

PRINCE GEORGE'S COUNTY GOVERNMENT OFFICE OF MANAGEMENT AND BUDGET

February 5, 2019

MEMORANDUM

TO:

David H. Van Dyke

County Auditor

THRU:

Stanley A. Earley, Director

Office of Management and Budget

FROM:

Dr. Ernest L. Carter, Acting Health Officer

Health Department

RE:

Mid Year FY 2019 Approved Budget Responses

OPERATING BUDGET

1. Please identify, quantify, and explain expected or possible instances where categories of expenditures are expected to exceed authorized FY 2019 expenditure levels. What conditions, factors, and trends are driving these higher than expected levels of expenditures?

The area where a high propensity of increased spending can occur is in Operations, namely Operating Contracts due to the frequent utilization of temporary services/staffing in order to meet funding and regulatory requirements to sustain the department's health services to the county residents. Recruitment to fill critically needed positions and services is always a challenge due to issues in identifying, vetting, and hiring health professionals and support staffs.

2. Please identify, quantify, and explain expected or possible instances where categories of expenditures are expected to be significantly lower than authorized FY 2019 expenditure levels. What conditions, factors, and trends are driving these lower than expected levels of expenditures?

With the exception of compensation due to the department's high rate of attrition and vacancy lapse, the current trend and level of departmental & divisional spending are in line with the budgetary projections. Other issues regarding delays in (1) the procurement process with regards to contracts and (2) recruitment process (especially with LTGF) may sometime cause delays and lower level in expenditures. However, the department is proactively monitoring its budgetary characters in an effort to maintain control of its spending levels.

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3. Does the Department expect that a supplemental budget request may be necessary for FY 2019? If so, how much does the Department expect to request?

The department will not require a general fund supplemental. The department however, has received several new awards and modifications to existing grants which will be reflected in a pending grant supplemental request.

New Grant Programs	Appropriation
Diabetes, Heart Disease, & Stroke	\$2,400,000
Adult Education Services (AERS)	\$918,000
Childhood Lead Poisoning Prevention	\$340,000
Assistance In Community Integration Services (ACIS)	\$317,200
Zika Nurse Project*	\$35,600
Hepatitis B & C Care	\$15,000
Total	\$4,025,800

^{*}Awaiting award letter

Existing Grant Programs / Additional Appropriation	Appropriation
Syringe Services	\$251,000
Babies Born Healthy	\$70,500
Recovery Support Services	\$48,200
Continuum of Care	\$44,900
Integration of Sexual Health in Recovery	\$36,600
Tuberculosis Control	\$20,000
Opioid Operation Command	\$8,700
Total	\$479,900

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Grand Total	\$4,505,700

4. Is the Department on track to reach the level of grant funding anticipated in the FY 2019 approved budget? If not, why? What is the impact on operations and core services as a result of any unrealized grant funding?

The department is working with OMB to appropriate additional funding/interims from the grantor. OMB coordinates with Council Administration on the department's supplemental appropriation requests to be placed on legislation. Delays in processing and authorizing

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additional appropriations could lead to delays in recruiting positions and securing encumbrances to expend the level of grant funding received.

STAFFING

5. Of the Department's 214 full-time authorized General Fund positions for FY 2019, how many are currently vacant?

The department has 35 GF vacant positions as of February 4, 2019, however, most are in the process of being filled.

6. Of the Department's 185 full-time authorized Grant Funded positions for FY 2019, how many are currently vacant?

The department has 19 Grant-funded vacant positions as of February 4, 2019.

7. Of the Department's 109 authorized limited term grant funded positions (LTGF), how many are currently vacant?

The department has 39 vacant LTGF positions as of February 4, 2019.

8. Is the Department actively recruiting for these vacant positions? Please discuss the challenges the Department is facing in recruiting and filling these positions?

The department, in conjunction with OHRM, is actively recruiting for these vacant positions. Both departments are looking into decreasing the process time of vetting applicants and posting the positions via NeoGov.

9. Please discuss the impact the vacant positions have had or is having on the Department's operations.

In cases where positions require urgent replacement due to the nature of the work and service to the county residents, the department utilizes temporary staffing companies to fulfill the requirement in order to maintain the sustainability of the health service program to the county.

WORKLOAD AND PROGRAM IMPACT

10. Please identify any other factors, trends, and conditions that have affected workloads and describe the impact they have had on the Department. What additional measures are being planned or considered in FY 2019 to ensure the continuity of services consistent with the Department's mission and core functions?

Attrition has had a significant effect on the departmental operations in relation to the continuity and sustainability of county health services. While the department has made the necessary adjustments to ensure continuity of services, the heavy work volume can potentially have an adverse effect on the staff. Some programs allow for overtime and compensatory time to meet operational needs and in

other cases, the department partners with local temporary staffing agencies to fulfill the staffing requirements. Additionally, the department has implemented an employee recognition program and other incentives for the employees. The department will be implementing a workforce development plan in FY19 to sustain a competent and capable workforce and an effective learning culture to ensure the continuity of services consistent with the department's mission and core functions.

11. Please provide an update on the creation of the Community Health Improvement Plan, to include the number of individuals assisted during FY 2019.

The Community Health Improvement Plan (CHIP) operating under the Prince George's Healthcare Action Coalition, has identified three priority areas: 1) Healthy Eating / Active Living, 2) Health Equity, and 3) Behavioral Health. The work plans which are currently being finalized are focused on a framework of Policy, Systems, and Environmental (PSE) changes for realistic healthy choices available to county residents, workers, and visitors. The number of residents reached will not be tracked due to the nature of the PSE framework.

12. Please provide an update on the launch of Healthcare Alliance, to include the number of individuals assisted during FY 2019.

Through January 31, 2019, the Healthcare Alliance assisted and served 599 individuals for Care Coordination Services, completed 1,474 individual outreach calls, served and assisted 1,617 households with information about Health Insurance, and enrolled 835 residents in Health Insurance Plans. Additionally, the Healthcare Alliance maintained partnerships with and provided care coordination/insurance navigation services for county agencies including the Health Department, Department of Social Services, Prince George's County Health connect, Fire/EMS, Department of Corrections, and Montgomery County hospitals and agencies. The partnership with Totally Linking Care in Maryland (TLC-MD) include:

- o UMD Capital Region Health: Prince Georges and Laurel Regional Hospitals
- o UMD Capital Region Health and Wellness Centers
- o Doctor's Community Hospital
- o Fort Washington Medical Center
- o MedStar Southern Maryland Hospital Center

The Healthcare Alliance also secured several grant or subcontract partnership agreements. In 2018, Healthcare Alliance was nominated for and Awarded the "2018 Health Quality Innovator of the Year Award for Best Patient-Centered Care Program in Maryland" (November, 2018) by Health Quality Innovators (HQI), who serves as the Centers for Medicare and Medicaid Services (CMS) Quality Improvement Organization for Maryland and Virginia.

- 13. Please provide an update on the Department's efforts, in collaboration with local universities, to expand internships to remain current with research and innovation. In addition, please discuss the Department's efforts in filling the Environmental Health Specialist vacancies in FY 19 to support economic development plans of the County.
 - Through collaboration with local universities through the Volunteer Internship Program (VIP), the department, under the direction of licensed professionals, provides for graduate certification programs where students can complete their field of study and conduct research within the county. Participants in the program are exposed to on-the-job training in research and innovation. This program also allows for the department to identify talents for future and potential county team members, especially in the Environmental Health Division.
- 14. Please discuss how the \$250,000 in additional funding provided by the County Council in the FY 2019 approved budget was expended (or the Department's plans to expend approved funds) for the Health Assure Program.

The department has developed a project plan and operations budget including the identification of participating providers and eligibility requirements, and an implementation workplan with standard operating procedures (SOP) for the Health Assure Program. Once funding is received, the agency will proceed with the initial phase of infrastructure development which consists of the execution of the provider agreements, conducting provider training, establishing an advisory board and the determination of the number of patients to be served. The second phase is the implementation when service delivery will commence.