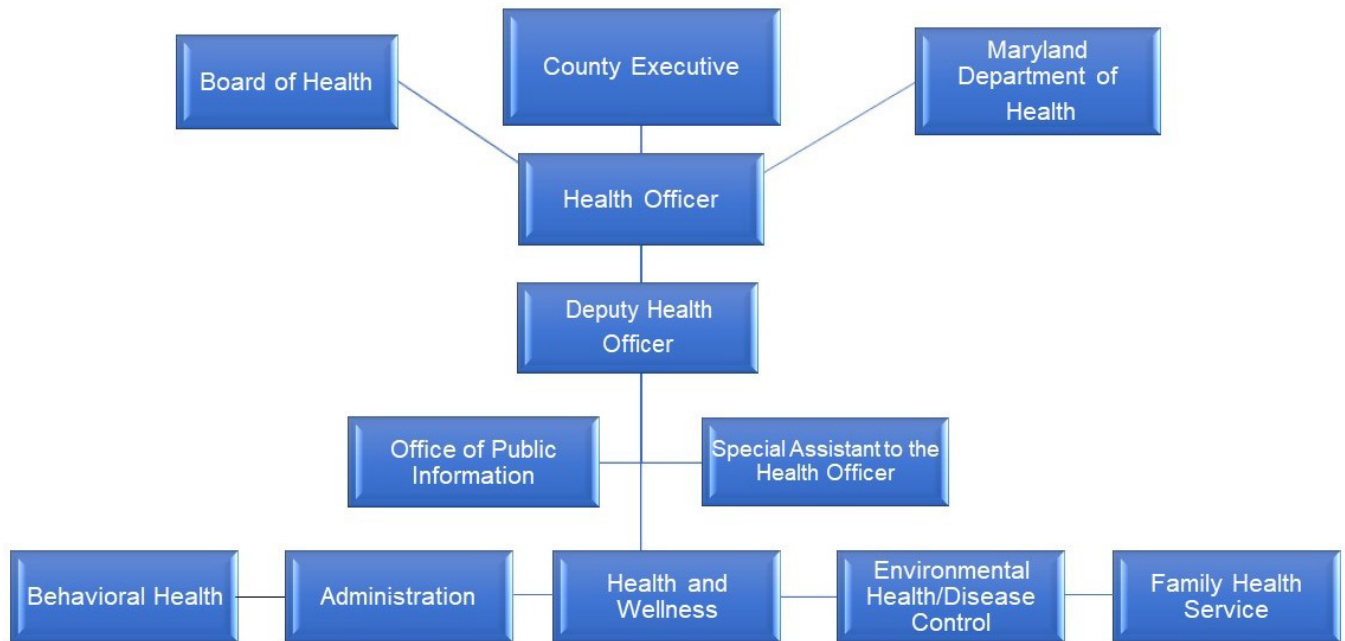


Health Department



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 2019 KEY ACCOMPLISHMENTS

- Applied for an award \$2.4 million in funding from the Centers for Disease Control and Prevention (CDC) for the next five years to support the design, testing and evaluation of novel approaches to address evidence-based strategies aimed to reduce risk, complications and barriers to prevent and control diabetes and cardiovascular disease in high problem populations.
- Received a federal matching fund grant in the amount of \$624,500 for the State of Maryland’s Medicaid Health Choice Waiver Program for the Assistance in Community Integration Services (ACIS) Pilot Program.
- Launched the Step Forward countywide campaign to address stigma related to mental health challenges.

- Created infrastructure to construct an operations network-which will further facilitate greater mental health collaboration in the County. This technology promises to bring more mental health services to both children and youth and should increase the numbers that can be served.
- Developed a training program to train chronic offenders and potential chronic offenders in food safety practices and regulatory requirements.

STRATEGIC FOCUS AND INITIATIVES FOR FY 2020

The agency's top priorities in FY 2020 are:

- Ensure access to healthcare resources, particularly to un- and underserved County populations.
- Prevent and reduce chronic disease, with an emphasis on addressing obesity in the County.
- Continue to improve maternal and infant outcomes to help decrease infant mortality.
- Prevent sexually transmitted diseases.
- Promote safe food services facilities.
- Ensure access to mental health and substance abuse treatment.

FY 2020 BUDGET SUMMARY

The FY 2020 approved budget for the Health Department is \$93,472,500, an increase of \$19,195,300 or 25.8% over the FY 2019 approved budget.

Expenditures by Fund Type

| Fund Types | FY 2018 Actual | | FY 2019 Budget | | FY 2019 Estimate | | FY 2020 Approved | |
|--------------|---------------------|---------------|---------------------|---------------|---------------------|---------------|---------------------|---------------|
| | Amount | % Total | Amount | % Total | Amount | % Total | Amount | % Total |
| General Fund | \$24,301,299 | 42.6% | \$26,547,000 | 35.7% | \$24,671,400 | 32.7% | \$26,366,900 | 28.2% |
| Grant Funds | 32,737,894 | 57.4% | 47,730,200 | 64.3% | 50,667,100 | 67.3% | 67,105,600 | 71.8% |
| Total | \$57,039,193 | 100.0% | \$74,277,200 | 100.0% | \$75,338,500 | 100.0% | \$93,472,500 | 100.0% |

GENERAL FUND

The FY 2020 approved General Fund budget for the Health Department is \$26,366,900, a decrease of \$180,100 or 0.7% under the FY 2019 approved budget.

Reconciliation from Prior Year

| | Expenditures |
|--|---------------------|
| FY 2019 Approved Budget | \$26,547,000 |
| Increase Cost: Fringe Benefits — Increase in the fringe benefit rate from 32.5% to 34.8% as well as funding for three new positions | \$211,600 |
| Add: Compensation - New Positions — Three new full time positions for the Tuberculosis Control Program | 208,900 |
| Increase Cost: Operating Office Automation Charge — Increase in OIT charges to support anticipated costs in SAP maintenance and the countywide laptop refresh program | 139,400 |
| Add: Operating - Operating Contracts — Increase in operating contracts for the Tuberculosis Control Program | 95,000 |
| Decrease Cost: Operating — Reflects net decrease in operating expenditures in other contracts, utilities and building rental/lease costs | (50,100) |

Reconciliation from Prior Year *(continued)*

| | Expenditures |
|---|---------------------|
| Decrease Cost: Recoveries — Reflects operating recovery increase from various grant programs | (99,300) |
| Decrease Cost: Compensation — Decrease in compensation to support salary requirements based on anticipated attrition partially offset by prior year salary adjustments | (685,600) |
| FY 2020 Approved Budget | \$26,366,900 |

GRANT FUNDS

The FY 2020 approved grant budget for the Health Department is \$67,105,600, an increase of \$19,375,400 or 40.6% over the FY 2019 approved budget. Major sources of funds in the FY 2020 approved budget include:

- Innovative State and Local Pubic Health Strategies To Prevent and Manage Diabetes, Heart Disease and Stroke
- AIDS Case Management
- Health Resources and Services Administration (HRSA)
- Federal Fund Treatment Grant
- CDC HIV
- HIV Expansion
- Social Impact Partnerships to Pay for Results Act Demonstration Projects (US Department of the Treasury)
- Grants for Expansion and Sustainability of the Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances (SAMSHA- Substance Abuse and Mental health Services Administration)
- Ryan White Part B

Reconciliation from Prior Year

| | Expenditures |
|---|---------------------|
| FY 2019 Approved Budget | \$47,730,200 |
| Add: New Grant — Innovative State and Local Public Health Strategies To Prevent and Manage Diabetes, Heart Disease and Stroke, Childhood Lead Poisoning Prevention, Zika Nurse Project, Hepatitis B and C Care, UASI MDERS Emergency Urban Areas Security, Grants for Expansion and Sustainability of the Comprehensive Community Mental Health Services for Children with Emotional Disturbances (SAMSHA), HIV Expansion Funds and Social Impact Partnerships to Pay for Results Act Demonstration Project (US Dept of Treasury) | \$18,070,500 |
| Enhance: Existing Program/Service — Offender Reentry, General Fund Services, Assistance in Community Services (ACIS), Syringe Services, Federal Fund Treatment, STD CaseWorker, AIDS Case Management, MHCP Eligibility, Project Safety Net, Babies Born Healthy, Dental Sealant, Integration of Sexual Health in Recovery, Surveillance and Quality Improvement, Administrative/LAA, Continuum of Care, Core Services, General Medical Assistance Transportation, Drug Court Services, Temporary Cash Assistance, Prevention Services, Recovery Support Services, Smart Reentry, Substance Abuse Treatment Outcome (STOP), Bridges to Success, Opioid Operation Command, Mental Health Services and TB Control | 12,469,800 |

Reconciliation from Prior Year *(continued)*

| | Expenditures |
|--|---------------------|
| Reduce: Existing Program/Service — PREP, Tobacco Enforcement Initiative, Cities Readiness, Lead Paint Poisoning, Tobacco Cessation, Tobacco Control Community, Healthy Teens Young Adults, WIC Breastfeeding, Immunization Action, PATH Program, HIV Prevention Services, Administrative Care Coordination, HIV Testing, WIC, PHEP, Reproductive Health, Bay Restoration Septic Fund, School Based Wellness Center and Ryan White Part B | (2,683,900) |
| Eliminate: Program/Service — Oral Health Clinical Care, Senate Bill 512 Children In Need of Assistance, Integration of Child Welfare Funds, MD Crisis Hotline, HIV Testing in Behavioral Health, School Based Wellness Center MSDE. TB Refugee Program will be transitioned to TB Control under the Family Health Services. Ryan White Part A Administrative Agent will be transitioned to the HIV Program under the Family Health Services | (8,481,000) |
| FY 2020 Approved Budget | \$67,105,600 |

STAFF AND BUDGET RESOURCES

| Authorized Positions | FY 2018 Budget | FY 2019 Budget | FY 2020 Approved | Change FY19-FY20 |
|----------------------|----------------|----------------|------------------|------------------|
| General Fund | | | | |
| Full Time - Civilian | 215 | 214 | 217 | 3 |
| Full Time - Sworn | 0 | 0 | 0 | 0 |
| Subtotal - FT | 215 | 214 | 217 | 3 |
| Part Time | 1 | 1 | 1 | 0 |
| Limited Term | 5 | 0 | 0 | 0 |

| | | | | |
|----------------------------|-----|-----|-----|-----|
| Grant Program Funds | | | | |
| Full Time - Civilian | 178 | 185 | 183 | (2) |
| Full Time - Sworn | 0 | 0 | 0 | 0 |
| Subtotal - FT | 178 | 185 | 183 | (2) |
| Part Time | 5 | 3 | 8 | 5 |
| Limited Term | 108 | 109 | 115 | 6 |

| | | | | |
|----------------------|-----|-----|-----|---|
| TOTAL | | | | |
| Full Time - Civilian | 393 | 399 | 400 | 3 |
| Full Time - Sworn | 0 | 0 | 0 | 0 |
| Subtotal - FT | 393 | 399 | 400 | 3 |
| Part Time | 6 | 4 | 9 | 0 |
| Limited Term | 113 | 109 | 115 | 0 |

| Positions By Classification | FY 2020 | | |
|---------------------------------|-----------|-----------|--------------|
| | Full Time | Part Time | Limited Term |
| Account Clerk | 5 | 0 | 0 |
| Accountant | 6 | 0 | 0 |
| Administrative Aide | 30 | 0 | 4 |
| Administrative Assistant | 10 | 4 | 2 |
| Administrative Specialist | 6 | 0 | 0 |
| Associate Director | 4 | 0 | 0 |
| Auditor | 2 | 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 | 0 | 24 |
| Community Development Aide | 0 | 0 | 2 |
| Community Development Assistant | 30 | 2 | 31 |
| Community Health Nurse | 61 | 2 | 3 |
| Community Services Manager | 2 | 0 | 0 |
| Counselor | 35 | 0 | 25 |

| Positions By Classification | FY 2020 | | |
|---------------------------------|------------|-----------|--------------|
| | Full Time | Part Time | Limited Term |
| Data Entry Operator | 1 | 0 | 0 |
| Dental Hygienist | 1 | 0 | 0 |
| Dentist | 1 | 0 | 0 |
| Deputy Health Officer | 2 | 0 | 0 |
| Disease Control Specialist | 22 | 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 | 5 | 0 | 1 |
| Mail Services Operator | 2 | 0 | 0 |
| Maintenance Services Attendant | 1 | 0 | 0 |
| Nurse Practitioner | 4 | 0 | 0 |
| 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 |
| Service Aide | 0 | 0 | 2 |
| Social Worker | 6 | 0 | 0 |
| Supervisory Clerk | 1 | 0 | 0 |
| Supply Property Clerk | 1 | 0 | 0 |
| TOTAL | 400 | 9 | 115 |

Expenditures by Category - General Fund

| Category | FY 2018 Actual | FY 2019 Budget | FY 2019 Estimate | FY 2020 Approved | Change FY19-FY20 | |
|-----------------|---------------------|---------------------|---------------------|---------------------|--------------------|--------------|
| | | | | | Amount (\$) | Percent (%) |
| Compensation | \$13,556,090 | \$16,421,200 | \$14,612,100 | \$15,944,500 | \$(476,700) | -2.9% |
| Fringe Benefits | 4,510,680 | 5,337,100 | 5,169,800 | 5,548,700 | 211,600 | 4.0% |
| Operating | 8,259,371 | 7,075,900 | 7,131,000 | 7,260,200 | 184,300 | 2.6% |
| SubTotal | \$26,326,141 | \$28,834,200 | \$26,912,900 | \$28,753,400 | \$(80,800) | -0.3% |
| Recoveries | (2,024,842) | (2,287,200) | (2,241,500) | (2,386,500) | (99,300) | 4.3% |
| Total | \$24,301,299 | \$26,547,000 | \$24,671,400 | \$26,366,900 | \$(180,100) | -0.7% |

In FY 2020, compensation expenditures decrease 2.9% under the FY 2019 budget due to anticipated attrition and vacancy lapse partially offset by prior year salary adjustments and the addition of three full-time positions. Compensation costs include funding for 217 full time positions and one part time position. Fringe benefit expenditures increase 4.0% over the FY 2019 budget to align with an increase in the fringe benefit rate as well as funding for three new positions.

Operating expenses increase 2.6% over the FY 2019 budget due to increases in training, advertising, general office supplies and vehicle and building maintenance.

Recoveries increase 4.3% over the FY 2019 budget due to an increase in recoverable operating expenditures from various grants.

Expenditures by Division - General Fund

| Category | FY 2018 Actual | FY 2019 Budget | FY 2019 Estimate | FY 2020 Approved | Change FY19-FY20 | |
|--|---------------------|---------------------|---------------------|---------------------|--------------------|--------------|
| | | | | | Amount (\$) | Percent (%) |
| Administration | \$6,281,315 | \$5,718,700 | \$5,986,900 | \$5,399,000 | \$(319,700) | -5.6% |
| Family Health Services | 5,363,051 | 6,552,700 | 5,616,600 | 7,375,100 | 822,400 | 12.6% |
| Behavioral Health | 2,336,630 | 3,029,000 | 2,670,200 | 2,677,700 | (351,300) | -11.6% |
| Environmental Health - Disease Control | 4,602,160 | 5,214,400 | 4,408,700 | 4,955,300 | (259,100) | -5.0% |
| Health and Wellness | 1,729,885 | 1,790,800 | 1,463,500 | 1,556,700 | (234,100) | -13.1% |
| Office of the Health Officer | 3,988,258 | 4,241,400 | 4,525,500 | 4,403,100 | 161,700 | 3.8% |
| Total | \$24,301,299 | \$26,547,000 | \$24,671,400 | \$26,366,900 | \$(180,100) | -0.7% |

General Fund - Division Summary

| Category | FY 2018 Actual | FY 2019 Budget | FY 2019 Estimate | FY 2020 Approved | Change FY19-FY20 | |
|---|--------------------|--------------------|---------------------|---------------------|--------------------|---------------|
| | | | | | Amount (\$) | Percent (%) |
| Administration | | | | | | |
| Compensation | \$2,496,997 | \$2,840,900 | \$3,080,700 | \$2,599,000 | \$(241,900) | -8.5% |
| Fringe Benefits | 947,088 | 1,206,600 | 1,099,800 | 1,098,600 | (108,000) | -9.0% |
| Operating | 4,673,549 | 3,609,200 | 3,705,700 | 3,723,500 | 114,300 | 3.2% |
| SubTotal | \$8,117,634 | \$7,656,700 | \$7,886,200 | \$7,421,100 | \$(235,600) | -3.1% |
| Recoveries | (1,836,319) | (1,938,000) | (1,899,300) | (2,022,100) | (84,100) | 4.3% |
| Total Administration | \$6,281,315 | \$5,718,700 | \$5,986,900 | \$5,399,000 | \$(319,700) | -5.6% |
| Family Health Services | | | | | | |
| Compensation | \$3,571,152 | \$4,450,100 | \$3,676,800 | \$4,926,900 | \$476,800 | 10.7% |
| Fringe Benefits | 1,181,713 | 1,525,800 | 1,447,800 | 1,858,800 | 333,000 | 21.8% |
| Operating | 611,882 | 576,800 | 492,000 | 589,400 | 12,600 | 2.2% |
| SubTotal | \$5,364,747 | \$6,552,700 | \$5,616,600 | \$7,375,100 | \$822,400 | 12.6% |
| Recoveries | (1,696) | — | — | — | — | — |
| Total Family Health Services | \$5,363,051 | \$6,552,700 | \$5,616,600 | \$7,375,100 | \$822,400 | 12.6% |
| Behavioral Health | | | | | | |
| Compensation | \$1,431,113 | \$1,872,100 | \$1,617,500 | \$1,753,900 | \$(118,200) | -6.3% |
| Fringe Benefits | 553,471 | 428,900 | 554,100 | 427,200 | (1,700) | -0.4% |
| Operating | 352,046 | 803,000 | 572,100 | 574,900 | (228,100) | -28.4% |
| SubTotal | \$2,336,630 | \$3,104,000 | \$2,743,700 | \$2,756,000 | \$(348,000) | -11.2% |
| Recoveries | — | (75,000) | (73,500) | (78,300) | (3,300) | 4.4% |
| Total Behavioral Health | \$2,336,630 | \$3,029,000 | \$2,670,200 | \$2,677,700 | \$(351,300) | -11.6% |
| Environmental Health - Disease Control | | | | | | |
| Compensation | \$3,198,018 | \$4,027,500 | \$3,209,500 | \$3,810,700 | \$(216,800) | -5.4% |
| Fringe Benefits | 981,362 | 1,234,300 | 1,269,500 | 1,226,300 | (8,000) | -0.6% |
| Operating | 609,607 | 139,800 | 113,100 | 113,600 | (26,200) | -18.7% |
| SubTotal | \$4,788,987 | \$5,401,600 | \$4,592,100 | \$5,150,600 | \$(251,000) | -4.6% |
| Recoveries | (186,827) | (187,200) | (183,400) | (195,300) | (8,100) | 4.3% |
| Total Environmental Health - Disease Control | \$4,602,160 | \$5,214,400 | \$4,408,700 | \$4,955,300 | \$(259,100) | -5.0% |
| Health and Wellness | | | | | | |
| Compensation | \$937,522 | \$1,210,700 | \$983,600 | \$1,020,400 | \$(190,300) | -15.7% |
| Fringe Benefits | 377,997 | 428,800 | 371,400 | 427,300 | (1,500) | -0.3% |
| Operating | 414,366 | 151,300 | 108,500 | 109,000 | (42,300) | -28.0% |
| SubTotal | \$1,729,885 | \$1,790,800 | \$1,463,500 | \$1,556,700 | \$(234,100) | -13.1% |
| Total Health and Wellness | \$1,729,885 | \$1,790,800 | \$1,463,500 | \$1,556,700 | \$(234,100) | -13.1% |

General Fund - Division Summary (continued)

| Category | FY 2018 Actual | FY 2019 Budget | FY 2019 Estimate | FY 2020 Approved | Change FY19-FY20 | |
|---|---------------------|---------------------|---------------------|---------------------|--------------------|--------------|
| | | | | | Amount (\$) | Percent (%) |
| Office of the Health Officer | | | | | | |
| Compensation | \$1,921,288 | \$2,019,900 | \$2,044,000 | \$1,833,600 | \$(186,300) | -9.2% |
| Fringe Benefits | 469,049 | 512,700 | 427,200 | 510,500 | (2,200) | -0.4% |
| Operating | 1,597,921 | 1,795,800 | 2,139,600 | 2,149,800 | 354,000 | 19.7% |
| SubTotal | \$3,988,258 | \$4,328,400 | \$4,610,800 | \$4,493,900 | \$165,500 | 3.8% |
| Recoveries | — | (87,000) | (85,300) | (90,800) | (3,800) | 4.4% |
| Total Office of the Health Officer | \$3,988,258 | \$4,241,400 | \$4,525,500 | \$4,403,100 | \$161,700 | 3.8% |
| Total | \$24,301,299 | \$26,547,000 | \$24,671,400 | \$26,366,900 | \$(180,100) | -0.7% |

DIVISION OVERVIEW

Administration

The Division of Administration provides the administrative support structure for the department’s public health programs. This unit provides support to 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 2020, the division expenditures decrease \$319,700 or 5.6% under the FY 2019 budget. Staffing resources remain unchanged from the FY 2019 budget. The primary budget changes include:

- A decrease in personnel costs and projected healthcare and pension costs due to anticipated attrition.
- An increase in operating costs due to office automation charges.

| | FY 2019 Budget | FY 2020 Approved | Change FY19-FY20 | |
|----------------------|--------------------|---------------------|--------------------|--------------|
| | | | Amount (\$) | Percent (%) |
| Total Budget | \$5,718,800 | \$5,399,000 | \$(319,800) | -5.6% |
| STAFFING | | | | |
| Full Time - Civilian | 45 | 45 | 0 | 0.0% |
| Full Time - Sworn | 0 | 0 | 0 | 0.0% |
| Subtotal - FT | 45 | 45 | 0 | 0.0% |
| 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 2020, the division expenditures increase \$822,400 or 12.6% over the FY 2019. Staffing resources increase by three positions from the FY 2019 budget. The primary budget changes include:

- An increase in personnel costs due to countywide salary adjustments as well as projected healthcare pension costs.
- The transfer of three positions and operating costs from the TB Refugee Health Program grant to the general fund.

| | FY 2019 Budget | FY 2020 Approved | Change FY19-FY20 | |
|----------------------|--------------------|---------------------|------------------|--------------|
| | | | Amount (\$) | Percent (%) |
| Total Budget | \$6,552,700 | \$7,375,100 | \$822,400 | 12.6% |
| STAFFING | | | | |
| Full Time - Civilian | 53 | 56 | 3 | 5.7% |
| Full Time - Sworn | 0 | 0 | 0 | 0.0% |
| Subtotal - FT | 53 | 56 | 3 | 5.7% |
| 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 2020, the division expenditures decrease \$351,300 or 11.6% under the FY 2019 budget. Staffing resources remain unchanged from the FY 2019 budget. The primary budget changes include:

- A decrease in personnel costs and projected healthcare and pension costs due to anticipated attrition.
- A decrease in operating contracts.

| | FY 2019 Budget | FY 2020 Approved | Change FY19-FY20 | |
|----------------------|--------------------|---------------------|--------------------|---------------|
| | | | Amount (\$) | Percent (%) |
| Total Budget | \$3,029,000 | \$2,677,700 | \$(351,300) | -11.6% |
| STAFFING | | | | |
| Full Time - Civilian | 22 | 22 | 0 | 0.0% |
| Full Time - Sworn | 0 | 0 | 0 | 0.0% |
| Subtotal - FT | 22 | 22 | 0 | 0.0% |
| Part Time | 0 | 0 | 0 | 0.0% |
| Limited Term | 0 | 0 | 0 | 0.0% |

Environmental Health - Disease Control

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

The Food Protection Program performs inspections of all food service facilities and provides the environmental response to all food borne outbreak investigations. The Permits and Plan Review Program evaluates and approves plans for new or remodeled food service, recreational facilities and reviews and approves all permit applications for all food service and recreational facilities.

The Environmental Engineering Program permits on-site sewage disposal systems (including Innovative and Alternative systems and shared sewage disposal facilities) and individual water supplies as well as approves new subdivisions utilizing private or shared systems.

The division also provides clinical services and disease investigations to reduce the risk of communicable diseases. Immunizations, clinical services, prevention education, animal exposure management, outbreak investigations and communicable and vector-borne disease control. The Communicable Disease Surveillance Program maintains a database of reportable diseases,

produces monthly statistics and analyzes disease trends. Surveillance activities produce disease information and statistics for public health and medical providers.

Fiscal Summary

In FY 2020, the division expenditures decrease \$259,100 or 5.0% under the FY 2019 budget. Staffing resources remain unchanged from the FY 2019 budget. The primary budget changes include:

- A decrease in personnel costs and projected healthcare and pension costs due to anticipated attrition.
- A decrease in operating contracts.

| | FY 2019 Budget | FY 2020 Approved | Change FY19-FY20 | |
|----------------------|--------------------|---------------------|--------------------|--------------|
| | | | Amount (\$) | Percent (%) |
| Total Budget | \$5,214,400 | \$4,955,300 | \$(259,100) | -5.0% |
| 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 2020, the division expenditures decrease \$234,100 or 13.1% under the FY 2019 budget. Staffing resources remain unchanged from the FY 2019 budget. The primary budget changes include:

- A decrease in personnel costs and projected healthcare and pension costs due to anticipated attrition.
- A decrease in operating contracts.

| | FY 2019 Budget | FY 2020 Approved | Change FY19-FY20 | |
|----------------------|--------------------|---------------------|--------------------|---------------|
| | | | Amount (\$) | Percent (%) |
| Total Budget | \$1,790,800 | \$1,556,700 | \$(234,100) | -13.1% |
| STAFFING | | | | |
| Full Time - Civilian | 15 | 15 | 0 | 0.0% |
| Full Time - Sworn | 0 | 0 | 0 | 0.0% |
| Subtotal - FT | 15 | 15 | 0 | 0.0% |
| 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's public health programs and activities in conformance with applicable laws, regulations, policies, procedures and standards of the State of Maryland and the County. The Office of the Health Officer assures high standards of clinical care in the 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 2020, the division expenditures increase \$161,700 or 3.8% over the FY 2019 budget. Staffing resources remain unchanged from the FY 2019 budget. The primary budget changes include:

- A decrease in personnel costs and projected healthcare and pension costs due to anticipated attrition.
- An increase in operational costs due to additional funding allocated for travel, training, advertising and other operating contractual services.

| | FY 2019 Budget | FY 2020 Approved | Change FY19-FY20 | |
|----------------------|--------------------|---------------------|------------------|-------------|
| | | | Amount (\$) | Percent (%) |
| Total Budget | \$4,241,400 | \$4,403,100 | \$161,700 | 3.8% |
| STAFFING | | | | |
| Full Time - Civilian | 23 | 23 | 0 | 0.0% |
| Full Time - Sworn | 0 | 0 | 0 | 0.0% |
| Subtotal - FT | 23 | 23 | 0 | 0.0% |
| Part Time | 1 | 1 | 0 | 0.0% |
| Limited Term | 0 | 0 | 0 | 0.0% |

GRANT FUNDS SUMMARY

Expenditures by Category - Grant Funds

| Category | FY 2018 Actual | FY 2019 Budget | FY 2019 Estimate | FY 2020 Approved | Change FY19-FY20 | |
|-----------------|---------------------|---------------------|---------------------|---------------------|---------------------|--------------|
| | | | | | Amount (\$) | Percent (%) |
| Compensation | \$14,060,000 | \$17,951,200 | \$19,046,100 | \$17,444,500 | \$(506,700) | -2.8% |
| Fringe Benefits | 3,531,200 | 5,328,500 | 5,653,500 | 4,354,900 | (973,600) | -18.3% |
| Operating | 15,175,650 | 24,872,800 | 26,389,800 | 45,411,200 | 20,538,400 | 82.6% |
| Capital Outlay | 30,500 | — | — | — | — | |
| Total | \$32,797,350 | \$48,152,500 | \$51,089,400 | \$67,210,600 | \$19,058,100 | 39.6% |

The FY 2020 approved grant budget is \$67,210,600, an increase of 39.6% over the FY 2019 approved budget. This increase is primarily due to the addition of new grants: Innovative State & Local Public Health Strategies to Prevent and Manage Diabetes, Heart Disease and Stroke, HIV Expansion Funds, CDC HIV Funds, Substance Abuse and Mental Health Services Administration (SAMSHA) and other various new grants.

Staff Summary by Division - Grant Funds

| Staff Summary by Division & Grant Program | FY 2019 | | | FY 2020 | | |
|--|---------|----|------|----------|----|------|
| | FT | PT | LTGF | FT | PT | LTGF |
| Administration | | | | | | |
| General Services | | | | 2 | | |
| Total Administration | | | | 2 | | |
| Family Health Services | | | | | | |
| AIDS Case Management | 13 | | 4 | 17 | | 4 |
| Babies Born Healthy | | | 2 | 1 | 1 | 1 |
| Dental Sealant D Driver Van | 2 | | 1 | | | 1 |
| Healthy Teens/Young Adults | 5 | | | 4 | | |
| High Risk Infant | 1 | | | 1 | | |
| HIV Prevention | 3 | 1 | 4 | 5 | 1 | 3 |
| Immunization Action Grant | 1 | | | 2 | | |
| Reproductive Health | 4 | | 1 | 4 | | |
| Ryan White Title I/Part A and MAI | | | 1 | 3 | | 1 |
| Ryan White Part B | 15 | | 2 | 6 | | 1 |
| Ryan White Fee For Service | | | | | | 3 |
| STD Caseworker | 10 | | 6 | 12 | | 7 |
| Surveillance and Quality Improvement | 1 | | | 1 | | |
| TB Control Cooperative Agreement | 1 | | | 2 | | |
| TB Refugee | 5 | | | | | |
| WIC Breastfeeding Peer Counseling | | | 4 | | | 4 |

Staff Summary by Division - Grant Funds (continued)

| Staff Summary by Division & Grant Program | FY 2019 | | | FY 2020 | | |
|--|-----------|----------|-----------|-----------|----------|-----------|
| | FT | PT | LTGF | FT | PT | LTGF |
| Women, Infants, and Children (WIC) | 19 | | 9 | 19 | | 10 |
| Total Family Health Services | 80 | 1 | 34 | 77 | 2 | 35 |
| Behavioral Health | | | | | | |
| Addictions Treatment General Grant | 16 | 1 | 5 | 19 | | 10 |
| Administrative/LAA | 2 | | 1 | 2 | | 1 |
| Bridges to Success | 1 | | 4 | 1 | | 4 |
| Core Services Administrative Grant | 6 | | 2 | 6 | | 2 |
| Crownsville Project | | | 1 | | | 1 |
| Drug and Alcohol Prevention | 2 | | | 2 | | |
| Drug Court Services | 1 | | | 1 | | |
| Federal Treatment Grant | 2 | | 1 | 2 | 1 | |
| HIV Testing in Behavioral Health Services | 1 | | | | | |
| House Bill 7 - Integration of Child Welfare Funds | 1 | | | | | |
| Integration of Sexual Health in Recovery | | | | 1 | | |
| Mental Health Services Grant | 1 | | 1 | | | 2 |
| Offender Reentry Prog. (PGCORP) | | | 7 | | | 6 |
| PREP | | | | | 4 | 1 |
| Project Safety Net | 6 | | 9 | 6 | | 6 |
| Recovery Support Services | 2 | | 10 | 2 | | 11 |
| Smart ReEntry | | | 5 | | | 5 |
| Substance Abuse Treatment Outcomes Partnership (STOP) | 6 | | 2 | 3 | | 7 |
| Temporary Cash Assistance | 3 | | 3 | 3 | | 2 |
| Tobacco Enforcement Initiative | | | 2 | | | 2 |
| Tobacco Cessation | 1 | | | 1 | | |
| Total Behavioral Health | 51 | 1 | 53 | 49 | 5 | 60 |
| Environmental Health - Disease Control | | | | | | |
| Childhood Lead Poisoning Prevention | | | | 1 | | |
| Cities Readiness Initiative (CRI) | 1 | | | 1 | | |
| Hepatitis B Prevention | 1 | | | 1 | | |
| Public Health Emergency Preparedness (PHEP) | 3 | | | 3 | | |
| Total Environmental Health - Disease Control | 5 | | | 6 | | |

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

| Staff Summary by Division & Grant Program | FY 2019 | | | FY 2020 | | |
|---|------------|----------|------------|------------|----------|------------|
| | FT | PT | LTGF | FT | PT | LTGF |
| Health and Wellness | | | | | | |
| Administrative Care Coordination | 12 | | 1 | 12 | | 1 |
| Geriatric Evaluation Review Services | 6 | | 1 | 6 | | 1 |
| MCHP Eligibility Determination | 18 | 1 | 8 | 18 | 1 | 8 |
| General Medical Assistance Transportation | 10 | | 9 | 10 | | 9 |
| Total Health and Wellness | 46 | 1 | 19 | 46 | 1 | 19 |
| Office of the Health Officer | | | | | | |
| ACIS | | | | 1 | | |
| Innovative State and Local Public Health Strategies to Prevent & Manage Diabetes and Heart Disease | | | | 1 | | |
| Ryan White HIV/AIDS Treatment Modernization Act-Part A & Minority AIDS Initiative | 3 | | 3 | 1 | | |
| UASI-MDERS | | | | | | 1 |
| Total Office of the Health Officer | 3 | | 3 | 3 | | 1 |
| Total | 185 | 3 | 109 | 183 | 8 | 115 |

In FY 2020, funding is provided for 183 full time positions, eight part time positions and 115 limited term grant funded (LTGF) positions.

Grant Funds by Division

| Grant Name | FY 2018 Actual | FY 2019 Budget | FY 2019 Estimate | FY 2020 Approved | Change FY19-FY20 | |
|--|---------------------|---------------------|---------------------|---------------------|---------------------|--------------|
| | | | | | Amount (\$) | Percent (%) |
| Family Health Services | | | | | | |
| AIDS Case Management | \$1,609,389 | \$3,000,000 | \$3,000,000 | \$6,157,100 | \$3,157,100 | 105.2% |
| Babies Born Healthy | 86,678 | 129,500 | 200,000 | 200,000 | 70,500 | 54.4% |
| CDC HIV Funds | — | — | — | 2,000,000 | 2,000,000 | |
| Dental Sealant D Driver Van | 97,183 | 270,000 | 270,000 | 330,400 | 60,400 | 22.4% |
| Healthy Teens/Young Adults | 435,954 | 527,000 | 527,000 | 504,800 | (22,200) | -4.2% |
| Hepatitis B and C Care | — | — | 15,000 | 15,000 | 15,000 | |
| High Risk Infant (Infants at Risk) | 89,362 | 117,700 | 117,700 | 117,700 | — | 0.0% |
| HIV Expansion Funds | — | — | — | 6,300,000 | 6,300,000 | |
| HIV Prevention Services | 846,882 | 945,000 | 945,000 | 854,700 | (90,300) | -9.6% |
| Immunization Action Grant | 228,988 | 280,000 | 280,000 | 253,400 | (26,600) | -9.5% |
| Oral Disease and Injury Prevention | 39,600 | 50,000 | 50,000 | 47,700 | (2,300) | -4.6% |
| Oral Heath Clinical Care | — | 50,000 | 50,000 | — | (50,000) | -100.0% |
| Personal Responsibility Education (PREP) | 75,000 | 75,000 | 75,000 | 70,000 | (5,000) | -6.7% |
| Reproductive Health | 376,654 | 530,000 | 530,000 | 384,000 | (146,000) | -27.5% |
| Ryan White Title I/Part A & MAI | 3,416,321 | 248,300 | 248,300 | 446,100 | 197,800 | 79.7% |
| Ryan White Part B | 1,556,103 | 2,267,100 | 2,267,100 | 4,482,800 | 2,215,700 | 97.7% |
| Ryan White Fee For Service | — | — | — | 950,000 | 950,000 | |
| School Based Wellness Center | — | 850,000 | 850,000 | — | (850,000) | -100.0% |
| School Based Wellness - MSDE | 443,517 | 406,000 | 406,000 | 405,900 | (100) | 0.0% |
| STD Caseworker | 780,630 | 1,350,000 | 1,350,000 | 1,530,300 | 180,300 | 13.4% |
| Surveillance and Quality Improvement | 139,624 | 153,000 | 153,000 | 200,900 | 47,900 | 31.3% |
| Syringe Services | — | 49,000 | 300,000 | 270,000 | 221,000 | 451.0% |
| TB Control Cooperative Agreement | 191,583 | 225,000 | 251,500 | 231,600 | 6,600 | 2.9% |
| TB Refugee (transferred from Environmental Health) | 384,268 | 600,000 | 600,000 | — | (600,000) | -100.0% |
| WIC Breastfeeding Peer Counseling | 162,109 | 250,000 | 250,000 | 225,200 | (24,800) | -9.9% |
| Women, Infants and Children (WIC) | 1,930,204 | 2,465,000 | 2,465,000 | 2,330,400 | (134,600) | -5.5% |
| Total Family Health Services | \$12,890,050 | \$14,837,600 | \$15,200,600 | \$28,308,000 | \$13,470,400 | 90.8% |
| Behavioral Health | | | | | | |
| Administrative/LBHA Core Services Admin Grant | \$1,044,940 | \$1,117,200 | \$1,117,200 | \$1,150,600 | \$33,400 | 3.0% |
| Ambulatory Services | 151 | — | — | — | — | |
| Bridges 2 Success | 16 | 462,400 | 462,400 | 472,300 | 9,900 | 2.1% |
| Continuum of Care | 630,757 | 627,700 | 672,600 | 672,700 | 45,000 | 7.2% |
| Crownsville Project | 60,427 | 74,400 | 74,400 | 74,400 | — | 0.0% |

Grant Funds by Division *(continued)*

| Grant Name | FY 2018 Actual | FY 2019 Budget | FY 2019 Estimate | FY 2020 Approved | Change FY19-FY20 | |
|---|-------------------|-------------------|---------------------|---------------------|------------------|-------------|
| | | | | | Amount (\$) | Percent (%) |
| Drug and Alcohol Prevention | 2 | — | — | — | — | |
| Drug Court Services | 1 | 131,700 | 131,700 | 147,000 | 15,300 | 11.6% |
| Federal Block Grant | 1,329,474 | 1,338,400 | 1,338,400 | 1,338,400 | — | 0.0% |
| Federal Fund Treatment Grant | 416,167 | 1,158,600 | 1,158,600 | 1,158,600 | — | 0.0% |
| General Fund Services | 2,096,467 | 3,055,500 | 3,055,500 | 4,018,100 | 962,600 | 31.5% |
| High Intensity Drug Trafficking Area (HIDTA) | 11,452 | 103,000 | 103,000 | 101,000 | (2,000) | -1.9% |
| HIV Testing in Behavioral Health | 71,799 | 102,600 | 102,600 | — | (102,600) | -100.0% |
| House Bill 7 - Integration of Child Welfare Funds | 74,812 | 71,000 | 71,000 | — | (71,000) | -100.0% |
| Integration of Sexual Health in Recovery | 133,314 | 216,500 | 253,100 | 274,900 | 58,400 | 27.0% |
| Maryland Crisis Hotline | 81,618 | 164,900 | 164,900 | — | (164,900) | -100.0% |
| Maryland Opioid Rapid Response | 50,077 | 50,200 | 50,200 | 50,100 | (100) | -0.2% |
| Mental Health Services Grant | 1,629,832 | 1,595,900 | 1,595,900 | 1,604,300 | 8,400 | 0.5% |
| Offender Reentry Prog. (PGCORP) | 6 | 134,400 | 134,400 | 554,200 | 419,800 | 312.4% |
| Opioid Operation Command | 152,992 | 189,700 | 198,400 | 198,400 | 8,700 | 4.6% |
| PATH Program | 106,652 | 106,700 | 106,700 | 106,700 | — | 0.0% |
| PREP Pre Exposure Prophylaxis | — | — | — | 650,000 | 650,000 | |
| Prevention Services | 460,883 | 502,800 | 502,800 | 525,400 | 22,600 | 4.5% |
| Project Launch | 150,915 | — | — | — | — | |
| Project Safety Net - (GOCCP) | 731,519 | 1,214,700 | 1,214,700 | 1,214,700 | — | 0.0% |
| Recovery Support Services | 704,644 | 914,400 | 962,600 | 932,200 | 17,800 | 1.9% |
| SAMSHA Grants for Expansion and Sustainability of the Comprehensive Community Mental Health Services for Children with Emotional Disturbances | — | — | — | 3,000,000 | 3,000,000 | |
| Senate Bill 512 Children In Need of Assistance | — | 60,000 | 60,000 | — | (60,000) | -100.0% |
| Smart Reentry - OJP | — | 997,400 | 997,400 | 1,010,300 | 12,900 | 1.3% |
| Substance Abuse Treatment Outcomes Partnership (STOP) | 510,384 | 762,500 | 762,500 | 772,800 | 10,300 | 1.4% |
| Temporary Cash Assistance | 403,439 | 455,900 | 455,900 | 455,900 | — | 0.0% |
| Tobacco Administration | 19,759 | 19,800 | 19,800 | 19,800 | — | 0.0% |
| Tobacco Cessation | 135,406 | 198,800 | 198,800 | 183,900 | (14,900) | -7.5% |
| Tobacco Control Community | 109,121 | 102,900 | 102,900 | 85,100 | (17,800) | -17.3% |
| Tobacco School Based | 13,271 | 13,300 | 13,300 | 13,300 | — | 0.0% |
| Tobacco Enforcement Initiative | 90,091 | 125,000 | 125,000 | 120,000 | (5,000) | -4.0% |

Grant Funds by Division (continued)

| Grant Name | FY 2018 Actual | FY 2019 Budget | FY 2019 Estimate | FY 2020 Approved | Change FY19-FY20 | |
|---|---------------------|---------------------|---------------------|---------------------|--------------------|--------------|
| | | | | | Amount (\$) | Percent (%) |
| Wrap Around Prince George's (System of Care) Implementation | — | 997,200 | 997,100 | 996,200 | (1,000) | -0.1% |
| Total Behavioral Health | \$11,220,387 | \$17,065,500 | \$17,203,800 | \$21,901,300 | \$4,835,800 | 28.3% |
| Environmental Health - Disease Control | | | | | | |
| Bay Restoration (Septic) Fund | \$40,542 | \$265,000 | \$265,000 | \$99,100 | \$(165,900) | -62.6% |
| Childhood Lead Poisoning Prevention | — | — | — | 189,900 | 189,900 | |
| Cities Readiness Initiative (CRI) | 118,615 | 144,900 | 144,900 | 137,200 | (7,700) | -5.3% |
| Hepatitis B Prevention | 62,962 | 70,900 | 70,900 | 73,700 | 2,800 | 3.9% |
| Lead Paint Poisoning Program | 53,136 | 61,000 | 61,000 | 53,200 | (7,800) | -12.8% |
| Public Health Emergency Preparedness (PHEP) | 519,065 | 609,400 | 609,400 | 469,700 | (139,700) | -22.9% |
| PHEP Ebola Supplement (Zika #1) | 28,900 | — | — | — | — | |
| Zika Nurse Project | — | — | 35,600 | 35,600 | 35,600 | |
| Total Environmental Health - Disease Control | \$823,219 | \$1,151,200 | \$1,186,800 | \$1,058,400 | \$(92,800) | -8.1% |
| Health and Wellness | | | | | | |
| Administrative Care Coordination Grant-Expansion | \$1,857,682 | \$1,285,400 | \$1,285,400 | \$1,183,300 | \$(102,100) | -7.9% |
| General Medical Assistance Transportation | 3,375,983 | 3,825,600 | 3,825,600 | 3,856,600 | 31,000 | 0.8% |
| Geriatric Evaluation and Review Services (Revenue) | 808,076 | 907,600 | 907,600 | 1,036,800 | 129,200 | 14.2% |
| Geriatric Evaluation and Review Services (Grant) | — | 10,400 | 10,400 | 10,400 | — | 0.0% |
| MCHP Eligibility Determination-PWC | 1,762,497 | 2,118,500 | 2,118,500 | 2,214,300 | 95,800 | 4.5% |
| Total Health and Wellness | \$7,804,237 | \$8,147,500 | \$8,147,500 | \$8,301,400 | \$153,900 | 1.9% |
| Office of the Health Officer | | | | | | |
| Assistance in Community Integration Services (ACIS) | \$— | \$317,300 | \$317,300 | \$634,500 | \$317,200 | 100.0% |
| Diabetes, Heart Disease, & Stroke HRSA | — | — | 2,400,000 | 2,400,000 | 2,400,000 | |
| Ryan White HIV/AIDS Treatment Modernization Act-Part A & Minority AIDS Initiative | — | 6,211,100 | 6,211,100 | — | (6,211,100) | -100.0% |
| Social Impact Partnerships to Pay for Results Act Demonstration Project (US Department of the Treasury) | — | — | — | 4,000,000 | 4,000,000 | |

Grant Funds by Division *(continued)*

| Grant Name | FY 2018 Actual | FY 2019 Budget | FY 2019 Estimate | FY 2020 Approved | Change FY19-FY20 | |
|--|---------------------|---------------------|---------------------|---------------------|---------------------|--------------|
| | | | | | Amount (\$) | Percent (%) |
| UASI - MDERS | — | — | — | 130,000 | 130,000 | |
| Total Office of the Health Officer | \$— | \$6,528,400 | \$8,928,400 | \$7,536,500 | \$1,008,100 | 15.4% |
| Subtotal | \$32,737,894 | \$47,730,200 | \$50,667,100 | \$67,105,600 | \$19,375,400 | 40.6% |
| Total Transfer from General Fund - (County Contribution/Cash Match) | 59,457 | 422,300 | 422,300 | 105,000 | (317,300) | -75.1% |
| Total | \$32,797,351 | \$48,152,500 | \$51,089,400 | \$67,210,600 | \$19,058,100 | 39.6% |

Grant Descriptions

DIVISION OF BEHAVIORAL HEALTH SERVICES -- \$21,901,300

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, offender re-entry and special services for pregnant and post-partum women. The High Intensity Drug Trafficking Areas (HIDTA) program enhances and coordinates drug control efforts among local, State and federal law enforcement agencies. The Division is also responsible for long-range planning for behavioral health services in the County, needs assessments and the development of alternative resource providers.

DIVISION OF ENVIRONMENTAL HEALTH AND DISEASE CONTROL -- \$1,058,400

The Public Health Emergency Preparedness Grant supports planning activities and the integrated efforts between County health civic organizations and health care facilities to train medical practitioners and citizen volunteers in emergency preparedness; establishing dispensing sites and shelters; and implementing emergency response strategies in the event of a man-made or natural disaster. The Bay Restoration Fund provides funds for on-site sewage disposal system upgrades using the best available technology for nitrogen removal. The Cities Readiness Initiative is specific to incident management.

DIVISION OF FAMILY HEALTH -- \$28,308,000

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. The 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.

DIVISION OF HEALTH AND WELLNESS -- \$8,301,400

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. 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.

OFFICE OF THE HEALTH OFFICER -- \$7,536,500

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. The Alzheimer's Disease program is a new 36-month grant to combat Alzheimer's disease. Assistance In Community Integration Services provides assistance to adults reentering the community after incarceration, military service and/or youth who are trying to find their place in the community.

SERVICE DELIVERY PLAN AND PERFORMANCE

Goal 1 — To ensure access to healthcare resources for County residents.

Objective 1.1 — Increase access to healthcare for the County's population.

| FY 2024 Target | FY 2017 Actual | FY 2018 Actual | FY 2019 Estimated | FY 2020 Projected | Trend |
|----------------|----------------|----------------|-------------------|-------------------|-------|
| 300,000 | 2,286,663 | 321,582 | 225,699 | 240,000 | ↔ |

Trend and Analysis

The Health Department is committed to ensuring access to healthcare, a key component of the mission and vision. A key way 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.

Performance Measures

| Measure Name | FY 2016 Actual | FY 2017 Actual | FY 2018 Actual | FY 2019 Estimated | FY 2020 Projected |
|--|----------------|----------------|----------------|-------------------|-------------------|
| Resources (Input) | | | | | |
| Number of Health Department outreach workers | 26 | 28 | 21 | 21 | 21 |
| Workload, Demand and Production (Output) | | | | | |
| Number of overall Health Department client contacts | 226,117 | 265,165 | 227,456 | 214,668 | 220,000 |
| Number of overall Health Department public outreach efforts (cumulative) | 338 | 542 | 369 | 315 | 320 |
| Impact (Outcome) | | | | | |
| Number of County residents reached through direct contact or outreach efforts (cumulative) | 286,588 | 371,566 | 321,582 | 225,699 | 240,000 |

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

Objective 2.1 — Provide healthy eating and active living education and interventions to County residents.

| FY 2024 Target | FY 2017 Actual | FY 2018 Actual | FY 2019 Estimated | FY 2020 Projected | Trend |
|----------------|----------------|----------------|-------------------|-------------------|-------|
| 2,875 | 1,027 | 3,428 | 1,900 | 2,500 | ↔ |

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 supports programming to promote healthy behaviors, early detection and diagnosis of metabolic syndrome, community-specific outreach and education activities as well as chronic disease self-management. Outreach activities are largely grant-funded; a reduction in activities in FY 2019 is due to the end of a grant from the Target Foundation for the Kidz Health Revolution project.

Performance Measures

| Measure Name | FY 2016 Actual | FY 2017 Actual | FY 2018 Actual | FY 2019 Estimated | FY 2020 Projected |
|--|----------------|----------------|----------------|-------------------|-------------------|
| Resources (Input) | | | | | |
| Number of health promotion/community developer staff | 2.0 | 5.6 | 2.0 | 3.0 | 4.0 |
| Workload, Demand and Production (Output) | | | | | |
| Average number of public education campaigns addressing chronic disease across the Health Department per month | 2.0 | 4.0 | 0 | 1.0 | 2.0 |
| Number of cumulative residents reached by all health promotion activities | 1,615,441 | 1,955,441 | 1,249,747 | 364,344 | 400,000 |
| Impact (Outcome) | | | | | |
| Number of residents educated by healthy eating and active living interventions | 2,267 | 1,027 | 3,428 | 1,900 | 2,500 |
| Percentage change in knowledge over baseline for educational activities | 19% | 11% | 15% | 15% | 15% |

Goal 3 — To improve reproductive healthcare 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 Long-Acting Reversible Contraception (LARC) as their primary birth control method.

| FY 2024 Target | FY 2017 Actual | FY 2018 Actual | FY 2019 Estimated | FY 2020 Projected | Trend |
|----------------|----------------|----------------|-------------------|-------------------|-------|
| 700 | n/a | 250 | 400 | 500 | |

Trend and Analysis

New for FY 2020.

Objective 3.2 — Reduce infant mortality.

| FY 2024 Target | FY 2017 Actual | FY 2018 Actual | FY 2019 Estimated | FY 2020 Projected | Trend |
|----------------|----------------|----------------|-------------------|-------------------|-------|
| 7 | 9 | 8 | 8 | 8 | ↔ |

Trend and Analysis

Infant mortality is a critical indicator of the overall health of a population because it is directly linked to maternal overall health and the social determinants of health. The agency offers the Healthy Beginnings program that address maternal and infant health and the impact social determinates on their overall health and well being. These programs include funding from Babies Born Healthy, which uses Perinatal Navigators. Perinatal Navigators are outreach workers who work closely with at-risk pregnant women to link to care and support services and to offer health education with a focus on safe sleep and smoking cessation. Funding is also utilized from 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 agency works closely with UMCRRH, Medstar Southern Maryland Hospital who are the primary referring entities. Other hospitals, agencies and private practices also refer cases.

Performance Measures

| Measure Name | FY 2016 Actual | FY 2017 Actual | FY 2018 Actual | FY 2019 Estimated | FY 2020 Projected |
|--|----------------|----------------|----------------|-------------------|-------------------|
| Resources (Input) | | | | | |
| Number of Healthy Beginnings Staff (budgeted RNs, support staff, etc.) | 2 | 2 | 2 | 2 | 2 |
| Workload, Demand and Production (Output) | | | | | |
| Number of referrals for Healthy Beginnings case management for children birth to age one | 1,016 | 875 | 924 | 848 | 1,000 |
| Number of home visits for new referrals for case management birth to age one | 36 | 114 | 54 | 148 | 100 |
| Number of home visit referrals for follow-up case management birth to age one | 124 | 82 | 83 | 208 | 75 |
| Number of unduplicated mothers receiving case management services | 700 | 678 | 584 | 584 | 450 |
| Number of teens <18 years receiving case management services | 73 | 109 | 72 | 72 | 60 |
| Number of referrals received from University of Maryland Capital Region Health | 450 | 289 | 186 | 144 | 150 |
| Number of referrals received from Medstar Southern Maryland Hospital | 93 | 91 | 117 | 180 | 150 |
| Quality | | | | | |
| Number of babies/children referred to other County Resources | 446 | 730 | 264 | 354 | 500 |
| Number of mothers referred to Addictions/Mental Health | 27 | 9 | 6 | 30 | 25 |
| Impact (Outcome) | | | | | |
| Percent of new mothers in the County that received first trimester care | 52% | 51% | 0% | 57% | 58% |
| Percent of low birth weight babies born to County residents | 0% | 90% | 0% | 97% | 96% |
| Percent of pre-term babies born to County residents | 0% | 10% | 0% | 11% | 11% |
| Number of infant deaths | 30 | 57 | 0 | 0 | 0 |
| Infant Mortality Rate (County-wide measure) per 1,000 live births (annual measure) | 9 | 9 | 8 | 8 | 8 |

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

Objective 4.1 — Increase HIV tests for those at high-risk.

| FY 2024 Target | FY 2017 Actual | FY 2018 Actual | FY 2019 Estimated | FY 2020 Projected | Trend |
|----------------|----------------|----------------|-------------------|-------------------|-------|
| 70% | 44% | 69% | 55% | 60% | ↑ |

Trend and Analysis

Sexually transmitted infections (STIs) remain a serious public health concern within Prince Georges County. For 2017, Prince George's County has the second highest HIV rate in Maryland of 41.9 new cases per 100,000 residents. To address this, the agency has partnered with community organizations to expand access to testing, counseling and treatment. There was a transition in community partners performing HIV testing in FY 2019; the agency anticipates returning to previous levels of HIV testing in the community for FY 2020. 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. Additionally, the agency maintains a full time clinic that offers comprehensive reproductive health, medical/non-medical casement, oral health, nutrition, emergency financial assistance and STI prevention/treatment services.

Performance Measures

| Measure Name | FY 2016 Actual | FY 2017 Actual | FY 2018 Actual | FY 2019 Estimated | FY 2020 Projected |
|---|----------------|----------------|----------------|-------------------|-------------------|
| Resources (Input) | | | | | |
| Number of Prevention/STI staff | 11.7 | 10.9 | 13.3 | 20.0 | 24.0 |
| Workload, Demand and Production (Output) | | | | | |
| Number of HIV-related educational outreach and awareness opportunities | 27 | 32 | 23 | 30 | 40 |
| Efficiency | | | | | |
| Number of HIV tests performed through Reproductive Health Resource Center, HIV Clinic and TB Clinic | 6,823 | 9,024 | 4,054 | 2,420 | 5,700 |
| Impact (Outcome) | | | | | |
| Number of new HIV cases per 10,000 persons | 56 | 43 | 41 | 41 | 41 |
| Proportion of newly diagnosed HIV positive with documented linkage to care | 30% | 44% | 69% | 55% | 60% |

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

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

| FY 2024 Target | FY 2017 Actual | FY 2018 Actual | FY 2019 Estimated | FY 2020 Projected | Trend |
|----------------|----------------|----------------|-------------------|-------------------|-------|
| 95% | 60% | 69% | 84% | 93% | ↑ |

Trend and Analysis

The Food Protection Program's (FPP) 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 COMAR. While FPP staff has consistently performed well above industry standards, meeting the state mandate for inspections continues to be a challenge.

New Environmental Health Specialists in FY 2018 helped to increase the compliance rate with state mandates and gave the agency the opportunity to increase enforcement and education of food retailers that may not currently meet safety standards. In addition, FPP has initiated a training program for chronic offenders or potential chronic offenders which should reduce the number of follow up inspections and the number of critical violations cited on the inspections. FPP 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.

Performance Measures

| Measure Name | FY 2016 Actual | FY 2017 Actual | FY 2018 Actual | FY 2019 Estimated | FY 2020 Projected |
|---|----------------|----------------|----------------|-------------------|-------------------|
| Resources (Input) | | | | | |
| Number of full-time food service facility (FSF) inspectors | 10.1 | 11.5 | 15.0 | 20.6 | 20.6 |
| Workload, Demand and Production (Output) | | | | | |
| Number of high and moderate priority FSFs that have permits | 2,391.0 | 2,412.0 | 2,430.0 | 2,506.0 | 2,600.0 |
| Number of high and moderate FSF inspections required by the State | 6,458.0 | 6,467.0 | 6,467.0 | 6,916.0 | 7,100.0 |
| Number of high and moderate priority FSFs inspected | 3,514 | 3,894 | 4,469 | 5,830 | 6,592 |
| Number of follow-up inspections of high and moderate priority FSFs | 270 | 452 | 806 | 843 | 600 |
| Efficiency | | | | | |
| Average number of high and moderate FSFs inspected per inspector | 347.1 | 338.6 | 305.0 | 283.0 | 320.0 |
| Impact (Outcome) | | | | | |
| Percent of high and moderate FSFs cited for disease-related critical violations | 8% | 14% | 17% | 13% | 18% |
| Percentage of State-mandated high and moderate inspections conducted | 54% | 60% | 69% | 84% | 93% |

Goal 6 — To ensure that County residents have access to mental health and substance abuse treatment.

Objective 6.1 — Provide mental health and substance abuse treatment services to County residents.

| FY 2024 Target | FY 2017 Actual | FY 2018 Actual | FY 2019 Estimated | FY 2020 Projected | Trend |
|----------------|----------------|----------------|-------------------|-------------------|-------|
| 100% | 95% | 95% | 96% | 96% | ↑ |

Trend and Analysis

The past two years have demonstrated the agency's ability to generate a consistent level of fee for service billing to offset the overall program costs and maintain stability of operations. The delivery of Medication-assisted treatments for substance abuse disorders will increase in utilization, as will the investment in trainings on evidence-based practices as required to maintain the agency's accreditation by the Joint Commission on Accreditation on Healthcare Organizations.

Starting in FY 2020, the reporting of professional substance use treatment staff will include not only staff at the Cheverly location, but also staff supported through state grants who provide jail- and court-based services in the county. The substance use treatment staff includes clinical supervisors necessary to maintain accreditation who do not see clients full-time. Many clients need intensive outpatient services which limits the caseload for substance use treatment staff.

Performance Measures

| Measure Name | FY 2016 Actual | FY 2017 Actual | FY 2018 Actual | FY 2019 Estimated | FY 2020 Projected |
|--|----------------|----------------|----------------|-------------------|-------------------|
| Resources (Input) | | | | | |
| Number of professional staff providing treatment for Substance Use (average per month) | 58.0 | 27.4 | 11.0 | 13.0 | 38.0 |
| Workload, Demand and Production (Output) | | | | | |
| Number of clients enrolled in outpatient services for Substance Use | 1,678.2 | 1,081.0 | 913.0 | 780.0 | 800.0 |
| Number of programs monitored by the Health Department to provide mental healthservices to County residents (average per month) | 91.9 | 101.0 | 111.0 | 165.0 | 170.0 |
| Impact (Outcome) | | | | | |
| Percent of clients with appropriately documented progress in achieving care, treatment or service goals | 93% | 95% | 95% | 96% | 96% |

Objective 6.2 — Ensure emergency mental health services are available to County residents.

| FY 2024 Target | FY 2017 Actual | FY 2018 Actual | FY 2019 Estimated | FY 2020 Projected | Trend |
|----------------|----------------|----------------|-------------------|-------------------|-------|
| 85% | 86% | 85% | 80% | 82% | ↔ |

Trend and Analysis

The County's Mobile Crisis Response Services provider has continued to field over 1,000 calls each month and has consistently been successful in diverting individuals from institutional placements over 80% of the time. The agency will continue to promote use of the national crisis Textline (Text MD to 741741) with whom they have a partnership.

Performance Measures

| Measure Name | FY 2016 Actual | FY 2017 Actual | FY 2018 Actual | FY 2019 Estimated | FY 2020 Projected |
|---|----------------|----------------|----------------|-------------------|-------------------|
| Resources (Input) | | | | | |
| Number of Crisis Response System (CRS) staff | 12.8 | 13.1 | 13.0 | 13.0 | 13.0 |
| Workload, Demand and Production (Output) | | | | | |
| Number of calls to the CRS | 4,373 | 5,112 | 3,070 | 3,166 | 3,000 |
| Number of Mobile Crisis Team dispatches | 1,046 | 1,047 | 1,002 | 1,061 | 1,061 |
| Quality | | | | | |
| Average response time for CRS Mobile Crisis Team dispatches (in minutes) | 27:20 | 28:70 | 28:00 | 29:00 | 29:00 |
| Impact (Outcome) | | | | | |
| Percent of clients receiving Crisis Response System services who divert institutionalized | 90% | 86% | 85% | 80% | 82% |

