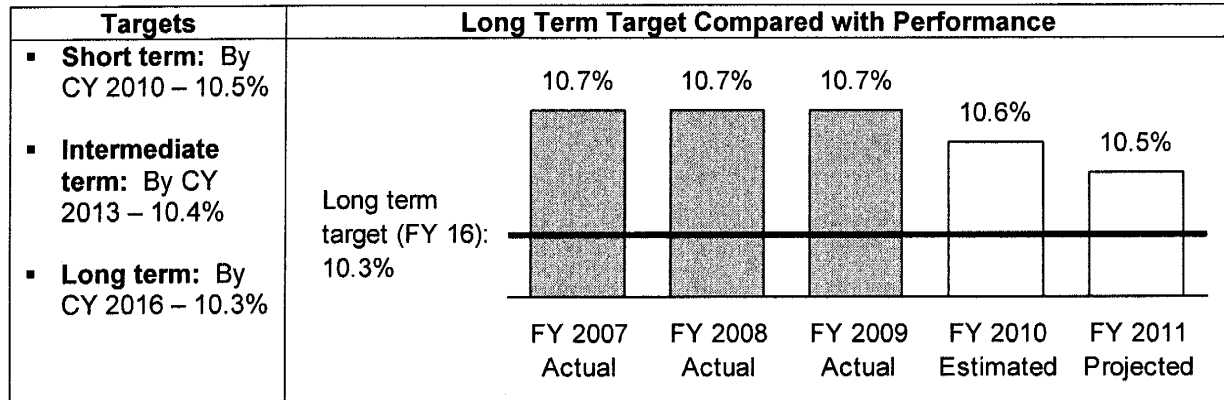
Strategies to Accomplish the Objective –

- **Strategy 1.4.1 –** Screen individuals for diseases
- **Strategy 1.4.2 –** Investigate infectious disease cases
- **Strategy 1.4.2 –** Vaccinate at risk and recommended populations per the Center for Disease Control
- **Strategy 1.4.3 –** Identify those who need medical treatment for infectious diseases

- **Strategy 1.4.4** – Provide case management to complete treatment of infectious diseases

GOAL 2 - To promote health among county residents in order to reduce disease morbidity and mortality.

Objective 2.1 - Reduce the percent of low birth weight infants (less than 2,500 grams at birth) born in the County from 10.7% in CY 2008.



Performance Measures –

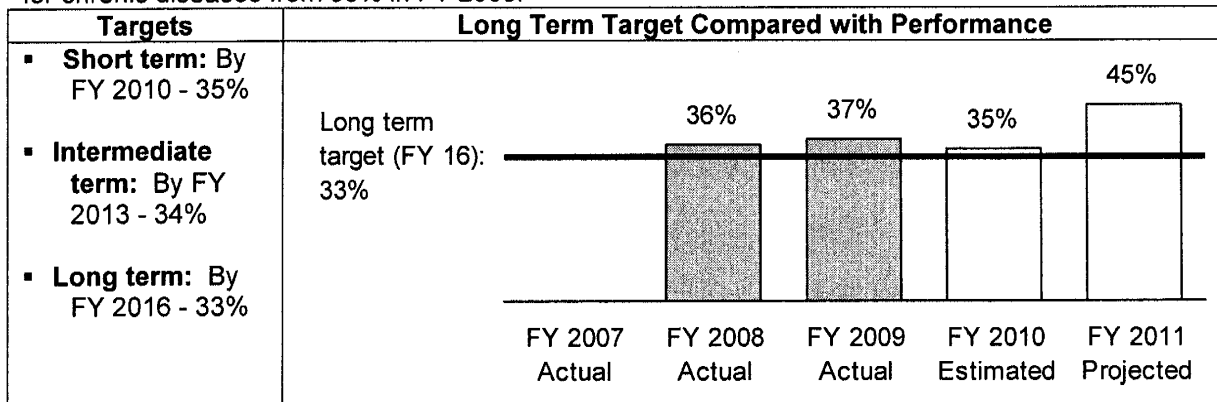
Measure Name	FY 2007 Actual	FY 2008 Actual	FY 2009 Actual	FY 2010 Estimated	FY 2011 Projected
Workload, Demand and Production (output)					
Number of new prenatal clients served	985	677	586	553	553
Efficiency and Quality					
Average number of clients served per clinician	109.4	75.2	73.3	69.1	69.1
Impact (outcome)					
Percent of low birth babies born to county residents (by calendar year)	10.7%	10.7%	10.7%	10.6%	10.5%
Average number of live births in the County that result in death per 1,000 persons (by calendar year)	11.7	10.9	10.9	11.0	10.9
Percent of African American low birth weight infants (by calendar year)	12.30%	12.30%	12.30%	12.60%	12.40%
Average number of African American live births in the County that result in death per 1,000 persons (by calendar year)	13.8	14.9	14.9	14.0	13.8
Percent of non-Hispanic white low birth weight infants born to county residents (calendar year)	7.20%	7.60%	7.60%	7.40%	7.20%
Average number of non-Hispanic live births in the County that result in death per 1,000 persons (by calendar year)	8.0	4.3	4.3	5.0	4.8
Percent of Hispanic low birth weight infants born to county residents (by calendar year)	8.40%	6.80%	6.80%	6.50%	6.30%
Average number of Hispanic live births in the County that result in death per 1,000 persons (by calendar year)	4.9	3.3	3.3	4.0	3.8

Performance Measures Explanation – Low birth weight is a major driver of and a surrogate measure for infant mortality. Early, appropriate and on-going 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 mortality, of all groups, in the County as well as the State. FY 2009 data for all outcome measures above are estimated.

Strategies to Accomplish the Objective –

- **Strategy 2.1.1** – Provide clients with prenatal care visits for all stages of prenatal care to improve outcomes
- **Strategy 2.1.2** – Ensure expecting mothers have a reasonable waiting time for their first prenatal visit
- **Strategy 2.1.3** – Ensure women entering their first trimester that are in need and are interested have access to and attend prenatal care to optimize outcomes
- **Strategy 2.1.4** – Monitor and evaluate trends in infant mortality for low birth weight remediation

Objective 2.2- Reduce the percent of abnormal results found in at risk individuals who are screened for chronic diseases from 36% in FY 2008.



Performance Measures –

Measure Name	FY 2007 Actual	FY 2008 Actual	FY 2009 Actual	FY 2010 Estimated	FY 2011 Projected
<i>Workload, Demand and Production (output)</i>					
Number of individuals screened		2,130	1,657	534	560
<i>Efficiency and Quality</i>					
Average number of screens per screener		426.0	276.2	133.5	140.0
Percent of identified individuals with abnormal results who received an appropriate intervention		95%	84%	87%	88%
<i>Impact (outcome)</i>					
Percent of abnormal results found in the individuals screened		36%	37%	35%	45%
Percent of abnormal results for colorectal screenings		18%	61%	53%	55%
Percent of abnormal results for breast and cervical cancer		13%	18%	12%	14%
Percent of abnormal results for blood pressure		39%	23%	0%	0%

Performance Measures Explanations –Through disease identification, prevention and education programs the County is working to reduce premature death related to chronic diseases such as cardiovascular disease and cancer. In the County heart disease is the largest cause of death and disability and cancer is the second. Data for FY 2007 is unavailable.

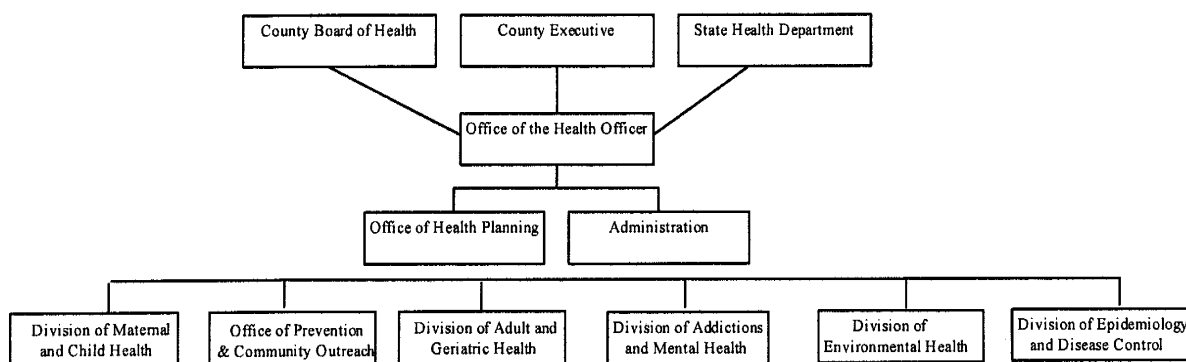
Strategies to Accomplish the Objective –

- **Strategy 2.2.1** – Provide educational and awareness opportunities
- **Strategy 2.2.2** - Identify and refer cases for disease management, confirmation, complication reduction and treatment

FY 2010 KEY ACCOMPLISHMENTS

- Provided services to 553 uninsured women in maternity service clinics. Of those women, 28% sought care and were provided care in the first trimester resulting in improved pregnancy outcomes.
- The Division of Addictions and Mental Health completed more than 1,600 assessments of offenders to identify individuals in need of drug use intervention or treatment referrals.
- The Food Protection Program increased inspection efficiency by implementing a New Single Event Program that designates teams to inspect food service facilities during non-operating hours.
- The Public Health Emergency Preparedness Program acquired \$1.6 million dollars in Federal grant monies to fund the H1N1 influenza vaccination campaign.

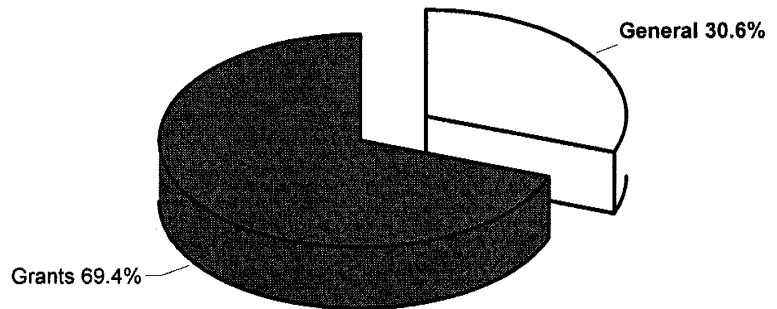
ORGANIZATIONAL CHART



	FY2009 ACTUAL	FY2010 BUDGET	FY2010 ESTIMATED	FY2011 PROPOSED	CHANGE FY10-FY11
TOTAL EXPENDITURES	\$ 66,856,726	\$ 74,107,700	\$ 70,258,400	\$ 66,999,000	-9.6%
EXPENDITURE DETAIL					
Administration	7,812,318	6,241,800	6,028,100	5,720,600	-8.4%
Maternal & Child Health	6,882,264	6,663,100	5,742,000	5,294,600	-20.5%
Addictions And Mental Health	932,929	724,500	724,400	640,000	-11.7%
Environmental Health	4,670,381	5,242,800	4,747,100	4,967,700	-5.2%
Adult & Geriatric Health	1,684,530	1,804,200	1,744,300	1,248,800	-30.8%
Epidemiology & Disease Control	3,567,207	3,822,500	3,609,800	3,252,500	-14.9%
Office Of The Health Officer	2,300,508	2,359,500	1,566,600	1,454,200	-38.4%
Grants	40,888,180	49,354,900	48,201,700	46,505,500	-5.8%
Recoveries	(1,881,591)	(2,105,600)	(2,105,600)	(2,084,900)	-1%
TOTAL	\$ 66,856,726	\$ 74,107,700	\$ 70,258,400	\$ 66,999,000	-9.6%
SOURCES OF FUNDS					
General Fund	\$ 25,968,546	\$ 24,752,800	\$ 22,056,700	\$ 20,493,500	-17.2%
Other County Operating Funds:					
Grants	40,888,180	49,354,900	48,201,700	46,505,500	-5.8%
TOTAL	\$ 66,856,726	\$ 74,107,700	\$ 70,258,400	\$ 66,999,000	-9.6%

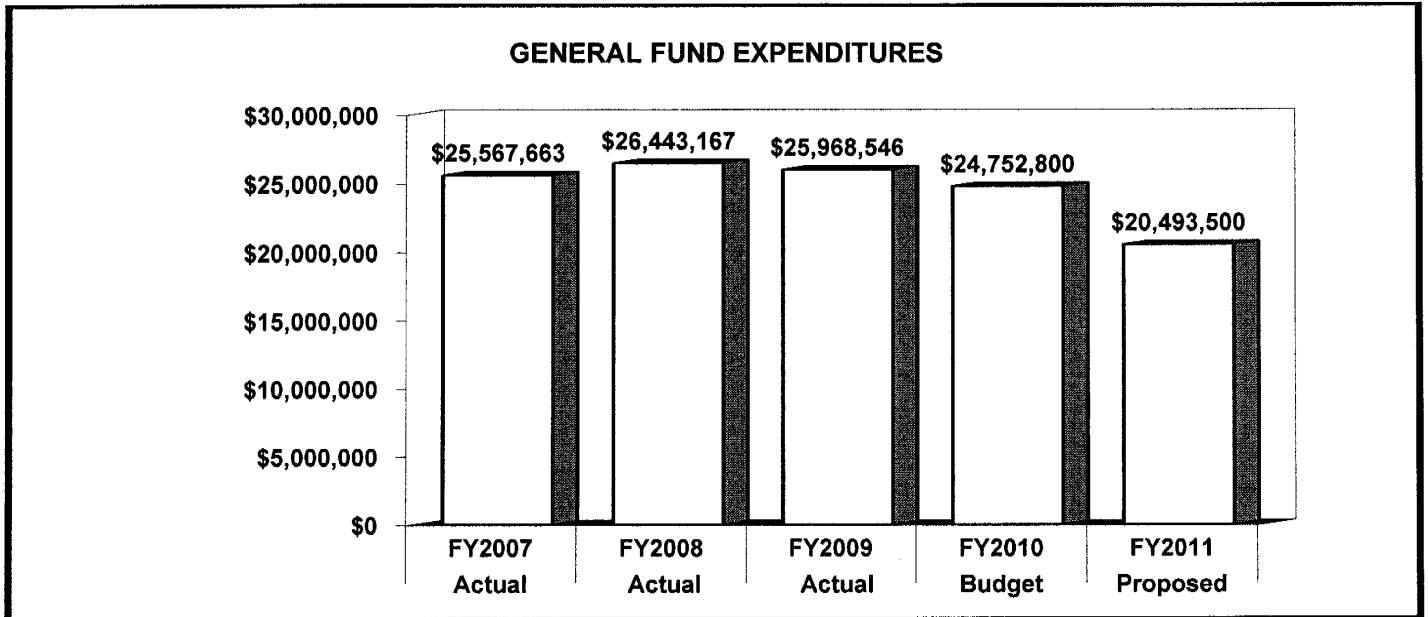
FY2011 SOURCES OF FUNDS

The agency is supported by 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 programs, and the Addictions programs.

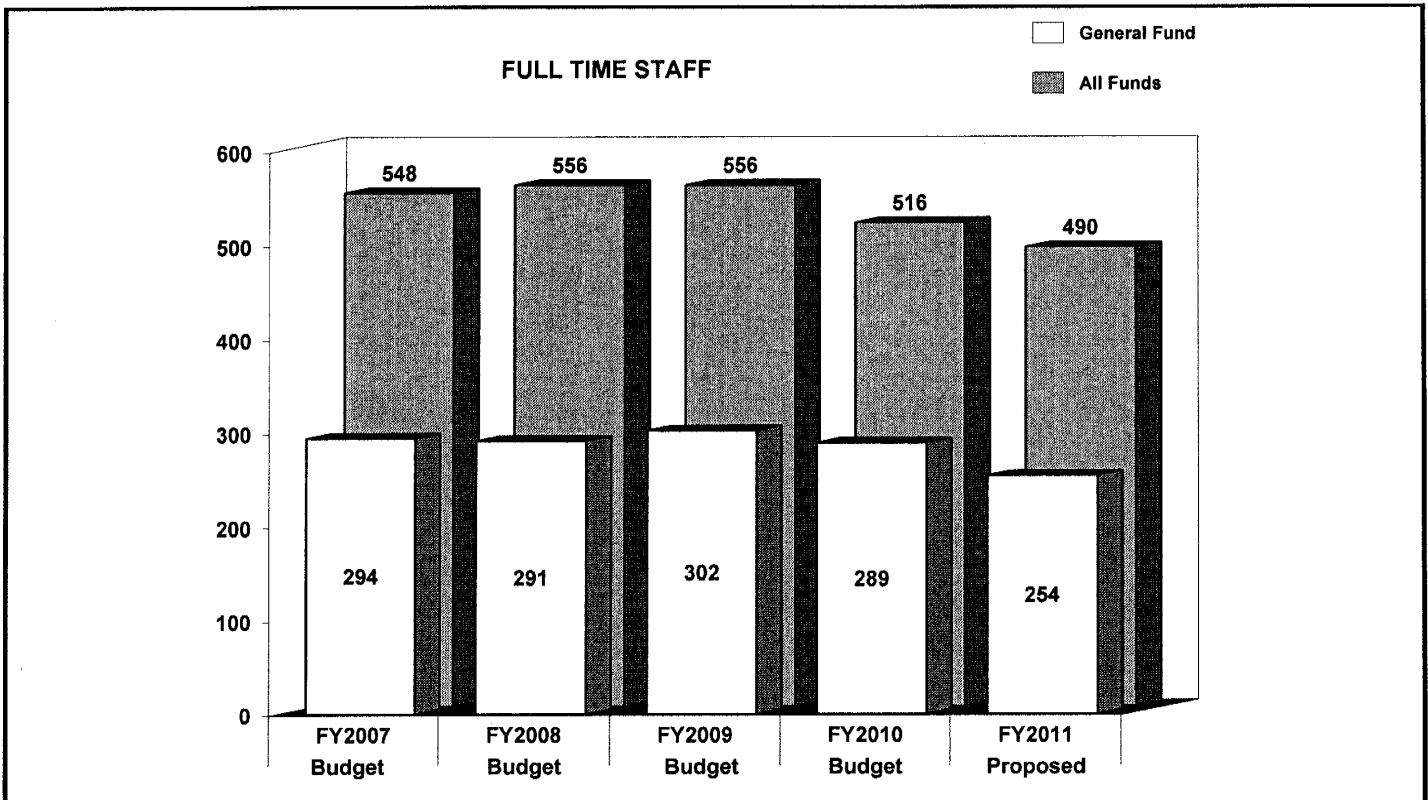


	FY2009 BUDGET	FY2010 BUDGET	FY2011 PROPOSED	CHANGE FY10-FY11
GENERAL FUND STAFF				
Full Time - Civilian	302	289	254	(35)
Full Time - Sworn	0	0	0	0
Part Time	8	7	4	-3
Limited Term	0	10	0	-10
OTHER STAFF				
Full Time - Civilian	254	227	236	9
Full Time - Sworn	0	0	0	0
Part Time	7	6	9	3
Limited Term Grant Funded	100	151	106	-45
TOTAL				
Full Time - Civilian	556	516	490	(26)
Full Time - Sworn	0	0	0	0
Part Time	15	13	13	0
Limited Term	100	161	106	-55

POSITIONS BY CATEGORY	FULL TIME	PART TIME	LIMITED TERM
Program Chiefs	20	0	1
Licensed Practical Nurses	8	0	0
Disease Control Specialists	17	0	3
Environmental Sanitarians	40	0	0
Counselors	50	2	19
Social Workers	6	0	0
Nutritionists	2	1	4
Laboratory Scientists/Dental Asst./X-Ray Technicians	5	0	0
Data Processing, Information Systems	5	0	0
Service Aides	0	0	1
Psychologist	1	0	0
Accounting/Budget Staff	13	0	0
Community Developer	40	3	14
Community Development Asst/Aides	41	0	31
Permit Specialists	5	0	0
Citizen Services Specialists	3	0	0
Clinical Support (Health Aides, Psych Nurse, Driver)	12	0	5
Physician Assistants	2	0	0
Physicians/Dentist (State)	8	0	0
Security Personnel	8	0	0
Directors/Managers	18	0	0
Community Health Nurses	71	5	12
Other Staff	115	2	16
TOTAL	490	13	106



The agency's expenditures increased 15.7% from FY 2007 to FY 2009. The increase was primarily driven by compensation increases. The FY 2011 proposed budget is 17.2% less than FY 2010 approved budget due primarily to reductions in state aid.



The agency's staffing complement decreased by 32 positions from FY 2007 to FY 2010. This decrease was driven by the conversion of vacant full time positions to Limited Term Grant Funded positions. The FY 2011 General Fund staffing decreases by 35 positions.

	FY2009 ACTUAL	FY2010 BUDGET	FY2010 ESTIMATED	FY2011 PROPOSED	CHANGE FY10-FY11
EXPENDITURE SUMMARY					
Compensation	\$ 16,740,319	\$ 17,434,700	\$ 14,921,600	\$ 13,512,900	-22.5%
Fringe Benefits	5,000,973	4,483,400	4,271,200	4,220,100	-5.9%
Operating Expenses	6,108,845	4,940,300	4,969,500	4,845,400	-1.9%
Capital Outlay	0	0	0	0	0%
	\$ 27,850,137	\$ 26,858,400	\$ 24,162,300	\$ 22,578,400	-15.9%
Recoveries	(1,881,591)	(2,105,600)	(2,105,600)	(2,084,900)	-1%
TOTAL	\$ 25,968,546	\$ 24,752,800	\$ 22,056,700	\$ 20,493,500	-17.2%
STAFF					
Full Time - Civilian	-	289	-	254	-12.1%
Full Time - Sworn	-	0	-	0	0%
Part Time	-	7	-	4	-42.9%
Limited Term	-	10	-	0	-100%

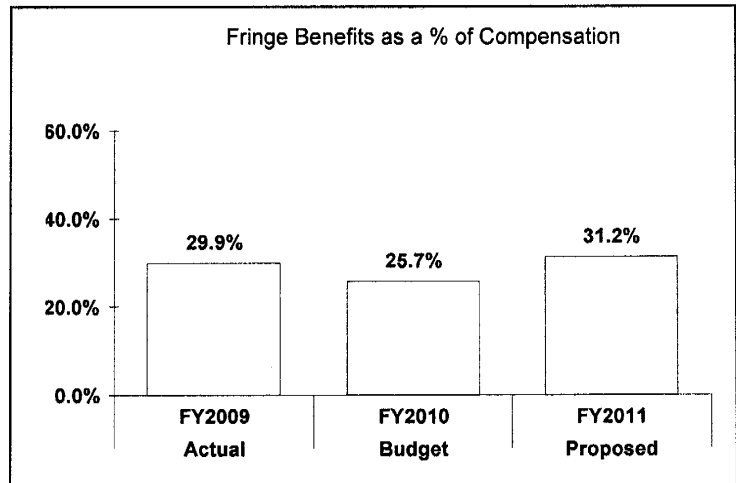
In FY 2011, compensation expenditures decrease 22.5% under the FY 2010 budget due to a reduction in the Core funding and transfer of Office of Youth Strategies. Compensation costs include funding for 254 full time and 4 part time positions.

Fringe benefits decrease 5.9% under the FY 2010 budget. This is due to staffing changes.

In FY 2011, operating expenditures decrease 1.9% under the FY 2010 budget due to cost reduction efforts and the transfer of the Office of Youth Strategies to Family Services.

*In FY 2011 there is a seven position reduction in staffing which is not yet allocated to departmental divisions.

MAJOR OPERATING EXPENDITURES FY2011	
Office Automation	\$ 809,400
General and Administrative	\$ 637,100
Contracts	
Office and Building Rental/Lease	\$ 572,200
Operational Contracts	\$ 539,700
Utilities	\$ 511,400



ADMINISTRATION - 01

The Administration Division provides administrative support services for the Agency's general and grant funded public health programs through centralized budget and fiscal management, human resource management, information technology, contract service management, procurement, supply, facility maintenance, security and mail distribution services.

The Employee Health and Safety program manages all aspects of building and employee safety, ensures health and safety training requirements are met in accordance with agency policies and procedures and ensures compliance with Occupational Safety and Health Administration (OSHA) and Maryland Occupational Safety and Health Act (MOSHA) regulations. Contract Services processes vendor contracts and provides technical assistance to organizations as needed to recover unused funds in accordance with contract terms.

Division Summary:

In FY 2011, compensation expenditures decrease 26.7% under the FY 2010 budget primarily due to position reductions. Compensation costs include funding for 48 full-time employees.

Fringe benefits decrease 23.8% under the FY 2010 budget due to the reduction in staffing.

In FY 2011, operating expenditures increase 33.1% over the FY 2010 budget due to increases in utilities and contract services.

	FY2009 ACTUAL	FY2010 BUDGET	FY2010 ESTIMATED	FY2011 PROPOSED	CHANGE FY10-FY11
EXPENDITURE SUMMARY					
Compensation	\$ 3,408,013	\$ 3,369,300	\$ 2,911,100	\$ 2,469,600	-26.7%
Fringe Benefits	1,315,586	1,004,400	871,300	765,000	-23.8%
Operating Expenses	3,088,719	1,868,100	2,245,700	2,486,000	33.1%
Capital Outlay	0	0	0	0	0%
Sub-Total	\$ 7,812,318	\$ 6,241,800	\$ 6,028,100	\$ 5,720,600	-8.4%
Recoveries	(1,196,386)	(1,407,400)	(1,407,400)	(1,407,400)	0%
TOTAL	\$ 6,615,932	\$ 4,834,400	\$ 4,620,700	\$ 4,313,200	-10.8%
STAFF					
Full Time - Civilian	-	71	-	48	-32.4%
Full Time - Sworn	-	0	-	0	0%
Part Time	-	0	-	0	0%
Limited Term	-	1	-	0	-100%

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, 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 2011, compensation expenditures decrease 26.2% under the FY 2010 budget primarily due to transferring full time staff to grants and not filling vacancies. Compensation includes funding for 75 full-time positions.

Fringe benefits decrease 7.8% under the FY 2010 budget due to the decrease in compensation.

In FY 2011, operating expenditures decrease 9% under the FY 2010 budget due to the reduction in contract services.

Recoveries decrease 5% due to the direct charging of expenditures to grant programs.

	FY2009 ACTUAL	FY2010 BUDGET	FY2010 ESTIMATED	FY2011 PROPOSED	CHANGE FY10-FY11
EXPENDITURE SUMMARY					
Compensation	\$ 4,561,021	\$ 4,546,100	\$ 3,625,000	\$ 3,354,800	-26.2%
Fringe Benefits	1,246,481	1,146,700	1,146,700	1,056,900	-7.8%
Operating Expenses	1,074,762	970,300	970,300	882,900	-9%
Capital Outlay	0	0	0	0	0%
Sub-Total	\$ 6,882,264	\$ 6,663,100	\$ 5,742,000	\$ 5,294,600	-20.5%
Recoveries	(422,572)	(425,700)	(425,700)	(405,000)	-4.9%
TOTAL	\$ 6,459,692	\$ 6,237,400	\$ 5,316,300	\$ 4,889,600	-21.6%
STAFF					
Full Time - Civilian	-	77	-	75	-2.6%
Full Time - Sworn	-	0	-	0	0%
Part Time	-	1	-	0	-100%
Limited Term	-	6	-	0	-100%

ADDICTIONS AND MENTAL HEALTH - 05

The Addictions and Mental Health Division provides outpatient treatment services for addicted adults, adolescents and families, and prevention services for high risk youth. Other programs include community based services and efforts to reduce tobacco use. The Addictions Treatment grant provides outpatient treatment services and contracts with several private vendors for residential treatment services which provide a continuum of services. These services range from intensive inpatient services to outpatient services, transitional community living, long-term residential rehabilitation and vocational training for homeless addicts, as well as 28 day residential intermediate care for DWI (Drinking While Intoxicated) offenders.

Division Summary:

In FY 2011, compensation expenditures decrease 7.4% under the FY 2010 budget primarily due to moving one General Fund staff to a grant program. Compensation costs includes funding for 2 full-time employees.

Fringe benefits increase 13.6% over the FY 2010 budget. This is due to the increase in health care costs.

In FY 2011, operating expenditures decrease 15% under the FY 2010 budget due to cost saving reductions.

	FY2009 ACTUAL	FY2010 BUDGET	FY2010 ESTIMATED	FY2011 PROPOSED	CHANGE FY10-FY11
EXPENDITURE SUMMARY					
Compensation	\$ 218,110	\$ 162,700	\$ 156,900	\$ 150,600	-7.4%
Fringe Benefits	53,150	41,800	47,500	47,500	13.6%
Operating Expenses	661,669	520,000	520,000	441,900	-15%
Capital Outlay	0	0	0	0	0%
Sub-Total	\$ 932,929	\$ 724,500	\$ 724,400	\$ 640,000	-11.7%
Recoveries	0	0	0	0	0%
TOTAL	\$ 932,929	\$ 724,500	\$ 724,400	\$ 640,000	-11.7%
STAFF					
Full Time - Civilian	-	3	-	2	-33.3%
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, institutional and solid waste handling facilities, public swimming pools and spas, private water supplies and sewage disposal systems, and the review of plans for all new and proposed facilities.

The Food Protection Program performs inspections of food service facilities and provides environmental response to food poisoning outbreak investigations. The Plan Review/Institutional Facilities Program evaluates and approves plans for new or substantially remodeled food service, institutional and recreational facilities, and monitors the operations of geriatric care facilities, public swimming pools and spas. The program also conducts environmental lead assessments in response to cases of lead poisoned children.

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 reviews and approves subdivision plats. The program also inspects 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 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 2011, compensation expenditures decrease 10.7% under the FY 2010 budget. Compensation costs include funding for 57 full-time employees.

Fringe benefits increase 18.3% due to the increased cost of health benefits.

In FY 2011, operating expenditures decrease 8.7% under the FY 2010 budget due to various cost saving measures.

	FY2009 ACTUAL	FY2010 BUDGET	FY2010 ESTIMATED	FY2011 PROPOSED	CHANGE FY10-FY11
EXPENDITURE SUMMARY					
Compensation	\$ 3,492,988	\$ 4,079,000	\$ 3,587,500	\$ 3,644,300	-10.7%
Fringe Benefits	999,927	966,800	966,800	1,143,500	18.3%
Operating Expenses	177,466	197,000	192,800	179,900	-8.7%
Capital Outlay	0	0	0	0	0%
Sub-Total	\$ 4,670,381	\$ 5,242,800	\$ 4,747,100	\$ 4,967,700	-5.2%
Recoveries	(175,633)	(185,500)	(185,500)	(185,500)	0%
TOTAL	\$ 4,494,748	\$ 5,057,300	\$ 4,561,600	\$ 4,782,200	-5.4%
STAFF					
Full Time - Civilian	-	57	-	57	0%
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. Adult Health programs implement a number of innovative and successful screening and education programs for the prevention of chronic diseases. The Nursing Home Licensure Program was removed in FY 2010. 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 2011, compensation expenditures decrease 35.9% under the FY 2010 budget primarily due to reductions in staffing. Compensation costs include funding for 15 full-time and 4 part-time employees.

Fringe benefits decrease 18.4% due to the staff reduction.

In FY 2011, operating expenditures decrease 19.7% under the FY 2010 budget due to the elimination of the nursing home licensure program.

	FY2009 ACTUAL	FY2010 BUDGET	FY2010 ESTIMATED	FY2011 PROPOSED	CHANGE FY10-FY11
EXPENDITURE SUMMARY					
Compensation	\$ 1,095,210	\$ 1,260,200	\$ 1,201,100	\$ 807,900	-35.9%
Fringe Benefits	326,306	311,900	309,900	254,500	-18.4%
Operating Expenses	263,014	232,100	233,300	186,400	-19.7%
Capital Outlay	0	0	0	0	0%
Sub-Total	\$ 1,684,530	\$ 1,804,200	\$ 1,744,300	\$ 1,248,800	-30.8%
Recoveries	0	0	0	0	0%
TOTAL	\$ 1,684,530	\$ 1,804,200	\$ 1,744,300	\$ 1,248,800	-30.8%
STAFF					
Full Time - Civilian	-	19	-	15	-21.1%
Full Time - Sworn	-	0	-	0	0%
Part Time	-	5	-	4	-20%
Limited Term	-	1	-	0	-100%

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 2011, compensation expenditures decrease 18.4% under the FY 2010 budget primarily due to staffing reductions. Compensation costs include funding for 42 full-time positions.

Fringe benefits increase 0.3% due to the cost increase of health benefits.

In FY 2011, operating expenditures decrease 17.2% under the FY 2010 budget due a reduction in laboratory services and the purchase of drugs and medicines.

	FY2009 ACTUAL	FY2010 BUDGET	FY2010 ESTIMATED	FY2011 PROPOSED	CHANGE FY10-FY11
EXPENDITURE SUMMARY					
Compensation	\$ 2,538,047	\$ 2,754,100	\$ 2,573,300	\$ 2,246,000	-18.4%
Fringe Benefits	718,474	694,800	690,000	697,200	0.3%
Operating Expenses	310,686	373,600	346,500	309,300	-17.2%
Capital Outlay	0	0	0	0	0%
Sub-Total	\$ 3,567,207	\$ 3,822,500	\$ 3,609,800	\$ 3,252,500	-14.9%
Recoveries	0	0	0	0	0%
TOTAL	\$ 3,567,207	\$ 3,822,500	\$ 3,609,800	\$ 3,252,500	-14.9%
STAFF					
Full Time - Civilian	-	45	-	42	-6.7%
Full Time - Sworn	-	0	-	0	0%
Part Time	-	0	-	0	0%
Limited Term	-	2	-	0	-100%

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 assures high standards of clinical care in the agency and provides public health expertise and direction.

Planning staff conduct community needs assessments, write health status reports, and develop local health plans in accordance with Healthy Maryland Project 2010. Planning staff also collect, analyze, and interpret health-related statistical data to identify populations at risk, establish health priorities, and evaluate and process Certificate of Need applications.

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 (5 counties) and are responsible for awarding grant monies, processing contracts, and monitoring services provided.

The Office of Youth Strategies moved to the Department of Family Services in FY 2011.

Division Summary:

In FY 2011, compensation expenditures decrease 33.5% under FY 2010 budget primarily due to staffing reductions and not filling vacant positions. Compensation costs include funding for 15 full-time positions.

Fringe benefits decrease 19.4% due to the change in staffing and transfer of the Office of Youth Strategies.

In FY 2011, operating expenditures decrease 53.9% under the FY 2010 budget due to moving the Office of Youth Strategies to the Department of Family Services.

	FY2009 ACTUAL	FY2010 BUDGET	FY2010 ESTIMATED	FY2011 PROPOSED	CHANGE FY10-FY11
EXPENDITURE SUMMARY					
Compensation	\$ 1,426,930	\$ 1,263,300	\$ 866,700	\$ 839,700	-33.5%
Fringe Benefits	341,049	317,000	239,000	255,500	-19.4%
Operating Expenses	532,529	779,200	460,900	359,000	-53.9%
Capital Outlay	0	0	0	0	0%
Sub-Total	\$ 2,300,508	\$ 2,359,500	\$ 1,566,600	\$ 1,454,200	-38.4%
Recoveries	(87,000)	(87,000)	(87,000)	(87,000)	0%
TOTAL	\$ 2,213,508	\$ 2,272,500	\$ 1,479,600	\$ 1,367,200	-39.8%
STAFF					
Full Time - Civilian	-	17	-	15	-11.8%
Full Time - Sworn	-	0	-	0	0%
Part Time	-	1	-	0	-100%
Limited Term	-	0	-	0	0%

	FY 2009 ACTUAL	FY2010 APPROVED	FY2010 ESTIMATED	FY2011 PROPOSED	CHANGE FY10-FY11
EXPENDITURE SUMMARY					
Compensation	\$ 17,360,354	\$ 20,177,309	\$ 20,357,900	\$ 19,889,500	-1.4%
Fringe Benefits	4,464,430	4,725,170	5,063,700	5,345,800	13.1%
Operating Expenses	19,584,096	24,973,121	23,248,800	21,660,600	-13.3%
Capital Outlay	-	-	-	-	0
SUB TOTAL	\$ 41,408,880	\$ 49,875,600	\$ 48,670,400	\$ 46,895,900	-6.0%
TOTAL GRANTS	\$ 41,408,880	\$ 49,875,600	\$ 48,670,400	\$ 46,895,900	-6.0%

In FY 2011 the Health Department will receive a new grant to coordinate drug control efforts from the High Intensity Drug Trafficking Areas (HIDTA) Program. In FY 2010, the Health Department received several stimulus grants which included: Public Health Preparedness (PHER I/II/III); Cancer Diagnosis and Treatment; and School Age Influenza Campaign. The Maryland Regional Gang Initiative grant will be transferred to the Department of Family Services in FY 2011.

STAFF SUMMARY BY DIVISION & GRANT PROGRAM	FY 2010			FY 2011		
	FT	PT	LTGF	FT	PT	LTGF
Addictions and Mental Health						
Addictions Cigarette Restitution/Expansion Grant	16	1	14	17	0	17
Addiction Treatment Program	35	3	4	32	3	5
Children and Parents Program	12	0	3	12	0	2
Drugs and Alcohol Prevention Program	2	0	1	3	0	1
GOCCP Project Safety Net	8	0	14	8	1	5
Laurel/Beltsville Oasis Program	2	0	0	2	0	0
Senate Bill 512 - House Bill 7	0	0	2	0	0	2
Substance Abuse Treatment Outcomes Partnership (STOP)	6	0	1	5	0	1
Temporary Cash Assistance (TCA)	2	0	5	2	0	5
Operation Safe Kids (OSK)	0	0	5	0	0	4
Tobacco Implementation Grant						
- Community Initiatives	1	0	2	1	0	0
- School Based Initiatives	0	0	0	0	0	0
- Law Enforcement Initiatives	1	0	3	0	0	0
Sub-total Addictions and Mental Health	85	4	54	82	4	42
Adult and Geriatric Health						
Cancer Outreach	2	0	1	2	0	1
CDC Breast & Cervical Cancer	1	0	0	1	0	0
Colorectal Cancer	5	0	2	4	0	0
Geriatric Evaluation Services (STEPS/AERS)	4	0	3	5	0	1
Medical Assistance Transportation	9	0	6	14	0	2
Nutrition/Cardiovascular Disease Reduction	1	0	0	0	0	0
Susan G. Komen Breast Cancer Grant	0	0	1	0	0	0
Sub-total Adult and Geriatric Health	22	0	13	26	0	4
Environmental Health						
Citizen Readiness Initiatives (CRI)	0	0	1	1	0	0
Pandemic Influenza	0	0	0	0	0	0
Public Health Emergency Preparedness	5	0	1	5	0	0
Sub-total Environmental Health	5	0	2	6	0	0
Epidemiology and Disease Control						
Counseling, Testing & Referral	4	1	1	4	1	0
Expanded HIV Testing	1	0	4	2	0	2
Health Education - Risk Reduction	2	0	1	3	0	0
Hepatitis B Prevention	1	0	0	1	0	0
Patient Services	3	0	0	0	0	0
Pediatric AIDS	1	0	1	0	0	0
Ryan White - Minority AIDS Initiative	0	0	4	1	1	2
Ryan White Title I (sub-grant of Ryan White CARE Act Part A under Office of Health Officer)	4	0	4	10	0	3
Ryan White Title II	9	0	4	14	0	5
STD Caseworker	3	0	2	2	0	1
TB Cooperative Agreement	2	0	1	2	1	1
TB Migrant Refugee Health	1	0	2	1	0	2
Sub-total Epidemiology and Disease Control	31	1	24	40	3	16
Maternal and Child Health						
Adam's House - Abstinence Education	0	0	0	0	0	0
Adam's House - Project Fresh Start0		0	1	0	0	0
Adam's House - Winning Father's Program	1	0	2	1	0	0
Babies Born Health	0	0	2	0	0	2
County Identified Oral Health	0	0	1	0	0	0
Oral Health Clinical Care	0	0	1	1	0	0
Administrative Care Coordination (Health line)	13	0	2	12	0	2
Consolidated Local Implementation Grant (CLIG)	4	0	3	5	0	2
Healthy Start Program	6	0	0	0	0	0
Healthy Teens/Young Adults	7	0	0	6	0	0
High Risk Infant	1	0	0	1	0	0
HIV Prevention Integration	2	0	0	2	1	0
Immunization Action Grant	2	0	1	2	0	1
Improved Pregnancy Outcome	1	0	0	1	0	0
Improved Access to Dental Care	0	0	3	0	0	0
Maryland Infant and Toddlers (Case Management)	3	0	5	4	0	4
Minority Infant Mortality Reduction	0	0	3	0	0	3
PWC/MKC Eligibility & Outreach	14	0	14	15	0	15
Reproductive Health	7	1	1	7	1	0
Southern MD Prenatal Partnership	0	0	2	0	0	1
Women, Infants and Child (WIC)	20	0	11	22	0	11
Sub-total Maternal and Child Health	81	1	52	79	2	41
Office of the Health Officer						
Coalition for Healthy Lifestyles Initiatives	0	0	1	0	0	0
Maryland Regional Gang Initiative	0	0	2	0	0	0
Ryan White Title I	3	0	3	3	0	3
Sub-total Office of the Health Officer	3	0	6	3	0	3
TOTAL	227	6	151	236	9	106

Grants By Division	FY 2009 ACTUAL	FY 2010 APPROVED	FY 2010 ESTIMATED	FY 2011 PROPOSED	\$ Change FY10- FY11	% Change FY10 - FY11
<u>Addictions and Mental Health</u>						
Addictions Cigarette Restitution/Expansion Grant	\$ 3,623,302	\$ 3,695,300	\$ 3,371,200	\$ 3,371,200	\$ (324,100)	-8.8%
Addictions Treatment Program	5,647,756	5,871,700	5,622,200	5,622,200	(249,500)	-4.2%
Children and Parents Program	1,747,514	1,781,700	1,795,800	1,795,800	14,100	0.8%
Drug and Alcohol Prevention Program	438,536	489,100	489,100	489,100	-	0.0%
Drug Court Treatment	134,296	152,000	152,000	152,000	-	0.0%
GOCCP Project Safety Net	1,445,180	1,546,100	1,512,400	1,512,400	(33,700)	-2.2%
Hepatitis C Screening & Treatment	7,671	-	-	-	-	-
HIDTA Grant	-	-	156,000	156,000	156,000	-
Laurel/Beltsville Oasis Program	152,260	94,800	94,800	108,300	13,500	14.2%
Operation Safe Kids (OSK)	98,462	240,000	350,000	350,000	110,000	-
Senate Bill 512 - House Bill 7	72,022	71,000	71,000	71,000	-	0.0%
Substance Abuse Treatment Outcomes Partnership (STOP)	583,827	502,300	502,300	502,300	-	0.0%
Temporary Cash Assistance (TCA)	421,486	457,800	455,900	455,900	(1,900)	-0.4%
Tobacco Implementation Project	913,751	985,400	193,900	193,900	(791,500)	-80.3%
Sub-Total	\$ 15,286,061	\$ 15,887,200	\$ 14,766,600	\$ 14,780,100	\$ (1,107,100)	-7.0%
<u>Administration</u>						
Minor Grants (AGH Donations)	\$ 10,041	\$ 30,000	\$ 30,000	\$ 30,000	-	0.0%
Sub-Total	\$ 10,041	\$ 30,000	\$ 30,000	\$ 30,000	\$ -	0.0%
<u>Adult and Geriatric Health</u>						
Cancer Diagnosis & Treatment	-	-	307,100	307,100	307,100	-
Cancer Outreach	\$ 166,857	\$ 172,900	\$ 172,900	\$ 172,900	\$ -	0.0%
CDC Breast & Cervical Cancer	283,480	228,000	228,000	228,000	-	0.0%
Colorectal Cancer (Cancer Prevention Evaluation)	744,466	781,300	565,200	565,200	(216,100)	-27.7%
Diabetes Today	5,540	-	-	-	-	-
Geriatric Evaluation Services (STEPS/AERS)	426,436	538,700	530,200	530,200	(8,500)	-1.6%
Medical Assistance Transportation	3,726,573	4,632,300	4,632,300	4,632,300	-	0.0%
Nutrition/Cardiovascular Disease Reduction	48,405	-	-	-	-	-
Senior Care	500,608	603,600	595,300	595,300	(8,300)	-1.4%
Susan G. Komen Breast Cancer Grant	16,926	70,000	-	-	(70,000)	-100.0%
Sub-Total	\$ 5,919,293	\$ 7,026,800	\$ 7,031,000	\$ 7,031,000	\$ 4,200	0.1%
<u>Environmental Health</u>						
ARRA School Age Influenza Campaign	-	-	215,000	-	-	-
Cities Readiness Initiatives (CRI)	\$ 142,349	\$ 193,400	\$ 190,300	\$ 190,300	\$ (3,100)	-1.6%
Injury Prevention	\$ 5,186	\$ -	\$ 3,500	\$ 3,500	\$ 3,500	-
Lead Outreach/Education	15,479	18,000	18,000	18,000	-	0.0%
Medical Reserve Corps Outreach	-	-	15,000	10,000	10,000	-
Pandemic Influenza	89,075	-	-	-	-	-
Public Health Emergency Preparedness (PHER I)	-	-	228,500	-	-	-
Public Health Emergency Preparedness (PHER II)	-	-	203,100	-	-	-
Public Health Emergency Preparedness (PHER III)	-	-	1,250,000	-	-	-
Public Health Emergency Preparedness	593,442	638,600	622,300	622,300	(16,300)	-2.6%
Special Projects	-	-	25,300	-	-	-
Sub-Total	\$ 845,530	\$ 850,000	\$ 2,771,000	\$ 844,100	\$ (5,900)	-0.7%
<u>Epidemiology</u>						
Counseling, Testing & Referrals	\$ 455,172	\$ 444,800	\$ 444,800	\$ 444,800	\$ -	0.0%
Expanded HIV Testing	324,176	521,900	474,500	474,500	(47,400)	-9.1%
Health Education - Risk Reduction	166,358	264,700	195,500	195,500	(69,200)	-26.1%
Hepatitis B Prevention	67,994	65,500	65,500	65,500	-	0.0%
Patient Services	278,154	273,100	-	-	(273,100)	-100.0%
Pediatric AIDS	131,387	125,900	-	-	(125,900)	-100.0%
Ryan White - Minority AIDS Initiative (sub-grant of Ryan White - Minority AIDS Initiative grant under Office of Health Officer)	234,630	275,500	264,500	264,500	(11,000)	-4.0%
Ryan White Title I (sub-grant of Ryan White CARE Act Part A under Office of Health Officer)	92,428	1,840,200	1,840,200	1,840,200	-	0.0%
Ryan White Title II	1,122,060	1,293,000	1,718,300	1,718,300	425,300	32.9%
STD Caseworker	313,983	326,100	301,200	301,200	(24,900)	-7.6%
TB Cooperative Agreement	239,916	242,400	242,400	242,400	-	0.0%
TB Migrant Refugee Health	156,075	202,900	219,500	219,500	16,600	8.2%
Sub-Total	\$ 3,582,332	\$ 5,876,000	\$ 5,766,400	\$ 5,766,400	\$ (109,600)	-1.9%

HEALTH DEPARTMENT - 70

GRANTS

Grants By Division	FY 2009 ACTUAL	FY 2010 APPROVED	FY 2010 ESTIMATED	FY 2011 PROPOSED	\$ Change FY10 - FY11	% Change FY10 - FY11
<u>Maternal Child Health</u>						
Adam's House - Winning Father's Program	\$ 39,451	\$ 92,000	\$ 92,000	\$ 92,000	\$ -	0.0%
Adam's House - Project Fresh Start	91,849	259,400	35,000	-	(259,400)	-100.0%
Adam's House - Abstinence	1,145	-	-	-	-	-
Administrative Care Coordination (Healthline)	1,060,209	1,203,000	1,081,000	1,081,000	(122,000)	-10.1%
Babies Born Healthy	31,836	127,400	127,400	127,400	-	-
County Identified Oral Health	21,894	20,000	-	-	(20,000)	-100.0%
Health Care and Other Facilities Construction Progr	-	471,200	-	-	(471,200)	-
Healthy Start Program	151,139	1,000,000	90,000	-	(1,000,000)	-100.0%
Healthy Teens/Young Adults	523,127	549,500	549,500	549,500	-	0.0%
High Risk Infant	117,608	117,600	117,600	117,600	-	0.0%
HIV Prevention Integration	148,798	156,000	195,000	195,000	39,000	25.0%
Immunization Action Project	224,779	198,900	198,900	198,900	-	0.0%
Improved Pregnancy Outcomes	150,404	152,200	152,200	152,200	-	0.0%
Improving Access to Dental Care	76,272	299,200	-	-	(299,200)	-100.0%
Infants and Toddlers Case Management	711,833	600,000	647,200	647,200	47,200	7.9%
Infants and Toddlers CLIG Lead Agency	1,228,695	1,465,000	1,587,300	1,587,300	122,300	8.3%
Infants and Toddlers Part B	27,922	-	111,200	111,200	111,200	-
Infants and Toddlers Schools	63,368	564,000	-	-	(564,000)	-100.0%
Infants and Toddlers Carry Over	-	-	-	200,000	200,000	-
Infants and Toddlers Part B 619	4,500	-	9,000	9,000	9,000	-
Infants and Toddlers-ARRA	-	1,284,700	-	-	(1,284,700)	-
Kaiser Care for Kids	-	52,100	51,000	51,000	(1,100)	-
Lead Paint Poisoning Outreach	53,624	57,300	57,300	57,300	-	0.0%
Minority Infant Mortality Reduction	11	200,000	100,000	200,000	-	-
Oral Health Clinical Care	-	20,000	60,000	60,000	40,000	-
PWV/MKC Eligibility & Outreach	1,657,261	1,686,200	1,686,200	1,686,200	-	0.0%
Reproductive Health	610,009	588,200	588,200	588,200	-	0.0%
Southern MD Perinatal Partnership	163,132	78,600	78,600	78,600	-	0.0%
State Reproductive Health Supply	64,713	58,000	58,000	58,000	-	0.0%
Women, Infants & Children (WIC)	1,934,439	2,653,500	2,653,500	2,653,500	-	0.0%
Sub-Total	\$ 9,158,018	\$ 13,954,000	\$ 10,326,100	\$ 10,501,100	\$ (3,452,900)	-24.7%
<u>Office of the Health Officer</u>						
Coalition for Healthy Lifestyles Initiatives	\$ 31,593	\$ 50,000	\$ -	\$ -	\$ (50,000)	-100.0%
Ryan White - Minority AIDS Initiative (MAI)	249,809	502,800	496,900	539,100	36,300	7.2%
Ryan White Title I (CARE Act Part A - Regular/Base and Rural HIV/AIDS)	5,412,550	5,175,100	7,013,700	7,013,700	1,838,600	35.5%
Maryland Regional Gang Initiative	392,953	3,000	-	-	(3,000)	-100.0%
Sub-Total	\$ 6,086,905	\$ 5,730,900	\$ 7,510,600	\$ 7,552,800	\$ 1,821,900	31.8%
Health Department Total Grants- Outside Sources	\$ 40,888,180	\$ 49,354,900	\$ 48,201,700	\$ 46,505,500	\$ (2,849,400)	-5.8%
Total Transfer from General Fund- (County Contribution/Cash Match)	\$ 520,700	\$ 520,700	\$ 468,700	\$ 390,400	\$ (130,300)	-25.0%
Total Grant Expenditures	\$ 41,408,880	\$ 49,875,600	\$ 48,670,400	\$ 46,895,900	\$ (2,979,700)	-6.0%

DIVISION OF ADDICTIONS AND MENTAL HEALTH -- \$14,780,100

Grants in this division support outpatient and residential treatment services for adults, adolescents and families who abuse alcohol and other drugs, and prevention services for high risk youth and families. Other programs include community-based tobacco use prevention, cessation and enforcement services. The Addictions Treatment grant and the Expansion grant support 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 grant for the Children and Parents program supports mental health and addictions services provided to pregnant and parenting women in an intensive outpatient program that incorporates services for the young children of program enrollees. The program assists women improving their health and that of their children and improves birth outcomes. Funding from the Governor's Office of Crime Control and Prevention supports one Juvenile and two Adult Drug Courts, a court diversion program (jail-based services) for women and adolescent offenders at the Department of Corrections and a new Operation Safe Kids program. The High Intensity Drug Trafficking

Areas (HIDTA) program enhances and coordinates drug control efforts among local, state and Federal law enforcement agencies.

DIVISION OF ADMINISTRATION -- \$30,000

An allocation of \$30,000 for unanticipated minor grant awards is included here along with anticipated awards, which may not be readily assigned to other divisions of the Department.

DIVISION OF ADULT AND GERIATRIC HEALTH -- \$7,031,000

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 -- \$844,100

The Lead Outreach grant supports extensive outreach to the community regarding the dangers of lead poisoning and assists with environmental case management of children with high blood lead levels and the enforcement of abatement regulations. The Public Health Emergency Preparedness Grant supports planning activities and the integrated efforts between County health and civic organizations and health care facilities to train medical practitioners and citizen volunteers in emergency preparedness, establish dispensing sites and shelters and implement emergency response strategies in the event of a man-made or natural disaster.

DIVISION OF EPIDEMIOLOGY AND DISEASE CONTROL -- \$ 5,776,400

Grant funding supports necessary services to individuals with specific types of communicable diseases such as Sexually Transmitted Diseases, HIV/AIDS, Tuberculosis, Hepatitis B for pregnant mothers. From the support of the grants investigations are conducted in order 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 -- \$10,501,100

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 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.

DIVISION OF THE HEALTH OFFICER -- \$7,552,800

The Ryan White CARE Act Title I staff function as the administrative agent for the entire suburban Maryland area (five counties) and are responsible for the awarding of grant monies, processing contracts, and monitoring services provided. Grant funding is used for comprehensive care services to HIV patients eligible for services under the Ryan White grant of \$7.0 million. Private community-based organizations provide a wide range of services to infected persons or their care-givers through the use of sub grants.