

# Health Department Budget Work Session

April 27, 2026

*To lead, engage, and empower our community to work collaboratively towards disease prevention, health equity, and total well-being.*



## We Protect

Disease surveillance and outbreak response.

Food safety inspections at thousands of restaurants, schools, and food service establishments.

Environmental health protections including lead, wells, and septic systems.

Emergency preparedness for health threats ranging from pandemics to extreme weather.

## We Provide

Clinical services for residents who would otherwise go without:

HIV and STI testing and treatment, tuberculosis control.

WIC nutrition for pregnant women and young children, childhood immunizations, adult vaccinations, maternal and child health services, oral health, and behavioral health care coordination.

## We Serve

Oversight of the county's public behavioral health system, building mental health and wellbeing capacity across the county.

Coordinating 180+ providers serving Medicaid-eligible residents, including transportation, in-home visits, and children's health insurance.

Coordination with hospitals, schools, faith communities, and community-based organizations to address chronic disease, maternal health disparities, and behavioral health gaps.

# Pillars of a Nimble and Modern Health Department

<b>Planning</b>	<b>Accountability</b>	<b>Technology</b>	<b>Policy</b>	<b>Performance</b>
<p>Comprehensive strategic plan is nearing completion.</p> <p>Clear goals for workforce, operations, and population health outcomes.</p>	<p>County Community Health Assessment infrastructure.</p> <p>Tracking health trends, identifying disparities, and informing both our work and the work of our partners.</p>	<p>Deployed a new electronic health record system, resulting \$800,000/year in health record system costs.</p> <p>Creating the data foundation for evidence-based program management.</p>	<p>Tracking county, state, and federal policy developments.</p> <p>Ensuring the department engages proactively on issues affecting Prince George's County.</p>	<p>Targeted reforms to hiring, grants management, and administrative workflows have already delivered measurable gains.</p> <p>Reduction in time-to-fill for new positions.</p>



# Public Health

## FY26 Key Achievements

- Free State funded Adult Immunization for uninsured or underinsured.
- Comprehensive plan to integrating the Local Behavioral Health Authority into the Behavioral Health Division at the Health Department.
- Designed and launched a county wide rabies initiative.
- Recognized as a [Community Care Hub](#), reflecting the County's status as a regional health leader.
- Launched “Explore, learn, and thrive” campaign.
- Cross-government maternal health, colorectal cancer, and early autism screening initiatives.

## FY27 Key Initiatives

- Expanding the quantity and quality of maternal health support throughout the county.
- Implementing the LBHA to Dept of Health BHS plan
- New Geographic Information Systems (GIS) for Environmental Health Services
- Food as Medicine Program, championed by innovative council legislation.



# Administration and Operations

## FY26 Key Achievements

- Drafted new comprehensive five-year strategic plan.
- Collected \$70,000,000 in accounts receivable, eliminating a multi-year backlog.
- Through training and policy development, implemented an improved customer service model for Human Resources support.
- Saved the county \$800,000/year by consolidating multiple health record systems into a single platform.

## FY27 Key Initiatives

- Better align talent and recruitment with organizational needs.
- Reduce processing time for procurement actions
- Launch strategic plan implementation
- Enhancing visibility through strategic communications and expanded outreach.



# Health Department – FY27 Outlook (Concerns)

## FY27 Risks & Concerns

- Federal policy landscape threatens many programs including family planning, maternal and child health, HIV/STI support (including Ryan White), immunizations, dental care, and TB control.
- Many Limited Term Grant Funded employees were converted to Merit employees, but grant funding is at risk. Need amended personnel law to create a Term Merit position.
- Inability to hire new in-home assessment nursing staff exacerbates the extensive backlog of clients for the AERS and Nurse Monitoring programs.
- Limited general fund staff to manage LHBA integration risks losing control of LBHA to State of Maryland.
- Budget shortfalls prevent adequate contract support to necessary revisions to critical permitting and licensing system in order to meet Health Department needs.
- Proposed budget cuts for Health Department Technology office threaten clinical systems, modernization efforts, data security, and capital improvement projects.

# Punching Above Our Weight – Delivering Outsized Impact

*\*Every \$1 in General Fund = Approximately \$4 in Federal, State, and Non-Profit Grant Funding\**

## What the General Fund Makes Possible:

- Grant match requirements that unlock federal and state awards
- Core staff positions that cannot be grant-funded
- Statutorily required services that grants do not cover
- The institutional infrastructure that allows the department to compete for and administer grants in the first place

## What's at Stake:

Without a robust general fund base, the department cannot sustain the infrastructure required to attract and administer grants. Every dollar of general fund erosion puts multiple dollars of critical federal, state, and non-profit investment at risk.



# Needed Support – Technology Staffing Cliff

## HD Technology

- Runs clinical systems requiring specialized health IT expertise, data-compliant security, and real-time support.
- Supports all 450+ HD staff and 30+ sites — the technology backbone for patient care, disease surveillance, and emergency preparedness.
- Federal and state grants require dedicated IT capacity for data reporting, security audits, and compliance.
- Drives data modernization, grants management system rollout, and performance reporting.
- Sole team with the institutional knowledge to execute upcoming facility transitions at Cheverly and 1701 McCormick without disrupting clinical operations.

## Request

\$450,000 for staffing augmentation.

Funding to avoid losing 3 mission-critical contracted staff, upon whom numerous required projects rely, including preserving clinical support to patients and residents, and meeting facilities move timelines for the Cheverly Building, and 1701 McCormick moves.



# Needed Support – AERS & Nurse Monitoring Programs

## AERS & Nurse Monitoring

- In-home assessments for seniors and individuals with disabilities to help them remain safely in their homes, instead of costly institutions.
- Ongoing in-home visits to ensure the health and safety of vulnerable residents — it's the county's quality assurance system for home-based care.
- Medicaid-billable and revenue-generating — they cost the county's general fund little to nothing when adequately staffed, and every completed visit generates reimbursement.
- Currently out of compliance with COMAR-mandates with over 1,600 of the county's most vulnerable residents waiting for assessments or monitoring visits the department is required to provide.

## Request

\$1.4 million for staffing augmentation.

Funding to adequately staff the AERS and Nurse Monitoring programs is both a regulatory obligation and a fiscal opportunity: every assessment generates revenue, and every resident who remains safely at home improved outcomes.

# Thank You

*To lead, engage, and empower our community to work collaboratively towards disease prevention, health equity, and total well-being.*

