

Health Department - Fiscal Year 2023 Budget Review Summary

Proposed FY 2023 Operating Budget

Expenditures by Fund Type						
Fund	FY 2021 Actual	FY 2022 Approved	FY 2022 Estimated	FY 2023 Proposed	\$ Change	% Change
General Fund	\$ 36,450,250	\$ 30,142,500	\$ 36,503,000	\$ 31,233,100	\$ 1,090,600	3.6%
Grants	43,892,314	58,750,000	68,507,900	54,974,500	(3,775,500)	-6.4%
Total	\$ 80,342,564	\$ 88,892,500	\$ 105,010,900	\$ 86,207,600	\$ (2,684,900)	-3.0%

General Fund	FY 2021 Actual	FY 2022 Approved	FY 2022 Estimated	FY 2023 Proposed	\$ Change	% Change
Compensation	\$ 16,568,317	\$ 17,309,000	\$ 13,860,000	\$ 18,232,600	\$ 923,600	5.3%
Fringe Benefits	5,778,419	5,885,100	5,243,600	6,840,200	955,100	16.2%
Operating Expenses	16,032,859	9,628,900	20,074,700	8,997,100	(631,800)	-6.6%
Capital Outlay	14,667	-	-	-	-	N/A
Recoveries	(1,944,012)	(2,680,500)	(2,675,300)	(2,836,800)	(156,300)	5.8%
Total	\$ 36,450,250	\$ 30,142,500	\$ 36,503,000	\$ 31,233,100	\$ 1,090,600	3.6%

Grant Funds	FY 2021 Actual	FY 2022 Approved	FY 2022 Estimated	FY 2023 Proposed	\$ Change	% Change
Compensation	\$ 14,601,889	\$ 19,758,700	\$ 19,523,100	\$ 21,814,600	\$ 2,055,900	10.4%
Fringe Benefits	4,043,488	3,062,600	5,117,200	5,835,700	2,773,100	90.5%
Operating Expenses	25,262,174	36,351,200	44,242,300	27,746,500	(8,604,700)	-23.7%
Capital Outlay	20,690	-	-	-	-	N/A
Total	\$ 43,928,241	\$ 59,172,500	\$ 68,882,600	\$ 55,396,800	\$ (3,775,700)	-6.4%

Staffing

Fund	FY 2022 Authorized	FY 2023 Proposed	Change	% Change
General Fund	228	229	1	0.4%
Grants	328	348	20	6.1%
Total	556	577	21	3.8%

FY 2023 Proposed Budget – Key Highlights

- In FY 2022 the Department is requesting a supplemental budget in the amount of \$6,360,500 for the General Fund and \$15,427,800 for Grant Funds. The supplemental requests are driven by the ongoing demands associated with responding to the pandemic and reviewing unanticipated grant awards.
- The proposed budget is 63.8% grant funded and 36.2% funded via the General Fund.
- The proposed budget represents a net 3% reduction from FY 2022 Approved Budget, or 18% reduction from FY 2022 estimated level of expenditures.
 - Grant funded portion of the Proposed Budget includes a \$3.8 million, or 6.4%, reduction from FY 2022 approved budget level, or \$13.5 million, or 19.8% reduction from FY 2022 estimated level of grant expenditures. Key changes in Grant Funds include approximately \$17.2 million in grant funded service reductions, which are being partially offset by \$11.1 million in new grants and \$2.2 million in enhanced funding for existing programs.
 - General Fund portion of the Proposed Budget includes \$1.1 million increase, or 3.6%, increase above the FY 2022 approved budget level, or an \$2.7 million, or 3.0%, reduction below the FY 2022 estimated level of expenditures. Key changes in General Fund include increased compensation due to funding for one (1) new Chief position and countywide salary adjustments (\$923,600) and reduced operating expenses (\$631,800).
- The American Rescue Plan (ARP) Act spending recommendations (adopted CR-067-2021) for the Health Department in FY 2022 totaled \$19.6 million. The Department reports that \$5.0 million has not been appropriated yet, \$3.7 million was spent to date, and additional funds in the amount of \$8.8 million have been committed.

- General Fund authorized positions are proposed to increase by one (1) in FY 2023 for a total of 229 positions. Grant funded positions are proposed to increase by 20 for a total of 348 positions. The Department's total authorized proposed staffing complement, which for FY 2023 is 577 positions (General Fund and Grant funded positions).
- As of March 1, 2022, FY 2022 vacancy rate (General Fund and Grant Funds combined) was reported at 28.2% (including 23.2% General Fund full-time vacancy rate, 24.6% Grant funded full-time vacancy rate, and 41.5% limited term Grant funded vacancy rate). Current vacancy rate is the highest since tracking began in FY 2016.
- The Department's vacancies have grown exponentially across all three (3) largest staffing segments: General Fund full-time positions had an 89.3% increase in vacancies; Grant Funds full-time positions had a 104.5% increase in the number of vacancies; and Grant funded limited term positions increased by 78.8% in FY 2022 as compared to the same time last year. In addition, none of the ten (10) newly authorized in FY 2022 positions have been filled. The Department expects to fill all these positions by July 1, 2022.
- Behavioral Health:
 - There are 68 behavioral health beds in the County; the number of behavioral health providers and programs has increased in FY 2022.
 - The number of Mobile Crisis Response Teams has doubled, increased from two (2) to four (4), but it still falls short from eight (8) teams needed to provide full coverage.
 - The Department is working on a nationwide implementation of 988, the National Suicide Prevention Lifeline, by July 16, 2022. To strengthen the Crisis Response in the County, the Department is working to divert qualifying 911 calls for service into the National Suicide Prevention Lifeline partner, CCSI, which will answer 988 calls in the County. This effort will require cooperation from various stakeholders including the Office of Homeland Security which is to identify qualifying calls and divert them.
 - The Department faces challenges in assisting Totally Linking Care (TLC) with spending \$5 million out of \$26 million Health Services Cost Review Commission (HSCRC) grant for establishing the first County based Crisis Receiving/Stabilization Center. A County-owned building in Clinton has been identified and an expedited collaborative approach in securing the facility is needed to use \$5 million by end of CY 2022.
- The key challenge of the Environmental Health/ Disease Control Division is sustaining services. Percentage of State-mandated high and moderate inspections conducted in FY 2022 is estimated at 36%.
- Family Health Services Division opened the Maternal and Child Health Center at Laurel.
- The Health Department reports that the Family Health Services Division's "*service level of care for all of our programs is at an all-time low because of COVID-19.*"
- The Bridge Center at the Adam's House, which coordinates reentry services in the County, has one (1) General Fund employee and a 41% vacancy rate. Bridge Center needs a case management infrastructure/system and funding for a Database Administrator preferably through the General Fund to ensure sustainability of these critical services. No funding has been included in the FY 2023 Proposed Budget for these needs.
- Health Assures Program provides funding for the uninsurable residents of the County who can receive services at Federally Qualified Health Centers. All of FY 2022 funding (\$2.8 million) was expended by December 2021. The funding will increase to \$5.0 million in FY 2023, budgeted in the Non-Departmental portion of the budget.
- None of the provisions of the CR-127-2020 Resolution have been implemented to date, including development of a Health in All Policies Implementation Strategy for Prince George's County, which was due in May 2021.
- The Department is working on a range of IT initiatives.

Proposed FY 2023 - FY 2028 Capital Improvement Program

	Expended thru FY21	FY 2022 Estimate	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027	FY 2028	Beyond	Total Proposed CIP Funding
5 Projects	\$ 38,233,000	\$ 51,032,000	\$ 16,123,000	\$ 665,000	\$ 65,000	\$ 55,000	\$ 240,000	\$ 160,000	\$ 500,000	\$ 107,073,000

Highlights

- Funded by General Obligation Bonds (7.0%) and Federal (93.0%)
- Key Projects: Cheverly Building Replacement (to be completed in FY 2023), Clinical Health Facility (to be completed in FY 2023), Health Facilities Renovations (ongoing), Regional Health and Human Services Center (to be completed in FY 2022), Residential Treatment Facility (no completion or start date identified)



THE PRINCE GEORGE'S COUNTY GOVERNMENT

Office of Audits and Investigations

April 18, 2022

M E M O R A N D U M

TO: Sydney J. Harrison, Chair
Health, Human Services and Public Safety Committee (HHSPS)

THRU: Turkessa M. Green, County Auditor *AMG*
Joseph R. Hamlin, Director of Budget and Policy Analysis *JRH*

FROM: Anya Makarova, Senior Budget and Policy Analyst *AM*

RE: Health Department
Fiscal Year 2023 Budget Review

Budget Overview

- FY 2022 estimated expenditures are expected to exceed the FY 2022 Approved Budgeted expenditures, therefore the Department will request a supplemental budget in the amount of \$16,118,400 composed of \$6.4 million for the General Fund and \$9.8 million for Grant Funds.
 - The General Fund supplemental requests are driven by the ongoing demands associated with responding to the pandemic due to the Delta and Omicron variants.
 - The latest supplemental request for Grant Funds differs from the Proposed Budget Book and is estimated at \$15,427,800.
- The FY 2023 proposed budget for the Health Department is \$86,207,600, representing a \$2,684,900 decrease, or 3.0%, below the FY 2022 approved budget, or \$18,803,300 below the FY 2022 estimated level of expenditures.
- Decreases in the FY 2023 proposed budget are driven by a \$3.8 million reduction in grant funds, which is partially offset by \$1.1 million increase in General Fund's compensation, fringe and operating expenditures, resulting in a net \$2.7 million decline in the total proposed budget when comparing to the FY 2022 authorized budget level.
- Representing \$55.0 million out of the total proposed budget of \$86.2 million, 64% of the Health Department's budget is anticipated to be grant funded.

Actual FY 2021 to Proposed FY 2023:

Fund	FY 2021 Actual	FY 2022 Approved	FY 2022 Estimated	% Change - Est vs App	FY 2023 Proposed	\$ Change, Prop vs App	% Change
General Fund	\$ 36,450,250	\$ 30,142,500	\$ 36,503,000	21.1%	\$ 31,233,100	\$ 1,090,600	3.6%
Grants	43,892,314	58,750,000	68,507,900	16.6%	54,974,500	(3,775,500)	-6.4%
Total	\$ 80,342,564	\$ 88,892,500	\$ 105,010,900	18.1%	\$ 86,207,600	\$ (2,684,900)	-3.0%

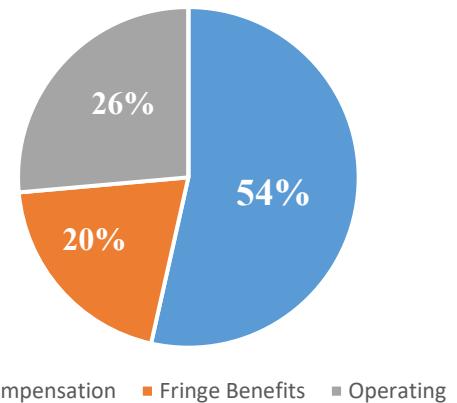
- \$13.9 million dollars in General Fund revenues are being allocated to support the Health Department's operations in FY 2023, these revenues include: \$4.8 million in health fees, \$2.2 million in health permits charges, and \$6.9 million in State Health Grant. The \$13.9 million in FY 2023 revenue allocation represents a reduction from \$14.6 million budgeted in FY 2022.

Budget Comparison – General Fund

Category	FY 2020 Actual	FY 2021 Actual	FY 2022 Approved	FY 2022 Estimated	FY 2023 Proposed	Change Amount	Percentage Change (Approved Budget)
Compensation	\$ 16,946,024	\$ 16,568,317	\$ 17,309,000	\$ 13,860,000	\$ 18,232,600	\$ 923,600	5.3%
Fringe Benefits	5,575,182	5,778,419	5,885,100	5,243,600	6,840,200	955,100	16.2%
Operating Expenses	5,645,445	16,032,859	9,628,900	20,074,700	8,997,100	(631,800)	-6.6%
Capital Outlay	1,333	14,667	-	-	-	-	n/a
Subtotal	\$ 28,167,984	\$ 38,394,262	\$ 32,823,000	\$ 39,178,300	\$ 34,069,900	\$ 1,246,900	3.8%
Recoveries	(1,801,084)	(1,944,012)	(2,680,500)	(2,675,300)	(2,836,800)	(156,300)	5.8%
Total	\$ 26,366,900	\$ 36,450,250	\$ 30,142,500	\$ 36,503,000	\$ 31,233,100	\$ 1,090,600	3.6%

- The proposed FY 2023 General Fund budget is proposed at \$31.2 million, representing a 3.6% increase above the FY 2022 Approved Budget (\$30.1 million), or a 14.4% reduction below the FY 2022 estimated level of expenditures (\$36.5 million).
- Not accounting for the recoveries, the Department's General Fund proposed budget is comprised of 54% of funds allocated for compensation, 20% allocated for fringe expenditures and the remaining 26% allocated for operational expenses.

FY 2023 Proposed General Fund Expenditures by Category



Compensation

- In FY 2023, General Fund compensation expenditures are budgeted to increase by \$923,600, or 5.3%, above the FY 2022 approved budget (or \$4.4 million, 31.5%, above the FY 2022 estimated level of expenditures). The increases are driven by funding for one (1) new position and salary adjustments.
- In FY 2023 the authorized General Fund staff complement is proposed to increase by one (1) full-time position. In FY 2023 part-time positions will remain at the FY 2022 authorized level of one (1) position.

General Fund Authorized Staffing Count

	FY 2021 Approved	FY 2022 Approved	FY 2023 Proposed	Change Amount	Percentage Change
Full-Time Civilian	217	227	228	1	0.5%
Total	217	227	228	1	0.5%

Fringe Benefits

Fringe Benefits Historical Trend					
	FY 2020 Actual	FY 2021 Actual	FY 2022 Budget	FY 2022 Estimated	FY 2023 Proposed
Compensation	\$ 16,946,024	\$ 16,568,317	\$ 17,309,000	\$ 13,860,000	\$ 18,232,600
Fringe Benefits Expenditures	\$ 5,575,182	\$ 5,778,419	\$ 5,885,100	\$ 5,243,600	\$ 6,840,200
As a % of Compensation	32.9%	34.9%	34.0%	37.8%	37.5%

- In FY 2023 fringe benefits expenditures are proposed to increase by \$955,100, or 16.2%, above the FY 2022 approved budget level (or \$1.6 million, 30.4% above the FY 2022 estimated level of expenditures).

Operating Expenses

- In FY 2022 the Department is expected to spend \$20.1 million dollars in operating expenses, exceeding the FY 2022 approved budget level of \$9.6 million by approximately \$10.4 million. The increased level of operating expenditures is attributed to the COVID-19 response efforts, including the need to address the Delta and Omicron variants.
- FY 2023 General Fund operating expenditures are proposed to decrease by \$631,800, or 6.6%, below the FY 2022 approved budget level, or \$11.1 million, 55.2% decrease from the FY 2022 estimated level of expenditures. Decreases are driven by reduced general administrative contracts in laboratory and healthcare costs.
- A list of proposed operating expenses is provided in response to the *FY 2023 First Round Budget Review Question No. 24*. The largest increase (\$171,000, or 3.6%) is proposed for the *Office Automation* category to reflect the cost of Office of Information Technology charges. *General and Administrative Contracts* category has the greatest proposed spending reductions as it is proposed to decrease by 44.3% or \$889,000.

Recoveries

- The FY 2023 recoveries are proposed at \$2,836,800, which represents an increase of \$156,300, or 5.8%, above the FY 2022 approved budget level of \$2,680,500. Recoveries are proposed to increase to recover various operating expenditures from grant funds.

Grants

Category	FY 2020 Actual	FY 2021 Actual	FY 2022 Approved	FY 2022 Estimated	FY 2023 Proposed	Change Amount
Compensation	\$13,886,216	\$14,601,889	\$19,758,700	\$19,523,100	\$21,814,600	\$2,055,900
Fringe Benefits	\$3,940,610	\$4,043,488	\$3,062,600	\$5,117,200	\$5,835,700	\$2,773,100
Operating Expenses	\$14,635,360	\$25,262,174	\$36,351,200	\$44,242,300	\$27,746,500	-\$8,604,700
Capital Outlay	\$0	\$20,690	\$0	\$0	\$0	\$0
Total	\$32,462,186	\$43,928,241	\$59,172,500	\$68,882,600	\$55,396,800	-\$3,775,700

Note: Accounting for the updated supplemental budget request for Grant Funds information, the FY 2022 level of expenditures is now estimated at \$74,177,800, or \$15,427,800 above the FY 2022 budgeted level.

- FY 2022 grants:
 - The Department is anticipated to exceed its FY 2022 approved Grant Funds budget due to several unanticipated grant awards (will require a supplemental budget request).
 - Due to the Maryland Department of Health security breach, the final reconciliation on FY 2021 grants have not finalized to date and it is not known yet if any grant funds had to be returned in FY 2021, or what amount may be at risk of being returned to the grantors in FY 2022.
 - The Department reports that it is able to submit all grant reporting on-time, however the ability to hire grant funded personnel in a timely manner presents a challenge for executing grant funded initiatives. Note that as of March 2022, Grant Funded full-time positions have a 25% vacancy rate, and Grant Funded limited term positions have a 42% vacancy rate.
- The \$55.4 million in grant funds proposed in FY 2023 represent a 6.4% decrease from the approved FY 2022 level, or a \$13.5 million (19.6%) decrease from the FY 2022 estimated level of grant expenditures. The decrease is primarily due to the removal of the HIV Expansion Funds HRSA, Maternal and Child Health Expansion and Crisis Response programs from the prior year appropriation. Funding reductions are anticipated for the School Based Wellness Center – PGCPS, Assistance in Community Integration Services and Promoting Positive Outcomes for Infants and Toddlers programs.
- The FY 2023 proposed \$55.0 million Grant Funds budget represents 63.8% 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 \$55.4 million.
- Out of 70 grant funded programs included in the FY 2023 proposed budget, the following five (5) have the largest budgets:
 - \$4,915,100 is included in the FY 2023 Proposed Budget for the *AIDS Case Management* grant (Family Health Services Division).
 - \$3,871,600 is included in the FY 2023 Proposed Budget for the Health Literacy for COVID CARES grant (Office of the Health Officer).
 - \$3,825,700 is included in the FY 2023 Proposed Budget for the *General Medical Assistance Transportation* (Health and Wellness Division).
 - \$3,260,500 is included in the FY 2023 Proposed Budget for the *General Fund Services* (Behavioral Health).

- \$2,999,900 is included in the FY 2023 Proposed Budget for the *Community Health Integration Service System Program* (Office of the Health Officer).
- *Information about grant funded programs are available on pages 500-504 of the FY 2023 Proposed Budget Book.*
- The FY 2023 budget proposes a Grant Funded staff complement of 184 full-time, three (3) part-time and 161 limited term positions. This represents a net increase of 20 positions above the FY 2022 grant funded staffing level. The new positions will support the American Rescue Plan Act (19 positions) and Public Health Emergency Preparedness (one position).

Grant Program Funds Authorized Staffing Count

	FY 2021 Approved	FY 2022 Approved	FY 2023 Proposed	Change Amount	Percentage Change
Full-Time Civilian	183	183	184	1	0.5%
Part-Time	8	3	3	0	0.0%
Limited Term	123	142	161	19	15.4%
Total	314	328	348	20	6.4%

- The following grant programs provide funding for most of the grant funded positions:
 - *Addictions Treatment General Grant* program is authorized 19 full-time grant funded and 13 LTGF positions in FY 2023.
 - *MCHP Eligibility Determination* is authorized 18 full-time grant funded, one (1) part-time, and six (6) LTGF positions in FY 2023.
 - *AIDS Case Management* program is authorized 17 full-time grant funded and 10 LTGF positions in FY 2023.
 - *Women, Infants, and Children (WIC)* is authorized 18 full-time grant funded and six (6) LTGF positions in FY 2023.
 - *Maternal and Child Health* is authorized 21 LTGF positions in FY 2023.
 - *Additional details on grant funded staffing allocation are available on pages 497-499 of the FY 2023 Proposed Budget Book.*

COVID-19 Relief Funds

- The Health Department reports that it received \$32.6 million of the total CARES act funding and has spent \$30.2 million to date on contact tracing, testing, personal protective equipment, cleaning, security, and other needs.
- The American Rescue Plan (ARP) Act spending recommendations (adopted CR-067-2021) for the Health Department in FY 2022 totaled \$19.6 million and included:

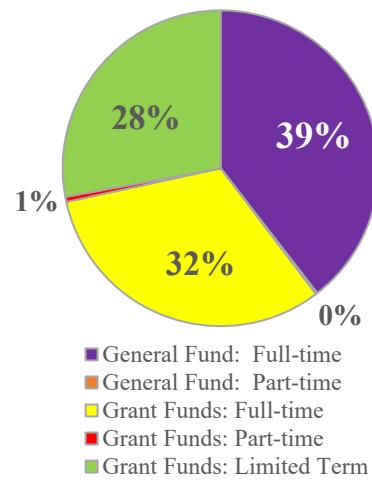
	FY 2021	FY 2022	FY 2023	FY 2024	Total
Health					
COVID Vaccine and Tracking Services		\$6.8			\$6.8
Cheverly Building Replacement		\$5.0	\$15.0		\$20.0
Uninsured Services - FQHCs		\$2.8	\$5.0	\$5.0	\$12.8
Behavioral Health - service expansion		\$5.0	\$5.0	\$5.0	\$15.0
<i>Sub-Total</i>	\$0.0	\$19.6	\$25.0	\$10.0	\$54.6

- The Department reports that \$5.0 million out of \$19.6 million, which is to fund a behavioral health CIP facility, has not been appropriated yet, so only \$14.6 million has been available to the Department.
- Out of the available \$14.6 million, as of April 7, 2022, the Department reports that it has spent \$3.7 million. During the Staff Review Session, the Department reported that there are no challenges in expending the funds, which were released in November-December of 2021, and that in addition to the actual expenditures to date, additional funds in the amount of \$8.8 million have been committed and encumbered.

Staffing

- In FY 2023, the Department's staffing is proposed to increase by 21 positions above FY 2022 authorized staffing level: one (1) position increase for General Fund full-time positions for a total of 228; one (1) position increase for Grant Funded full-time for a total of 184 positions; and 19 new Grant Funded limited term positions for a total of 161. General Fund part-time positions will remain at one (1) authorized position and Grant Funded part-time positions will remain at three (3) authorized positions.
- In FY 2022, the Department's General Fund full-time authorized staffing level is 227 positions and one (1) part-time position. Grant funds provide funding for 183 full-time grant funded, three (3) part-time grant funded and 161 limited-term positions.
 - In FY 2022, as of March 1, the Department reported having 53 General Fund full-time vacancies, which represents an effective General Funded full-time vacancy rate of 23% (compared to 13% last year).
 - In FY 2022, as of March 1, the Department had 45 Grant Funded vacancies. This represents a full-time Grant Funded vacancy rate of 25% (compared to 12% last year).
 - In FY 2022, as of March 1, the Department had 59 limited term Grant Funded vacancies. This represents a limited term Grant Funded vacancy rate of 42% (compared to 27% last year).
- In FY 2022 the Health Department's vacancies have grown exponentially across all three (3) largest staffing segments: General Fund full-time positions had an 89% increase in vacancies; Grant Funds full-time positions had a 105% increase in the number of vacancies; and Grant Funded limited term positions increased by 79% in FY 2022 as compared to the same time last year.

FY 2023 Proposed Staffing by Funding Source

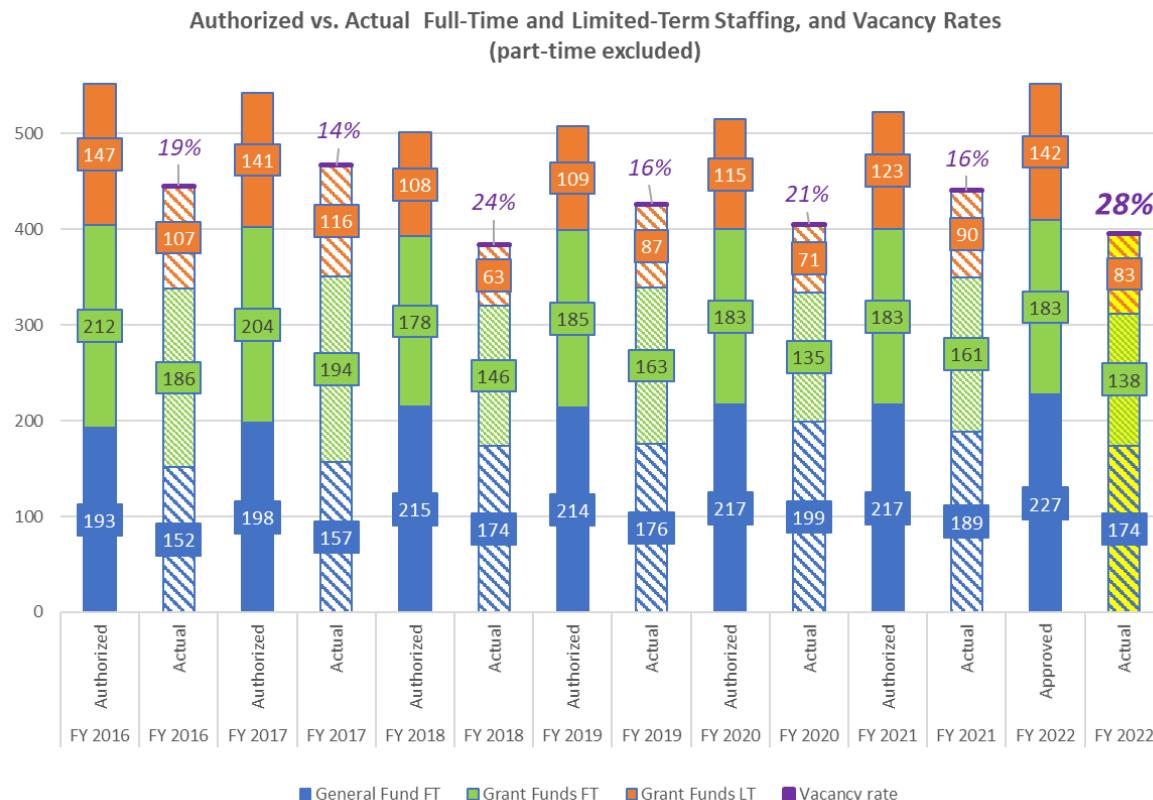


- General Fund: Full-time
- General Fund: Part-time
- Grant Funds: Full-time
- Grant Funds: Part-time
- Grant Funds: Limited Term

	FY 2021 Vacancies	FY 2022 Vacancies	Change	Change, %
General Fund: full-time	28	53	25	89%
General Fund: part-time	0	0	0	n/a
Grant Funds: full-time	22	45	23	105%
Grant Funds: part-time	5	0	-5	-100%
Grant Funds: limited term	33	59	26	79%
Total	88	157	69	78%

- 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 2022 the vacancy rate for the Health Department is at an all time high of 28%.



- In FY 2022 the Department's authorized General Fund staffing level increased by ten (10) positions, increasing the General Fund full-time complement from 217 to 227 positions. The new positions include three (3) registered nurses to support the Immunization Program; two (2) disease control specialists to support the Communicable Disease Program; one (1) administrative assistant as a safety officer; two (2) system analysts to support the Electronic Health Record System; one (1) system analyst to support the Health Information Technology System and one (1) auditor. No positions have been filled to date. Additional details can be found in the response to the *FY 2023 First Round Budget Review Question No. 13*. It must be noted that The Office of Management and Budget (OMB) reported last year that the Health Department was not subject to the hiring freeze in FY 2022.
- 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 and pandemic related activities. In FY 2022 the Department has spent \$311,489 as of March 15, 2022, exceeding its authorized overtime budget of \$56,000 by \$255,489. The response to the *FY 2023 First Round Budget Review Question No. 20* also shows that the approved overtime budget is not reflective of the Department's actual historical 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 2022 the Department reported having 84 temporary employees.

- Employee retention and attrition:
 - In FY 2022, as of March 15, the Department has lost a total of 41 employees to attrition (18 Grant Funded and 23 General Funded civilians), compared to 13 reported at the same time last year. In FY 2021 the Department lost a total of 27 employees to attrition, thereby current attrition rate represents a noticeable increase in employee separations compared to FY 2021.
 - Positions most affected by employee attrition are: Community Health Nurse I/II, Counselor I/II, Nurse practitioner, Licensed Practical Nurse, Environmental Health Specialist I/II, and Disease Control Specialist I/II. These positions collectively represent 201 positions, or 35% of all of the Health Department's authorized positions.
 - Key contributors to the employee attrition are better job opportunities, lack of promotional opportunities, and lack of competitive salaries and benefits.
 - The strategy of 'doing more with less' is not a sustainable model and ultimately leads to personnel burnout, stress and therefore attrition.
- Recruitment overview:
 - Persistent high vacancy rates (vacancy rates fluctuating between 14% and 28% since FY 2016) are indicative of long-standing recruitment challenges and inability to fill vacancies.
 - It was reported last year that "*No recruitment changes are anticipated for FY 2022*". No recruitment changes took place and therefore the Department's inability to fill vacant positions escalated further and the Department now has an all-time high vacancy rate of 28%.
 - The Department largely relies on the Office of Human Resources Management (OHRM) to fill its vacancies and reports that it hopes to staff an internal human resources component.
 - Unlike other County agencies, specifically public safety unionized counterparts, despite the dire recruitment situation, no incentives, recruitment budgets or concrete suggestions/plans for improving recruitment for health and human services employees are being proposed and funded.
- Impact of the COVID-19 pandemic on the Department's staffing:
 - Over the past two years, the Department expanded teleworking opportunities for its employees. Currently over 50% of the Department's employees are teleworking.
 - The Department plans to continue hybrid teleworking practices as it serves as an important employee retention tool.

Workload and Program Management

- Since the onset of the COVID-19 pandemic, "*the Department has provided testing, contract tracing, vaccinations, public messaging/education, COVID health and safety guidance, facility/business inspections for COVID safety and health compliance, data gathering and analysis, and provides care coordination to vulnerable residents with COVID-19 via the COVID Cares Project*". The new pandemic-related responsibilities have not been accompanied by increases in staffing, and significant reassignments had to be done to perform new duties with a ripple effect across the Department.
- The latest *Prince George's County Health Assessment* was undertaken in 2019, and because of the pandemic, a health assessment was not done in FY 2021. An assessment may be conducted in FY 2023.

- In FY 2023 the Department is proposing the creation of a Communicable Disease and Emergency Preparedness (CDEP) unit to manage the COVID-19 activities.
- The Department's key goals for FY 2023 are:
 - Continued utilization of the Electronic Health Record Oregon Community Health Information Network (OCHIN) and (EPIC)
 - Optimizing utilization of the Local Exchange/Public Health Information Network (PHIN)
 - “Health Department Strong” – focus on building the foundational infrastructure including staffing, improving administrative business processes, setting cost rates, and developing a plan for resource stability.
 - Ending HIV Epidemic
 - Please see responses to the to the *FY 2023 First Round Budget Review Question No. 37* and HIV related performance metrics in response to *Question No. 51* for additional details.
- *Behavioral Health Division*
 - Behavioral Health Division's goals and priorities are:
 - 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 and support.
 - Expand the behavioral health crisis continuum (Crisis Response) in the County: call processing/diversion; Mobile Crisis Response Teams; crisis stabilization facilities¹.
 - Behavioral Health Division's successes and achievements:
 - The Prince George's County Local Behavioral Health Authority (LBHA) increased outreach and technical assistance to potential behavioral health providers. The number of licensed Premier Behavioral Health Services (PBHS) providers increased by 11% (129 to 145) and programs by 14% (from 362 to 422) since June 2021. With regards to in-patient behavioral health providers, the County has a total of 4 providers and 68 beds as outlined in response to the *FY 2023 First Round Budget Review Question No. 40*.
 - The Department expanded the number of Mobile Crisis Response Teams from two (2) to four (4) and has issued a request for proposal for Mobile Crisis Response Services. Please note that four (4) Teams rotate within 24 hour period to provide a minimum of one (1) Team, or a maximum of two (2) Teams at a time. The Department reports that eight (8) teams are needed to provide full coverage (cost of additional 4 teams is estimated at \$1.4 million).

¹ 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 8, 2022)

- Grant funding was received to assist with the nationwide implementation of 988, the three-digit code for the National Suicide Prevention Lifeline, by July 16, 2022.
- Key challenges and concerns are:
 - Inability to fill vacant positions, resulting in inability to meet all programmatic objectives, and having to return grant funds.
 - Challenges and delays in processing contracts.
 - The Department faced challenges in assisting Totally Linking Care (TLC) with executing a \$26 million Health Services Cost Review Commission (HSCRC) grant. Specifically, there were difficulties in identifying a location for a first County based Crisis Receiving/Stabilization Center. Currently a potential location, a County-owned building in Clinton, has been identified and it is essential for a collaborative expedited approach in securing the facility so that HSCRC \$5 million dedicated to retrofitting a facility can be used by end of CY 2022 to avoid returning funds to the grantor. Currently the County has no crisis stabilization facilities. (The Luminous Behavioral Health Pavilion will not serve as a crisis stabilization facility).
 - The Department reports that to support the Crisis Response in the County it is not only working to expand the number of the Mobile Crisis Response Teams, and assisting with implementation of 988, but it also hopes to divert qualifying 911 calls for service into the National Suicide Prevention Lifeline partner, CCSI, which will answer 988 calls in the County. The 911 diversion pilot is anticipated to begin in summer of 2022, however there is no plan to enable the Office of Homeland Security to support this diversion pilot.
- In addition to achieving the outlined goals and priorities and addressing challenges, the Department's Behavioral Health Division in FY 2023 also plans to:
 - Implement a grant funded Therapeutic Nursery Program to address the needs of pre-school aged children.
 - Use grant funds to fund eight (8) substance use disorder (SUD) crisis beds with the University of Maryland Capital Region Health.
 - Use grant funds to support the use of telehealth to meet the behavioral health needs of the County residents.
- Additional information about the Behavioral Health Division's operations are provided in response to the *FY 2023 First Round Budget Review Questions No. 38-43*, including updates on Screening Brief Intervention and Referral to Treatment (SBIRT) program; Community Opioid Education, Naloxine training and distribution; Health Services Cost Review Commission (HSCRC) \$26 million TLC award execution; Adult Peer Recovery initiative; SAMHSA System of Care program for transitional age youth; etc.
- *Health and Wellness Division*
 - Health and Wellness Division seeks to “*prevent and reduce chronic disease, including obesity, among County residents. Provide diabetes prevention programs (DPP) and other chronic disease prevention programs, including healthy eating/active living (HEAL) classes to County residents*”.
 - The Health and Wellness Division reports successes and accomplishments in Administrative Care Coordination Unit, Maryland Children’s Health Program (MCHP), Adult Evaluation Review Services, Nurse Monitoring, assistance in Community Integration Services, Enhanced Care Management, COVID Care Program, Non-

Emergency Medical Transportation, fostering Local Infection Prevention Control and Capacity, Chronic Disease. Services that required home visits were curtailed.

- The Division reports that Chronic Disease and Prevention Link programs fell short of projected goals due to the extended length of time that positions remained vacant. In addition, the Division reports that no additional measures are planned for FY 2023 “*due to the moratorium on seeking additional grant funding*”.
- Further details about the Health and Wellness Division’s operations are provided in response to the *FY 2023 First Round Budget Review Questions No. 44-47*.

- *Environmental Health/ Disease Control Division*
 - The key challenge of the Environmental Health/ Disease Control Division is *sustaining services*. The Division is tasked with inspecting “*food facilities, wells, septic systems, HIAs, swimming pools, trucks, contractors, lead and asthma home visits, risk assessments and case management, percolation testing and building permit approvals*” and reports that it is “*still recovering from the backlog of work needed*” and that many routine inspections “*are behind and not up to the mandated levels*”.
 - Percentage of State-mandated high and moderate inspections conducted for FY 2021 is at 20%, and 36% is estimated for FY 2022. 48% inspection rate is projected for FY 2023 but it is not clear how it will be achieved given the Health Department’s staffing challenges.
 - In the remainder of FY 2022 and FY 2023, the Division “*will focus on mandated facility inspections within all program areas including food facilities, environmental engineering program and communicable disease investigations per Code of Maryland Regulations (COMAR). Most of our licensed facilities did not receive routine inspections when staff were deployed to other activities in response to the pandemic.*”
 - Further details about the Environmental Health/ Disease Control Division’s operations, including some performance statistics, overview of the impact of the pandemic, etc. are provided in response to the *FY 2023 First Round Budget Review Questions No. 48-50*.

- *Family Health Services Division*
 - The key challenge of the Family Health Services Division is *insuring continuity of services*. The Division reports that “*COVID-19 has had devastating impact on the services that we offer because FHS offers direct care to the public.*”
 - Some performance levels provided in response to the *FY 2023 First Round Budget Review Question No. 51* show significant decreases in many service delivery indicators in FY 2022 when compared to the FY 2019 pre-pandemic levels. For example, the number of scheduled family planning appointments decreased from 5,899 in FY 2019 to 2,692 projected for FY 2022; number of family planning appointments kept decreased from 4,146 in FY 2019 to 337 in FY 2022; number of HIV tests performed decreased from 2,428 in FY 2019 to projected 280 in FY 2022. The Health Department reports that the Family Health Services Division’s “*service level of care for all of our programs is at an all-time low.*”
 - Among achievements, the Department opened the Maternal and Child Health Center at Laurel.
 - The Division plans to increase its outreach efforts to bring patients back into the Department; use Mobile Response Vans to bring services underserved communities; partner with the local Managed Care Organizations to reduce Opioid deaths; to promote Doula pilot; partner with Johns

Hopkins to increase access to home STI testing; and partner with George Washington University's Maternal and Child Center of Excellence to evaluate maternal health program.

- Further information about the Family Health Services Division is provided in responses to the *FY 2023 First Round Budget Review Questions No. 51-53*.
- Although the Department made significant progress in preparing to apply for the Public Health Accreditation, the Department reports that due to the COVID-19 pandemic, there has been a shift in priorities for the Department and it is not moving forward with Public Health Accreditation at this point but will reassess at a later date.
- The Health Department is a critical provider and coordinator of reentry services in the County, primarily through the work of the Bridge Center at the Adam's House.
 - The Department reports that out of 23 authorized positions, nine (9) are vacant, representing a 41% vacancy rate for the Bridge Center. Only one (1) out of 23 authorized positions is funded through the General Fund.
 - One of the critical needs of the Bridge Center is securing a case management infrastructure/system and securing funding for a Database Administrator. The Database Administrator position is filled until the end of FY 2022. The Department intends to rely on its IT unit to support the database administrator role until it is able to secure additional funding in the General Fund to fund this need in FY 2023. To ensure sustainability of reentry services, the reentry case management system and the Database Administrator position should be funded by General Funds. These critical functions are not funded through the General Fund in the FY 2023 proposed budget.
 - Other challenges include: lack of resources to pay for the lease costs; provision of housing for the returning residents; identifying payment mechanism to obtain documentation from the Motor Vehicles Administration to assist returning residents with obtaining identification; high number of vacant positions.
 - In FY 2023 the Bridge Center plans to collaborate with and train community-based non-profit and faith-based organizations to provide reentry support services based on the known best practices. Please note that such collaborative service expansion would benefit greatly from a uniform case management system and Database Administrator.
 - Additional information on the reentry efforts is included in response to the *FY 2023 First Round Budget Review Question No. 43*.
- Health Assures and serving the uninsured residents:
 - The Health Department estimates the number of the uninsured residents at 80,000-95,000. A significant portion of the uninsured are uninsurable, i.e. they do not qualify for any insurance including Medicare and Medicaid coverage.
 - The Healthcare Alliance administers the County's Health Assures Program, which provides funding for the uninsurable residents of the County who can receive services at six (6) Federally Qualified Health Centers (FQHC). 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. All \$2.8 million were expended by December 2021. The funding will increase to \$5.0 million in FY 2023. These funds are included in the Non-Departmental portion of the budget.
 - Additional information, including data on the number of patients by FQHCs is included in response to the *FY 2023 First Round Budget Review Question No. 54*.
- One set of recommendations from the Police Reform Work Group Community Engagement Subcommittee called for an overhaul the County's Crisis Response System including the following specific health-related objectives:

- Map the Crisis Response System
- Secure a new (best) mental health provider
- Structuring mobile crisis teams
- Create a “warm line” for mental health services
- Establish and fund a mental health crisis facility
- An update on the Health Department’s role in addressing these recommendations is provided in response to the *FY 2023 First Round Budget Review Question No. 57*.
- A critical issue is securing a location for the Crisis Receiving/Stabilization Center. The Department notes that “*not securing a location may yield a host of serious implications for the County*” especially as the 988 system, which will go live in July 2022, is anticipated to increase crisis calls by up to five times the current rate.
- The Department warns that inability to establish Crisis Receiving/Stabilization facilities, i.e. a safe and equipped place where first responders can take residents in crisis, will lead to hospital emergency rooms overload. “*This is critical as many residents who need emergency psychiatric evaluations are already routinely transported to hospitals outside the County due to the lack of capacity. Additionally, individuals with behavioral health concerns are already at a high risk of negative encounters with law enforcement.*” Establishing a solid crisis response system with Crisis Receiving/Stabilization facilities is an essential and urgent need.
- CR-127-2020 Resolution implementation:
 - None of the provisions of the Resolution have been implemented to date. One of the key components of the CR-127-2020 Resolution called for the County Executive to Develop a *Health in All Policies Implementation Strategy for Prince George’s County* by May 2021.
 - No Health in All Policies strategy for Prince George’s County has been developed to date and the Department notes that “*the Executive and the Legislative branches would need to determine priorities moving forward. The Department awaits the results of these discussions*”.

Equipment & Information Technology (IT)

- The Department reports that it was able to procure critical equipment needed to meet its operational objectives. The remaining equipment needs include replacement dental equipment, which should be replaced in FY 2023, and it is anticipated to be replaced with the use of grant funds.
- The Department reports that it maintains at least 60 different IT tools and applications across all functional areas. In the remainder of FY 2022, the Department plans to use a consultant to conduct analysis/audit of the existing IT tools. This analysis/audit will be used to develop a formal strategy for the Department’s IT office for the next 3-5 years.
- Updates on the Department’s information technology initiatives are available in response to the *FY 2023 First Round Budget Review Question No. 61*:
 - Local Exchange/Public Health Information Network (PHIN) - operational
 - Electronic Health Record Oregon Community Health Information Network (OCHIN) and (EPIC) - operational
 - Bi-directional e-referral system for (prevention link) project – operational
 - Scheduling software for the medical resource coordinator (MRC) – funded in FY 2023

- Data visualization /analysis services to automate manual data cleaning and display processes – development phase - funded in FY 2023
- Additional details on the Department’s critical equipment and IT initiatives are included in responses to the *FY 2023 First Round Budget Review Questions No. 60-63*.

Facilities and the Capital Improvement Program (CIP)

- The total ‘footprint’ of the Department’s operations, which is comprised of 13 locations, is provided in Attachment D to the *FY 2023 First Round Budget Review Questions*. One (1) location for the Maternal and Child Services in Laurel was added in FY 2022.
- Five (5) projects are included in the Proposed Capital Improvement Program Budget for FY 2023 – 2028: Cheverly Building Replacement, Clinical Health Facility, Health Facilities Renovations, Regional Health and Human Services Center, and Resident Treatment Facility. The total cost of these projects is \$107,073,000. In FY 2023 these projects are funded through General Obligation Bonds (7.0%) and Federal sources (93.0%).
- Cheverly Building Replacement:
 - The facility to build and/or renovate a building to provide full service clinical, behavioral and dental health services.
 - Location has not been identified yet.
 - \$20 million dollar project funded by the American Rescue Plan funds and anticipated project completion in FY 2023.
- Clinical Health Facility:
 - The Clinical Health Facility will improve behavioral health services in the County by meeting residents’ clinical and mental health needs.
 - The total project cost is budgeted at \$20 million. The design phase should begin in FY 2022 with the anticipated project completion in FY 2023.
- Health Facilities Renovations:
 - Health Facilities Renovations project includes critical repairs and renovations at the Department’s Dyer Health, Cheverly Health and the Health Administration building facilities.
 - This is an on-going project and \$2.55 million is anticipated to be spent in FY 2022 and \$1.12 is budgeted for FY 2023.
- 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.
 - The total project cost is budgeted at \$57.3 million.

- Based on the most recent update, this project will not be completed in FY 2022 and the anticipated project completion is now estimated at summer 2023.
- 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. The County currently lacks a residential treatment facility.
 - This project is being planned for beyond FY 2028, no site or project total cost have been identified.