



Public Health Services

APPROVED FY25 BUDGET

\$116,195,323

FULL TIME EQUIVALENTS

607.96

JAMES BRIDGERS PH.D., MBA, DIRECTOR

FUNCTION

The functions of the Public Health Services programs are to protect and promote the health and safety of County residents. This is accomplished by monitoring health status and implementing intervention strategies to contain or prevent disease (including bio-terrorism and emerging diseases); fostering public-private partnerships, which increase access to health services; developing and implementing programs and strategies to address health needs; providing individual and community level health education; evaluating the effectiveness of select programs and strategies; and licensing and inspecting facilities and institutions affecting public health and safety.

PROGRAM CONTACTS

Contact Nina Ashford, DrPH, MPH of the HHS - Public Health Services at 240.777.4253 or Grace Pedersen of the Office of Management and Budget at 240.773.1088 for more information regarding this department's operating budget.

PROGRAM DESCRIPTIONS

Admin - Public Health

This program provides leadership and direction for the administration of Public Health Services. Service area administration also includes Health Promotion and Prevention, the Community Health Improvement Process (Healthy Montgomery) and Special Projects, as well as oversight for medical clinical volunteers, the Commission on Health, contracts, grants, budget oversight, and partnership development.

FY25 Approved Changes	Expenditures	FTEs
FY24 Approved	9,487,386	13.00
Add: Local Health Departments Health Disparities Grant	548,387	0.00
Enhance: Operating Support for MoCo Pride Center Inc.	500,000	0.00
Enhance: Operating Support for WUMCO Help, Inc.	232,000	0.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	(181,171)	2.00
FY25 Approved	10,586,602	15.00

Cancer & Tobacco Prevention

The Tobacco Use Prevention and Cessation Program and the Cancer Prevention, Education, Screening, and Treatment Program are two programs funded through the State Cigarette Restitution Fund. State funding supports coordination activities among community groups for outreach, screenings, education, and treatment. Each program has established coalitions consisting of public health partners, community-based organizations, hospitals, and other existing resources that work collaboratively to implement either tobacco-control programs or the statewide goal of early detection and elimination of cancer disparities.

Program Performance Measures	Actual FY22	Actual FY23	Estimated FY24	Target FY25	Target FY26
Total number of new and repeat clients who undergo colonoscopies (CRF-Funded) ¹	172	222	220	220	220
Total number of people encountered at outreach events ²	1,645	2,062	2,000	2,000	2,000
Number of participants in smoking cessation program ³	596	340	450	450	450
Percent of new clients who undergo colonoscopies ⁴	75%	75%	75%	75%	75%
Percent of clients reached who completed smoking cessation program ⁵	43%	25%	50%	50%	50%

¹ The number of clients undergoing colonoscopies increased between FY22 and FY23. The number of screenings performed is anticipated to remain about the same as residents resume scheduling elective procedures post-Covid.

² As community events began to resume post Covid, there were higher attendance rates at outreach events for education and recruitment.

³ During the pandemic, there was a reduction in the number of participants in smoking cessation classes. Increased tobacco use during this time has been associated with coping strategies and mental health. As many users switch to the use of vaping products, a continued decrease in participation rates is likely as the public continues to be educated on vaping products being equally as harmful and addictive as cigarettes.

⁴ The number of new clients undergoing colonoscopies remained stable between FY22 and FY23. The program anticipates an increase in coming years as clients resume scheduling elective procedures.

⁵ Since the pandemic, participation rates in smoking cessation programs have continued to decline. Even with the transition to virtual platforms, the trend continues.

FY25 Approved Changes	Expenditures	FTEs
FY24 Approved	1,191,767	5.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	298,443	1.00
FY25 Approved	1,490,210	6.00

Communicable Disease & Epidemiology

Communicable Disease and Epidemiology has the mission of investigation, surveillance, diagnosis, and in some cases, treatment of individuals living in Montgomery County. Tuberculosis Control and Sexually Transmitted Infections programs will test, diagnose, and treat. HIV Medical and Dental Services will case manage and provide medical care for individuals who are HIV+ and have limited insurance coverage. The Maryland Department of Health mandates that each county does surveillance of certain communicable diseases. The Disease Control Program case manages rabies exposures in Montgomery County residents.

Program Performance Measures	Actual FY22	Actual FY23	Estimated FY24	Target FY25	Target FY26
Number of rabies investigations that occur in Montgomery County annually by Disease Control Program ¹	693	764	760	740	720
Percent of babies born to Hepatitis B infected mothers who complete the recommended protocol ²	99%	99%	99%	99%	99%
Percent of contacts of smear positive clients diagnosed with latent TB who start preventative treatment ³	98%	95%	95%	95%	95%
Percent of customers satisfied with STD Services ⁴	N/A	98%	98%	98%	98%

¹ Investigations increased in FY23, possibly due to changes in resident activities related to increased purchases of pets during the pandemic

and subsequent disruption in pet vaccination schedules, etc.

² The program successfully reached out to all known infected mothers and 99% of their newborns completed the vaccine regimen within one year of age. It is anticipated that the program will continue to reach all known infected mothers.

³ Decrease in percentage from FY22 to FY23 was possibly due to the increased volume of contacts and large community investigation screenings. The program anticipates this performance to remain stable over the next fiscal year.

⁴ 42 survey respondents in FY23 represent 21% of total patients with kept appointments in May/June. The program expects this level of satisfaction to continue in the future.

FY25 Approved Changes	Expenditures	FTEs
FY24 Approved	15,987,847	85.80
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	973,405	3.00
FY25 Approved	16,961,252	88.80

Community Health Services

Maternal and Child Health Services provides preventive health access services to uninsured and underinsured populations.

Services include Women Health Services, Maternity Partnership Program, nurse case management, and home visits to targeted populations such as pregnant women, pregnant and parenting teens, children up to one year of age, and at-risk infants. Other services include staffing support for immunization clinics, STD services, pregnancy testing in regional health centers, and care coordination services for women and children in the Medical Assistance-managed care program. Referral services are provided for individuals with specific health issues (i.e., sexually transmitted diseases).

Program Performance Measures	Actual FY22	Actual FY23	Estimated FY24	Target FY25	Target FY26
Number of pregnant women screened and enrolled in a Managed Care Organization (MCO) for prenatal services ¹	1,696	1,773	2,000	2,000	2,000
Percent of repeat Maternity Partnership patients who do not delay subsequent pregnancy by 18 months or more (Close Child Spacing) ²	2%	3%	N/A	N/A	N/A
Percent of healthy birth weight babies (greater than or equal to 2,500 grams) born to pregnant women in the Maternity Partnership Program ³	98%	96%	N/A	N/A	N/A
Percent of Infant at Risk referrals that receive a contact by the Area Health Center staff within 10 days ⁴	77%	82%	90%	90%	90%

¹ The number of screenings is expected to rise significantly in FY24 due to the Healthy Babies Equity Act that will add about another 1,000 to the Medicaid rolls.

² Percentages of repeat pregnancies within 18 months remains low. The Maternity Partnership Program ended in FY23.

³ This data has come from the hospitals where the babies were born and the metric has remained stable. The Maternity Partnership Program ended in FY23.

⁴ Clients have been harder to contact post-pandemic and are less likely to want a Community Health Nurse in their home. Additionally, the transient nature of the client population makes it challenging to ensure follow up.

FY25 Approved Changes	Expenditures	FTEs
FY24 Approved	9,835,573	63.75
Technical Adj: Contractual Lactation Specialist Conversion to Merit Staff, Personnel Cost Increase Fully Offset by Operating Expenses Decrease	0	1.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	(623,385)	0.50
FY25 Approved	9,212,188	65.25

Dental Services

This program provides dental services in five clinics to promote oral health. Services include instruction in preventive health practices, primary assessments, targeted dental services, and emergency services. Services are provided to income-eligible Montgomery County children, pregnant women, adults, and seniors.

Program Performance Measures	Actual FY22	Actual FY23	Estimated FY24	Target FY25	Target FY26
Number of pediatric dental referrals to outside pediatric specialist ¹	25	33	40	50	60
Percent of appointments that are missed/cancelled ²	23%	15%	30%	30%	30%
Dental Services - Percent of children that complete their dental treatment plan ³	30%	39%	45%	50%	55%
Number of pediatric encounters seen by pediatric specialist in house (excluding preventive treatment) ⁴	1,933	2,544	3,000	3,000	3,000

¹ The number of pediatric dental referrals to outside pediatric specialists increased from 25 in FY22 to 33 in FY23 (an increase of 32%). Reasons for this include that there were more children in general treated by the dental program overall: 2,237 in FY22 compared to 2,691 in FY23 (an increase of 20%). The program added 0.2 FTE in-house pediatric dentist staff, increasing in-house pediatric dental services to 0.6 FTE. With the end of the Covid pandemic, there are more patients with more severe oral health and medical conditions requiring advanced specialty dental care and children requiring more advanced behavior management than can be provided in-house. This number will more than likely continue to increase as preventative dental services will be provided in MCPS schools this fall and are able to identify more children in need of oral health care.

² A 30% missed/no show rate is what is expected in dental safety-net clinics. The dental program has been working hard to decrease the number of appointments missed by patients. New front desk staff were hired who are more familiar with the dental industry and are able to complete daily appointment confirmations and patient scheduling more efficiently.

³ The percentage increase is due to the addition of another pediatric dentist providing an additional day of pediatric dental services. Pediatric dental services are now provided 3 days per week.

⁴ Please note that the pediatric dentists have been performing more atraumatic restorative dental procedures that align with value-based care. This is very different than traditional dentistry as it focuses more on minimally invasive dentistry, preventative treatment, and dental caries management. This approach is recommended in public health dentistry and has become more widely accepted and recommended during Covid. Recent studies suggest this approach has the potential to reduce the number of children requiring operating room services in publicly-funded dental programs.

FY25 Approved Changes	Expenditures	FTEs
FY24 Approved	4,079,138	26.00
Enhance: Expand Dental Program to Meet Increased Demand (Offset Medicaid Revenues)	600,000	4.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	410,757	0.00
FY25 Approved	5,089,895	30.00

Health Care for the Uninsured

This program includes Montgomery Cares and Care for Kids. Through public-private partnerships, these programs provide primary health care services for low-income uninsured children and adults, using private pediatricians, a network of safety net clinics, and other health care providers. This program area also provides care coordination to uninsured children and adolescents with chronic or disabling conditions needing specialty diagnostic, medical, and surgical treatment.

Program Performance Measures	Actual FY22	Actual FY23	Estimated FY24	Target FY25	Target FY26
Number of low income uninsured County adults who received primary care at one of the participating clinics ¹	21,940	22,693	29,148	29,148	29,148
Number of encounters - Montgomery Cares ²	52,261	61,007	72,000	72,000	72,000
Percent of Care for Kids clients who access Oral Health Services ³	28%	31%	35%	35%	35%
Percent of vulnerable populations that have a primary care visit - Adults ⁴	35%	35%	35%	35%	35%
Percent of vulnerable populations that have a primary care visit - Children ⁵	35%	65%	52%	52%	52%

¹ The increase projected in FY24 is due to anticipated utilization rates returning to pre-pandemic levels.

² Encounters increased from FY22-FY23 due to visits returning to pre-pandemic numbers. The number of eligible patients is expected to increase

in FY24 due to the increase in the immigrant population and the addition of two new Montgomery Cares clinics.

³ Increased percentages for FY22-23 and projections for FY24-FY26 are due to an increase in encounters/return to pre-pandemic levels.

⁴ Following the pandemic, performance has remained stable, and program anticipates same level of performance in coming fiscal years.

⁵ This calculation has been updated from previous years reporting to account for transition of staff and as a way to more accurately represent this data point. Due to the pandemic, numbers have greatly fluctuated. The Covid-19 pandemic affected clinics' service delivery methods and patient behaviors in accessing services in FY21 and FY22; FY23 saw an increase in performance with the end of the public health emergency.

FY25 Approved Changes	Expenditures	FTEs
FY24 Approved	17,404,129	4.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	369,542	1.00
FY25 Approved	17,773,671	5.00

☀ Health Planning and Epidemiology

The Health Planning and Epidemiology program serves as the expert in planning and analytic epidemiology within HHS and is responsible for community health needs assessment, program evaluations, disease surveillance and outbreak investigations, health statistics and data management, epidemiology and biostatistics, ongoing development and maintenance of a population data warehouse, and special research projects in collaboration with internal and external partners and academic institutions. The program coordinates and assists with annual performance measure reporting and is responsible for coordinating the students' internship and practicum within Public Health Services. The program provides data and epidemiology support to programs within Public Health Services and DHHS, internal/external partners, as well as support to the Health Officer and the DHHS Director's Office.

Program Performance Measures	Actual FY22	Actual FY23	Estimated FY24	Target FY25	Target FY26
Number of community health outcome and social determinants of health indicators tracked ¹	250	250	250	250	250
Number of presentations accepted or invited to conferences/meetings to communicate health statistics and research findings ²	1	3	2	2	2
Expansion of the knowledge base on community health outcomes for improved decision making as measured by the number of foundational public health surveillance/research reports/publications released ³	3	1	1	1	1

¹ The program does not anticipate any change to the number of community health outcomes and social determinants of health indicators tracked in the coming years, unless there are major changes to how or what health assessments are conducted or standard processes for improving population health change.

² The number of abstracts and presentations submitted is impacted by team's workload and responsibilities related to other projects. All potential submissions also require DHHS leadership approval.

³ There were fewer reports in FY23 than FY22 due to limited availability of updated data from the State. The program has published and released statistical reports for most health topics and outcomes over the years, but will look to expand to new topics. Prior reports will be updated with more recent data as possible.

FY25 Approved Changes	Expenditures	FTEs
FY24 Approved	779,706	4.00
Add: Federal Grant to Enhance the Detection, Response, and Prevention of Emerging Infectious Diseases	2,433,505	0.00
Add: Strengthening Maryland's Public Health Infrastructure Grant	430,238	1.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	(125,199)	0.00
FY25 Approved	3,518,250	5.00

☀️ Licensure and Regulatory Services

This program inspects and licenses nursing homes, domiciliary homes (large assisted living facilities with less intensive care than nursing homes), and group homes serving children, the elderly, and mentally ill to ensure compliance with County, State, and Federal laws and regulations. Staff respond to complaints and provide advice and consultations to licensees to maintain high standards of care. This program also enforces State and local laws related to food service facilities, smoking in public places, nursing homes, group homes, swimming pools, camps, vermin control, private educational institutions, short-term residential rentals, hotels, and other various business licenses including those required for raffles, bingo, tanning salons, massage, body works, enterprises, and video games.

Program Performance Measures	Actual FY22	Actual FY23	Estimated FY24	Target FY25	Target FY26
Number of routine inspections of food service facilities ¹	5,720	5,459	6,000	6,250	6,500
Percent of mandated inspections completed ²	65%	61%	66%	69%	72%
Percent of swimming pools found to be in compliance upon regular inspection	92%	92%	93%	94%	95%
Percent of food service facilities not having a critical violation upon routine inspection ³	74%	67%	70%	72%	74%

¹ Drop in service between FY22 and FY23 was due to vacancies and time spent training new employees.

² Drop in service between FY22 and FY23 was due to staff vacancies and time spent training new employees.

³ Program estimates the drop in service may be due to a lack of oversight carried over from Covid and vacancies.

FY25 Approved Changes	Expenditures	FTEs
FY24 Approved	4,977,108	39.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	(688,013)	(6.00)
FY25 Approved	4,289,095	33.00

☀️ Public Health Emergency Preparedness & Response Program

This program is responsible for the planning, readiness, and response activities of a public health emergency or bio-terrorism threat. Planning efforts are made in collaboration with the County Emergency Management Group; the Office of Emergency Management and Homeland Security; the Department of Fire and Rescue Service; the Police Department; hospitals; and a variety of other County, State, regional, and Federal agencies. Efforts are targeted at training and staff development, communication strategies, emergency response drills, partnerships, resources and equipment, the establishment of disease surveillance systems, mass immunization clinics, medication dispensing sites, and readiness.

Program Performance Measures	Actual FY22	Actual FY23	Estimated FY24	Target FY25	Target FY26
Number of individuals who participated in a Public Health Emergency Preparedness trainings and exercises ¹	850	1,006	1,000	1,000	1,000

¹ FY20-FY23 numbers influenced by Covid-19 activities.

FY25 Approved Changes	Expenditures	FTEs
FY24 Approved	3,026,976	7.80
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	(1,487,669)	0.00
FY25 Approved	1,539,307	7.80

School Health Services

This program provides health services to students in Montgomery County Public Schools (MCPS). These services include: first aid and emergency care; health appraisal; medication and treatment administration; health counseling, consultation, and education; referral for medical, psychological, and behavioral problems; case management for students with acute and chronic health conditions, and pregnant and parenting teens; and hearing, vision, and lead certification screenings. Immunizations and tuberculosis screenings are administered at School Health Services Immunization Centers, primarily to international students enrolling in MCPS. Primary health care, provided by nurse practitioners and physicians, is provided to students enrolled at one of the County's School Based Health and Wellness Centers (SBHWC) or High School Wellness Centers. Head Start/Pre-K provides federally mandated health services to eligible three and four-year old children and is a collaborative effort of HHS, Office of Community Affairs, School Health Services, and MCPS.

Program Performance Measures	Actual FY22	Actual FY23	Estimated FY24	Target FY25	Target FY26
Immunizations administered to students at SHS Immunization Center and SBHWCs ¹	19,342	19,181	20,000	20,500	21,000
Percent of students that return to class and are ready to learn after a health room visit ²	87%	81%	85%	85%	85%

¹ Immunizations remained stable between FY22 and FY23. The program anticipates there will be a slight increase in coming years due to increased student enrollment.

² About 15% of students who visit a health room are sent home. This number has little variance from year to year regardless of the number of students enrolled or who visits the health room.

FY25 Approved Changes	Expenditures	FTEs
FY24 Approved	38,444,518	333.37
Enhance: Annualization of Dedicated School Health Room Staffing for New Community Schools added in FY24, Partially Offset by State Revenue	1,271,024	10.00
Add: Maryland Department of Health Grant for School Based Health Centers	1,144,482	0.50
Enhance: State-Mandated Dedicated Nurses for New Community Schools, Partially Offset by State Revenue	908,318	6.87
Increase Cost: Support Cost Increases in Existing School Based Health Center Contracts	384,915	0.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	3,581,596	1.37
FY25 Approved	45,734,853	352.11

PROGRAM SUMMARY

Program Name	FY24 APPR Expenditures	FY24 APPR FTEs	FY25 APPR Expenditures	FY25 APPR FTEs
Admin - Public Health	9,487,386	13.00	10,586,602	15.00
Cancer & Tobacco Prevention	1,191,767	5.00	1,490,210	6.00
Communicable Disease & Epidemiology	15,987,847	85.80	16,961,252	88.80
Community Health Services	9,835,573	63.75	9,212,188	65.25
Dental Services	4,079,138	26.00	5,089,895	30.00
Health Care for the Uninsured	17,404,129	4.00	17,773,671	5.00
Health Planning and Epidemiology	779,706	4.00	3,518,250	5.00
Licensure and Regulatory Services	4,977,108	39.00	4,289,095	33.00
Public Health Emergency Preparedness & Response Program	3,026,976	7.80	1,539,307	7.80
School Health Services	38,444,518	333.37	45,734,853	352.11

PROGRAM SUMMARY

Program Name	FY24 APPR Expenditures	FY24 APPR FTEs	FY25 APPR Expenditures	FY25 APPR FTEs
Total	105,214,148	581.72	116,195,323	607.96