



April 26, 2024

MEMORANDUM

TO: Wanika B. Fisher, Chair
Health, Human Services and Public Safety (HHSPS) Committee

THRU: Joseph R. Hamik
Director of Budget and Policy Analysis

FROM: Anya Makarova
Senior Budget and Policy Analyst

RE: Health Department
Fiscal Year 2025 Budget Review

Budget Overview

- Overall, FY 2024 estimated expenditures are expected to be under the FY 2024 Approved Budget level by \$2.2 million (or -2.5%):
 - FY 2024 General Fund expenditures are projected at \$32.5 million, or \$2.8 million, or 8.0% under the approved budget level.
 - The Proposed Budget Book estimates FY 2024 Grant Funds at \$53.6 million, or 1.2% above the approved level.
- The FY 2025 proposed budget for the Health Department is \$87,117,600, representing a decrease of \$1,172,400, or 1.3%, below the FY 2024 approved budget, or \$1.0 million below the FY 2024 estimated level of expenditures.
- Decreases in the FY 2025 proposed budget are driven by a \$2.9 million reduction in General Funds, which is partially offset by a \$1.8 million increase in grant funds, resulting in a net \$1.2 million decline in the total proposed budget when comparing to the FY 2024 authorized budget level.
- 63% (\$54.7 million) of the Health Department's total budget (\$87.1 million) is anticipated to be funded through grants.

Fund	FY 2022 Actual	FY 2023 Actual	FY 2024 Approved	FY 2024 Estimated	% Change - Est vs App	FY 2025 Proposed	\$ Change, Prop vs App	% Change
General Fund	\$ 31,076,462	\$ 31,154,431	\$ 35,307,800	\$ 32,482,200	-8.0%	\$ 32,369,300	\$ (2,938,500)	-8.3%
Grants	52,668,644	43,594,712	52,982,200	53,619,500	1.2%	54,748,300	1,766,100	3.3%
Total	\$ 83,745,106	\$ 74,749,143	\$ 88,290,000	\$ 86,101,700	-2.5%	\$ 87,117,600	\$ (1,172,400)	-1.3%

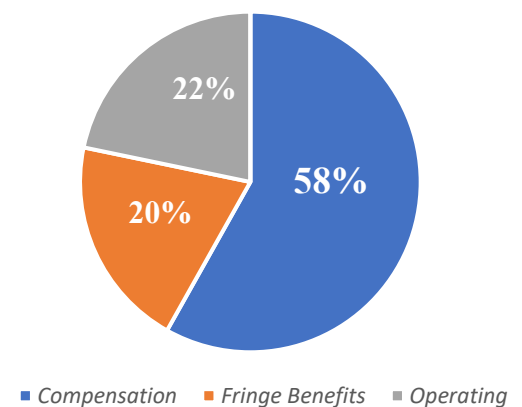
- Nearly \$13.6 million in General Fund revenues are being allocated to support the Health Department's operations in FY 2025, these revenues include: \$2.0 million in health fees, \$2.3 million in health permits charges, and \$9.3 million in State Health Grant (which goes straight to the General Fund). The \$13.6 million in FY 2025 revenue allocation represents a slight increase from \$13.4 million budgeted in FY 2024 (and a reduction from \$14.9 million budgeted in FY 2023).

Budget Comparison – General Fund

Category	FY 2023 Actual	FY 2024 Approved	FY 2024 Estimated	FY 2025 Proposed	Change Amount	Percentage Change (Approved Budget)	Percentage Change (Estimated Budget)
Compensation	\$ 18,745,221	\$ 20,692,000	\$ 17,612,000	\$ 20,469,000	\$ (223,000)	-1.1%	16.2%
Fringe Benefits	5,850,953	7,904,300	6,164,200	7,082,300	(822,000)	-10.4%	14.9%
Operating Expenses	8,777,070	9,548,300	11,140,800	7,654,800	(1,893,500)	-19.8%	-31.3%
Capital Outlay	-	-	-	-	-	n/a	n/a
Subtotal	\$ 33,373,244	\$ 38,144,600	\$ 34,917,000	\$ 35,206,100	\$ (2,938,500)	-7.7%	0.8%
Recoveries	(2,218,813)	(2,836,800)	(2,434,800)	(2,836,800)	-	0.0%	16.5%
Total	\$ 31,154,431	\$ 35,307,800	\$ 32,482,200	\$ 32,369,300	\$ (2,938,500)	-8.3%	-0.3%

- The FY 2025 General Fund budget is proposed at \$32.4 million, representing an 8.3% decrease below the FY 2024 Approved Budget (\$35.3 million), or a 0.3% increase above the FY 2024 estimated level of expenditures (\$32.5 million).
- Not accounting for the recoveries, the Department's General Fund proposed budget is comprised of 58% of funds allocated for compensation, 20% allocated for fringe expenditures and the remaining 22% is allocated for operational expenses.

**FY 2025 Proposed General Fund
Expenditures by Category**



Compensation

- In FY 2025, General Fund compensation expenditures are budgeted to decrease by \$223,000, or 1.1%, below the FY 2024 Approved Budget (or \$2.9 million, 16.2%, above the FY 2024 estimated level of expenditures). The decrease is driven by anticipated salary attrition and vacancy lapse, which are expected to be partially offset by funding for a new position¹ and the annualization of FY 2024 salary adjustments.
- In FY 2025 the authorized General Fund staff complement is proposed to increase by one (1) full-time position, resulting in 233 authorized full-time staffing complement. In FY 2025 part-time positions will remain at FY 2024 authorized level of one (1) position.

¹ The Proposed Budget includes two (2) new General Fund full-time positions: Budget Management Analyst 3A and Communications Specialist 1G, but one (1) General Fund full-time Clerk position will be transferred to limited-term Grant Funded status, resulting in a net increase of one (1) position for the authorized full-time General Fund level.

General Fund Authorized Staffing Count

	FY 2021 Approved	FY 2022 Approved	FY 2023 Approved	FY 2024 Approved	FY 2025 Proposed	Change Amount	Percentage Change
Full-Time Civilian	217	227	229	232	233	1	0.5%
Part-Time	1	1	1	1	1	0	0.0%
Total	218	228	230	233	234	1	0.5%

Fringe Benefits

Fringe Benefits Historical Trend						
	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Budget	FY 2024 Estimated	FY 2025 Proposed
Compensation	\$ 16,568,317	\$ 17,254,854	\$ 18,745,221	\$ 20,692,000	\$ 17,612,000	\$ 20,469,000
Fringe Benefits Expenditures	\$ 5,778,419	\$ 5,655,860	\$ 5,850,953	\$ 7,904,300	\$ 6,164,200	\$ 7,082,300
Fringe as a % of Total Employee Compensation (Compensation & Fringe)	25.9%	24.7%	23.8%	27.6%	25.9%	25.7%

- In FY 2025 fringe benefits expenditures are proposed to decrease by \$822,000, or 10.4%, below the FY 2024 approved budget level (representing an increase of \$918,100, or 14.9% above the FY 2024 estimated level of fringe expenditures).

Operating Expenses

- FY 2025 General Fund operating expenditures are proposed to decrease by \$1.9 million, or 19.8%, below the FY 2024 approved budget level, or \$3.5 million, 31.3% decrease from the FY 2024 estimated level of expenditures. The proposed decreases are driven by the reduced cost of electronic medical record system; eliminated software to manage grant contracts; reductions in temporary staff services, laboratory general administrative contracts and other operating costs. It is not clear how these cost reductions will impact the Department's operations.
- A list of proposed operating expenses is provided in response to the *FY 2025 First Round Budget Review Question No. 18*.
 - Minor increases are only proposed for the *Vehicle Equipment Repair/Maintenance* (\$32,600) and *Interagency Charges* (\$3,100 increase) line items. All other operating expenses are proposed at a reduced level of funding.
 - *Office Automation* (\$736,400 decrease), *General & Administrative Contracts* (\$678,600 decrease), *Telephone* (\$191,000), and *General Office Supplies* (\$125,800) categories have the greatest proposed dollar spending reductions.

Recoveries

- The FY 2025 recoveries are proposed at \$2,836,800, which represents no change from the FY 2024 approved budget level. Recoveries allow the Department to recover various operating expenditures from grant funds.
- A list of recoveries is provided in response to the *FY 2025 First Round Budget Review Question No. 21*.

Grants

Category	FY 2022 Actual	FY 2023 Actual	FY 2024 Approved	FY 2024 Estimated	FY 2025 Proposed	Change Amount	Percentage Change
Compensation	\$14,246,084	\$13,259,488	\$20,644,900	\$16,162,900	\$18,357,900	-\$2,287,000	-11.1%
Fringe Benefits	\$3,935,668	\$3,725,310	\$7,855,500	\$5,742,100	\$6,496,700	-\$1,358,800	-17.3%
Operating Expenses	\$34,794,983	\$27,069,834	\$24,904,100	\$32,089,200	\$30,316,000	\$5,411,900	21.7%
Capital Outlay	\$0	\$0	\$0	\$0	\$0	\$0	N/A
Total	\$52,976,735	\$44,054,632	\$53,404,500	\$53,994,200	\$55,170,600	\$1,766,100	3.3%

- Information on the distribution of grant funds between different divisions and breakdown by categories of expenditures is included in and response to the *FY 2025 First Round Budget Review Question No. 4* and *Attachment A* provided in response to *Question No. 5*.
- FY 2024 grants:
 - Overall, the Department is anticipated to fully expend its FY 2024 approved Grant Funds budget; although some expected grants did not materialize, they were offset by unanticipated grant awards, which will require a supplemental budget request.
 - In FY 2023, the Behavioral Health Services Division returned \$4.5 million in unspent grant funds due to unfilled vacancies; and the Family Health Services Division returned \$5.3 million in unspent funds also due to inability to fill vacant positions. The Environmental Health Services Division also had to return some unspent funds.
 - As of this March, the Department reports that no grant funds are expected to be returned in FY 2024 (although several awards are facing execution challenges due to staffing issues).
 - The Department reports that the ability to hire grant funded personnel in a timely manner presents a challenge for executing grant funded initiatives, especially for annual grant awards (as opposed to multi-year awards).
- The \$54.7 million in grant funds proposed in FY 2025 represents a \$1.8 million, or 3.3%, increase from the approved FY 2024 level, or a \$1.1 million (-2.1%) decrease from the FY 2024 estimated level of grant expenditures.
- \$54.7 million Grant Funds budget proposed for FY 2025 represents 62.8% of the Department's overall budget. The proposed budget includes \$422,300 in County contribution/cash match funds, for a total Grant Funds budget of \$55.2 million.
- Out of 71 grant funded programs included in the FY 2025 proposed budget, the following five (5) have the largest budgets:
 - \$5,264,300 is included in the FY 2025 Proposed Budget for the *AIDS Case Management* grant (Family Health Services Division).
 - \$3,658,500 is included in the FY 2025 Proposed Budget for the *General Fund Services* (Behavioral Health).
 - \$3,315,300 is included in the FY 2025 Proposed Budget for the *General Medical Assistance Transportation* (Health and Wellness Division).
 - \$2,999,900 is included in the FY 2025 Proposed Budget for the *Community Health Integration Service System Program* (Office of the Health Officer).

- \$2,463,100 is included in the FY 2025 Proposed Budget for the *Implement Ending the Epidemic* grant (Family Health Services Division).
- Information about grant funded programs is available on *pages 512-516* of the *FY 2025 Proposed Budget Book*.
- The FY 2025 budget proposes a Grant Funded staff complement of 251 full-time, three (3) part-time and 95 limited term positions. The number of limited term positions is proposed to increase from 94 to 95 in FY 2025.

Grant Program Funds Authorized Staffing Count

	FY 2022 Approved	FY 2023 Approved	FY 2024 Approved	FY 2025 Proposed	Change Amount	Percentage Change
Full-Time Civilian	183	184	251	251	0	0.0%
Part-Time	3	3	3	3	0	0.0%
Limited Term	142	161	94	95	1	0.7%
Total	328	348	348	349	1	0.3%

- The following grant programs provide funding for most of the grant funded positions:
 - *AIDS Case Management* program is authorized 30 full-time grant funded and 9 LTGF positions in FY 2025.
 - *Women, Infants, and Children (WIC)* is authorized 25 full-time grant funded and 8 LTGF positions in FY 2025.
 - *MCHP Eligibility Determination* is authorized 23 full-time grant funded, one part-time, and 4 LTGF positions in FY 2025.
 - *General Fund Services* is authorized 23 full-time grant funded and 1 LTGF positions in FY 2025.
 - *Local Behavioral Health Authority* is authorized 15 full-time grant funded and 1 LTGF positions in FY 2025.
 - Additional details on grant funded staffing allocation are available on *pages 509-511* of the *FY 2025 Proposed Budget Book*.

COVID-19 Relief Funds

- Prince George’s County was awarded \$176.6 million through the *American Rescue Plan Act (ARPA)* – *State and Local Fiscal Recovery Funds (SLFRF)*. All ARPA funds must be obligated by December 31, 2024, and expended by December 31, 2026. The multi-year spending plan adopted through CR-67-2021 includes \$54.6 million allocated to the Health Department (and \$50.3 million is reflected in the FY 2024 Approved Budget). The ARPA funds have been budgeted in the Non-Departmental section of the Budget Book.
- The following data was provided on the ARPA spending by the Department in response to the *FY 2025 First Round Budget Review Question No.6*:

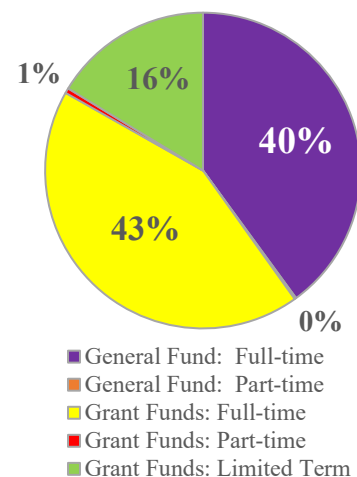
American Rescue Plan Act (ARPA)								
	Division	Planned Spending Total	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimated	FY 2025 Prop.	Expended to Date	Variance from Planned Spending
1	Communications	\$ 688,100	\$ 230,000	\$ 448,320			\$ 678,320	\$ 9,780
2	COVID 19 Vaccination Operations	\$ 11,140,700	\$ 4,755,573	\$ 1,276,117			\$ 6,031,690	\$ 5,109,010
3	COVID 19 Testing Operations	\$ 1,456,700	\$ 526,023	\$ 965,620			\$ 1,491,643	\$ (34,943)
4	Hazard Pay/Premium Pay	\$ 676,310	\$ 642,183				\$ 642,183	\$ 34,127
5	Other COVID 19 Expenses	\$ 1,884,100	\$ 1,101,425				\$ 1,101,425	\$ 782,675
6	Other Public Health Services	\$ -	\$ -	\$ 591,005			\$ 591,005	\$ (591,005)
7	Mental Health Behavioural Health	\$ 9,174,000	\$ 292,131	\$ 1,158,662	\$ 275,700		\$ 1,726,493	\$ 7,447,507
8	Substance Abuse Behavioral Health	\$ 888,200	\$ 427,585	\$ 439,153	\$ 105,000		\$ 971,738	\$ (83,538)
9	Administrative/ARP Infrastructure	\$ 1,568,400	\$ 561,161	\$ 539,757	\$ 166,800		\$ 1,267,718	\$ 300,682
10	Healthcare Alliance Health Assures	\$ 12,800,000	\$ 2,800,000	\$ 5,000,000	\$ 533,200		\$ 8,333,200	\$ 4,466,800
11	Cheverly Building	\$ 10,000,000	\$ 119,139	\$ 9,256,546	\$ 234,300		\$ 9,609,985	\$ 390,015
	TOTAL	\$ 50,276,510	\$ 11,455,220	\$ 19,675,180	\$ 1,315,000	\$ -	\$ 32,445,400	\$ 17,831,110

- It is not clear why FY 2024 spending does not reflect \$5.0 million allocated for the Health Assures program.
- It is not clear whether all encumbered expenses are included in FY 2024 estimates, and it is not clear why no expenditures are proposed for FY 2025 if there are funds that can be expended.

Staffing

- In FY 2025, the Department's staffing is proposed to increase by one (1) General Funded full-time position above FY 2024 authorized staffing level and one (1) Grant Funded position, resulting in:
 - 233 General Fund full-time positions (net increase of 1 position)
 - One (1) General Funded part-time position (no change)
 - 251 Grant Funded full-time positions (no change)
 - Three (3) Grant Funded part-time positions (no change), and
 - 95 Grant Funded limited term positions (increase of 1 position)
- In FY 2024, the Department's General Fund full-time authorized staffing level is 232 positions and one (1) part-time position. Grant funds provide funding for 251 full-time grant funded, three (3) part-time grant funded and 94 limited-term positions.
 - In FY 2024, as of March 1st, the Department reported having 47 General Fund full-time vacancies, which represents an effective General Funded full-time vacancy rate of 20% (compared to 25% last year and 23% two years ago).
 - In FY 2024, as of March 1st, the Department had 58 Grant Funded vacancies. This represents a full-time Grant Funded vacancy rate of 23% (compared to 26% last year and 25% two years ago).

FY 2025 Proposed Staffing
by Funding Source



- In FY 2024, as of March 1st, the Department had 79 limited term Grant Funded vacancies. This represents a limited term Grant Funded vacancy rate of 84% (compared to 52% last year and 42% two years ago).
- Since FY 2021, the number of Health Department’s vacancies has grown exponentially across all three (3) largest staffing segments (General Fund full-time positions, Grant Funds full-time positions, and Grant Funded limited term positions), increasing from 88 vacancies reported for FY 2021 to 188 vacancies being reported for FY 2023 (114% increase). In FY 2024 there was a reallocation of the most challenging to fill positions, limited term grant funded positions, into full-time grant funded category. Subsequently, in FY 2024 the Department’s vacancies had a modest reduction from 188 to 185.
- The Department *did not* attain its authorized level for either General Fund or Granted Funded positions and has operated with double digit vacancy rates for years as can be seen from the accompanying graph. In FY 2024 the vacancy rate for the Health Department is at 32%.

	<i>FY 2021 Vacancies</i>	<i>FY 2022 Vacancies</i>	<i>FY 2023 Vacancies</i>	<i>FY 2024 Vacancies</i>	<i>Change</i>
General Fund: full-time	28	53	58	47	-11
General Fund: part-time	0	0	0	0	0
Grant Funds: full-time	22	45	47	58	11
Grant Funds: part-time	5	0	0	1	1
Grant Funds: limited term	33	59	83	79	-4
Total	88	157	188	185	-3

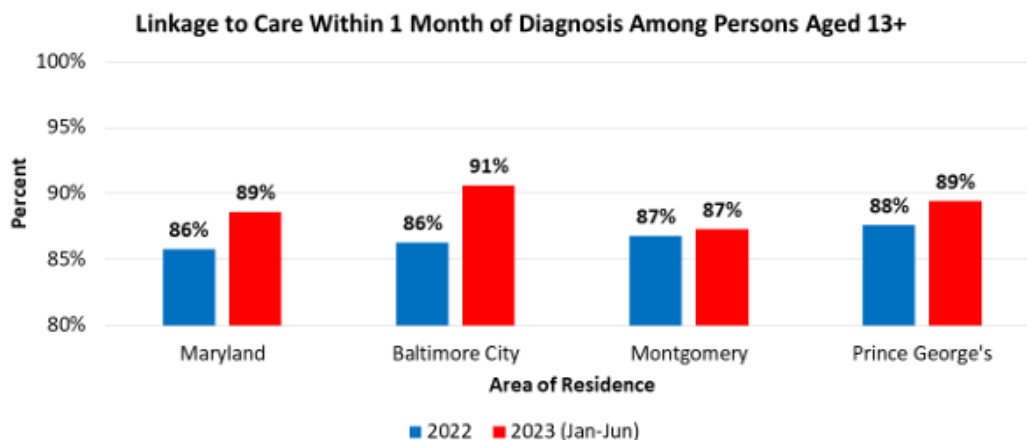
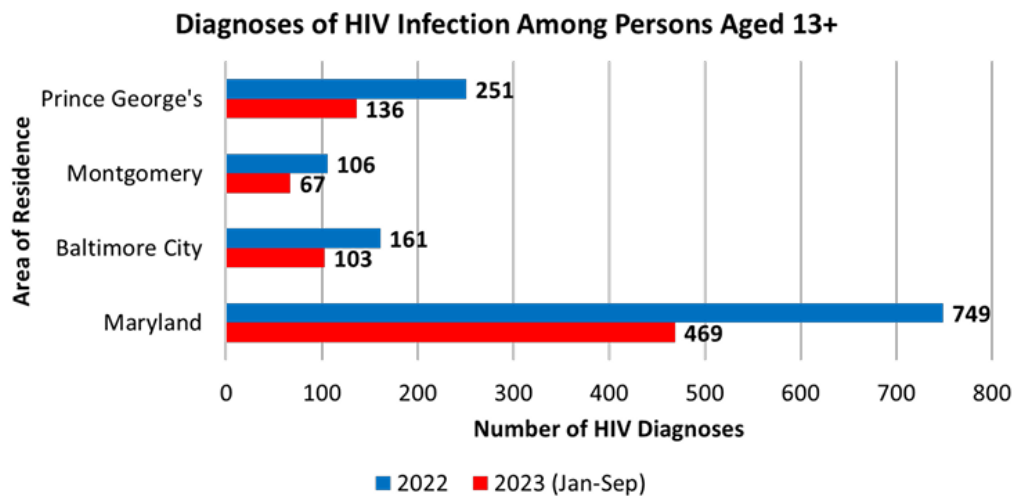


- According to the Department, the Family Health Services and the Behavioral Health Services divisions are most impacted by high vacancy rates. The distribution of the Department's authorized and actual staffing resources across its organizational divisions is presented in response to the *FY 2025 First Round Budget Review Question No. 8*.
- The Department uses overtime to augment short staffing levels in critical areas. The use of overtime and compensatory time is used to fulfill the additional tasks and demands of the Department, including specific projects with fixed deadlines. In FY 2024 the Department has spent \$329,232 as of March 1st, 2024, exceeding its authorized overtime budget of \$56,000. The response to the *FY 2025 First Round Budget Review Question No. 16* also shows that the approved overtime budget as well as the FY 2025 proposed overtime budget (\$93,000) are not reflective of the Department's actual historical overtime spending trends.
- To meet its workload demands while operating with high vacancy levels and high employee turnover for certain positions, the Department resorts to contracting temporary employees. While use of temporary personnel is a short-term feasible solution to the staffing challenges, temporary employees are not an ideal solution due to the lack of expertise required for some duties and their inability to obtain access to County systems, which also limits their capabilities. In March of 2024, the Department reported having 41 temporary employees.
- Employee retention and attrition:
 - In FY 2024, as of March 1st, the Department has lost a total of 17 employees to attrition (1 Grant Funded and 16 General Funded civilians). In FY 2023 the Department lost a total of 53 employees to attrition.
 - The Department has identified 19 classifications that are most affected by employee attrition. These positions collectively represent 464 positions, or 80% of all of the Health Department's authorized positions.
 - Overall, it is most challenging to retain limited term Grant Funded employees. One of the strategies used to address this issue in FY 2024 is the reallocation of 67 Grant Funded limited term positions to the Grant Funded full-time staffing complement. Grant Funded full-time positions are more attractive to the prospective applicants than Grant Funded limited term positions. The reallocation did yield improvements, especially improved employee retention as attrition has notably declined. However, employee reallocation is not the sole solution to the Department's retention issues and should be a part of a larger holistic multi-faced efforts to address the Department's staffing challenges. In addition, it should be further evaluated whether reallocation of more positions from limited term Grant Funded to full-time Grant Funded status would further aid with the Department's employee retention efforts.
 - In FY 2024, to address employee separations the Department: relaunched the employee recognition program; incorporated listening sessions to gather feedback from employees; collected feedback from semiannual surveys; conducted and reviewed exit survey data.
 - The Department has worked with the Office of Human Resources Management to announce all promotional opportunities on regular basis, enabling employees to prepare for, learn about and apply for suitable promotional opportunities.
 - According to the Department, approximately \$1.4 million in salary lapse has been accrued in FY 2024 to date. Inability to fill positions is the main reason for underspending the authorized budget.

- Recruitment overview:
 - To address a record high vacancy rate of 33% reported in FY 2023 and long-standing recruitment challenges and inability to fill vacancies, the Department made several critical changes over the past year including reallocation of grant funded limited term positions (come without benefits) to grant funded full-time positions; enhancing the Human Resources Team; and developing and implementing a Tier Ranking Process to be proactive and strategic about filling vacant positions and make timely upward reallocation requests.
 - Between FY 2023 and FY 2024 the Department was able to reduce the time to fill duration from 124 days to 82 days. Process improvements included reducing unnecessary paperwork, streamlining procedures and improving partnerships with support agencies to achieve greater process efficiencies. The hiring freeze policy is likely to have a negative impact on the time to fill vacant positions as submitting and processing necessary exemptions to the hiring freeze will add to the hiring process timeline.
 - With notable cuts to the operating budget, it is not clear how much money may be available to support the Department's recruitment efforts. The Department will continue to offer up to \$2,000 sign up bonus for to Community Health Nurse or Licensed Practical Nurse who are hired and have successfully completed their probationary period.
- In FY 2024 definitive efforts have been made by the Department to improve the hiring process, and address retention and recruitment challenges. Some notable improvements have been made (reductions in the length to hire and improvements in attrition). However, it should be noted that developing a comprehensive understanding for employee separations, creation of agency-specific employee retention strategy, developing agency-specific employee recruitment strategy, improving the competitiveness of the Department's positions, revising the position classification typology and other critical to resolving recruitment issues steps may not be addressed by the Department alone.
- The Department's positions are subject to the hiring freeze policy in FY 2025 but "*the Department anticipates having the funded positions filled in FY 2025*". If existing vacancies and positions lost to attrition during FY 2025 are not backfilled with new hires, the Department's staffing situation may exacerbate. In addition, filling any vacancy will require an exemption to the hiring freeze, which is likely to further lengthen the hiring process, which the Department sought to reduce.
- The Department reported that it has requested the Office of Human Resources Management (OHRM) to conduct classification studies. OHRM responded that a County-wide classification study is underway and should be completed by June 20, 2024. However, it is not clear which specific Health Department's classifications are included in any OHRM studies; furthermore, information obtained from OHRM during the Budget Review process did not identify any studies that involve the Health Department's classifications. While requests for a comprehensive staffing study have been made, it is not clear if they will be addressed and when.
- The Department continues hybrid teleworking practices as it serves as an important employee retention tool.

Workload and Program Management

- Department's key FY 2024 goals and objectives include:
 - *Implementing HD Strong*: reduce vacancy rate by 50%, establish several key support positions; conduct mapping, tracking and streamline administrative business processes; develop a standard indirect cost rate; develop a comprehensive plan to increase resource stability.
Update: time to fill positions was reduced from 124 days to 82 days as processes have been streamlined and improved.
 - *Ending the HIV Epidemic*: the goal is to reduce new infections by 75% in 5 years and by 90% over the next decade. Five components of the strategy to meet these objectives include diagnostics, treatment, protection (prevention), response (prevention in geographic clusters with high transmission levels), and HIV Health Force (increase the number of HIV service providers).
Update: the Department continues to scale up sexually transmitted infections (STI) and HIV prevention services and has provided the following data:



Source: CDC. HIV Surveillance Tables 2023; 4 (No 4), Tables 2b, 2c

- *Strengthening the Behavioral Health Continuum:* maintain and expand capacity to provide behavioral health services to the County residents, including prevention, intervention, treatment, and recovery services. The integrated behavioral health system of care ought to include behavioral health care providers, somatic care providers, and other agencies. Expansion of the behavioral health continuum of care to include establishing a behavioral health crisis stabilization center in the County.

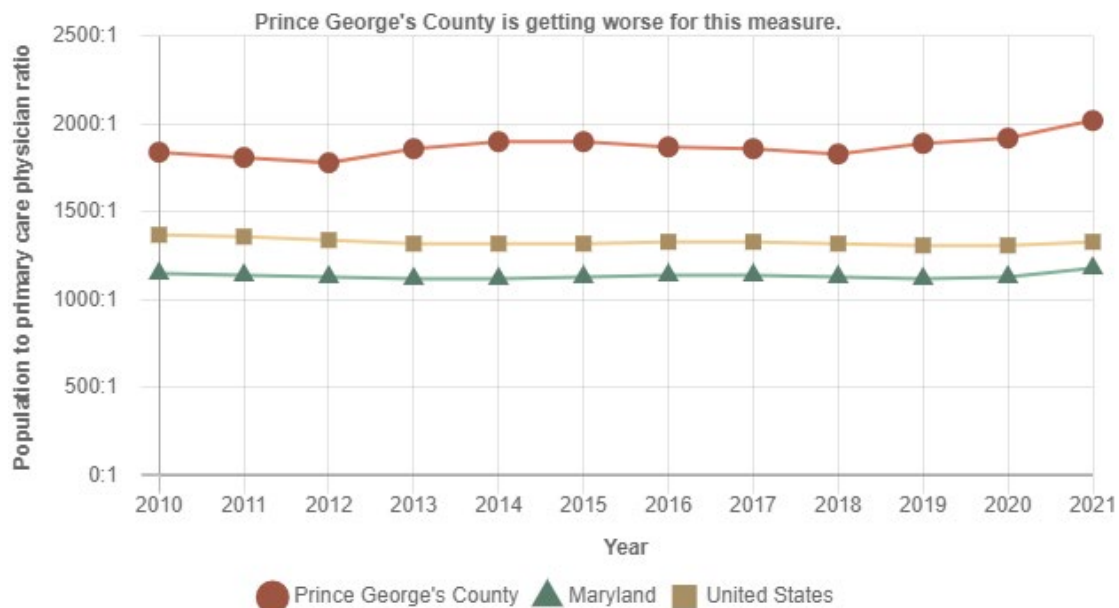
Update: Work is proceeding to open the Crisis Stabilization Center located at the Dyer Care Center, which will be the first Crisis Now model stabilization center in the State.

- *Preparing for Accreditation:* the goal is to apply for accreditation from the Public Health Accreditation Board.

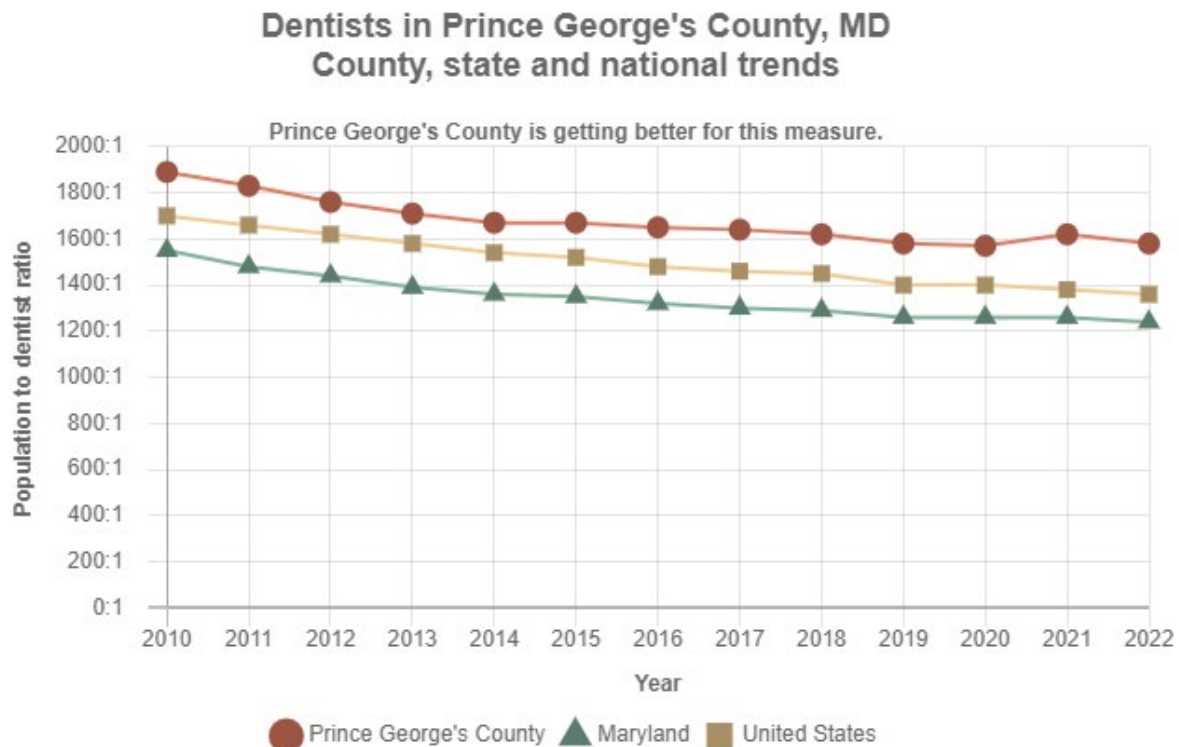
Update: organizational values, mission and vision have been updated; the Department began the process of revamping its policies and procedures; and has identified a consultant to assist with the strategic planning process.

- The Department's key goals for FY 2025 are a continuation of FY 2024 goals and priorities. Please see response to the to the *FY 2025 First Round Budget Review Question No. 25* for a more detailed overview of the Department's efforts to meet these objectives.
- Healthcare services availability, according to the latest [County Health Rankings and Roadmaps data](#) (accessed in April 2024):
 - In 2021 a single Prince George's County primary care physician, on average, served 2,020 clients, which is a reduction in accessibility compared to 1,890 clients reported in 2020 (2021 State average is 1,180:1).

Primary Care Physicians in Prince George's County, MD County, state and national trends



- In 2022 a single Prince George's County dentist, on average, served 1,580 clients, which is a slight improvements from 1,600 clients reported in 2021 (2022 State average is 1,240:1).



Data Source: County Health Rankings & Roadmaps (available at <https://www.countyhealthrankings.org/explore-health-rankings>)

- When it comes to understanding key barriers and impediments that deter practitioners from establishing primary care practices and dentary offices in the County, the Department reported that *“this is not information we have available or would likely be able to reliably collect.”*
 - The Department noted that encouraging to increase the number of County-based providers *“is not something that is within the Department’s control”*, although the Department works with the hospital systems, Federally Qualified Health Centers (FQHCs) and other providers when possible.
 - The Department’s feedback on the *County Health Rankings and Roadmaps* data and availability of services is provided in response to the to the *FY 2025 First Round Budget Review Question No. 26*.
- Data to better understand the County-based capacity to meet healthcare service needs such as data on hospital utilization, use of the County-based emergency departments and information on urgent care facilities in the County has been requested but the Department currently does not have such information available and is in the process of upgrading data use agreements to gain access to such data.
 - Health Assures and serving the uninsured residents:
 - According to the [American Community Survey 1-Year Estimates data](#) for 2022, over 100,000 (10.8%) of the County’s residents are currently uninsured. A significant portion of the uninsured are uninsurable, i.e., they do not qualify for any insurance including Medicare and Medicaid coverage.

- The County's Health Assures program is currently managed directly by the Department and provides funding for the uninsurable residents of the County who can receive services at six (6) Federally Qualified Health Centers (FQHCs).
- In FY 2022 the funding for the FQHCs has increased from \$250,000 to \$2.8 million due to the use of the American Rescue Plan funds. In FY 2023 funding increased to \$5.0 million and \$5.0 million was included in the FY 2024 Budget. Increased funding was enabled through the use of the American Rescue Plan (ARP) Act funds, which were included in the Non-Departmental portion of the budget for the Health Department's use. No funds have been allocated for the Health Assures program in the FY 2025 Proposed Budget.
- Additional information, including data on the number of patients served by FQHCs is included in response to the *FY 2025 First Round Budget Review Question No. 59*. Additional information was requested on the Health Assures Program as a part of the *FY 2025 Second Round Budget Review Questions*, such as understanding the anticipated impact on the FQHCs service delivery due to withdrawal of all financial support from the County's Health Assures program, but responses were not received in time to be included in this Report.

Behavioral Health Division

- Multi-year funding data is provided in the accompanying table:

Behavioral Health Division								
	FY 2022 Budget	FY 2022 Actual	FY 2023 Actual	FY 2024 Budget	FY 2024 Est.	FY 2025 Proposed	FY 2024 BvE	FY 2025 P v FY 2024 E
General Fund	\$ 2,428,100	\$ 2,556,172	\$ 2,933,070	\$ 3,233,400	\$ 2,737,400	\$2,846,500	-\$496,000	\$109,100
Grant Funds	\$ 18,082,000	\$ 14,614,889	\$ 13,909,026	\$ 19,968,800	\$20,083,300	\$11,341,100	\$114,500	-\$8,742,200
Total	\$ 20,510,100	\$ 17,171,061	\$ 16,842,096	\$ 23,202,200	\$22,820,700	\$14,187,600	-\$381,500	-\$8,633,100

Note: in FY 2024 the Local Behavioral Health Authority (LBHA) was moved from Behavioral Health Division under the Office of the Health Officer

- Out of \$2.8 million included in the FY 2025 Proposed Budget for the General Fund Behavioral Health Division's funding, \$376,700 will be used for operating expenses (13.2%).
 - The remainder of the General Fund (nearly \$2.5 million) will be used to fund compensation and fringe expenses for the authorized level of 20 full-time positions that support operations of this Division.
 - 20 grant awards are anticipated in FY 2025 totaling \$11.3 million.
 - These grant awards are expected to fund 74 positions (56 full-time grant funded and 18 limited term grant funded positions).
- Behavioral Health Division's goals and priorities continue to be:
 - Develop and implement a recovery-oriented, integrated system of care inclusive of behavioral health care providers, somatic care providers, and other entities instrumental for integrated health care.
 - Maintain and expand behavioral health capacity of the County to meet the needs of the residents, including preventative, intervention, treatment, and recovery services.

- Expand the behavioral health crisis continuum in the County: crisis call processing/diversion; Mobile Crisis Response Teams; crisis stabilization facilities².
- Behavioral Health Division is working with a consultant to develop a behavioral health strategic plan, which will incorporate shift to Public Health 3.0 and responses to the community and Council concerns that have been raised, including notification and education of the residents about the Division's services.
- One of the major successes reported by the Division is securing three (3) new Substance Abuse and Mental Health Services Administration (SAMHSA) grant awards totaling nearly 10 million dollars. However, implementation of two (2) awards is already experiencing execution challenges as required paperwork associated with filling grant funded positions have been submitted in October of 2023 and as of March 2024 the positions have not been posted. Additional information about the new grant awards is available in response to the *FY 2025 First Round Budget Review Question No. 29-B*.
- Key challenges and concerns for the Behavioral Health Division are:
 - Ensuring sufficient “*human infrastructure*” to meet the workload demands.
 - Timely hiring remains an issue as inability to hire in a timely manner impedes the Division's ability to execute grant awards and may result in the need to return grant funds.
 - Additionally, the Division's staff are experiencing “*extreme burnout due to overextending themselves by having to take on additional work to compensate for positions we cannot yet fill*”. Staff burnout, in turn, may lead to additional employee retention challenges.
- In the remainder of FY 2024 and in FY 2025, the Behavioral Health Division will:
 - Continue to communicate ongoing hiring challenges to grantors (to maintain relations and not jeopardize current or future grant awards)
 - Will consider pivoting to using outside entities who can hire quickly “*to ensure that the needs of the residents are not continuously unmet.*”
 - Seek funding to help build a pipeline of public behavioral health talent from local universities and colleges
 - Seek funding opportunities to expand and enhance continuum of behavioral health services and supports for the residents
 - Use its Certified Peer Recovery Support training curriculum to train peers and prepare them for certification as registered Peer Recovery Support Specialists
 - Create a task force of experts including those with lived experience to address the Opioid epidemic
 - Additional details are provided in response to the *FY 2025 First Round Budget Review Question No. 29-D*.

² For additional information please visit: <https://www.brookings.edu/blog/usc-brookings-schaeffer-on-health-policy/2022/01/06/building-a-sustainable-behavioral-health-crisis-continuum/> (Accessed April 23, 2024)

- Behavioral health bed capacity in the County:

Behavioral Health Service Providers in Prince George's County					
<i>Provider</i>	<i>Type of Services</i>	<i>Additional Details</i>	<i>Number of Beds</i>		
			<i>FY 2022</i>	<i>FY 2023</i>	<i>FY 2024</i>
Hope House	Substance Use Disorder (SUD)	Residential	10	32	32
On Time Home Health Services	SUD	Residential	8	8	8
University of Maryland Capital Region Medical Center	Mental Health (MH)	Inpatient	22	26	26
MedStar Southern Maryland	MH	Inpatient	28	24	24
Luminis Health	SUD	Residential	0	8	8
Luminis	MH	Inpatient	0	16	16
Recovery Life Group	SUD	Residential	16	16	16
Safe Journey House	MH	MH Crisis Beds	10	10	10
Total			94	140	140

- In FY 2024 the number of beds has remained at 140 beds.
 - The Local Behavioral Health Authority (no longer a part of the Behavioral Health Division) expects an increase in the number of substance use disorder (SUD) beds for adults in the remainder of FY 2024 – FY 2025. The Pyramid Healthcare facility is anticipated to bring 74 beds (decreased from initially planned 100 beds).
 - The Luminis Health is considering and determining the feasibility of converting eight (8) adult SUD beds into much needed psychiatric beds for children/youth. Currently, there are no behavioral health beds in the County dedicated specifically to meet the needs of children and youth.
 - Additional details are provided in response to the *FY 2025 First Round Budget Review Question No. 31*.
- Prince George's County served approximately 33,809 individuals who accessed public behavioral health services (PBHS) in FY 2023. There has been an increase in the number of consumers using public behavioral health services in the period from FY 2021 to FY 2023: an 11% increase in the number of individuals receiving mental health services and an 8.6% increase in those receiving SUD services from FY 2021 to FY2023 as can be seen from the accompanying table.

Number of Medicaid Recipients Receiving Services in the PBHS during FY 2021 to FY 2023					
Prince George's	Year 2021	Year 2022	% Change Overtime	Year 2023 Projection	Projected % Change Overtime
Mental Health	24,702	25,849	4.6%	27,431	11%
Substance Use	5,873	5,827	-0.8%	6,378	8.6%

- According to the Local Behavioral health Authority (LBHA), currently there are 189 licensed public behavioral health service provider agencies, which operate 599 licensed programs in the County.
 - LBHA reports that it is committed to ensuring compliance of all publicly funded behavioral health programs, although it faces “significant understaffing challenges”.

- Specialty populations with unmet behavioral health needs include: individuals with co-occurring mental health and developmental disabilities; individuals who identify as lesbian, gay, bisexual, transgender, queer or questioning, intersex and asexual (LGBTQ+); individuals with Limited English Proficiency and Spanish speaking individuals; deaf and hard of hearing individuals; veterans; and undocumented immigrants.
- Crisis Response
 - A comprehensive Crisis Response System is imperative in meeting the needs of the County's residents with behavioral health concerns and diverting them from the criminal justice/law enforcement onto the appropriate behavioral health community resources. Key components of a comprehensive Crisis Response System include operations/diversion/call handling by a call center, mobile response teams and short-term crisis stabilization facilities, which accept everyone including first responder drop-offs.
 - CCSI is a vendor that operates the 9-8-8, National Suicide Prevention Lifeline, and is also responsible for handling qualifying 9-1-1 calls for service, which are diverted to 9-8-8. In CY 2023, the 9-8-8 Call Center answered 20,592 calls out of 22,651 calls that were received. During this period, additional details on the disposition of all 911 diversion calls were captured but this level of data was not reported for all incoming calls. The LBHA has worked with CCSI to develop disposition data gathering and reporting protocols. Currently the disposition data has not been made available and it is not clear how many 9-8-8 calls were successfully resolved by Call Takers, how many required a response from the Mobile Response Team, etc. Such data is imperative to understanding 9-8-8 operations and effectiveness of 9-8-8 to 9-1-1 diversion efforts.
 - In addition, a request was made for 9-8-8 calls distribution by call type specifically for calls from Prince George's County residents. Such data has not been received yet.
 - It appears that the 9-8-8 Call Center may have staffing challenges, it is not known what the existing staffing level at the Center is, how many Call Takers are assigned to support Prince George's County callers, and to what extent current staffing level is sufficient to meet the Center's workload demands in a timely manner. 9-8-8 Call Center staffing information was requested but was not received in time to be included in this Report.
 - The Department has been working with the Office of Homeland Security (specifically Public Safety Communications at the 9-1-1 Call Center), vendors, and other stakeholders by supporting the funding entity, Totally Linking Care in Maryland (TLC-MD), to implement the 9-1-1 Call Center to 9-8-8 Diversion initiative. Information on 9-1-1 calls for service that were diverted to 9-8-8 was requested. January to June 2023 data shows that on average 13 calls have been diverted to 9-8-8 on monthly basis. Currently, 9-1-1 to 9-8-8 diversion initiative is expected to transform from a pilot into an ongoing program, however no pilot evaluation, no identification as to what has worked, and what enhancements could be useful have been provided. In addition, the Health Department stated that diversion will be extended to 12 hours a day, while the Office of Homeland Security stated that it will operate on 24 hour 7 days a week basis.
 - County's Mobile Response Teams (MRT) have responded to 1,136 calls in CY 2022 and 2,463 calls in CY 2023. Disposition and types of calls data for MRT responses has been requested but was not received yet. Additional questions were asked about whether the number of MRTs that currently serve the County (8) is sufficient, what quality assurance mechanisms are in place, etc. but responses were not received in time to be included in the Report.

- County based Crisis Stabilization Center at Dyer
 - The first in the State County-based Crisis Stabilization Center at Dyer was initially expected to open in July 2023. Based on the recent status update, work on the building should have been completed by the end of February of 2024, however the Department is awaiting guidance from the State on licensure for the facility. Once guidance is provided, licensure will be pursued so the Center can become operational.
 - Crisis stabilization facilities offer the community a no-wrong-door access to mental health and substance use care up to 23 hours; operating much like a hospital emergency department that accepts all walk-ins, as well as ambulance, fire and police drop-offs.
 - The Center will be operated by a non-profit partner, RI international, which will be the Department's vendor.
 - The Center will have 16 chairs/reclines and no beds, and will serve adults.
 - All financial support for the demolition and construction of the Center was provided through the Health Services Cost Review Commission (HSCRC).
 - The Center is anticipated to cost \$5 million a year to operate. The Department reports that the Center will be funded by the Totally Linking Care in Maryland (TLC-MD) HSCRC funding "through FY 2025". A funding gap of \$4.5 million a year is anticipated once HSCRC funds are expended, and it is not clear how the operational costs will be met in the long run and to what extent anticipated reimbursements will be sufficient to ensure the Center's financial sustainability. No County funds are provided to support the Dyer Crisis Stabilization Center in FY 2024 or FY 2025.
 - Additional details are provided in response to the *FY 2025 First Round Budget Review Question No. 38*.
- The Health Department continues to serve as a critical provider and coordinator of re-entry services in the County through the work of the Bridge Center at the Adam's House.
 - The Department provides nine (9) Grant Funded employees and offers an array of referral and direct services (behavioral health, social services, transportation assistance, education, employment assistance, disability assistance, clothing assistance, legal help and other services). Currently there are no merit employees assigned to support the Bridge Center's operations (there is a vacant General Fund Bridge Center Manager position). Grant funded staffing of nine (9) is a decrease from the FY 2023 level of 13 grant funded positions.
 - Funding was identified as the Center's largest challenge. FY 2024 funding level was reported at \$182,400.
 - 730 clients were served in FY 2023 and 677 were served in FY 2024 as of the end of February of 2024.
 - The Bridge Center has 26 active MOUs with County-based non-profit and community-based organizations to provide re-entry services. These services include transitional housing, legal assistance, mentoring and support services.

The Bridge Center at Adam's House FY 2024 \$182,400 Budget

Compensation	\$64,600
Fringe Benefits	\$24,700
Pool Car Rental	\$1,500
General Office Supplies	\$1,000
Other Operating Supplies	\$500
Office Equipment Rental Lease	\$2,000
Building Space Rental	\$88,100

- With regards to services, *“housing remains the top service need and biggest gap between clients’ needs and staff ability to meet the need”*. Greatest needs are for seniors as well as “juvenile lifers” released from incarceration increases as a result of the Juvenile Restoration Act of 2021.
 - The Bridge Center at Adam’s House will be outfitted into the entire third floor of the 5001 Silver Hill Road location as Employ Prince George’s assumes the lease for the second and third floors. Moving the Bridge Center will allow to expand on-site partner presence to include state and community reentry partners seeking a physical location.
 - Additional details on the Bridge Center’s operations are provided in response to the *FY 2025 First Round Budget Review Questions No. 28 -43 (pages 19-43)*.
- Additional information about the Behavioral Health Division's and LBHA’s operations is provided in response to the *FY 2025 First Round Budget Review Questions No. 36-41 pages 23-43* and the *FY 2024 Second Round Budget Review Question No. 11-20 on pages 7-10*.

Health and Wellness Division

- According to the Proposed Budget Book:
- “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.”*

- Multi-year funding data is provided in the accompanying table:

Health and Wellness Division								
Division	FY 2022 Actual	FY 2023 Budget	FY 2023 Actual	FY 2024 Budget	FY 2024 Est.	FY 2025 Proposed	FY 2024 BvE	FY 2025 P v FY 2024 E
General Fund	\$ 2,006,401	\$ 1,912,700	\$ 1,722,599	\$ 1,978,100	\$2,213,700	\$2,262,600	\$235,600	\$48,900
Grant Funds	\$ 13,011,868	\$ 11,275,300	\$ 9,346,864	\$ 10,831,900	\$ 9,240,500	\$9,032,100	\$ (1,591,400)	(\$208,400)
Total	\$ 15,018,269	\$ 13,188,000	\$ 11,069,463	\$ 12,810,000	\$11,454,200	\$11,294,700	(\$1,355,800)	(\$159,500)

- Out of \$2.3 million included in the FY 2025 Proposed Budget for the General Fund Health and Wellness Division’s funding, \$21,200 will be used for operating expenses (0.9%).
 - The remainder of the General Fund (nearly \$2.2 million) will be used to fund compensation and fringe expenses for the authorized level of 14 full-time and one (1) part-time positions that support operations of this Division.
 - Seven (7) grant awards are anticipated in FY 2025 totaling \$9.0 million.
 - These grant awards are expected to fund 74 positions (61 full-time grant funded, 1 part-time grant funded, and 12 limited term grant funded positions).
- Division’s programs include: Administrative Care Coordination Unit (ACCU), Non-Emergency Medical Transportation (NEMT), Chronic Disease (CD), Adult Evaluation & Review Services (AERS), Maryland Children’s Health Program (MCHP), Nurse Monitoring Program (NM), Care For

Kids Program (CFK), Community Health Integrated Service System (CHISS), Pathways to Health Equity (Pathways), PreventionLink, Assistance in Community Integration Services (ACIS).

- Some of the Health and Wellness Division's FY 2024 successes and achievements:
 - ***PreventionLink:*** Granted another multi-million, 5-year award to serve residents affected by prediabetes, diabetes, and obesity. PreventionLink is recognized by CDC as an Umbrella Hub which the Health Department will connect community-based organizations (CBOs), pharmacies, and Federally Qualified Health Centers (FQHCs) with health care payment systems to pursue sustainable reimbursement for the National Diabetes Prevention Program (NDPP) and Medicare Diabetes Prevention Program (MDPP) lifestyle change programs.
 - ***Community Health Integrated Service System (CHISS):*** Successfully helped 1,358 people address their Social and Health Needs and educated them on chronic diseases and infectious diseases primarily in the following 5 targeted zip codes 20710, 20737, 20743, 20781 and 20785. CHISS has also successfully placed a CHW at the University of Maryland Capital Region Health's (UMCRH) Emergency Room.
 - ***Assistance in Community Integration Services (ACIS):*** Successfully partnered with Department of Social Services, Jobs have Priority and Mission of Love Charities to provide housing and tenancy-based case management services to homeless or housing insecure residents suffering with chronic diseases. The Bridge Center at Adam's House, Department of Corrections and Wellpoint continue to be steering community members. Based upon successes, MDH has requested Prince George's County expand its capacity to serve more residents in the program.
 - ***Maryland Children's Health Program (MCHP):*** Exceeded registration goals by providing insurance and connecting 700 people to resources in three (3) months.
 - The Division also continues to collaborate with the ***Fire/EMS Department's Mobile Integrated Health Program*** to provide case management services to frequent and high utilizers of 911, emergency rooms and hospitals.
- The Non-Emergency Medical Transportation program relies on staff to conduct screening to determine program eligibility (includes medical provider attestation of client's eligibility). Once approved, client can call within 24 hours to schedule transport to their scheduled appointment. Every quarter redetermination for eligibility is required. This program is paid by the Maryland Department of Health and \$3.5 million was included in the FY 2024 budget. Annually, approximately 60,000 trips are made.
- In February of 2024, U.S. Department of Health and Human Services (HHS) and U.S. Department of Housing and Urban Development (HUD) announced that the state of Maryland was selected to participate in the Housing and Services Partnership Accelerator. This partnership will support Maryland in developing and expanding innovative housing-related supports and services for Medicaid-eligible people with disabilities and older adults who are experiencing or at risk of homelessness. The MDH partnership has direct implications on the services and resources that helps Prince George's County residents enrolled in the Assistance in Community Integration Program (ACIS) to find and keep stable housing in their community.
- Key challenges and concerns include:
 - The increase in the number of residents who qualify to receive Medicaid services has caused an increase in employee caseloads. Currently, the Health and Wellness division does not have enough staff to meet the mandates set forth by Maryland Department of Health (MDH).

- The Nurse Monitoring (NM) program is facing a 6–8-month delay in its ability to address the timely completion of assessments; the Department reports that this program requires two (2) additional Community Health Nurses (CHN).
 - There is a 4-6 month wait for an Adult Evaluation & Review Services (AERS) assessment. To address this need, the Department reports that an increased staffing complement of two (2) nurses and one (1) Social Worker is needed.
 - Adult Evaluation and Review Services (AERS) program and the Nursing Monitoring (NM) program have not been able to meet the Maryland Department of Health (MDH) mandates for the completion of assessments. For both programs there has been dealing with a significant increase in demand, no additional staffing, and high vacancy rates. In response the *FY 2025 First Round Budget Review Question No. 49-D* the Department states that *“the goal is to decrease the number of pending assessments to 2-3 months for the AERS program and 3-4 months for the NM program.”* Filling three (3) vacant positions should assist in completing assessments in accordance with the MDH mandates.
 - The Department also reports that there is a critical lack of Community Health Workers. The majority of the Division’s Community Health Workers who are working to fulfill health department initiatives are employed by temporary staffing agencies, and those contracts will expire in August of 2024. No alternate funding for ten (10) Community Health Workers has been identified, which will jeopardize the Division’s ability to deliver services and execute grant awards, including a five year Center for Disease Control (CDC) PreventionLink 2.0 award.
 - The Non-Emergency Medical Transportation (NEMT) program has been struggling with an inefficient database for several years. The Division further reports that: *“We are at a critical point that the system is no longer providing accurate trip manifests and erroneous reconciliation reports. The faulty system has caused missed medical appointments and severe delays in access to care for the most vulnerable residents of Prince George’s County.”* The Program Chief, Director of Office of Information and Technology and the Program Manager have decided to move forward with the Trapeze software upgrade to address this issue.
- The Division’s key priorities include focus on filling vacant positions; continue to work on the Community Health Workers Hub Initiative to allow for expanded funding; secure and implement Non-Emergency Medical Transportation (NEMT) upgraded Trapeze software application; prevent and reduce chronic disease in the County.
 - Additional information about the Health and Wellness Division's operations is provided in response to the *FY 2025 First Round Budget Review Questions No. 42-49 pages 43-51*.

Environmental Health/ Disease Control Division

- According to the Proposed Budget Book:
“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.”

- Multi-year funding data is provided in the accompanying table:

Division	FY 2022 Actual	FY 2023 Budget	FY 2023 Actual	FY 2024 Budget	FY 2024 Est.	FY 2025 Proposed	FY 2024 B v E	FY 2025 P v FY 2024 E
General Fund	\$ 5,452,796	\$ 5,593,200	\$ 5,072,968	\$ 6,130,400	\$5,846,200	\$6,010,600	-\$284,200	\$164,400
Grant Funds	\$ 993,668	\$ 622,800	\$ 473,805	\$ 1,139,500	\$ 1,117,600	\$1,117,100	-\$21,900	-\$500
Total	\$ 6,446,464	\$ 6,216,000	\$ 5,546,773	\$ 7,269,900	\$6,963,800	\$7,127,700	-\$306,100	\$163,900

- Out of \$6.0 million included in the FY 2025 Proposed Budget for the General Fund Health and Wellness Division’s funding, \$50,700 will be used for operating expenses (0.9%).
 - The remainder of the General Fund (nearly \$6.0million) will be used to fund compensation and fringe expenses for the authorized level of 14 full-time and one (1) part-time positions that support operations of this Division.
 - Four (4) grant awards are anticipated in FY 2025 totaling \$1.1 million.
 - These grant awards are expected to fund 11 positions (5 full-time grant funded and 6 limited term grant funded positions).
- A comprehensive list of all inspection services the Division is tasked with is provided in *Attachment E* in response to the *FY 2025 First Round Budget Review Question No.51*. Additional information was requested on the Department’s overall ability to meet its inspection-related workload demands but information was not received in time to be included in this Report. It is not clear to what extent the Division is able to meet all mandates outlined in COMAR and County Codes given staffing and technological challenges the Division faces.
- Key challenges and concerns include:
 - Department’s staff and clients have issues moving through the Department of Permitting, Inspections and Enforcement’s Momentum permitting and inspections system. This issue was reported last year, and additional improvements are needed as concerns have not been fully addressed yet.
 - The Division reports that staffing is an issue and “*additional people are needed to fully staff the programs within the Division.*” Furthermore, “*Attracting staff and retaining staff after they are trained is still difficult. Salaries and benefits in neighboring jurisdictions are higher than Prince George’s County.*”
 - Legislative changes are mandating additional work from the environmental health staff. In addition, some inspections are becoming more complex and challenging (especially on site water and septic system installations and remodels) and require more time to complete.
- Additional information about the Environmental Health/ Disease Control Division's operations is provided in response to the *FY 2025 First Round Budget Review Questions No. 50- 55*.

Family Health Services Division

- According to the Proposed Budget Book:

“*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.*”

- Multi-year funding data is provided in the accompanying table:

Family Health Services Division								
Division	FY 2022 Actual	FY 2023 Budget	FY 2023 Actual	FY 2024 Budget	FY 2024 Est.	FY 2024 Proposed	FY 2023 BvE	FY 2024 P v FY 2023 E
General Fund	\$ 7,432,724	\$ 7,077,500	\$ 6,601,770	\$ 7,831,900	\$6,320,400	\$6,906,000	(\$1,511,500)	\$585,600
Grant Funds	\$ 11,733,995	\$ 16,011,700	\$ 14,732,647	\$ 17,496,100	\$ 16,933,100	\$17,723,500	\$ (563,000)	\$790,400
Total	\$ 19,166,719	\$ 23,089,200	\$ 21,334,417	\$ 25,328,000	\$23,253,500	\$24,629,500	(\$2,074,500)	\$1,376,000

- Out of \$6.9 million included in the FY 2025 Proposed Budget for the General Fund Family Health Services Division's funding, \$424,200 will be used for operating expenses (6.2%).
 - The remainder of the General Fund (nearly \$6.5 million) will be used to fund compensation and fringe expenses for the authorized level of 56 full- time positions that support operations of this Division.
 - 18 grant awards are anticipated in FY 2025 totaling \$17.7 million.
 - These grant awards are expected to fund 141 positions (106 full-time grant funded, 1 part-time grant funded and 34 limited term grant funded positions).
- Divisions programs and services include:
 - Hearing and vision screening for private schools (COMAR required)
 - TB surveillance and control (COMAR required)
 - Reproductive health services (primary care, pregnancy testing, preconception care and counseling, pregnancy options counseling, family planning, fertility screening, gynecological services)
 - Sexual health services (STI testing and treatment, HIV testing and management, contraception and safe sex education, sexual dysfunction assessment and referral, education)
 - Maternal and child health services (Vaccine for Children program (VFC), Surveillance Quality Initiative which encompasses Child Fatality Review and Fetal and Infant Mortality Review, Healthy Beginnings program, pediatric asthma surveillance, the Maternal and Child Health Center at Laurel, Personal Responsibility Education Program (PREP)
 - STI & HIV surveillance, prevention and treatment (STI & HIV testing, Pre-Exposure Prophylaxis (PrEP) treatment, Pre-Exposure Prophylaxis (PrEP) treatment, STI surveillance contact tracing & partner notification, Ryan White Services clinical and support services)
 - Women, Infants and Children (WIC) program
 - Oral Health
 - Community outreach and health fairs
 - Workload and performance indicators have been requested for these services/programs but the data is currently not available.
- Key strategic goals and priorities for the Family Health Services Division are:
 - Integration of Clinical Care (including care provided by such partners as Federally Qualified Health Centers) with other Social Services with the goal of creating an integrated community system that supports a broad spectrum of health services in the County.

- Connect residents to services through enhanced outreach efforts, including strategic social media outreach; enhancing outreach through various platforms like radio, T.V., websites, bus shelters, and videos in the clinics; partnering with Community-Based Organizations to extend outreach and services through health fairs and special community clinics.
 - Improving and advocating for improvements in public health in the County by addressing social determinants of health (especially such factors as poverty, housing insecurity, and food insecurity, which significantly impact health outcomes).
 - Collect and analyze data to enable informed decision-making (especially targeted interventions and evidence-based resource allocations). This would require establishing clear performance metrics and conducting regular data evaluations of programs and services for continuous improvement.
 - Foster community engagement and establish feedback mechanisms with community members to gain insights into residents experiences, needs and the effectiveness of current programs.
 - Form partnerships with academic institutions to facilitate research and evaluation of the current programs, leading to evidence-based decision-making, and explore opportunities for training and capacity-building for staff.
 - Explore funding opportunities such as grants, partnerships with the private sector, or community fundraising to help in mitigating the budgetary challenges.
 - Leveraging technology to improve service delivery (for example, enhancing electronic health record system, maximizing telehealth services, and digital health interventions).
 - In addition the Department notes that: *“launching initiatives specifically aimed at addressing health disparities and promoting health equity can contribute significantly to improving the overall health outcomes in the County”*.
- Key accomplishments for FY 2024 include:
 - Increased appointment availability and expanded partnerships to improve service capacity so that residents can have a greater access to services in their preferred locations.
 - The Division increased participation in the Women, Infants and Children (WIC) program.
 - The Family Health Services Division maintained the highest incidence of breastfeeding in the State at 86.4% compared to the State average of 75.9%.
- The Division’s challenges are identified in response to the *FY 2025 First Round Budget Review Questions No. 58-B* and include an array of systemic issues such as workforce development, recruitment and retention, resource mobilization, and modernization of public health data systems as well as challenges associated with provision of specific services (immunizations, reproductive health, addressing overdoses, etc.)
- Additional information about the Family Health Services Division's operations is provided in response to the *FY 2025 First Round Budget Review Questions No. 56-58*.

Equipment & Information Technology (IT)

- In FY 2023 the Department engaged a consultant firm to lead and analysis/audit of existing IT tools and applications in order to develop a formal strategy that will guide the Department's IT office's growth over the next 3-5 years. The final report was provided in *Attachment F* in response to the *FY 2025 First Round Budget Review Question No. 64*.
 - The Report identified deficiencies include protection of health information, lack of integrated health care technology solutions and insufficient IT staff.
 - The Report recommended for the Health Department to expand the Information Technology department and bring in Health Informatics, Business Analysts, Project Manager, Security Systems Analyst and create a position for Director of Information Technology (estimated cost of \$1.5 million for these positions).
 - The Report also recommended development of IT architecture and plan for the Department. The Department continues to work on defining its Enterprise Architecture, which should specify “*technology footprint envisioned for FY 2025 through FY 2030, be able to provide a set budget and build a technology department that can better support the mission, vision and all objectives for the Health Department and the Prince George's residents*”.
 - As a result of the recommendations, the Department is working on Enterprise Architecture. The Department made OCHIN/EPIC its core application and is moving as many programs to EPIC as the resources allow.
 - The Department currently has one (1) employee and one (1) contractor to support EPIC platform. With the expended utilization of the EPIC platform, additional two (2) employees as well as temporary staff are needed to support the planned enterprise Architecture work.
- Data/information security, moving clinical services to EPIC platform, Momentum System improvements and a need for grants monitoring system are the Department's top IT priorities.
- The Department's information technology needs for each division are outlined in *Attachment G* and IT needs are discussed in a greater detail in response to the *FY 2025 First Round Budget Review Questions No. 63-67*.

Facilities and the Capital Improvement Program (CIP)

- The total ‘footprint’ of the Department's operations is provided in *Attachment H* to the *FY 2025 First Round Budget Review Questions* and includes seven (7) locations.
- Three (3) projects are included in the *Proposed Capital Improvement Program Budget for FY 2025 – 2030*: Health Facilities Renovations, Regional Health and Human Services Center, and Residential Treatment Facility.
 - The total cost of these projects included in the Proposed Budget is \$108.4 million. The Residential Treatment Facility project has \$500,000 allocated for planning and total project cost has not been identified and budgeted for.
 - \$26,255,000 is estimated to be expended in FY 2024
 - \$24,721,000 in expenditures is proposed for FY 2025

- Cheverly Building Replacement land acquisition project is reported as completed and has been removed from the *Proposed Capital Improvement Program Budget for FY 2025 – 2030* for the Health Department.
 - Clinical Health Facility rehabilitation project (\$20.0 million) is also reported as completed and has been removed from the *Proposed Capital Improvement Program Budget for FY 2025 – 2030*.
- Cheverly Building Replacement:
 - The facility to build and/or renovate a building to provide full service clinical, behavioral, and dental health services.
 - The Proposed FY 2025-2030 CIP Budget Books does not include any funds for the Cheverly Building Replacement and the land acquisition CIP project associated with this site was completed in FY 2024. In response to the *FY 2024 First Round Budget Review Question No. 71* the Department noted that it “*has completed the initial Program of Requirements (POR), which lays out the programs that will be in the building and how those programs will fit in the interior space. This is a major project milestone, but it is not the final design. The next phase will be the development of detailed design drawings and specifications, which will serve as the blueprint for construction. The Department will work with an Architectural and Engineering vendor to develop the detailed designs over the next several months. Anticipated project completion is now in early 2026.*”. It is not clear how the outlined work will be funded and managed if it is not a part of the *Proposed Capital Improvement Program Budget for FY 2025 – 2030* for the Health Department or the Office of Central Services.
- Health Facilities Renovations:
 - Health Facilities Renovations project includes various health facilities including the Dyer Health and the Largo Administration building.
 - This is an on-going project and \$11.4 million is anticipated to be spent in FY 2024 and \$12.6 is budgeted for FY 2025. FY 2024 and FY 2025 expenditures are funded through General Obligation Bonds (100%).
 - Spending priorities for FY 2024 and FY 2025 are outlined in response to the *FY 2025 First Round Budget Review Question No. 70*.
- Regional Health and Human Services Center:
 - The Regional Health and Human Services Center will serve as a centralized location for the administrative functions of the Health Department, the Department of Social Services, and the Department of Family Services. Services for older adults, persons with disabilities and family caregivers, and a full-service senior activity center will be provided at this centralized location.
 - Location: 8800 Hampton Mall Drive, Capitol Heights.
 - The total project cost has increased from \$58.0 million budgeted in *FY 2024-2029 Approved CIP Budget* to \$70.1 million included in the *Proposed FY 2025-2030 CIP Budget*.
 - The project is experiencing delays and project completion data was changed from FY 2024 to FY 2025 (earlier it was changed from FY 2022 to FY 2024). The Department reports that this project is now managed by the Office of Central Services and that the project is anticipated to be completed by the summer of 2025.

- Residential Treatment Facility:
 - This project will encompass a 40-bed residential treatment facility that will include detoxification, intermediate care and continuing care services for persons with substance abuse and mental health problems.
 - This project is being planned for beyond FY 2030, no site or project total cost have been identified.
- Overall, the Department continues to examine its facilities, including “*evaluating all leases to determine which ones can be consolidated or transitioned into either the Regional Health and Human Services Center and or the Cheverly Replacement facilities once occupancy nears.*”