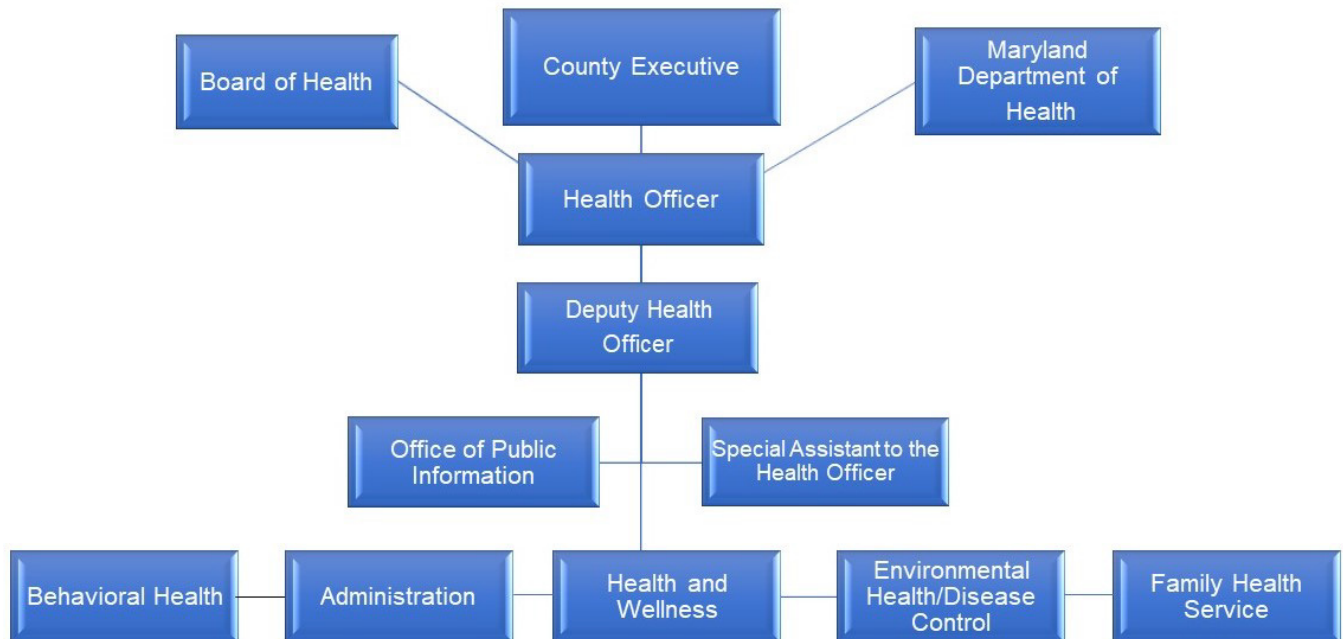


Health Department



MISSION AND SERVICES

The Health Department protects the public’s health; assures availability of and access to quality health care services; and promotes individual and community responsibility for the prevention of disease, injury and disability.

CORE SERVICES

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

FY 2021 KEY ACCOMPLISHMENTS

- Engineered a robust response to the COVID-19 pandemic, including disease investigation, quarantine facilities, prevention, testing, vaccination and the creating of the COVID Care program to support individuals with vulnerabilities.
- Successful implementation of CDC-funded Prevention Link Program, a diabetes and hypertension prevention program that links primary practices to care coordination resources.
- Obtained a \$30M grant for the regional partnership to address diabetes prevention and behavioral health programming, as well as developed and implemented the “Ending the HIV Epidemic” CDC initiative.
- Increased the number of homes connected to WSSC from failing septic systems by 30%.

- Collaborated with the Healthcare Action Coalition and GIS program to develop the methodology and mapping to support Health Food Priority Area legislation to enable incentives for health food vendors to do business in under-resourced areas of the County.

STRATEGIC FOCUS AND INITIATIVES FOR FY 2022

The agency's top priorities in FY 2022 are:

- Building the public health informatics infrastructure through a public health information network and integration of an electronic health record system that supports provision of services to residents.
- Ending the HIV Epidemic by developing and implementing a community-based plan to end HIV within the next 10 years.
- Mapping, developing and integrating the behavioral health system with a focus on expanding the crisis and acute care continuum in the County.
- Launching of a Population Health Initiative that will encompass programs to address the social determinants of health, asthma, maternal and child health, chronic disease, cancer and infectious disease programs focused on populations experiencing vulnerabilities.
- Conducting an Environmental Health Protection Initiative, including protection of the water supply by connecting homes with failing septic systems to a public sewer system with approved, enhanced nitrogen removal technology and partnerships around reducing air pollution.
- Ongoing COVID-19 response, including investigations, prevention, testing and vaccination.

FY 2022 BUDGET SUMMARY

The FY 2022 proposed budget for the Health Department is \$88,320,000, a decrease of \$10,949,400 or 11.0% under the FY 2021 approved budget.

Expenditures by Fund Type

Fund Types	FY 2020 Actual		FY 2021 Budget		FY 2021 Estimate		FY 2022 Proposed	
	Amount	% Total	Amount	% Total	Amount	% Total	Amount	% Total
General Fund	\$26,366,900	44.9%	\$28,798,300	29.0%	\$34,646,500	30.3%	\$30,142,500	34.1%
Grant Funds	32,347,430	55.1%	70,471,100	71.0%	79,643,500	69.7%	58,177,500	65.9%
Total	\$58,714,330	100.0%	\$99,269,400	100.0%	\$114,290,000	100.0%	\$88,320,000	100.0%

GENERAL FUND

The FY 2022 proposed General Fund budget for the Health Department is \$30,142,500, an increase of \$1,344,200 or 4.7% over the FY 2021 approved budget.

Reconciliation from Prior Year

	Expenditures
FY 2021 Approved Budget	\$28,798,400
Increase Cost: Compensation — Additional resources are allocated for funded vacant positions as well as reduced budgeted incumbent attrition to support the program operations	\$488,700
Add: Compensation - New Positions — Two System Analysts to support the Health Information Technology System, one System Analyst IV to support the Electronic Health Record System, one Administrative Assistant IV as a Safety Officer and one Auditor for contract review	389,300

Reconciliation from Prior Year *(continued)*

	Expenditures
Add: Compensation - New Positions — Three Registered Nurses to support the Immunization Program and two Disease Control Specialists for the Communicable Disease Program	370,800
Increase Cost: Operating - Technology Cost Allocation — Increase in OIT charges based on anticipated countywide costs for technology	286,500
Increase Cost: Fringe Benefits — Increase due to compensation adjustments and 10 new positions; the fringe benefit rate decreases from 35.7% to 34.0% to align with anticipated costs	160,800
Increase Cost: Operating Expenses Cash Match — Align County contribution as required for the Substance Abuse Treatment Outcomes Partnership and Assistance in Community Integration Services grant programs	101,900
Increase Cost: Operating — Increase in other office automation for the Electronic Client Management System update	41,200
Increase Cost: Compensation — Increase in state special pay staff and one part time position	25,900
Increase Cost: Operating — Increase to replace x-ray machines, fleet vehicle maintenance, memberships fees and mileage	16,000
Decrease Cost: Recovery Increase — Reflects operating recovery increase from various grants	(200,400)
Decrease Cost: Operating — Decrease in general office supplies, contracts, printing, equipment, training, office building leases and interagency charges to align to anticipated costs	(336,600)
FY 2022 Proposed Budget	\$30,142,500

GRANT FUNDS

The FY 2022 proposed grant budget for the Health Department is \$58,177,500, a decrease of \$12,293,400 or 17.3% under the FY 2021 approved budget. Major sources of funds in the FY 2022 proposed budget include:

- Administrative LBHA
- General Fund Services
- AIDS Case Management
- HIV Expansion Funds
- Maternal and Child Health Expansion
- Ryan White Part B
- Women, Infants and Children
- General Medical Assistance Transportation
- Diabetes, Heart Disease and Stroke

Reconciliation from Prior Year

	Expenditures
FY 2021 Approved Budget	\$70,471,100
Add: New Grant — Behavioral Health Promotion and Prevention, Crisis Response, Early Intervention Program, General Fund Services, Integration of Sexual Health in Recovery, Maryland Recovery Net, Maryland Violence and Injury Prevention, Overdose Action, State Opioid Response, State Opioid Response MAT Criminal Justice, State Opioid Response MAT Detention Center, State Opioid Response SBIRT, Tobacco Enforcement Initiative, Access Harm Reduction, HIV Personal Responsibility Education, Implement Ending the Epidemic, Maternal and Child Health Expansion, Oral Disease, Building Local Operational Capacity for COVID-19, Community Health Resources Commission, National Association of County and City Health Officials, Public Health Emergency Preparedness COVID-19 and Urban Security - UASI - MDERs	\$12,159,500
Enhance: Existing Program/Service — Continuum of Care, Federal SUD Services Grant, Opioid Operation Command, Prevention Services, Substance Abuse Treatment Outcomes Partnership (STOP), Childhood Lead Poisoning Prevention, Ending the HIV Epidemic Supplemental, HIV Prevention Services, Immunization Action Grant, Personal Responsibility Education, Reproductive Health, Ryan White Fee For Service, School Based Wellness Center - PGCPs, TB Control Cooperative Agreement, WIC Breastfeeding Peer Counseling and Women, Infants and Children and Carefirst BlueCross Blue Shield	2,458,000
Shift: Transfer of program — Crownsville Project, Cities Readiness Initiative, Public Health Emergency Preparedness, Assistance in Community Integration Services and Diabetes, Heart Disease and Stroke	(21,200)
Remove: Prior Year Appropriation — HIV Testing in Behavioral Health, Performance Incentive Grant Fund, Smart Reentry, Healthy Teens/Young Adults, HIV Program, Oral Health Expansion, PREP Pre Exposure Prophylaxis, Cancer Program, ACL Senior, Medical Resource Officers, Population Health and Telemental Health	(4,521,200)
Reduce: Existing Program/Service — Administrative/LBHA Core Services Admin Grant, Bridges 2 Success, Drug Court Services, Mental Health Services Grant, Project Safety Net, Temporary Cash Assistance, Tobacco Administration, Tobacco Cessation and Tobacco Control Community, Bay Restoration Septic Fund, Hepatitis B Prevention, Lead Paint Poisoning Program, AIDS Case Management, Babies Born Healthy, Dental Sealant D Driver Van, High Risk Infant, HIV Expansion Funds, Ryan White Part B, School Based Wellness - MSDE, STD Caseworker and Surveillance and Quality Improvement, Administrative Care Coordination Grant-Expansion, General Medical Assistance Transportation, Geriatric Evaluation and Review Services and MCHP Eligibility Determination and Promoting Positive Outcomes for Infants & Toddlers	(10,539,100)
Eliminate: Program/Service — High Intensity Drug Trafficking Area, Smart Reentry, Maryland Opioid Rapid Response, CDC HIV Funds, HIV Program, School Based Wellness Center and Syringe Services	(11,829,600)
FY 2022 Proposed Budget	\$58,177,500

STAFF AND BUDGET RESOURCES

Authorized Positions	FY 2020 Budget	FY 2021 Budget	FY 2022 Proposed	Change FY21-FY22
General Fund				
Full Time - Civilian	217	217	227	10
Full Time - Sworn	0	0	0	0
Subtotal - FT	217	217	227	10
Part Time	1	1	1	0
Limited Term	0	0	0	0

Grant Program Funds				
Full Time - Civilian	183	183	183	0
Full Time - Sworn	0	0	0	0
Subtotal - FT	183	183	183	0
Part Time	8	8	3	(5)
Limited Term	115	123	142	19

TOTAL				
Full Time - Civilian	400	400	410	10
Full Time - Sworn	0	0	0	0
Subtotal - FT	400	400	410	10
Part Time	9	9	4	0
Limited Term	115	123	142	0

Positions By Classification	FY 2022		
	Full Time	Part Time	Limited Term
Account Clerk	5	0	0
Accountant	6	0	0
Administrative Aide	30	0	4
Administrative Assistant	11	0	2
Administrative Specialist	6	0	0
Associate Director	4	0	0
Auditor	3	0	0
Budget Aide	1	0	0
Budget Management Analyst	8	0	0
Budget Management Manager	1	0	0
Building Engineer	1	0	0
Building Security Officer	4	0	0
Citizen Services Specialist	2	0	0
Community Developer	41	1	43
Community Development Aide	0	0	2
Community Development Assistant	30	0	31
Community Health Nurse	59	2	3
Community Services Manager	2	0	0
Counselor	35	0	25
Data Entry Operator	1	0	0

Positions By Classification	FY 2022		
	Full Time	Part Time	Limited Term
Dental Hygienist	1	0	0
Dentist	1	0	0
Deputy Health Officer	2	0	0
Disease Control Specialist	24	0	5
Environmental Health Specialist	28	0	0
Environmental Sanitarian	8	0	0
Equipment Operator	0	0	3
Facilities Superintendent	2	0	0
General Clerk	10	1	6
Health Aide	4	0	5
Health Officer	1	0	0
Health Record Technician	1	0	0
Laboratory Assistant	2	0	0
Licensed Practical Nurse	7	0	5
Mail Services Operator	2	0	0
Maintenance Services Attendant	1	0	0
Nurse Practitioner	4	0	4
Nutritionist	1	0	1
Permits Specialist	1	0	0
Personnel Aide	1	0	0
Personnel Analyst	5	0	0
Personnel Manager	1	0	0
Physician Program Manager	1	0	0
Physician Assistant	2	0	0
Physician Clinical Specialist	3	0	0
Physician Clinical Staff	1	0	0
Physician Supervisor	2	0	0
Planner	2	0	1
Police Officer Supervisor	1	0	0
Program Manager Senior	1	0	0
Procurement Officer	1	0	0
Programmer-Systems Analyst	3	0	0
Public Health Lab Scientist	2	0	0
Public Health Program Chief	12	0	0
Public Information Officer	1	0	0
Public Safety Aide	4	0	0
Quality Assurance Analyst	1	0	0
Radiology Technician	2	0	0
Registered Nurse	3	0	0
Service Aide	0	0	2
Social Worker	6	0	0
Supervisory Clerk	1	0	0
Supply Property Clerk	1	0	0
System Analyst	3	0	0
TOTAL	410	4	142

Expenditures by Category - General Fund

Category	FY 2020 Actual	FY 2021 Budget	FY 2021 Estimate	FY 2022 Proposed	Change FY21-FY22	
					Amount (\$)	Percent (%)
Compensation	\$16,946,024	\$16,034,200	\$15,092,200	\$17,309,000	\$1,274,800	8.0%
Fringe Benefits	5,575,182	5,724,300	5,387,900	5,885,100	160,800	2.8%
Operating	5,645,445	9,519,900	16,646,500	9,628,900	109,000	1.1%
Capital Outlay	1,333	—	—	—	—	
SubTotal	\$28,167,984	\$31,278,400	\$37,126,600	\$32,823,000	\$1,544,600	4.9%
Recoveries	(1,801,084)	(2,480,100)	(2,480,100)	(2,680,500)	(200,400)	8.1%
Total	\$26,366,900	\$28,798,300	\$34,646,500	\$30,142,500	\$1,344,200	4.7%

In FY 2022, compensation expenditures increase 8.0% over the FY 2021 budget due to funding for ten new positions, a reduction in budgeted incumbent attrition as well as salary lapse for vacant positions. The new positions include three registered nurses to support the Immunization Program; two disease control specialists to support the Communicable Disease Program; one administrative assistant as a safety officer; two system analysts to support the Electronic Health Record System; one system analyst to support the Health Information Technology System and one auditor. Compensation costs include funding for 227 full time positions and one part time position. Fringe benefit expenditures increase 2.8% over the FY 2021 budget due to anticipated fringe requirements and new positions.

Operating expenses increase 1.1% over the FY 2021 budget primarily to support technology cost allocation, operating equipment, fleet vehicle maintenance, memberships fee and mileage.

Recoveries increase 8.1% over the FY 2021 budget due to an increase in recoverable operating expenditures from various grants.

Expenditures by Division - General Fund

Category	FY 2020 Actual	FY 2021 Budget	FY 2021 Estimate	FY 2022 Proposed	Change FY21-FY22	
					Amount (\$)	Percent (%)
Administration	\$7,794,438	\$8,379,200	\$11,307,200	\$9,260,800	\$881,600	10.5%
Family Health Services	5,354,811	6,635,500	9,401,800	6,431,100	(204,400)	-3.1%
Behavioral Health	2,440,308	3,026,700	2,559,100	2,428,100	(598,600)	-19.8%
Environmental Health - Disease Control	4,889,743	5,052,700	6,021,800	5,004,000	(48,700)	-1.0%
Health and Wellness	1,846,632	1,457,000	1,588,800	1,757,300	300,300	20.6%
Office of the Health Officer	4,040,968	4,247,200	3,767,800	5,261,200	1,014,000	23.9%
Total	\$26,366,900	\$28,798,300	\$34,646,500	\$30,142,500	\$1,344,200	4.7%

General Fund - Division Summary

Category	FY 2020 Actual	FY 2021 Budget	FY 2021 Estimate	FY 2022 Proposed	Change FY21-FY22	
					Amount (\$)	Percent (%)
Administration						
Compensation	\$4,679,990	\$3,006,000	\$4,091,300	\$3,781,000	\$775,000	25.8%
Fringe Benefits	1,541,403	1,073,200	1,460,600	1,285,600	212,400	19.8%
Operating	3,357,796	6,510,000	7,965,300	6,874,700	364,700	5.6%
Capital Outlay	1,333	—	—	—	—	
SubTotal	\$9,580,522	\$10,589,200	\$13,517,200	\$11,941,300	\$1,352,100	12.8%
Recoveries	(1,786,084)	(2,210,000)	(2,210,000)	(2,680,500)	(470,500)	21.3%
Total Administration	\$7,794,438	\$8,379,200	\$11,307,200	\$9,260,800	\$881,600	10.5%
Family Health Services						
Compensation	\$3,613,145	\$4,391,400	\$4,211,100	\$4,293,400	\$(98,000)	-2.2%
Fringe Benefits	1,280,749	1,567,700	1,503,400	1,459,800	(107,900)	-6.9%
Operating	460,917	676,400	3,687,300	677,900	1,500	0.2%
Capital Outlay	—	—	—	—	—	
SubTotal	\$5,354,811	\$6,635,500	\$9,401,800	\$6,431,100	\$(204,400)	-3.1%
Recoveries	—	—	—	—	—	
Total Family Health Services	\$5,354,811	\$6,635,500	\$9,401,800	\$6,431,100	\$(204,400)	-3.1%
Behavioral Health						
Compensation	\$1,492,681	\$1,816,100	\$1,464,000	\$1,558,800	\$(257,300)	-14.2%
Fringe Benefits	611,317	648,400	522,600	530,000	(118,400)	-18.3%
Operating	336,310	581,500	591,800	339,300	(242,200)	-41.7%
Capital Outlay	—	—	—	—	—	
SubTotal	\$2,440,308	\$3,046,000	\$2,578,400	\$2,428,100	\$(617,900)	-20.3%
Recoveries	—	(19,300)	(19,300)	—	19,300	-100.0%
Total Behavioral Health	\$2,440,308	\$3,026,700	\$2,559,100	\$2,428,100	\$(598,600)	-19.8%
Environmental Health - Disease Control						
Compensation	\$3,693,873	\$3,785,800	\$3,102,800	\$3,690,600	\$(95,200)	-2.5%
Fringe Benefits	1,009,996	1,351,500	1,107,700	1,254,800	(96,700)	-7.2%
Operating	185,874	75,400	1,971,300	58,600	(16,800)	-22.3%
Capital Outlay	—	—	—	—	—	
SubTotal	\$4,889,743	\$5,212,700	\$6,181,800	\$5,004,000	\$(208,700)	-4.0%
Recoveries	—	(160,000)	(160,000)	—	160,000	-100.0%
Total Environmental Health - Disease Control	\$4,889,743	\$5,052,700	\$6,021,800	\$5,004,000	\$(48,700)	-1.0%

General Fund - Division Summary (continued)

Category	FY 2020 Actual	FY 2021 Budget	FY 2021 Estimate	FY 2022 Proposed	Change FY21-FY22	
					Amount (\$)	Percent (%)
Health and Wellness						
Compensation	\$1,227,561	\$998,800	\$626,900	\$1,185,400	\$186,600	18.7%
Fringe Benefits	517,387	373,700	223,800	403,000	29,300	7.8%
Operating	101,684	84,500	738,100	168,900	84,400	99.9%
Capital Outlay	—	—	—	—	—	
SubTotal	\$1,846,632	\$1,457,000	\$1,588,800	\$1,757,300	\$300,300	20.6%
Recoveries	—	—	—	—	—	
Total Health and Wellness	\$1,846,632	\$1,457,000	\$1,588,800	\$1,757,300	\$300,300	20.6%
Office of the Health Officer						
Compensation	\$2,238,774	\$2,036,100	\$1,596,100	\$2,799,800	\$763,700	37.5%
Fringe Benefits	614,330	709,800	569,800	951,900	242,100	34.1%
Operating	1,202,864	1,592,100	1,692,700	1,509,500	(82,600)	-5.2%
Capital Outlay	—	—	—	—	—	
SubTotal	\$4,055,968	\$4,338,000	\$3,858,600	\$5,261,200	\$923,200	21.3%
Recoveries	(15,000)	(90,800)	(90,800)	—	90,800	-100.0%
Total Office of the Health Officer	\$4,040,968	\$4,247,200	\$3,767,800	\$5,261,200	\$1,014,000	23.9%
Total	\$26,366,900	\$28,798,300	\$34,646,500	\$30,142,500	\$1,344,200	4.7%

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), personnel, procurement, contractual, facility maintenance, security, vital records and general services. A Health Insurance Portability and Accountability Act (HIPAA) compliance component was established in July 2010 to serve as the departmental liaison for the coordination of privacy compliance for medical records.

Fiscal Summary

In FY 2022, the division expenditures increase \$881,600 or 10.5% over the FY 2021 budget. Staffing resources increase by eight from the FY 2021 budget. The primary budget changes include:

- Funding for two new system analysts to support the Health Information Technology System, one system analyst IV to support the Electronic Health Record System, one administrative assistant IV as a Safety Officer and one auditor to review contracts.
- An increase in operating costs due to technology cost allocation charges and divisional consolidation to the Administration division.

	FY 2021 Budget	FY 2022 Proposed	Change FY21-FY22	
			Amount (\$)	Percent (%)
Total Budget	\$8,379,200	\$9,260,800	\$881,600	10.5%
STAFFING				
Full Time - Civilian	47	55	8	17.0%
Full Time - Sworn	0	0	0	0.0%
Subtotal - FT	47	55	8	17.0%
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 2022, the division expenditures decrease \$204,400 or 3.1% under the FY 2021 budget. Staffing resources increase by three positions from the FY 2021 budget. The primary budget change includes:

- Three new Registered Nurses to support the Immunization Program as well as projected

healthcare and pension costs. Additionally, funding reflect positions realigned between other divisions during the prior year.

- A decrease in general administrative contracts, operating contracts and office supplies.
- An increase in office equipment for x-ray machine replacements.

	FY 2021 Budget	FY 2022 Proposed	Change FY21-FY22	
			Amount (\$)	Percent (%)
Total Budget	\$6,635,500	\$6,431,100	\$(204,400)	-3.1%
STAFFING				
Full Time - Civilian	56	59	3	5.4%
Full Time - Sworn	0	0	0	0.0%
Subtotal - FT	56	59	3	5.4%
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 2022, the division expenditures decrease \$598,600 or 19.8% under the FY 2021 budget. Staffing resources decrease by one from the FY 2021 budget. The primary budget changes include:

- Compensation and fringe benefit cost decrease primarily due to attrition and lapse in the division

and one administrator position transferred to the Administration Division.

- A decrease in building leases and technology costs transferred to the Administration Division.
- Recoveries related to salary and fringe benefits directly charged to grants transferred to the Administration Division.

	FY 2021 Budget	FY 2022 Proposed	Change FY21-FY22	
			Amount (\$)	Percent (%)
Total Budget	\$3,026,700	\$2,428,100	\$(598,600)	-19.8%
STAFFING				
Full Time - Civilian	22	21	(1)	-4.5%
Full Time - Sworn	0	0	0	0.0%
Subtotal - FT	22	21	(1)	-4.5%
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 2022, the division expenditures decrease \$48,700 or 1.0% under the FY 2021 budget. Staffing resources remain unchanged from the FY 2021 budget. The primary budget changes include:

- A decrease in compensation and fringe benefits reflect two positions reallocated to other divisions off set by two new disease control specialists to support the Communicable Disease Program.
- A decrease in training.
- An Increase in recoveries to reflect the transfer of compensation and fringe benefits for solid waste efforts to the Administration Division.

	FY 2021 Budget	FY 2022 Proposed	Change FY21-FY22	
			Amount (\$)	Percent (%)
Total Budget	\$5,052,700	\$5,004,000	\$(48,700)	-1.0%
STAFFING				
Full Time - Civilian	56	56	0	0.0%
Full Time - Sworn	0	0	0	0.0%
Subtotal - FT	56	56	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 2022, the division expenditures increase \$300,300 or 20.6% over the FY 2021 budget. Staffing resources decrease by one from the FY 2021 budget. The primary budget change includes:

- An increase in personnel costs for state special pay staff, overtime, position reallocations and salary adjustments. One Administrator position is reallocated to the Administration Division.
- An increase in fringe benefits to align with anticipated fringe requirements.
- Funding is continued to support the early childhood consultant contract for the Child-Friendly County Campaign.

	FY 2021 Budget	FY 2022 Proposed	Change FY21-FY22	
			Amount (\$)	Percent (%)
Total Budget	\$1,457,000	\$1,757,300	\$300,300	20.6%
STAFFING				
Full Time - Civilian	15	14	(1)	-6.7%
Full Time - Sworn	0	0	0	0.0%
Subtotal - FT	15	14	(1)	-6.7%
Part Time	0	0	0	0.0%
Limited Term	0	0	0	0.0%

Office of the Health Officer

The Office of the Health Officer directs the departments' public health programs and activities in conformance with applicable laws, regulations, policies, procedures and standards of the State of Maryland and the County. The Office of the Health Officer assures high standards of clinical care in the 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 under-insured residents.

Planning staff conduct community needs assessments, write health status reports and develop local health plans in accordance with federal, State and regional initiatives. 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 agency's responses to all inquiries from the media, requests for information under the Maryland Public Information Act and legislative activities. The Ryan White CARE Act Title I staff function as the administrative agent for the entire suburban Maryland area (five counties) and are

responsible for awarding grant monies, processing contracts and monitoring services provided.

Fiscal Summary

In FY 2022, the division expenditures increase \$1,014,000 or 23.9% over the FY 2021 budget. Staffing resources decrease by one from the FY 2021 budget. The primary budget changes include:

- An increase in personnel costs due to position reallocations, state special pay and salary adjustments. One Administrator position is reallocated to the Administration Division.
- A decrease in technology costs due to the consolidation of office automation to the Administration Division.
- Funding support county contribution requirements for the Assistance in Community Integration Services grant program.

	FY 2021 Budget	FY 2022 Proposed	Change FY21-FY22	
			Amount (\$)	Percent (%)
Total Budget	\$4,247,200	\$5,261,200	\$1,014,000	23.9%
STAFFING				
Full Time - Civilian	23	22	(1)	-4.3%
Full Time - Sworn	0	0	0	0.0%
Subtotal - FT	23	22	(1)	-4.3%
Part Time	1	1	0	0.0%
Limited Term	0	0	0	0.0%

GRANT FUNDS SUMMARY

Expenditures by Category - Grant Funds

Category	FY 2020 Actual	FY 2021 Budget	FY 2021 Estimate	FY 2022 Proposed	Change FY21-FY22	
					Amount (\$)	Percent (%)
Compensation	\$13,886,216	\$22,055,300	\$18,541,800	\$19,758,700	\$(2,296,600)	-10.4%
Fringe Benefits	3,940,610	5,513,800	5,526,400	3,062,600	(2,451,200)	-44.5%
Operating	14,635,360	43,324,300	55,997,800	35,778,700	(7,545,600)	-17.4%
Capital Outlay	—	—	—	—	—	—
SubTotal	\$32,462,186	\$70,893,400	\$80,066,000	\$58,600,000	\$(12,293,400)	-17.3%
Recoveries	—	—	—	—	—	—
Total	\$32,462,186	\$70,893,400	\$80,066,000	\$58,600,000	\$(12,293,400)	-17.3%

The FY 2022 proposed grant budget is \$58,600,000, a decrease of 17.3% under the FY 2021 approved budget. This decrease is primarily due to the removal of the Oral Health Expansion, PREP Pre-Exposure Prophylaxis, Cancer Program and Population Health programs from the prior year appropriation. The department will not pursue funding for the High Intensity Drug Trafficking Area, Smart Reentry, Maryland Opioid Rapid Response, CDC HIV Funds, HIV Program, School Based Wellness Center and Syringe Services.

Staff Summary by Division - Grant Funds

Staff Summary by Division & Grant Program	FY 2021			FY 2022		
	FT	PT	LTGF	FT	PT	LTGF
Administration						
General Services	2	—	—	2	—	—
Total Administration	2	—	—	2	—	—
Family Health Services						
AIDS Case Management	17	—	4	17	—	10
Babies Born Healthy	1	1	1	1	—	—
Dental Sealant D Driver Van	—	—	1	—	—	—
Ending the HIV Epidemic	—	—	—	—	—	3
Healthy Teens/Young Adults	4	—	—	—	—	—
High Risk Infant	1	—	—	1	—	—
HIV PREP	—	—	—	—	—	2
HIV Prevention	5	1	3	5	1	3
HIV Expansion HRSA	—	—	—	—	—	5
Immunization Action Grant	2	—	—	1	—	—
Maternal and Child Health	—	—	—	—	—	21
Personal Responsibility Education	—	—	—	—	—	1
Reproductive Health	4	—	—	7	—	—
Ryan White Title I/Part A and MAI	3	—	1	—	—	—
Ryan White Part B	6	—	1	—	—	—

Staff Summary by Division - Grant Funds (continued)

Staff Summary by Division & Grant Program	FY 2021			FY 2022		
	FT	PT	LTGF	FT	PT	LTGF
Ryan White Fee For Service	—	—	3	4	—	4
School Based Wellness Center	—	—	—	—	—	—
School Based Wellness Center MSDE	—	—	—	3	—	—
School Based Wellness Center PGCPS	—	—	—	6	—	—
STD Caseworker	12	—	7	12	—	4
Surveillance and Quality Improvement	1	—	—	1	—	—
TB Control Cooperative Agreement	2	—	—	—	—	—
WIC Breastfeeding Peer Counseling	—	—	4	1	—	2
Women, Infants, and Children (WIC)	19	—	10	18	—	6
Total Family Health Services	77	2	35	77	1	61
Behavioral Health						
Addictions Treatment General Grant	19	—	10	19	—	13
Administrative/LAA	2	—	1	2	—	3
Adolescent Clubhouse	—	—	—	—	—	5
Behavioral Health Promotion and Prevention	—	—	—	—	—	7
Bridges to Success	1	—	4	1	—	4
Community Mental Health	—	—	—	—	1	1
Core Services Administrative Grant	6	—	2	6	—	—
Crownsville Project	—	—	1	—	—	1
Drug and Alcohol Prevention	2	—	—	2	—	—
Drug Court Services	1	—	—	1	—	—
Federal Treatment Grant	2	1	—	2	—	6
General Fund Services	—	—	—	—	—	1
Integration of Sexual Health in Recovery	1	—	—	1	—	—
Mental Health Services Grant	—	—	2	—	—	1
Offender Reentry Prog. (PGCORP)	—	—	6	—	—	7
PREP	—	4	1	—	—	—
Project Safety Net	6	—	6	6	—	—
Recovery Support Services	2	—	11	2	—	4
Senate Bill 512 Children In Need of Assistance	—	—	—	—	—	—
Smart ReEntry	—	—	5	—	—	—

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

Staff Summary by Division & Grant Program	FY 2021			FY 2022		
	FT	PT	LTGF	FT	PT	LTGF
Substance Abuse Treatment Outcomes Partnership (STOP)	3	—	7	3	—	—
Temporary Cash Assistance	3	—	2	3	—	—
Tobacco Enforcement Initiative	—	—	2	—	—	2
Tobacco Cessation	1	—	—	1	—	—
Total Behavioral Health	49	5	60	49	1	55
Environmental Health - Disease Control						
Bay Restoration (Septic) Fund	—	—	—	1	—	—
Childhood Lead Poisoning Prevention	1	—	—	—	—	—
Cities Readiness Initiative (CRI)	1	—	—	—	—	—
Hepatitis B Prevention	1	—	—	1	—	—
Lead Poisoning Prevention	—	—	—	1	—	—
Public Health Emergency Preparedness (PHEP)	3	—	—	—	—	—
Total Environmental Health - Disease Control	6	—	—	3	—	—
Health and Wellness						
Administrative Care Coordination	12	—	1	12	—	—
ACIS	—	—	—	—	—	1
CareFirst BlueCross BlueShield	—	—	—	—	—	1
Geriatric Evaluation Review Services	6	—	1	7	—	—
MCHP Eligibility Determination	18	1	8	18	1	8
General Medical Assistance Transportation	10	—	9	10	—	9
Total Health and Wellness	46	1	19	47	1	19
Office of the Health Officer						
ACIS	1	—	—	1	—	—
Diabetes, Heart Disease and Stroke	1	—	—	1	—	4
Infants and Toddlers	—	—	—	—	—	1
PHEP	—	—	—	2	—	—
PHEP COVID-19	—	—	—	—	—	2
Ryan White HIV/AIDS Treatment Modernization Act-Part A & Minority AIDS Initiative	1	—	—	1	—	—
UASI-MDERS	—	—	1	—	—	—
Total Office of the Health Officer	3	—	1	5	—	7
Total	183	8	115	183	3	142

In FY 2022, funding is provided for 183 full time positions, three part time positions and 142 limited term grant funded (LTGF) positions. This is an increase of 19 LTGF positions to support the new Behavioral Health Promotion and Prevention and Maternal and Child Health Expansion programs.

Grant Funds by Division

Grant Name	FY 2020 Actual	FY 2021 Budget	FY 2021 Estimate	FY 2022 Proposed	Change FY21-FY22	
					Amount (\$)	Percent (%)
Family Health Services						
Access Harm Reduction	\$—	\$—	\$340,000	\$340,000	\$340,000	
AIDS Case Management	2,405,390	5,550,000	3,963,900	4,124,300	(1,425,700)	-25.7%
Babies Born Healthy	179,443	200,000	190,000	189,200	(10,800)	-5.4%
Breast and Cervical Cancer	(250)	—	—	—	—	
CDC HIV Funds	—	5,000,000	—	—	(5,000,000)	-100.0%
COVID Immunization CARES 1	—	—	395,900	—	—	
COVID Mass Vaccination CARES	—	—	1,825,400	—	—	
Dental Sealant D Driver Van	4,411	200,000	18,000	11,000	(189,000)	-94.5%
Ending the HIV Epidemic Supplemental	49,160	140,000	519,700	868,200	728,200	520.1%
Enhancing Detection Grant	—	—	2,380,200	—	—	
Fee for Service	65,193	—	950,000	—	—	
Fee for Service Clinic	—	—	1,230,200	—	—	
Healthy Teens/Young Adults	362,548	410,000	—	—	(410,000)	-100.0%
Hepatitis B and C Care	58,830	15,000	12,400	15,000	—	0.0%
High Risk Infant (Infants at Risk)	61,724	117,700	117,600	115,300	(2,400)	-2.0%
HIV Expansion Funds HRSA	747,339	6,300,000	519,700	3,000,000	(3,300,000)	-52.4%
HIV Prevention Services	561,764	940,000	938,900	951,500	11,500	1.2%
HIV PREP (Personal Responsibility Education)	250,976	—	500,000	562,100	562,100	
HIV Program	—	5,200,000	—	—	(5,200,000)	-100.0%
Implement Ending the Epidemic	—	—	1,638,100	1,656,900	1,656,900	
Immunization Action Grant	218,166	370,000	284,900	412,500	42,500	11.5%
Local Vaccination Activities	—	—	17,186,800	—	—	
Maternal and Child Health Expansion	—	—	—	3,000,000	3,000,000	
Oral Disease and Injury Prevention	—	60,000	47,000	60,000	—	0.0%
Oral Disease	7,290	—	—	20,000	20,000	
Oral Heath Expansion	7,535	581,000	—	—	(581,000)	-100.0%
Oral Sealant	—	—	17,000	—	—	
Partnership for Care	(335)	—	—	—	—	
Personal Responsibility Education (PREP)	58,658	65,000	70,000	111,400	46,400	71.4%
PREP Pre Exposure Prophylaxis	—	615,000	—	—	(615,000)	-100.0%
Recovery Housing for Women	(703)	—	—	—	—	
Reproductive Health	408,445	497,000	731,200	751,500	254,500	51.2%
Ryan White Care	115	—	—	—	—	

Grant Funds by Division (continued)

Grant Name	FY 2020 Actual	FY 2021 Budget	FY 2021 Estimate	FY 2022 Proposed	Change FY21-FY22	
					Amount (\$)	Percent (%)
Ryan White B HIV/AIDS COVID-19 Response	—	—	24,500	—	—	
Ryan White Title I/Part A & MAI	(1,595)	—	—	—	—	
Ryan White Part B	279,739	3,600,000	4,508,300	3,000,500	(599,500)	-16.7%
Ryan White Fee For Service	153,241	950,000	—	1,055,400	105,400	11.1%
School Based Wellness Center	—	1,088,900	—	—	(1,088,900)	-100.0%
School Based Wellness Center - PGPCS	454,747	850,000	850,000	1,429,200	579,200	68.1%
School Based Wellness - MSDE	349,187	506,000	405,900	404,200	(101,800)	-20.1%
STD Caseworker	1,204,056	1,425,000	1,136,600	1,196,200	(228,800)	-16.1%
Surveillance and Quality Improvement	94,854	143,000	141,300	142,700	(300)	-0.2%
Syringe Services	323,585	300,000	93,800	—	(300,000)	-100.0%
TB Control Cooperative Agreement	—	250,000	250,000	328,700	78,700	31.5%
WIC Breastfeeding Peer Counseling	185,134	200,000	201,400	201,200	1,200	0.6%
Women, Infants and Children (WIC)	2,100,876	2,500,000	2,396,300	2,531,300	31,300	1.3%
Total Family Health Services	\$10,589,523	\$38,073,600	\$43,885,000	\$26,478,300	\$(11,595,300)	-30.5%
Behavioral Health						
Ambulatory Services	\$81,545	\$—	\$—	\$—	\$—	
Addictions General Treatment Block Grant	(35,672)	—	—	—	—	
Administrative/LBHA Core Services Admin Grant	2,096,305	5,644,900	1,936,800	1,979,300	(3,665,600)	-64.9%
Adolescents Clubhouse Expansion Supplement	—	90,000	—	90,000	—	0.0%
Behavioral Health Promotion and Prevention	—	—	—	624,900	624,900	
Bridges 2 Success	431,718	486,900	462,400	460,900	(26,000)	-5.3%
Community Mental Health formally Federal Block Grant	1,327,165	1,316,800	1,676,700	1,316,800	—	0.0%
Continuum of Care	683,463	694,600	696,800	696,800	2,200	0.3%
Crisis Response	—	—	818,500	818,500	818,500	
Core Services Administrative Grant	(27,907)	—	—	—	—	
Crownsville Project	68,497	80,300	75,300	—	(80,300)	-100.0%
Drug Court Services	63,128	147,000	147,000	146,600	(400)	-0.3%
Early Intervention Program	—	—	—	71,000	71,000	
Federal Fund Treatment Grant (now Federal SUD Services Grant)	511,694	963,000	948,500	1,037,600	74,600	7.7%
General Fund Services	2,295,223	—	2,285,200	2,801,700	2,801,700	
High Intensity Drug Trafficking Area (HIDTA)	—	64,700	—	—	(64,700)	-100.0%

Grant Funds by Division *(continued)*

Grant Name	FY 2020 Actual	FY 2021 Budget	FY 2021 Estimate	FY 2022 Proposed	Change FY21-FY22	
					Amount (\$)	Percent (%)
HIV Testing in Behavioral Health	9,377	230,200	—	—	(230,200)	-100.0%
Integration of Sexual Health in Recovery	(62,406)	—	218,600	252,700	252,700	
Maryland Crisis Hotline	8,162	—	—	—	—	
Maryland Opioid Rapid Response	—	176,000	—	—	(176,000)	-100.0%
Maryland Recovery Net	—	—	52,700	52,700	52,700	
Maryland Violence and Injury Prevention	—	—	50,000	50,000	50,000	
Mental Health Services Grant	1,243,128	1,370,400	1,375,900	1,362,900	(7,500)	-0.5%
Minority Health & Disparities	—	—	250,000	—	—	
Offender Reentry Prog. (PGCORP)	11,423	—	—	—	—	
Opioid Operation Command	435,276	191,200	185,500	217,400	26,200	13.7%
Overdose Action	48,489	—	186,600	95,200	95,200	
PATH Program	106,652	106,700	106,700	106,700	—	0.0%
Performance Incentive Grant Fund (PIGF)	—	250,000	—	—	(250,000)	-100.0%
Prevention and Management	460,211	—	—	—	—	
Prevention Services	498,420	502,700	502,700	515,500	12,800	2.5%
Project Launch	1,434	—	—	—	—	
Project Safety Net - (GOCCP)	854,731	1,214,600	1,214,600	1,213,400	(1,200)	-0.1%
Recovery Support Services	(207,772)	—	—	—	—	
SAMSHA System of Care	650,493	—	—	—	—	
Senate Bill 512 Children In Need of Assistance	(595)	—	—	—	—	
Smart Reentry - OJP	167,639	75,000	—	—	(75,000)	-100.0%
State Opioid Response	137,960	—	55,000	55,000	55,000	
State Opioid Response MAT Criminal Justice	—	—	—	155,200	155,200	
State Opioid Response MAT Detention Center	—	—	181,500	181,500	181,500	
State Opioid Response SMIRT	—	—	516,500	516,500	516,500	
State Opioid Response Supplemental	—	—	155,300	—	—	
Substance Abuse Treatment Outcomes Partnership (STOP)	381,267	847,500	909,500	935,200	87,700	10.3%
Temporary Cash Assistance	422,426	493,400	427,900	490,400	(3,000)	-0.6%
Testing in Behavioral Health	177,819	—	—	—	—	
Tobacco Administration	18,595	27,000	—	18,600	(8,400)	-31.1%
Tobacco Cessation	—	173,800	—	171,500	(2,300)	-1.3%
Tobacco Control Community	235,789	83,100	265,700	80,400	(2,700)	-3.2%

Grant Funds by Division (continued)

Grant Name	FY 2020 Actual	FY 2021 Budget	FY 2021 Estimate	FY 2022 Proposed	Change FY21-FY22	
					Amount (\$)	Percent (%)
Tobacco School Based	—	13,300	—	13,300	—	0.0%
Tobacco Enforcement Initiative	110,642	125,000	130,000	129,600	4,600	3.7%
Wrap Around Prince George's (System of Care) Implementation	—	1,000,000	1,668,000	1,000,000	—	0.0%
Total Behavioral Health	\$13,204,319	\$16,368,100	\$17,499,900	\$17,657,800	\$1,289,700	7.9%
Environmental Health - Disease Control						
Bay Restoration (Septic) Fund	\$39,789	\$174,800	\$132,000	\$132,000	\$(42,800)	-24.5%
Childhood Lead Poisoning Prevention	319,461	182,900	330,300	424,100	241,200	131.9%
Cities Readiness Initiative (CRI)	101,777	131,100	—	—	(131,100)	-100.0%
Hepatitis B Prevention	—	77,900	68,600	63,100	(14,800)	-19.0%
Lead Paint Poisoning Program	49,372	60,300	53,200	54,300	(6,000)	-10.0%
Public Health Emergency Preparedness (PHEP)	412,309	476,000	—	—	(476,000)	-100.0%
PHEP Ebola Supplement (Zika #1)	4,974	—	—	—	—	
TB Refugee	154,366	—	—	—	—	
Zika Nurse Project	2,090	—	—	—	—	
Total Environmental Health - Disease Control	\$1,084,138	\$1,103,000	\$584,100	\$673,500	\$(429,500)	-38.9%
Health and Wellness						
Administrative Care Coordination Grant-Expansion	\$(1,549)	\$1,311,000	\$1,182,300	\$1,265,300	\$(45,700)	-3.5%
Adult Evaluation and Review Services	9,053	—	966,800	—	—	
Assistance in Community Integration Services (ACIS)	—	—	634,500	656,400	656,400	
Building Local Operational Capacity for COVID-19	—	—	100,000	100,000	100,000	
Cancer Program	—	500,000	—	—	(500,000)	-100.0%
Cancer, Prevention, Education and Screening	(1,237)	—	—	—	—	
CareFirst BlueCross BlueShield	—	55,900	75,000	190,300	134,400	240.4%
CareFirst Maternal and Birth	327	—	—	—	—	
Community Health Resources Commission	—	—	—	153,500	153,500	
Diabetes, Heart Disease, & Stroke	678,918	—	—	2,403,900	2,403,900	
General Medical Assistance Transportation	3,168,517	3,965,000	3,759,800	3,759,800	(205,200)	-5.2%
Geriatric Evaluation and Review Services (Revenue)	767,133	946,000	—	935,500	(10,500)	-1.1%
Geriatric Evaluation and Review Services (Grant)	—	10,400	—	10,400	—	0.0%

Grant Funds by Division *(continued)*

Grant Name	FY 2020 Actual	FY 2021 Budget	FY 2021 Estimate	FY 2022 Proposed	Change FY21-FY22	
					Amount (\$)	Percent (%)
Improving Reproductive and Maternal Health	—	—	280,000	—	—	
MCHP Eligibility Determination-PWC	1,941,101	2,302,600	1,946,500	2,121,300	(181,300)	-7.9%
Total Health and Wellness	\$6,562,263	\$9,090,900	\$8,944,900	\$11,596,400	\$2,505,500	27.6%
Office of the Health Officer						
ACL Senior	\$—	\$500,000	\$—	\$—	\$(500,000)	-100.0%
Assistance in Community Integration Services (ACIS)	108,744	634,500	—	—	(634,500)	-100.0%
Cities Readiness Initiative (CRI)	(3,189)	—	121,100	132,200	132,200	
Diabetes, Heart Disease, & Stroke	678,918	2,400,000	—	—	(2,400,000)	-100.0%
FEMA Emergency Protective Matters	—	—	6,768,000	—	—	
Infants and Toddlers	—	—	75,000	—	—	
National Association of County and City Health Officials (NACCHO)	—	—	—	7,500	7,500	
Medical Resource Officers	—	110,000	—	—	(110,000)	-100.0%
Population Health	—	1,000,000	—	—	(1,000,000)	-100.0%
Promoting Positive Outcomes for Infants & Toddlers	—	941,000	—	483,600	(457,400)	-48.6%
Public Health Emergency Preparedness (PHEP)	—	—	508,200	508,200	508,200	
Public Health Emergency Preparedness (PHEP) COVID-19	22,714	—	540,000	540,000	540,000	
Public Health Emergency Response	—	—	100,000	—	—	
Public Health Response - COVID-19	—	—	517,300	—	—	
Telemental health	—	250,000	—	—	(250,000)	-100.0%
UASI - MDERS	100,000	—	100,000	100,000	100,000	
Total Office of the Health Officer	\$907,187	\$5,835,500	\$8,729,600	\$1,771,500	\$(4,064,000)	-69.6%
Subtotal	\$32,347,430	\$70,471,100	\$79,643,500	\$58,177,500	\$(12,293,600)	-17.4%
Total Transfer from General Fund - (County Contribution/Cash Match)	114,756	422,300	422,500	422,500	200	0.0%
Total	\$32,462,186	\$70,893,400	\$80,066,000	\$58,600,000	\$(12,293,400)	-17.3%

Grant Descriptions

DIVISION OF FAMILY HEALTH SERVICES -- \$28,478,300

Grant funded programs serve at-risk, predominantly uninsured/underinsured populations including infants and children, adolescents, pregnant women and women of childbearing age through early diagnosis, screening, treatment, counseling, education, follow-up, case management, referral, linkage to Medicaid and nutrition services (including WIC). Funding also supports necessary services to individuals with specific types of communicable diseases such as Sexually Transmitted Diseases and HIV/AIDS and extensive community education activities. Personal Responsibility Education Programs provide pregnancy prevention education before marriage. The Dental Sealant Grant provides dental care to the County public schools via mobile van. The Immunization Program focuses on providing immunization services to ensure that children attain full compliance with recommended immunization schedules and can enter school on time. The School Based Wellness Center Program provides collaboration with the Prince George's County Board of Education to provide extended operating hours and services to the community. The Maternal and Child Health Expansion provides enhancements to healthy beginnings through family incentives to attend medical appointments, specialty care for maternal fetal medicine, preconception counseling, promotion self-learning modules and interagency collaboration to reduce unwanted pregnancy in adults and adolescents.

DIVISION OF BEHAVIORAL HEALTH SERVICES -- \$17,657,800

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 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 our 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. Funding will support families who reside in impoverished areas manage the stressors of COVID-19.

DIVISION OF ENVIRONMENTAL HEALTH AND DISEASE CONTROL -- \$673,500

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, hepatitis B and asthma prevention services.

DIVISION OF HEALTH AND WELLNESS -- \$11,596,400

Grant funding supports prevention and/or 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. The Assistance In Community Integration Services provide 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 help prevent and respond to COVID-19, strengthen infection prevention and control practices in high risk facilities.

OFFICE OF THE HEALTH OFFICER -- \$1,771,500

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; and implementing emergency response strategies in the event of a man-made or natural disaster. The Cities Readiness Initiative is specific to incident management. Funding will also help prevent and respond to COVID-19.

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 2026 Target	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimated	FY 2022 Projected	Trend
200,000	168,265	128,531	1,828,060	900,000	↔

Trend and Analysis

The Health Department is committed to ensuring access to healthcare, which is a key component of our mission and vision. Locally, one of the key ways to help increase access is to ensure a trained and knowledgeable community outreach staff is embedded across programs who connect individually with clients as well as through targeted public outreach events to increase awareness and help residents link to community resources. The 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. With the advent of COVID-19 in FY 2020, the health department shifted to implement a call center that served thousands of residents, published numerous fact sheets, participated in press conferences, town halls and other speaking engagements to educate residents. The Department also conducted disease investigations and established testing locations while working closely with area hospitals, developing the quarantine locations, beginning a program to support those in isolation (COVID Care) and publishing daily information about the current COVID-19 cases in the County. The work to address COVID-19 is expected to continue into FY 2022, offering unique opportunities to engage residents.

Performance Measures

Measure Name	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimated	FY 2022 Projected
Workload, Demand and Production (Output)					
Overall client contacts	227,456	154,719	114,182	210,212	200,000
Cumulative public outreach efforts	369	287	206	1,116	600
Impact (Outcome)					
Cumulative residents reached through direct contact or outreach efforts (cumulative)	321,582	168,265	128,531	1,828,060	900,000

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 2026 Target	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimated	FY 2022 Projected	Trend
2,100	1,607	1,476	432	1,900	↔

Trend and Analysis

The agency 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. New activities include the launch of a Population Health section that will encompass many programs to address the social determinants of health; an infection prevention program that targets nursing homes and dialysis centers; and the Healthy Corner Store initiative that provides education, technical assistance and infrastructure support to increase healthy food inventory in small local stores that sell food products. Additional activities include the provision of training for staff and the community on CDC's evidence-based Diabetes Prevention Program and the Stanford Chronic Disease Self-Management programs. With the onset of COVID-19, we anticipate an increase in the number of educational campaigns to address the interplay of COVID-19 and chronic diseases.

Performance Measures

Measure Name	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimated	FY 2022 Projected
Resources (Input)					
Health promotion/community developer staff	2.0	2.0	3.0	3.0	8.0
Workload, Demand and Production (Output)					
Monthly public education campaigns addressing chronic disease	0	2.0	0.7	4.0	3.0
Programs actively supporting community/clinical linkages [NEW]	n/a	n/a	0	2	3
Impact (Outcome)					
Residents enrolled in healthy eating and active living interventions	3,428	1,607	1,476	432	1,900

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 2026 Target	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimated	FY 2022 Projected	Trend
700	250	114	24	70	↔

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 and Prince George's County Public Schools, as well as 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 which offers 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. The increase in Reproductive Health Services in FY 2019 is due to both an increase in providers as well as incorporation of family planning across clinical services. In FY 2020, the lack of qualified providers to offer Long-Acting Reversible Contraception (LARC) has impacted family planning. FY 2021 estimates and FY 2022 projections are reduced due to the affect COVID-19 has had on clinic operations.

Performance Measures

Measure Name	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimated	FY 2022 Projected
Resources (Input)					
Scheduled family planning appointments	2,957	5,899	3,944	1,128	1,000
Workload, Demand and Production (Output)					
New pregnant females identified through Family Planning appointments and referred to community partners	280	156	88	28	20
Family planning appointments kept	2,213	4,146	2,725	876	850
Clients seen at family planning appointments who are screened for domestic violence	1,931	1,761	790	676	450
Efficiency					
"No Show" rate for Family Planning Appointments	0%	30%	31%	22%	35%
Impact (Outcome)					
Women utilizing LARC's (Long Active Reversible Contraceptives)	250	250	114	24	70

Objective 3.2 — Reduce infant mortality.

FY 2026 Target	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimated	FY 2022 Projected	Trend
7	8	8	8	8	↔

Trend and Analysis

Assuring the health of the public extends beyond the health status of individuals; it requires a population health approach. Infant mortality is a critical indicator of the overall health of a population because it is directly linked to overall maternal health and the social determinants of health. Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship and age that affect a wide range of health, functioning and quality-of-life outcomes and risks. "Healthy People 2020," highlights the importance of addressing the social determinants of health by including "Create social and physical environments that promote good health for all" as one of the four overarching goals for the decade. The Department offers the Healthy Beginnings program that address maternal and infant health and the impact social determinates on their overall health and wellbeing. These programs include funding from Babies Born Healthy (BBH) which uses Perinatal Navigators who are outreach workers that work closely with at-risk pregnant women to link them to care and support services and to offer health education with a focus on safe sleep, smoking cessation: Healthy Beginnings (formerly Infants at Risk and Healthy Start), which supports mothers and their infants up to age one who are at highest risk of poor health outcomes due to medical and psychosocial issues and Fetal Infant Mortality Review, which is a program funded by the State to review infant death records for cause and effect and to make recommendations to providers and the State. The Department works closely with UMCRRH and Medstar Southern Maryland Hospital who are the primary referring entities. Other hospitals, agencies and private practices also refer cases.

Performance Measures

Measure Name	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimated	FY 2022 Projected
Resources (Input)					
Healthy Beginnings Staff (budgeted RNs, support staff, etc.)	2	2	1	1	1
Workload, Demand and Production (Output)					
Referrals for Healthy Begin case management for children birth to age one	924	718	1,129	1,400	1,400
Home visits for new referrals for case management birth to age one	54	88	86	48	70
Home visit referrals for follow-up case management birth to age one	83	98	70	8	40
Unduplicated mothers receiving case management services	584	547	502	488	500
Teens <18 years receiving case management services	72	49	113	128	100
Quality					
Babies/children referred to other County Resources	264	199	497	694	700
Mothers referred to Addictions/Mental Health	6	28	34	8	15
Impact (Outcome)					
New mothers that received first trimester care	0%	53%	54%	55%	57%

Performance Measures *(continued)*

Measure Name	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimated	FY 2022 Projected
Low birth weight babies born to County residents	0%	10%	10%	10%	10%
Pre-term babies born to County residents	0%	10%	10%	10%	10%
Annual Infant Mortality Rate (County-wide measure) per 1,000 live births	8	8	8	8	8

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 2026 Target	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimated	FY 2022 Projected	Trend
30	41	38	37	36	↑

Trend and Analysis

Sexually transmitted infections (STIs) remain a serious public health concern within Prince Georges County. The population most at risk for STIs are Non-Hispanic males who have sex with other males, as evidenced in County data that demonstrates an upward trend in STIs such as gonorrhea and syphilis. In 2018, Prince George's County had the second highest HIV rate in Maryland at 40.9 new cases per 100,000 residents. In order to address this problem, the Health Department has partnered with community organizations to expand access to testing, counseling and treatment. In February 2019, it was announced during the State of the Union address that 47 Counties and seven rural jurisdictions were responsible for 50% of the HIV cases in the US. Unfortunately, Prince George's County was included in the 47 counties, along with Montgomery County, DC and Baltimore City. It was also noted that Prince George's County ranked number one in the State for new HIV cases with more that 50% of the cases affecting young African American males and more than 40% affecting the heterosexual community. As a result, Health and Human Services started an initiative to "End the HIV Epidemic," which seeks to reduce the number of new HIV infections in the United States by 75 percent within five years, and then by at least 90 percent within 10 years, for an estimated 250,000 total HIV infections averted. This historical opportunity has placed Prince George's County on the national stage with unprecedented support from our federal and State grantors. In addition to maintaining a full time clinic that offers comprehensive reproductive health, medical/non-medical casement, oral health, nutrition, emergency financial assistance and STI prevention/treatment services, the Department has expanded its network of partnerships to include organizations that specifically target neighborhoods and hard to reach clientele including the LGBTQ+ community.

With the revamping of the HIV program, the Department has five focus areas: 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 and 5) Workforce development by hiring and retaining the best staff that are highly skilled and reflective of the target communities. Understanding that treatment is prevention, the standard for linking those newly HIV diagnosed is three months; the agency is striving to complete HIV linkage to care within seven days, including starting treatment at time of diagnosis. Linkage to care is critical to prevent HIV transmission and to ensure those newly diagnosed live a healthy life.

Performance Measures

Measure Name	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimated	FY 2022 Projected
Resources (Input)					
Prevention/ STI staff	13	7	5	4.5	6
Workload, Demand and Production (Output)					
HIV related educational outreach and awareness opportunities	23	20	11	12	20
Residents started on PrEP [NEW]	n/a	n/a	0	25	30
Residents that receive individual PrEP education [NEW]	n/a	n/a	0	150	100
Efficiency					
HIV tests performed through Reproductive Health Resource Center, HIV Clinic, and TB Clinic	4,054	2,428	850	288	300
Residents retained on PrEP at 180 days [NEW]	n/a	n/a	0	15	20
Impact (Outcome)					
New HIV cases per 100,000 persons	0	41	38	37	36
Newly diagnosed HIV positive with documented linkage to care	69%	80%	0%	0%	0%

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

FY 2026 Target	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimated	FY 2022 Projected	Trend
0	n/a	21	12	20	n/a

Trend and Analysis

This objective is new for FY 2022

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 2026 Target	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimated	FY 2022 Projected	Trend
75%	40%	41%	60%	40%	↓

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. High priority food facilities require three inspections and moderate facilities require two inspections annually per the code of Maryland Regulations (COMAR). While the Food Protection Program staff has consistently performed well above industry standards, meeting the State mandate for inspections continues to be a challenge. An increase of Environmental Health Specialists in FY 2018 helped increase the compliance rate with State mandates; however, since then staff attrition due to compensation lower than surrounding jurisdictions has remained a substantial challenge in maintaining trained staff. The program has been enrolled in the FDA's Voluntary National Retail Food Regulatory Program Standards since 2011 in order to achieve national uniformity among the Nation's retail food regulatory programs. In FY 2020, the Food Protection Program inspected approximately 1,200 facilities for complaints related to violation of COVID-19 orders. This additional inspection activity is anticipated to increase in FY 2021, and the program is focusing on the COVID-related inspections as required by Governor or Executive Orders to ensure a safe environment to prevent the spread of COVID-19. The Food Protection Program will continue to respond to complaints and hopes to combine the COVID-19 compliance inspections with routine food service facilities by mid FY 2021.

Performance Measures

Measure Name	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimated	FY 2022 Projected
Resources (Input)					
Full time food service facility (FSF) inspectors	15.0	12.0	14.5	15.1	18.0
Workload, Demand and Production (Output)					
High and moderate priority FSFs that have permits	2,430.0	2,506.0	2,543.0	2,200.0	2,000.0
High and moderate FSF inspections required by the State	6,467.0	6,976.0	6,873.0	6,576.0	6,000.0
High and moderate priority FSFs inspected	4,469	2,800	2,846	588	1,000
Follow-up inspections of high and moderate priority FSFs	806	780	797	188	400
Specialty inspections completed [NEW]	n/a	n/a	1,200	9,000	4,000
Efficiency					
High and moderate FSFs inspected per inspector	305.0	237.0	195.8	38.9	56.0
Impact (Outcome)					
State-mandated high and moderate inspections conducted	69%	40%	41%	60%	40%

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

Objective 6.1 — Maintain behavioral health services for un- and under served County residents.

FY 2026 Target	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimated	FY 2022 Projected	Trend
100%	96%	95%	91%	95%	↑

Trend and Analysis

A number of Public Behavioral Health System services are available to residents of the County, including crisis support, inpatient services, intensive substance use disorder outpatient services, medication assisted treatment, 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 been the recipient of grant funds that assist special populations as well as support recovery oriented person-centered services. In 2018, the MD Crisis Hotline work was shifted to the State; as a result, these services were no longer monitored locally. Many clients need intensive outpatient services which can limit the caseload for behavioral health staff. It is critical that County residents have access to person-centered services and the supports necessary to help individuals thrive, facilitate resiliency and recovery, with a focus on early identification and prevention of behavioral health disorders. At the end of FY 2020, the COVID-19 pandemic reduced the number of clients who were served in both jail-based, community and grant-funded behavioral health programs. In FY 2021, grant funding for behavioral health programs was diverted to public funding for Substance Use Disorder treatment to allow residents greater flexibility to choose a provider anywhere in the State of Maryland.

Performance Measures

Measure Name	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimated	FY 2022 Projected
Resources (Input)					
Monthly staff providing treatment for substance use	11.0	15.0	15.1	12.0	13.0
Workload, Demand and Production (Output)					
Clients enrolled in outpatient services at Health Department programs	913.0	780.0	507.0	232.0	200.0
Monthly programs monitored that provide behavioral health services to County residents	111.0	177.0	194.0	338.0	350.0
Impact (Outcome)					
Clients with appropriately documented plan for achieving care, treatment or service goals	95%	96%	95%	91%	95%

Objective 6.2 — Maintain emergency behavioral mental health services for County residents.

FY 2026 Target	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimated	FY 2022 Projected	Trend
92%	85%	85%	90%	92%	↔

Trend and Analysis

The County's Crisis Response System (CRS) service provider has been successful in diverting individuals from hospitals and the detention center 85% of the time, allowing individuals who experience a mental health crisis to be referred to community-based services when it is safe to do so. This percentage has maintained steady over the last few fiscal years. The Department continues to collaborate with community-based programs and the current CRS provider to address gaps in the service array and support the expansion in services for those individuals, and their families, who experience behavioral health crises.

Performance Measures

Measure Name	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimated	FY 2022 Projected
Resources (Input)					
Crisis Response System (CRS) staff	13.0	12.0	12.9	10.3	13.0
Workload, Demand and Production (Output)					
Calls to the CRS	3,070	8,587	6,498	3,152	6,500
Mobile Crisis Team dispatches	1,002	828	636	544	650
Quality					
Response time for CRS Mobile Crisis Team dispatches (average)	28:00	27:00	28:80	28:30	28:00
Impact (Outcome)					
Clients receiving CRS services who divert institutionalization	85%	85%	85%	90%	92%

