HEALTH AND HUMAN SERVICES
Public Health Services

PROGRAM:
Care For Kids Program

PROGRAM ELEMENT:

PROGRAM MISSION:
To improve access to health care for uninsured children

COMMUNITY OUTCOMES SUPPORTED:
• Children and adults who are physically and mentally healthy

PROGRAM MEASURES	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY04 ACTUAL	FY05 APPROVED
Outcomes/Results:						
Percentage of eligible Care-For-Kids children linked to a medical care provider	86	[a]72	83	85	82	80
Service Quality:						
Percentage of clients satisfied with linkage process	94	[b]NA	90	90	[d]TBD	90
Percentage of referred children linked with a provider within one month of referral from a Service Eligibility Unit[c]	25	[a]15	51	50	65	50
Efficiency:						
Average cost per child to provide medical care ($)	464	231	257	291	270	291
Workload/Outputs:						
Number of children referred from Service Eligibility Units to Care-For-Kids	1,116	1,222	950	1,200	870	1,100
Number of children newly enrolled with Care-For-Kids providers	955	839	785	840	716	800
Total number of participating children	1,787	2,739	2,728	2,500	2,691	2,500
Inputs:						
Expenditures ($000)[e]	830	633	701	727	727	727
Workyears[e]	0.6	0.6	0.6	0.6	0.6	0.6

Notes:

[a]Budget reductions and the savings plan implemented during the second half of FY02 resulted in reduced staff for enrollment assistance.

[b]Due to poor response to a mailed survey, the survey was not repeated in FY02. The questionnaire was revised and resumed in FY03.

[c]Service Eligibility Units are part of a Department of Health and Human Services program that helps uninsured County residents access a variety of Federal, State, and County funded health programs.

[d]During FY04, 869 satisfaction surveys were sent to participating families. As of June 30, 2004, 755 had been returned. Data analysis will be completed in the fall of 2004.

[e]Expenditures and workyears include the contract monitoring effort and represent the full cost associated with service delivery.

EXPLANATION:

Research indicates that adherence to the American Academy of Pediatrics guidelines on well-child visits is related to a decrease in avoidable hospitalizations among poor and near-poor children regardless of race, family poverty level, or health status of the child. Having a regular source of health care promotes the use of preventive services. One study indicates that uninsured children are eight times less likely to have a regular source of health care than insured children. Research also shows that children who are insured are more likely to be healthy. Children who are healthy are more likely to succeed in school.

The Care For Kids Program (CFK) supports the goal of the Montgomery County Government that all children in the County will have health insurance and access to health care by providing services to children who do not qualify for the Maryland Children's Health Program or Medical Assistance. The Primary Care Coalition (PCC) of Montgomery County handles administrative and enrollment responsibilities under a contract with Public Health Services. Children are screened for eligibility by the Department of Health and Human Services Service Eligibility Units and then referred to the PCC, where they are linked to a medical provider.

Eligibility requirements for both the Maryland Children's Health Program (MCHP) and Care for Kids changed during FY04. Beginning in January 2004, the eligibility cap for Care for Kids (CFK) was reduced from 250% of the Federal Poverty Level (FPL) for all applicants to 200% of the FPL for children ages 0-5 years and 185% for children over age 5. Eligibility requirements will return to prior levels in FY05.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: School Health Services, Dental Program, Primary Care Coalition, Service Eligibility Units, Montgomery County Public Schools, Kaiser Permanente, Community Clinic, Inc.

MAJOR RELATED PLANS AND GUIDELINES: Children's Medical Services, Care For Kids Case Management Services.

HEALTH AND HUMAN SERVICES
Public Health Services

PROGRAM:
Cigarette Restitution Fund Programs

PROGRAM ELEMENT:
Cancer Prevention, Education, Screening, and Treatment

PROGRAM MISSION:
To eliminate the greater incidence of and higher morbidity rates for cancer in minority populations, and to increase the availability of and access to health care services for uninsured individuals and medically underserved populations

COMMUNITY OUTCOMES SUPPORTED:
- Children and adults who are physically and mentally healthy

PROGRAM MEASURES	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY04 ACTUAL	FY05 APPROVED
Outcomes/Results:						
Percentage of low-income uninsured residents found with cancer that received treatment and follow-up	100	100	100	100	100	100
Percentage of medically underserved and uninsured individuals screened who are provided with access to health care services	100	100	100	100	100	100
Number of patients found to have pre-cancerous colon polyps	NA	20	50	50	75	50
Number of patients found to have colon cancer	NA	3	3	3	4	3
Number of oral cancers detected and treated	NA	1	0	3	1	1
Service Quality:						
Percentage of individuals satisfied with the cancer screening program services	NA	NA	NA	100	100	100
Efficiency:						
Average cost of a colorectal cancer screening ($)	NA	NA	NA	900	1,201	1,201
Average cost of an oral cancer screening ($)	NA	NA	NA	45	45	45
Workload/Outputs:						
Number of persons educated on cancer prevention through outreach efforts	NA	6,694	[b]11,000	10,000	[b]21,500	10,000
Number of oral cancer examinations performed	NA	386	1,196	[a]400	811	500
Number of colonoscopies performed on uninsured individuals	NA	215	445	400	253	300
Inputs:						
Expenditures ($000)	NA	1,872	1,872	[a]1,092	1,092	1,092
Workyears	NA	5.0	5.0	4.3	4.3	4.3

Notes:

[a]Reflects grant reduction.
[b]Estimated.

EXPLANATION:
The Cancer Prevention, Education, Screening, and Treatment Program was established under the Cigarette Restitution Fund law to combat cancer in Maryland. The Cigarette Restitution Fund law requires that counties in Maryland develop plans and seek ways to increase community understanding of cancer prevention measures and the benefits of screening. A large number of community-based organizations and institutions, including the major community hospitals, have been working within a coalition called the Montgomery County Cancer Crusade to raise awareness of the importance of cancer screening for all County residents and to provide free screening, and treatment services for those who are uninsured and low-income. The targeted cancers for education, outreach, screening and treatment are colorectal, oral, and prostate cancers.

In FY04, the program provided care coordination and case management services for over 350 clients on colorectal cancer screenings, approximately 100 men for prostate screenings, and 400 oral cancer screenings and referrals. Three colon cancers, four prostate cancers, and one oral cancer were detected which required intensive case management and diagnostic follow-up. The target number for colonoscopies for FY05 was reduced due to a shift in funding away from screenings in order to cover radiation/chemotherapy and other unexpected cancer care costs. Overall, the program was successful in reaching the target population for cancer screenings, in detecting cancers early, and in providing access to further diagnostic and treatment services.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: American Cancer Society, American Lung Association, Adventist Health Care, Holy Cross Hospital, Suburban Hospital, Montgomery General Hospital, Primary Care Coalition, National Cancer Institute, University of Maryland, Johns Hopkins Medical Institution, Montgomery County Medical Society, Montgomery County Community Partnerships, Montgomery County Public Schools, Montgomery College, African American Health Program, Latino Health Initiative, Asian American Cancer Program.

MAJOR RELATED PLANS AND GUIDELINES: Department of Health and Mental Hygiene Minimal Elements for Cancer Screening and Treatment, Montgomery County Comprehensive Plan for Cancer Control, Healthy People 2010 Screening Objectives.

HEALTH AND HUMAN SERVICES
Public Health Services

PROGRAM:
Cigarette Restitution Fund Programs

PROGRAM ELEMENT:
Tobacco Use Prevention and Cessation

PROGRAM MISSION:
To reduce the prevalence of tobacco use and to promote healthy living and smoke-free environments, thereby reducing the death and illness associated with tobacco use

COMMUNITY OUTCOMES SUPPORTED:
- Children and adults who are physically and mentally healthy
- Young people making smart choices

PROGRAM MEASURES	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY04 ACTUAL	FY05 APPROVED
Outcomes/Results:						
Percentage of adults using tobacco products[a]	14	NA	10	10	12	9
Percentage of youth (under 18) using tobacco products[a]	16	NA	17	15	13	12
Percentage of youth leaders and tobacco control advocates reporting improved knowledge, perception, and attitude about tobacco use	100	100	100	100	100	100
Service Quality:						
Percentage of community organizations recruited that support an environment that reinforces non-smoking behaviors	NA	NA	95	100	100	100
Efficiency:						
Average cost per smoking cessation outreach initiative ($)	NA	NA	493	448	448	605
Workload/Outputs:						
Number of educational outreach programs on second-hand smoke exposure	4	12	13	15	15	15
Number of youth access tobacco compliance checks performed[b]	NA	1,852	1,900	1,500	1,500	1,500
Number of health care providers reached with tobacco cessation information	NA	200	250	250	250	300
Number of organizations funded for tobacco control activities	NA	15	10	10	10	12
Inputs:						
Expenditures ($000)	NA	1,067	1,067	[c]792	792	792
Workyears	NA	3.2	3.2	[c]3.0	3.0	3.0

Notes:
[a]Findings on tobacco use among youth and adults are based on the Maryland Baseline Tobacco Study.
[b]Youth access tobacco compliance checks are investigations performed on merchants to track any tobacco sales to youth under 18 years of age.
[c]A quality audit conducted in FY04 resulted in a reallocation of workyears and expenditures. This also reflects a reduction in grant funding.

EXPLANATION:
As part of Maryland's strategy to reduce tobacco use and curtail the negative health consequences of such use, the State enacted the Cigarette Restitution Fund legislation as a result of its lawsuit against the tobacco industry. A requirement of this legislation is the Tobacco Use Prevention and Cessation Program - a local public health effort which is charged with implementing programs and identifying ways to reduce the impact of disease, disparities, and death associated with tobacco use. Major emphasis is placed on reducing the initiation of tobacco use and providing outreach to all populations, with special emphasis on high-risk and targeted groups.

Local community programs have been central to tobacco use prevention programs. More than 65% of the funds are allocated to local community organizations. Local organizations funded for community-based, school-based cessation and enforcement initiatives include community-based minority groups, Montgomery College, and the Montgomery County Public Schools. The programs are working together to promote policies and provide services that promote smoke-free schools and communities through targeted media advocacy. They have successfully implemented youth rallies, participated in legislative hearings, and empowered their peers through leadership training in the tobacco control movement. They have displayed great creativity and dedication in tracking youth-driven tobacco use prevention activities. The enforcement programs fund the Board of Liquor License Commissioners and the Licensing and Regulatory Division of Public Health Services to enact and enforce local ordinances and regulations designed to make it harder for youth to buy tobacco products from retail establishments and vending machines, and to protect the public from environmental tobacco smoke. Montgomery County Public Schools has initiated a comprehensive evaluation of the effectiveness of their tobacco use prevention curriculum and is ensuring that all health education teachers implement the programs with fidelity. Another major focus of the program is the implementation of smoking intervention strategies designed to engage high risk populations in the process of changing group norms that support tobacco use; prevent or interrupt habituated use among risk-taking youth; and identify smokers, motivate them to quit, and provide smoking cessation services when needed.

In FY04, the percentage of youth using tobacco products continued to decline: only 13% reported tobacco use that year. However, the percentage of adults using tobacco products increased slightly to 12% .

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: American Cancer Society, American Lung Association, Commission on Health, Montgomery County Community Partnerships, Montgomery County Public Schools, Students Oppose Smoking, Montgomery College, African American Health Program - Oral Health Initiative, Latino Health Initiative, Board of Liquor License Commissioners.

MAJOR RELATED PLANS AND GUIDELINES: Centers for Disease Control's Best Practices for Comprehensive Tobacco Control Programs, Governor's Task Force to End Smoking in Maryland, CRF Senate/House Bill 896/1425.

HEALTH AND HUMAN SERVICES
Public Health Services

PROGRAM:
Communicable Disease, Epidemiology, and Lab Services

PROGRAM ELEMENT:
Care for Rabies Exposure

PROGRAM MISSION:
To prevent rabies disease in humans

COMMUNITY OUTCOMES SUPPORTED:
- Children and adults who are physically and mentally healthy

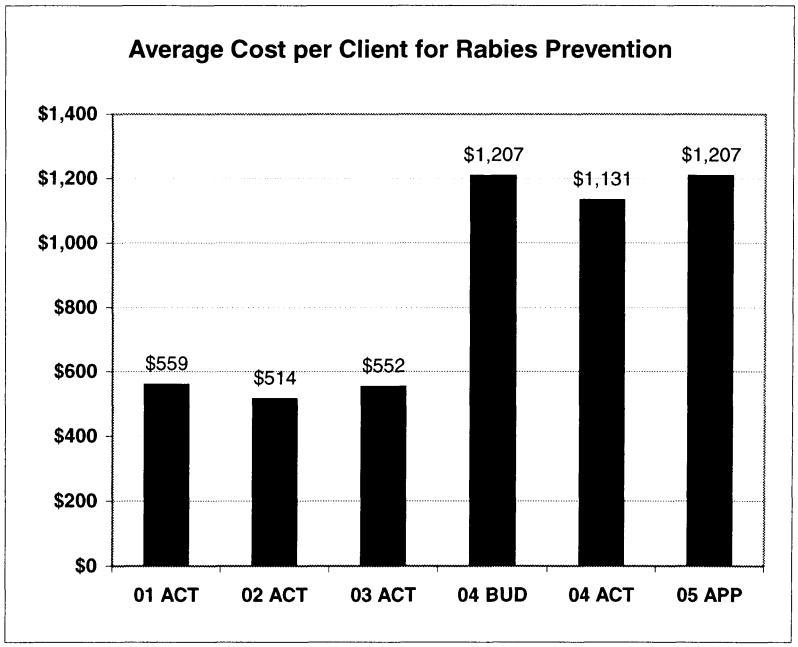
PROGRAM MEASURES	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY04 ACTUAL	FY05 APPROVED
Outcomes/Results:						
Percentage of residents at-risk for exposure to rabies virus that initiate post-exposure care	70	99	98	98	99	98
Service Quality:						
Percentage of at-risk exposed residents who receive counseling within one working day	100	100	100	100	100	100
Efficiency:						
Average cost per client counseled for rabies prevention ($)	559	514	552	[a]1,207	1,131	1,207
Workload/Outputs:						
Number of residents exposed to animals at risk for rabies	195	185	172	150	160	150
Number of residents initiating post exposure care	NA	NA	126	80	75	85
Inputs:						
Expenditures ($000)	109	95	95	[a]181	181	181
Workyears	1.6	1.4	1.4	1.4	1.4	1.4

Notes:
[a]A quality audit conducted in FY04 resulted in a reallocation of expenditures.

EXPLANATION:
People have the potential to contract rabies, a fatal disease, from exposure to an infected animal. This program determines which bites have potential rabies virus risk. Community Health Nurses counsel the individual and ensure that the proper medicines are given to the patient for administration by their physician.

The County averages 75 people per year for care. There were no multiple exposure outbreaks during FY04. Volume continues to be heaviest during the warmer weather months.

The clinical program participated in a community review in April, 2004. Overall comments were excellent. The recommendations included computerize the program database, enhance public information to stress prevention, and track physician reporting after treatment. These are being incorporated into the provision of care.



PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Maryland State Department of Health and Mental Hygiene, Montgomery County Police - Animal Services Division, local private care providers.

MAJOR RELATED PLANS AND GUIDELINES: COMAR 10.06.01 Communicable Diseases, COMAR 10.06.02 Rabies, Department of Health and Mental Hygiene Policy and Procedure Manual, American Advisory Committee for Immunization Practices on Rabies.

HEALTH AND HUMAN SERVICES
Public Health Services

PROGRAM:
Communicable Disease, Epidemiology, and Lab Services

PROGRAM ELEMENT:
Death Certificate Registration

PROGRAM MISSION:
To provide the public with local access to the registration and issuance of death certificates

COMMUNITY OUTCOMES SUPPORTED:
- Children and adults who are physically and mentally healthy

PROGRAM MEASURES	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY04 ACTUAL	FY05 APPROVED
Outcomes/Results:						
Total fees collected ($000)[a]	110	294	303	380	346	380
Service Quality:						
Percentage of certificates issued within one day of request	100	100	100	100	100	100
Efficiency:						
Average cost per certificate issued ($)	1.83	2.09	2.07	2.72	3.14	2.72
Fees collected per program dollar expended ($)	1.09	2.85	2.94	2.79	2.54	2.79
Workload/Outputs:						
Number of death certificates requested and issued	55,256	49,364	49,755	50,000	43,669	50,000
Average number of requested certificates issued per death	8.8	8.3	8.5	8.5	7.1	8.5
Inputs:						
Expenditures ($000)	101	103	103	[b]136	136	136
Workyears	1.7	1.7	1.7	1.7	1.7	1.7

Notes:

[a]This represents the portion of the fees retained by the County.

[b]A quality audit conducted in FY04 resulted in a reallocation of expenditures.

EXPLANATION:

The responsibility for issuing death certificates remains with the Maryland State Department of Health and Mental Hygiene, Division of Vital Records. The County's vital records program provides a local office for funeral directors to register Maryland deaths. Certified copies of death certificates are issued for a fee to families and representatives of the estate for up to 30 days after the date of filing.

The number of certificates ordered per death dropped from 8.5 to 7.1 in FY04 because the per certificate cost increased from $10 to $20. The number of actual deaths remained constant at about 6,000 per year.

Records are reviewed for accuracy and rejected until necessary corrections are completed. Public health information is extracted from each record by the Maryland State Health Statistics Program to provide generalized information about the overall health status and well-being of the community. In addition, death verifications are provided to Social Services to expedite benefits to eligible clients.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Maryland State Department of Health and Mental Hygiene - Division of Vital Records.

MAJOR RELATED PLANS AND GUIDELINES: Annotated Code of Maryland, Health - General, Title 4. Vital Statistics and Records; State and County policies and procedures.

HEALTH AND HUMAN SERVICES
Public Health Services

PROGRAM:
Communicable Disease, Epidemiology, and Lab Services

PROGRAM ELEMENT:
Immunization Education, Outreach, and Surveillance of Private Schools and Physician Offices

PROGRAM MISSION:
To protect the public from vaccine preventable diseases and promote vaccine completion among two-year olds[a]

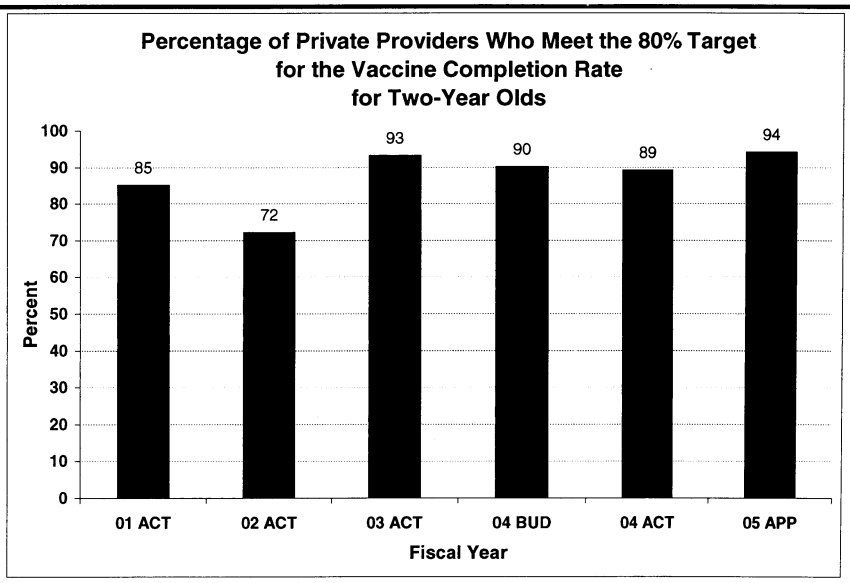
COMMUNITY OUTCOMES SUPPORTED:
- Children and adults who are physically and mentally healthy

PROGRAM MEASURES	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY04 ACTUAL	FY05 APPROVED
Outcomes/Results:						
Percentage of surveyed private practices that have at least an 80% vaccine completion rate for two-year olds[a]	85	72	93	90	89	94
Percentage of private schools that have a student compliance rate of at least 95%[b]	95	98	98	100	98	100
Service Quality:						
Percentage of private practices satisfied with office surveillance and education	80	NA	98	95	99	95
Percentage of private schools satisfied with record surveillance	NA	95	100	95	96	95
Efficiency:						
Average cost per surveillance ($)	908	1,551	1,929	2,315	2,000	2,315
Workload/Outputs:						
Number of private practices receiving education and record surveillance[c]	75	106	73	75	95	75
Number of private provider records surveyed	1,350	1,850	1,450	1,500	1,508	1,750
Number of private schools receiving record surveillance	55	52	54	52	52	52
Number of children case-managed after referral from record surveillance	NA	NA	287	300	349	375
Inputs:						
Expenditures ($000)	118	245	245	[d]294	294	294
Workyears	3.9	3.9	3.9	3.9	3.9	3.9

Notes:
[a]The vaccine completion rate for two-year olds refers to 4:3:1 (4 DTP, 3 Polio, 1 MMR) which is recommended by the American Academy of Pediatrics. Maryland, like many other states, also requires 1 Varicella, 1 HIB, and 3 Hepatitis B shots prior to pre-school and kindergarten enrollment.
[b]20 percent of the County's 250 private schools are required to be selected at random for yearly surveillance.
[c]This is not an unduplicated count as it includes some repeat surveillance visits to track the improvement rate.
[d]A quality audit conducted in FY04 resulted in a reallocation of expenditures.

EXPLANATION:
Immunization education and surveillance include strategies to simultaneously increase vaccine injection; adoption of Standards of Pediatric Immunization Practice; vaccine safety, accountability, storage, and handling; and documentation to maintain compliance with Federal Vaccine for Children Program requirements. The State of Maryland has initiated a program that will assist the County in its continuing effort to provide increased provider reviews as well as private school surveillance.

Research has shown that interventions aimed toward increasing immunization rates may be better served by targeting private provider behavior, since there are indicators suggesting that the majority of missed opportunities to vaccinate occur during acute care visits rather than well-child visits. Interventions designed to encourage administration of vaccine to mildly ill children, as well as healthy ones, could have a significant impact on increasing vaccination rates, especially in high risk communities.



PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Private physicians, hospitals, Maryland Department of Social Services, Child Care Connection, Montgomery County Public Schools, community service groups, Maryland Department of Health and Mental Hygiene.

MAJOR RELATED PLANS AND GUIDELINES: Centers for Disease Control, State of Maryland regulations, local guidelines, American Academy of Pediatrics, Academy of Immunization Practices.

HEALTH AND HUMAN SERVICES
Public Health Services

PROGRAM:
Communicable Disease, Epidemiology, and Lab Services

PROGRAM ELEMENT:
Lab Specimen Accessioning[a]

PROGRAM MISSION:
To secure public health laboratory specimens and provide safe transport to testing laboratories

COMMUNITY OUTCOMES SUPPORTED:
- Children and adults who are physically and mentally healthy

PROGRAM MEASURES	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY04 ACTUAL	FY05 APPROVED
Outcomes/Results:						
Percentage of accessioned[a] lab specimens that are processed by the State lab	100	100	100	100	100	100
Service Quality:						
Percentage of days in compliance with CLIA[b] requirements	100	100	100	100	100	100
Efficiency:						
Average cost per lab customer ($)	29.37	25.29	22.27	[c]24.89	26.03	24.89
Workload/Outputs:						
Number of lab customers	3,166	3,717	4,220	4,500	4,303	4,500
Number of clinical summaries provided to users	3,958	3,145	2,032	2,200	2,064	2,200
Inputs:						
Expenditures ($000)	93	94	94	[c]112	112	112
Workyears	1.2	1.2	1.2	[c]1.4	1.4	1.4

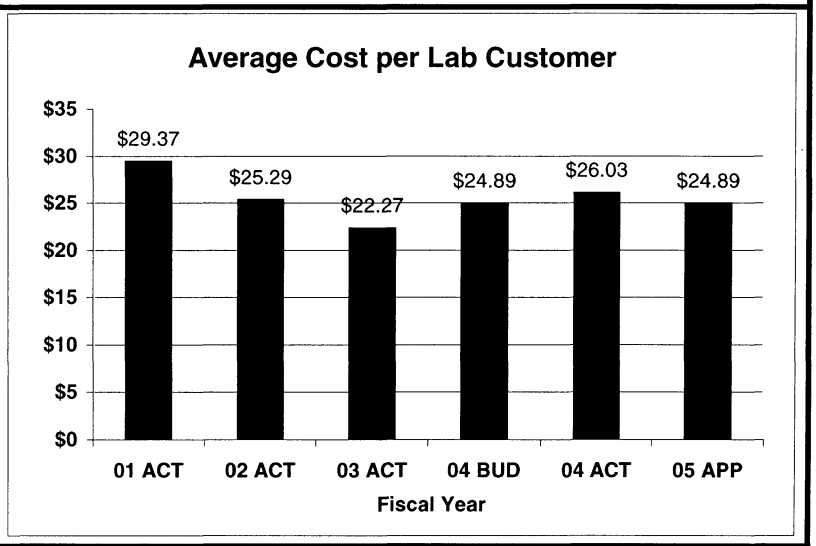
Notes:

[a]Accessioning refers to registration and preparation of lab specimens for transport.

[b]CLIA = Clinical Laboratory Improvement Act regulations for safe operation.

[c]A quality audit conducted in FY04 resulted in a reallocation of workyears and expenditures.

EXPLANATION:
Laboratory specimens are taken from patient care areas within the Department of Health and Human Services as well as private clinical practices and are secured in the accessioning station at the Dennis Avenue Health Center. Blood and bodily fluid specimens are maintained for proper storage, organism growth, and safety from leakage, thus preventing communicable disease exposure to workers. Specimens are prepared for transport to the State's Central Laboratory where testing is completed. Reports are then returned to the care providers. Monitoring of tests performed in-house provides quality assurance for clinical accuracy and meets the requirements for licensure certification.



PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Maryland State Department of Health and Mental Hygiene, Laboratory Administration.

MAJOR RELATED PLANS AND GUIDELINES: COMAR 10.06.01 Communicable Diseases, Clinical Laboratory Improvement Act (CLIA) regulations for laboratories.

HEALTH AND HUMAN SERVICES
Public Health Services

PROGRAM:
Communicable Disease, Epidemiology, and Lab Services

PROGRAM ELEMENT:
Perinatal[a] Hepatitis B Prevention

PROGRAM MISSION:
To prevent Hepatitis B infection in newborn infants through identification and case management of pregnant women diagnosed with Hepatitis B

COMMUNITY OUTCOMES SUPPORTED:
- Children and adults who are physically and mentally healthy

PROGRAM MEASURES	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY04 ACTUAL	FY05 APPROVED
Outcomes/Results:						
Percentage of at-risk infants[b] receiving protective vaccine at birth	77	100	93	92	99	93
Percentage of at-risk infants[b] who still live in the County who are fully protected for Hepatitis B by 8 months of age	50	50	77	78	91	80
Service Quality:						
Percentage of diagnosed Hepatitis B pregnant women who receive services including treatment and/or counseling before delivery	65	77	89	88	100	89
Efficiency:						
Average cost per individual case ($)	927	1,213	1,200	991	1,211	991
Average caseload per Community Health Nurse	97	75	75	110	90	110
Workload/Outputs:						
Number of pregnant women diagnosed with Hepatitis B	96	75	75	110	90	110
Number of at-risk infants[b]	97	75	76	110	90	110
Number of interventions per family at risk	4	4	5	5	6	7
Inputs:						
Expenditures ($000)	89	91	90	[c]109	109	109
Workyears	1.2	1.2	1.2	[c]1.1	1.1	1.1

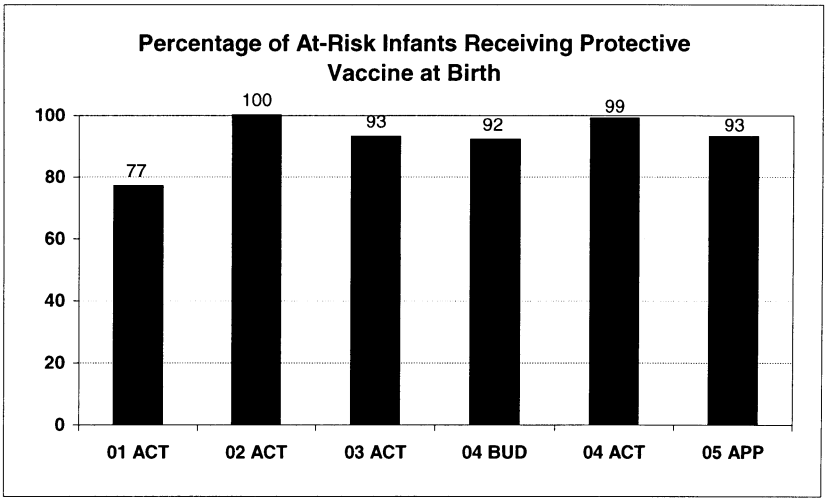
Notes:

[a]Perinatal refers to the entire pregnancy and after-birth time-frame.

[b]At-risk infants are those infants born to pregnant women who have been diagnosed with Hepatitis B.

[c]A quality audit conducted in FY04 resulted in a reallocation of workyears and expenditures.

EXPLANATION:
Program activities include laboratory monitoring to identify and case manage the prenatal patients who are diagnosed with Hepatitis B and are at risk for passing the disease to their babies. Services provided include direct care, counseling and education of pregnant women and their families, and coordinating care with their obstetrician, pediatricians, and health care providers associated with the hospital of delivery. The program tracks the infants born to these women from birth through age 15 months. These infants receive protective vaccine at birth, the full infant series of vaccine, and bloodtesting to assure the protective series worked. A new State-purchased web-based data management software program has been implemented to streamline the hepatitis B follow-up activities.



PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Maryland State Department of Health and Mental Hygiene, primary care obstetricians, pediatricians, delivery hospitals.

MAJOR RELATED PLANS AND GUIDELINES: COMAR 10.06.01, Centers for Disease Control perinatal hepatitis B guidelines, American Academy of Pediatrics standards of care.

HEALTH AND HUMAN SERVICES
Public Health Services

PROGRAM:
Communicable Disease, Epidemiology, and Lab Services; Community Health Nursing

PROGRAM ELEMENT:
Immunization Vaccine Administration

PROGRAM MISSION:
To provide immunizations to children and eligible adults to protect them and the general public from vaccine preventable

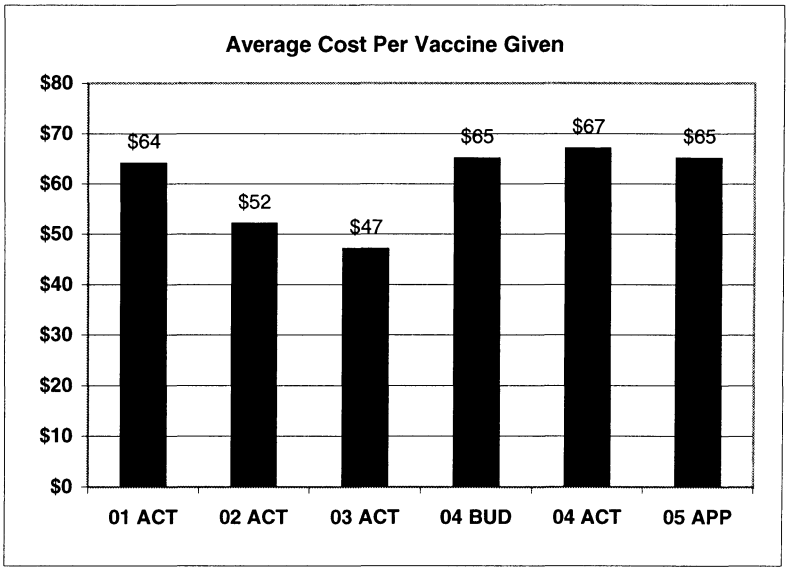
COMMUNITY OUTCOMES SUPPORTED:
- Children and adults who are physically and mentally healthy

PROGRAM MEASURES	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY04 ACTUAL	FY05 APPROVED
Outcomes/Results:						
Percentage of infants, children, and adults receiving appropriate immunizations	98	98	100	99.5	100	99.5
Service Quality:						
Number of accessible clinic locations[a]	8	8	6	7	6	7
Average length of visit (minutes)	60	60	60	60	60	60
Efficiency:						
Average cost per vaccine given ($)	64	52	47	[b]65	67	65
Workload/Outputs:						
Number of infants and children vaccinated	2,053	2,856	2,827	2,900	1,617	2,800
Number of adults vaccinated	NA	25	740	350	2,543	TBD
Number of vaccines given	5,244	6,975	7,764	6,550	6,358	6,550
Inputs:						
Expenditures ($000)	334	362	362	[b]424	424	424
Workyears	5.9	5.9	5.9	[b]5.1	5.1	5.1

Notes:
[a]Walk-in clinics are located at various sites throughout the County during daytime, evening, and weekend hours.
[b]A quality audit conducted in FY04 resulted in the reallocation of workyears and expenditures.

EXPLANATION:
Immunizations are administered at eight easily accessible locations throughout the County, including health centers and in collaboration with two local hospitals. Services are delivered by County nurses and immunization program staff. They are free for children birth to age 18, and for certain adults eligible according to Federal and State regulations. Providing immunization services in non-traditional locations (such as emergency rooms at local hospitals) and on weekends to under- and uninsured families is a strategy that has been used successfully to boost attendance at walk-in clinics.

In FY04, there was a rush to get flu shots due to the prediction of a severe and early flu season. About 2,500 flu shots were provided to adults.



PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Community service agencies, Adventist Health Care System, Maryland Department of Health and Mental Hygiene Center for Immunizations.

MAJOR RELATED PLANS AND GUIDELINES: Centers for Disease Control, American Academy of Pediatrics, Academy of Immunization Practices.

HEALTH AND HUMAN SERVICES
Public Health Services

PROGRAM:
Community Health Nursing

PROGRAM ELEMENT:
African American Health Program

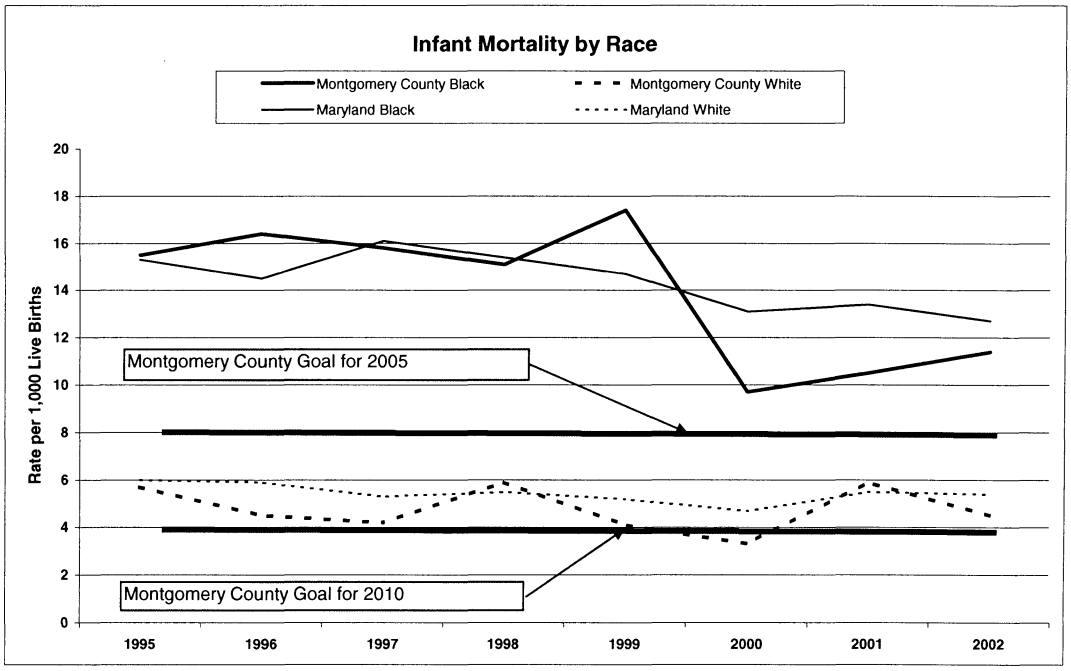
PROGRAM MISSION:
To eliminate health disparities between African-Americans and other populations in Montgomery County through community-based coalitions that will advocate for increased access to health services, develop and implement strategies for prevention of diseases, and increase public awareness of health needs

COMMUNITY OUTCOMES SUPPORTED:
- Children and adults who are physically and mentally healthy

PROGRAM MEASURES	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY04 ACTUAL	FY05 APPROVED
Outcomes/Results:[a]						
Rate of African-American infant mortality per 1,000 live births	10.5	11.4	[d]TBD	9.0	[d]TBD	9.0
Percentage of hospital discharge patients diagnosed with diabetes-related diseases who are African-Americans[b]	32	32	32	32	40	32
Number of abnormalities found through oral cancer screening	NA	11	26	13	34	13
Service Quality:						
Percentage of program participants surveyed who report satisfaction with the services	NA	NA	85	90	90	90
Efficiency:						
Cost per educational activity ($)	NA	NA	184	185	190	185
Cost per pregnant woman case-managed ($)	NA	NA	1,641	1,650	1,685	1,650
Workload/Outputs:						
Number of Wellness Center clinic visits	NA	NA	279	700	746	700
Number of pregnant and post delivery women case-managed	NA	30	47	50	83	100
Number of babies up to one year of age case-managed	NA	NA	NA	30	57	60
Number of participants in HIV Prevention Programs[c]	NA	NA	275	300	371	300
Number of participants in diabetes education activities	NA	NA	188	100	292	100
Number of groups getting mini-grants for educational activities	NA	NA	18	10	12	10
Number of patients screened for oral cancer	NA	386	1,192	750	852	750
Inputs:						
Expenditures ($000)	530	571	796	[e]825	825	900
Workyears	1.8	1.8	1.8	[e]1.3	1.3	1.3

Notes:
[a]Outcome data are reported by calendar year (FY04 = CY03).
[b]African-Americans make up 15% of the County population.
[c]Nearly 50% of new AIDS cases are African-Americans.
[d]Data unavailable until vacant epidemiologist position is filled.
[e]A quality audit conducted in FY04 resulted in a reallocation of workyears and expenditures.

EXPLANATION:
The Department of Health and Human Services implemented the African American Health Program to address health disparities that are disproportionately affecting African Americans. The program is composed of community-based coalitions in the areas of infant mortality, diabetes, HIV/AIDS, oral health (oral cancer), and other chronic diseases. The program provides clinic services through The People's Community Wellness Center, nurse case management for pregnant women, health education, intervention, and prevention activities to improve the health status of African Americans in Montgomery County. The FY05 increase in funds will be used to contract an additional community health nurse to increase the case management capacity for pregnant women and children up to one year of age.



PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: The People's Community Baptist Church, Academy for Educational Development; Holy Cross Hospital; Adventist Health Care; Centers for Disease Control; Maryland Department of Health and Mental Hygiene; the faith community; other community leaders, members, and partners.

MAJOR RELATED PLANS AND GUIDELINES: U.S. Department of Health and Human Services - Healthy People 2010 goals and objectives, Montgomery County Health Status Reports.

HEALTH AND HUMAN SERVICES
Public Health Services

PROGRAM:
Community Health Nursing

PROGRAM ELEMENT:
Client Services Center - Administrative Care Coordination Unit (ACCU) and Ombudsman

PROGRAM MISSION:
To educate and assist Health Choice recipients in using the managed care medical system

COMMUNITY OUTCOMES SUPPORTED:
• Children and adults who are physically and mentally healthy

PROGRAM MEASURES	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY04 ACTUAL	FY05 APPROVED
Outcomes/Results:						
Percentage of Health Choice recipients who have their health service and access issues resolved	NA	92	72	90	73	85
Number of clients who re-establish a relationship with their provider	NA	NA	304	400	399	350
Service Quality:						
Percentage of referrals received from the Department of Health and Mental Hygiene (DHMH) with status reports returned within 30 days	87	82	83	85	85	85
Efficiency:						
Cost per referral ($)	291	280	209	[a]421	350	488
Workload/Outputs:						
Number of client referrals from DHMH for Health Choice system education	229	368	651	300	365	350
Number of client referrals from DHMH for denial of service and complex medical issue resolution	19	35	55	50	96	50
Number of outreach activities	290	300	900	325	743	400
Number of pre-natal referrals from private OB/GYN providers that were triaged for case management	797	836	1,008	1,050	1,546	1,300
Number of Infant at Risk referrals that were triaged for case management	300	293	354	300	365	300
Inputs:						
Expenditures ($000)	391	430	432	[a]831	831	831
Workyears	6.7	6.7	6.7	[a]8.2	8.2	8.2

Notes:
[a]A quality audit conducted in FY04 resulted in a reallocation of workyears and expenditures.

EXPLANATION:
The Administrative Care Coordination Unit (ACCU)/Ombudsman Unit is a Department of Health and Mental Hygiene supported program designed to help Medical Assistance (Health Choice) recipients transition from fee-for-service care to managed care. The goal is to have a primary care provider/medical home for every eligible recipient, to encourage preventive health care practices, and to lower the incidence of episodic emergency room care. The ACCU receives referrals from the Maryland Department of Health and Mental Hygiene, managed care organizations, and providers for the purpose of assisting recipients with locating and/or relinking to primary care providers and educating those who have little knowledge or understanding of the system. The Ombudsman responds as a recipient's advocate in cases of denial of needed health care services and/or coordination/resolution of complex medical issues.

In FY05, there was a 47% increase in pre-natal referrals from OB-GYN medical providers. This is a result of the ACCU providing on-going education to providers on the importance of completing the Department of Health and Mental Hygiene Prenatal Risk Assessment Form providing a linkage for the client to receive enhanced case management services. The percentage of Health Choice recipients who have their health issues resolved was 73% in FY04; the remaining 27% could not be reached due to staff's inability to locate thr clients. Many clients had moved or had a change in address.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Maryland Department of Health and Mental Hygiene Health Choice and Acute Care Customer Support, managed care organizations, volunteer Multi-Cultural Health Promoters.

MAJOR RELATED PLANS AND GUIDELINES: COMAR 10.09.66.03, 10-09.65.04, 10.09.72.02.

HEALTH AND HUMAN SERVICES
Public Health Services

PROGRAM:
Community Health Nursing

PROGRAM ELEMENT:
Community Health Nursing Case Management

PROGRAM MISSION:
To provide home visits, assessment, care planning, health education, coordination, and linkage to providers and other community resources for at-risk pregnant women and children to promote safe and healthy children

COMMUNITY OUTCOMES SUPPORTED:
- Children and adults who are physically and mentally healthy

PROGRAM MEASURES	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY04 ACTUAL	FY05 APPROVED
Outcomes/Results:						
Percentage of healthy birth weight babies born to case-managed maternity clients[a]	94	91	84	94	92	94
Percentage of clients who enter care in the first trimester of pregnancy[a]	54	39	54	52	45	50
Percentage of women who breastfeed	NA	NA	NA	80	85	80
Service Quality:						
Percentage of maternity clients who have a nursing intervention within 10 days of eligibility determination	NA	NA	NA	75	74	80
Efficiency:						
Annual maternity caseload per Community Health Nurse	109	108	[b]66	[b]98	88	98
Average cost per case-managed maternity client ($)	1,442	1,205	[b]2,271	[b]1,410	1,591	1,449
Workload/Outputs:						
Number of maternity clients case-managed	2,838	3,484	1,849	2,775	2,458	2,700
Number of children case-managed	869	1,576	804	993	2,101	900
Number of babies delivered	1,639	1,904	1,644	1,580	[c]2,000	2,187
Number of healthy birth weight babies	1,530	1,734	1,386	1,485	1,848	2,055
Number of clients entering care in their first trimester	878	738	881	820	893	800
Inputs:						
Expenditures ($000)	4,091	4,200	4,200	[b]3,913	3,913	3,913
Workyears	54.0	53.0	53.0	[b]49.2	49.2	49.2

Notes:
[a]Case-managed clients include both Medical Assistance and eligible uninsured clients.
[b]The mid-year reduction in workyears in FY03 was not reflected until FY04. In addition, a quality audit conducted in FY04 resulted in a reallocation of workyears and expenditures.
[c]Estimated; final data will be available from Holy Cross Hospital in the fall of 2004.

EXPLANATION:
Research has demonstrated that many pervasive health and social problems are a consequence of poor maternal health-related behaviors, inadequate infant/child care, and stressful environmental conditions that interfere with individual and family functioning. The problems that occur include low birth weight, child abuse and neglect, childhood injuries, unintended and closely spaced pregnancies, and reduced economic self-sufficiency. Current research supports the positive effects of home visits on improved outcomes for pregnant women and their children. Additionally, efforts to improve access to health care by getting more women into programs that meet their financial, health, and psychosocial needs are most successful when services are integrated into language-sensitive and locally accessible sites.

Community Health Nursing Case Management Services focuses primarily on healthy pregnancies and healthy babies at delivery. Community Health Nurses provide Healthy Start home visiting and case management services to Medical Assistance and to Department of Health and Human Services eligible uninsured clients. The presence of Community Health Nurses and Health Associates in the community is the link required to identify at-risk pregnancies, which has implications for healthy deliveries. Health education in basic prenatal care (which includes nutrition counseling, growth, and development), coordination, and linking clients to proper health care providers are nursing interventions that are associated with positive pregnancy outcomes.

Despite an FY04 reduction in the percentage of clients entering care in the first trimester, 92% of the case-managed maternity clients gave birth to babies with healthy birthweights, and 85% of case-managed women breastfed their child. The Healthy People 2010 goal is to have 75% of women who deliver infants breast feed in the early post-partum period. In FY04, the program exceeded that goal by 10%.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Community Clinic Inc., Crittenton Services, Healthy Families Montgomery, Holy Cross Hospital, Kaiser Permanente Managed Care Organization, Montgomery General Hospital, the Primary Care Coalition, Project Access, Shady Grove Hospital, the private medical community.

MAJOR RELATED PLANS AND GUIDELINES: COMAR regulations for Healthy Start Case Management.

HEALTH AND HUMAN SERVICES
Public Health Services

PROGRAM:
Community Health Nursing

PROGRAM ELEMENT:
Language Minority Outreach, Education, and Direct Service Development

PROGRAM MISSION:
To provide access to health care services for uninsured Montgomery County residents, to decrease disparities through prevention and education, and to create a culturally and linguistically competent system of care

COMMUNITY OUTCOMES SUPPORTED:
- Children and adults who are physically and mentally healthy

PROGRAM MEASURES	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY04 ACTUAL	FY05 APPROVED
Outcomes/Results:						
Number of clients accessing Proyecto Salud[a] clinical services	3,000	3,850	4,800	3,785	[c]1,984	2,000
Percentage of diagnosed clients who receive formal diabetes education	53	59	65	75	60	60
Service Quality:						
Percentage of customers reporting satisfaction with services received	89	90	89	85	88	88
Percentage rating received from the Maryland Primary Care Program evaluation[b]	96	98	97	99	98	98
Efficiency:						
Average cost per resident receiving services through the program ($)	58	54	50	53	59	49
Workload/Outputs:						
Number of residents receiving services through the language minority outreach program	3,900	4,358	5,300	5,500	[d]5,000	6,000
Number of community organization meetings held	41	48	65	61	55	65
Number of new community partnerships established	1	2	1	1	1	1
Number of clients receiving diabetes education	160	295	298	420	[d]500	450
Number of diabetes diagnosed clients	300	343	541	450	621	500
Inputs:						
Expenditures ($000)	228	235	235	293	293	293
Workyears	2.0	2.0	2.0	2.0	2.0	2.0

Notes:
[a]Proyecto Salud is a community based clinic offering primary health care services.
[b]Rating for overall provision of services.
[c]Beginning in FY04, clinics are able to report the unduplicated number of patients served.
[d]Estimated.

EXPLANATION:
Montgomery County Language Minority Outreach, Education, and Direct Services Development is an initiative that has resulted in several public/private partnerships and direct services:

--*Language Minority Outreach Services:* Counseling, referral services, diabetes, cholesterol, and hypertension screening sessions offered at various sites in the community; orientation and guidance to available County resources; joint efforts with other organizations such as Linkages to Learning, Primary Care Coalition, Project Access, and English for Speakers of Other Languages (ESOL) programs; and coordination of services.

--*Language Minority Health Project Inc., Proyecto Salud:* A non-profit partnership of community-based organizations and the Department of Health and Human Services' Public Health Services offering comprehensive primary care services, pharmacy assistance, eligibility services, and referral to specialty services for over 3,000 Montgomery County residents.

--*Diabetes Management and Education Program:* Serves over 300 diabetic patients, offering clinical management, screening and prevention, group education classes, individual and group nutrition counseling, case management, ophthalmology, dental, and podiatry screenings.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Mid-County Services Center, Primary Care Coalition, Providers Council, Proyecto Salud partnership, Project Access, Holy Cross Hospital, Maryland Health Care Foundation.

MAJOR RELATED PLANS AND GUIDELINES: National Bureau of Primary Care, Maryland Primary Care regulations, Healthy People 2010, CPT (Current Procedural Terminology) codes, Proyecto Salud policies and procedures manual, Providers Council guidelines, National Association of Diabetes Educators, National Institutes of Health, Physician on Line.

HEALTH AND HUMAN SERVICES
Public Health Services

PROGRAM:
Community Health Nursing

PROGRAM ELEMENT:
Rewarding Work

PROGRAM MISSION:
To make primary care services available to low-income, uninsured County adults

COMMUNITY OUTCOMES SUPPORTED:
• Children and adults who are physically and mentally healthy

PROGRAM MEASURES	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY04 ACTUAL	FY05 APPROVED
Outcomes/Results:						
Percentage of uninsured County adults[a] who received primary care at one of the safety net clinics	11.8	12.4	15.9	13	10.6	12
Percentage of diagnosed clients who receive formal diabetes education	NA	NA	45	50	[b]32	50
Service Quality:						
Percentage of surveyed adults who report they are satisfied or very satisfied with the services provided	NA	NA	93	90	97	93
Efficiency:						
Average cost per client for primary care ($)	41	67	78	126	161	139
Average cost per visit ($)	NA	NA	42	67	53	67
Average number of clinic visits per patient	NA	NA	1.9	2.5	3.0	2.0
Workload/Outputs:						
Number of uninsured adults seen for primary care	9,438	14,663	12,752	11,000	[c]8,480	13,000
Number of participating safety net primary care clinics	3	5	6	6	8	9
Number of County adults receiving services through referral networks	2,250	2,776	2,842	3,000	3,184	3,000
Total number of clinic visits	NA	NA	23,968	20,600	25,900	27,000
Inputs:						
Expenditures ($000)	388	977	1,000	1,368	1,368	1,818
Workyears	0.5	0.5	0.5	0.5	0.5	0.5

Notes:

[a]It is estimated that 80,000 uninsured County adults aged 19 - 64 have incomes below 250% of the Federal poverty level.

[b]The diabetes education standard was changed in FY04 from participation in a minimum of one class to a minimum of three classes.

[c]FY04 represents an unduplicated count. Information systems have only been established at the Spanish Catholic Center and at Mobile Med. The contract monitor conducted an audit to obtain an unduplicated FY04 client count at one clinic. As the program moves toward implementing a standardized information system, there will be less dependence on manual auditing to ensure an accurate unduplicated count of persons served.

EXPLANATION:
Rewarding Work was established in October 1999 to develop a system of primary health care for the County's estimated 80,000 low-income, uninsured adults. The majority of these people are employed in occupations that do not normally provide employer-based health insurance. The County has contracted with the nonprofit Primary Care Coalition (PCC) to develop this system of care and to manage subcontracts for direct services with community organizations. In FY01, PCC contracted with three nonprofit clinics (Community Clinic, Inc., Mobile Medical Care, Inc., and Proyecto Salud) for primary medical care. Funds were also used to purchase medications. Project Access receives funding for those who need to see a medical specialist. In FY02, Mercy Clinic and the Spanish Catholic Center were added to the participating primary care providers. The Archdiocesan Health Care Network, a specialty physician referral service, has also joined the project. The People's Community Wellness Center opened in FY03; in FY04, openings included the Pan Asian Volunteer Health Center (in October, 2003) and L'AMI Clinic (in April, 2004).

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Primary Care Coalition, Archdiocesan Health Care Network, Chinese Culture and Community Service Center, Community Clinic, Inc., Community Ministry of Montgomery County, Inc., Mid-Atlantic Medical Services Inc., MedBank, Mercy Clinic, Mobile Medical Care, Inc., Montgomery Volunteer Dental Clinic, The People's Community Baptist Church, Inc., Project Access, Proyecto Salud, Spanish Catholic Center, Teen Clinic of Takoma Park, Inc., Whitman-Walker Clinic, Inc.

MAJOR RELATED PLANS AND GUIDELINES: Montgomery County Community Health Improvement Plan, Maryland Health Improvement Plan, Healthy People 2010.

HEALTH AND HUMAN SERVICES
Public Health Services

PROGRAM:
Community Health Nursing

PROGRAM ELEMENT:
Service Eligibility Unit - Eligibility Screening for Adults

PROGRAM MISSION:
To provide eligibility screening for uninsured adults and refer them to appropriate health care programs

COMMUNITY OUTCOMES SUPPORTED:
- Children and adults who are physically and mentally healthy

PROGRAM MEASURES	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY04 ACTUAL	FY05 APPROVED
Outcomes/Results:						
Percentage of uninsured adults determined eligible for health care programs	96	95	94	90	95	90
Service Quality:						
Average number of days to process an adult case	15	10	15	20	11	20
Efficiency:						
Average cost per adult eligibility screening ($)	45	75	73	70	73	70
Average number of adult cases per Service Eligibility Unit worker	847	865	865	915	910	943
Workload/Outputs:						
Number of adults screened	9,314	9,174	9,129	10,000	9,649	[a]7,000
Number of adults referred to health programs	8,941	8,672	8,583	9,600	9,166	6,650
Inputs:						
Expenditures ($000)	616	689	667	705	705	705
Workyears	10.6	10.6	10.6	10.6	10.6	10.6

Notes:
[a]FY05 may witness fewer adults screened because Family Plannning eligibility screening has been discontinued at the Service Eligibility Units and will now be conducted by the contractor, Planned Parenthood, Inc.

EXPLANATION:
The Service Eligibility Units assist uninsured adult County residents in accessing a number of Federal, State, and County funded health programs. Service Eligibility Unit (SEU) staff refer and educate eligible adults regarding appropriate programs. Eligibility screening is offered at four locations and is co-located with the Health Centers in Germantown, Rockville, and Silver Spring, as well as the East County Services Center and other community locations.

While the infant mortality rate in Montgomery County has been declining, the leading cause of neonatal death is low birth weight. Low birth weight can be reduced by ensuring adequate and early prenatal care for pregnant women. In an effort to contribute to the Healthy People 2010 goal of increasing access to ongoing primary care, SEU staff determine the eligibility of applicants for the Maryland Children's Health Program for Pregnant Women (for pregnant women at or below 250% of the Federal Poverty Level), the Department of Health and Human Services/Holy Cross Hospital Partnership for Prenatal Care, Project Access, Dental Services, and Rewarding Work.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Community health nurses in Health Centers, School Health Services, Community Clinic, Inc., Proyecto Salud, Mobile Medical Care, Primary Care Coalition, area hospitals, Planned Parenthood, Health Choice Administrative Care Coordination Unit/Ombudsman staff, Women's Cancer Control Program.

MAJOR RELATED PLANS AND GUIDELINES: COMAR regulations; Client's Automated Resource and Eligibility System (CARES) regulations; Maryland Children's Health Program manual; Public Health Information System (PULS) manual; Unified Intake, Triage, Evaluation and Service Delivery System (UNITED) manual; Service Eligibility Unit guidelines.

HEALTH AND HUMAN SERVICES
Public Health Services

PROGRAM:
Community Health Nursing

PROGRAM ELEMENT:
Service Eligibility Unit - Eligibility Screening for Children

PROGRAM MISSION:
To provide eligibility screening for uninsured children and refer them to health care programs

COMMUNITY OUTCOMES SUPPORTED:
- Children and adults who are physically and mentally healthy

PROGRAM MEASURES	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY04 ACTUAL	FY05 APPROVED
Outcomes/Results:						
Number of children certified eligible for health care programs[a]	25,639	28,637	31,534	30,000	31,490	33,000
Percentage of uninsured children determined to be eligible for health care programs[a]	89	94	89	80	85	80
Service Quality:						
Average number of days to process a child case	15	11	15	15	16	15
Percentage of clients satisfied with the screening process	NA	96	94	95	93	95
Efficiency:						
Average cost per child eligibility screening ($)	58	46	40	42	43	42
Average number of child cases per Service Eligibility Unit (SEU) worker	1,107	1,248	1,145	1,166	1,323	1,170
Workload/Outputs:						
Number of children screened	28,773	30,435	35,442	38,000	36,685	38,000
Number of cases assigned to SEU workers	28,773	28,411	29,217	30,000	31,490	33,000
Inputs:						
Expenditures ($000)	1,678	1,400	1,400	1,587	1,587	1,587
Workyears	26.0	24.0	24.0	23.8	23.8	23.8

Notes:
[a]Results are affected by changes in the eligibility requirements for the Maryland Children's Health Program and the Care for Kids Program as the programs raise or lower the income cap for eligibility.

EXPLANATION:
The Service Eligibility Units help uninsured County residents access a variety of Federal, State, and County funded health programs. Staff determine eligibility, make referrals, and process applications for enrollment into appropriate programs. Staff also educate customers regarding the health programs for which they qualify. Eligibility screening is offered at four offices co-located with Health Centers in Germantown, Rockville, and Silver Spring. Screening is also offered at community locations, including the Community Clinics, Mobile Medical Clinics, and Proyecto Salud Clinic.

In mid-FY04, the Maryland Children's Health Program put a freeze on all new enrollment of children whose family income was between 200 and 300% of the Federal Poverty Level. In FY05, the Maryland Children's Health Program is increasing the income cap for eligibility, which will increase the number of potentially eligible children. As a result, outputs and service quality may be affected due to increased demand with the same level of funding.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Health Choice Team Administrative Care Coordination Unit/Outreach, School Health Services, community health nurses in health centers, Community Clinics, Inc., Mobile Medical, Proyecto Salud, Primary Care Coalition, area hospitals.

MAJOR RELATED PLANS AND GUIDELINES: COMAR regulations, Client's Automated Resource and Eligibility System (CARES) regulations, Maryland Children's Health Program manual, Public Health Information System (PULS) manual, Service Eligibility guidelines, Maternity Partnership manual, UNITED Client Information System, HHS Data Collection Feature Bundle Information System Manual.

HEALTH AND HUMAN SERVICES
Public Health Services

PROGRAM:
Dental Services

PROGRAM ELEMENT:
Children's Clinical Services

PROGRAM MISSION:
To improve the oral health status of children enrolled in the Care For Kids Program through primary prevention and treatment services

COMMUNITY OUTCOMES SUPPORTED:
- Adults and children who are physically and mentally healthy

PROGRAM MEASURES	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY04 ACTUAL	FY05 APPROVED
Outcomes/Results:						
Percentage of children in Care For Kids accessing services for primary and preventive dental care	63	70	[a]35	38	40	38
Percentage of children who complete their treatment plans	NA	NA	NA	75	80	75
Percentage of children seen who receive dental sealants	NA	NA	NA	NA	23	25
Service Quality:						
Percentage of clients surveyed reporting satisfaction with services	NA	80	92	90	85	90
Efficiency:						
Average cost per client ($)	354	489	418	426	294	320
Workload/Outputs:						
Number of client visits	1,765	1,468	[b]1,854	1,200	1,558	1,500
Number of children enrolled in Care For Kids program	955	955	[a]2,145	2,000	2,691	2,500
Number of children receiving dental services	[a]883	[a]583	748	750	1088	1000
Inputs:						
Expenditures ($000)	313	285	313	[c]320	320	320
Workyears	3.95	3.95	3.95	[c]3.9	3.9	3.9

Notes:
[a]The Care For Kids population consists of children through age 17. A large increase in the Care For Kids population in FY03 contributed to the reduced percentage of children accessing dental care.
[b]Dental hygiene students from the University of Maryland Internship Program provided additional prevention services for children in FY03.
[c]A quality audit conducted in FY04 resulted in a reallocation of workyears and expenditures.

EXPLANATION:
Tooth decay (dental caries) is the most common oral disease in childhood; it is an infectious, transmissible disease established early in child development and expressed throughout life. Although tooth decay remains the single most common chronic disease of childhood, there have been remarkable declines over recent decades attributed to community water fluoridation, education, and primary and preventive dental treatment. The Surgeon General's Oral Health Report 2000 and local studies note that dental decay is five to eight times more common than asthma - affecting nearly 20% of preschoolers, half of second graders, and three-quarters of 15 year olds. Eighty percent of the tooth decay is found in 25% of children. By age 17, 78% of young people have had a cavity, and 7% have lost at least one permanent tooth.

A more recent study in the State of Maryland revealed that Hispanic children had significantly more untreated decay than Caucasian children (64% vs. 44%). Hispanic children comprise 84% of the Dental Program's population. Tooth decay prevalence, extent, and severity are all more extreme in low-income, minority-status children with parents who have limited education. In addition, a large majority of foreign-born children and parents have had little or no dental care prior to emigrating to this country.

The Dental Clinic serves children and adolescents participating in Care For Kids. The goals are to reduce the risk factors associated with tooth decay, gum disease, and tooth loss. This is achieved by eliminating existing decay through restorative treatment, reducing oral microbial conditions through oral prophylaxis and home care regimens, reducing risk factors associated with caries through sealant applications and fluoride treatments, and modifying self-care behaviors through prevention education techniques. Unfortunately, the oral health status of our immigrant populations is such that for a majority of these children, the placement of preventive and more cost-effective dental sealants is not an option.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: School Health Services, Primary Care Coalition, Holy Cross Hospital, Proyecto Salud, community health nurses, contract dentists and dental hygienists, University of Maryland Dental School.

MAJOR RELATED PLANS AND GUIDELINES: Department of Health and Human Services Program Policies, Early Headstart, Baby Steps, American Academy of Pediatric Dentistry, Surgeon General's Oral Health Report.

HEALTH AND HUMAN SERVICES
Public Health Services

PROGRAM: Dental Services

PROGRAM ELEMENT: Maternity Clinical Services

PROGRAM MISSION:
To promote oral health and improve the quality of life for a targeted group of children and maternity clients

COMMUNITY OUTCOMES SUPPORTED:
- Adults and children who are physically and mentally healthy

PROGRAM MEASURES	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY04 ACTUAL	FY05 APPROVED
Outcomes/Results:						
Percentage of qualified clients[a] accessing services for dental clinical care	58	34	36	43	34	43
Percentage of clients whose treatment plans are completed	NA	NA	NA	75	78	75
Number of clients demonstrating reduced gum disease[b]	NA	NA	NA	NA	23	24
Percentage of clients with gum disease who demonstrated reduced disease[b]	NA	NA	NA	NA	90	90
Service Quality:						
Percentage of surveyed clients reporting satisfaction with services	NA	89	96	90	82	90
Efficiency:						
Average cost per client ($)	[b]364	[b]560	522	514	471	514
Workload/Outputs:						
Number of client visits	1,476	1,468	1,280	1,500	1,202	1,200
Number of clients receiving dental services	[b]731	[b]436	510	500	545	500
Number of clients enrolled in Maternity Program Partnership	1,257	1,279	1,431	1,200	1,596	1,700
Inputs:						
Expenditures ($000)	266	244	266	[c]257	257	257
Workyears	3.4	3.4	3.4	[c]3.5	3.5	3.5

Notes:

[a]Clients must have incomes below 250% of the Federal Poverty Level and be ineligible for Medicaid.

[b]Periodontal Disease Index (PDI) scoring is a standard tool used to measure the reduction in gum inflammation.

[c]A quality audit conducted in FY04 resulted in a reallocation of workyears and expenditures .

EXPLANATION:

Each year in the United States, more than 4 million women become pregnant. Pregnant women are more susceptible to oral diseases: pregnancy is associated with poor dental health and hormone-related gum disease and tumors. Poor oral health in pregnant mothers affects not only the general health status of the mother but also the health of the developing child and is believed to be a contributing factor in premature births and low birth weight babies. There are additional developmental oral health problems in the child that are associated with poor health factors in the pregnant mother. The earliest opportunity to prevent oral health problems for both the child and the pregnant mother occurs during prenatal preventive counseling and hygiene care.

Holy Cross Hospital provides prenatal care, and Department of Health and Human Services community health nurses provide case management. Qualified clients must have incomes below 250% of the Federal Poverty Level and be ineligible for Medicaid. The majority of the clients (70%) are Latino, and many come from countries where dental care is poor or nonexistent.

The rates of births to County residents that are premature, low birth weight, or result in infant death are higher than the Federal goals for 2010. Improving oral heath among pregnant women in early pregnancy should bring the County closer to meeting the 2010 goals, especially among Latino women and clients within the first and second trimester. These clients present at the most opportune time for early intervention and maximum benefit from treatment that reduces risk factors associated with poor birth outcomes.

In FY04, the Dental Program served 545 Department of Health and Human Services maternity clients in their first and second trimester of pregnancy. This represents a 7% increase over FY03. Althought the number of pregnant women is expected to increase, the target for the number of women to be seen remains at 500 for FY05 due to funding contraints.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Community health nurses, Holy Cross Hospital.

MAJOR RELATED PLANS AND GUIDELINES: Department of Health and Human Services Program Policies, Early Headstart, Baby Steps Program.

HEALTH AND HUMAN SERVICES
Public Health Services

PROGRAM:
Dental Services

PROGRAM ELEMENT:
Oral Health Promotion and Disease Prevention Education

PROGRAM MISSION:
To promote oral health in a targeted group of Montgomery County Public Schools second graders

COMMUNITY OUTCOMES SUPPORTED:
- Children and adults who are physically and mentally healthy

PROGRAM MEASURES	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY04 ACTUAL	FY05 APPROVED
Outcomes/Results:						
Percentage of second graders who attended classroom education on oral health	88	91	56	95	48	48
Service Quality:						
Percentage of teachers favorably evaluating the classroom presentation	NA	75	99	80	100	80
Efficiency:						
Average cost per targeted second grade student ($)	6.31	5.05	7.60	5.23	6.78	5.23
Workload/Outputs:						
Number of second graders provided classroom oral health education	5,551	6,326	4,209	6,500	5,014	5,000
Inputs:						
Expenditures ($)	35,000	32,000	32,000	[a]34,000	34,000	34,000
Workyears	0.25	0.25	0.25	[a]0.2	0.2	0.2

Notes:
[a]A quality audit conducted in FY04 resulted in a reallocation of workyears and expenditures.

EXPLANATION:
The Maryland Children's Dental Survey shows an increased incidence of dental decay in third grade children. A nationwide dental education initiative targets prevention of additional oral diseases and traumas attributed to sports activities, accidents, tobacco use, and poor nutrition. Dental education for second grade students constitutes an early intervention strategy for prevention of oral disease and mouth trauma as children begin to develop their permanent teeth.

Education as a means to prevent disease and raise awareness of good health practices is a generally accepted strategy to promote healthy behaviors. Since FY00, classroom oral health education has been devoted exclusively to the second grade student population within the targeted schools. These schools have been prioritized according to the enrollment of "at-risk" children in free lunch programs. In FY03, 56% of targeted second graders were reached; this directly impacted 4,209 children. Due to the sniper incident and ensuing school security measures, the ability to access schools was restricted during FY03, reducing the number of second graders reached for oral health education. In FY04, the second grade population grew to 10,366, an increase of 35% since the program's inception. The lower percentage of students attending classroom education in FY04 (48%) reflects the effect of that significant population increase while resources for the provision of services remained constant.

As an additional strategy to expand future efforts, a very basic dental education curriculum has been designed for use by teachers and school health nurses.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: School Health Services; Montgomery County Public Schools, University of Maryland School of Nursing, University of Maryland Dental School.

MAJOR RELATED PLANS AND GUIDELINES: Mandatory Montgomery County Public Schools Health Curriculum, United States Department of Health and Human Services - Health Resources and Services Administration, University of Maryland Student Nursing Curriculum, American Dental Association educational literature.

HEALTH AND HUMAN SERVICES
Public Health Services

PROGRAM:
Dental Services

PROGRAM ELELMENT:
Seniors Age 60 Years and Older

PROGRAM MISSION:
To ensure access to oral health primary prevention and treatment services for eligible seniors in order to improve the quality of life

COMMUNITY OUTCOMES SUPPORTED:
- Adults who are physically and mentally healthy

PROGRAM MEASURES	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY04 ACTUAL	FY05 APPROVED
Outcomes/Results:						
Percentage of eligible seniors accessing services for preventive oral health care[a]	1.8	1.4	0.7	1.5	1.0	1.5
Percentage of clients who complete their treatment plans	NA	NA	NA	75	92	75
Total number of early stage oral cancers detected	NA	NA	NA	NA	1	2
Percentage of early stage oral cancers detected through client visits	NA	NA	NA	NA	0	1
Number of dentists recruited to the program	NA	4	4	4	4	4
Service Quality:						
Percentage of surveyed clients reporting satisfaction with services	NA	89	100	90	86	90
Efficiency:						
Average cost per client visit ($)	262	424	490	752	646	752
Workload/Outputs:						
Number of client visits	1,454	818	777	750	873	750
Number of clients accessing services	450	368	199	350	372	350
Inputs:						
Expenditures ($000)	381	347	381	[b]564	564	564
Workyears	4.4	4.4	4.4	4.4	4.4	4.4

Notes:
[a]An estimated 25,000 County residents age 65 and older have annual incomes below 250% of the Federal Poverty Level.
[b]A quality audit conducted in FY04 resulted in a reallocation of expenditures.

EXPLANATION:
According to the Surgeon General's report, the number of adults 65 years and older without teeth has declined from 46% to 30% in the past 20 years. However, the percentage is higher among those living in poverty. Rates also tend to be higher for African Americans and Latinos. In addition, nursing home and other long-term care residents are at increased risk for oral disease and accompanying health problems.

Montgomery County is the only health department in Maryland that provides dental care for seniors. There are approximately 96,000 County residents age 65 and older. Of those, 25,000 are estimated to have an annual income below 250% of the Federal Poverty Level. By 2010, the proportion of the population who are seniors is expected to increase from 11% to 13%, and the number of seniors below 250% of the Federal Poverty Level is expected to increase to 28,300. Most seniors do not have dental insurance since it is not included in Medicare.

The majority of seniors seen in the dental clinic are the parents or grandparents of immigrants (who serve as their sponsors) or are refugees. Due to their age and language limitations, many are not expected to work in this country. These patients present with a life-long history of dental neglect. In addition, due to their inability to access dental services in the community, seniors residing in nursing homes are often in need of oral health prevention services.

In FY04, the dental program entered a partnership grant with the Department of Recreation and provided access to dental care for 89 Asian, Black, and Latino clients. Primary prevention and screening services were provided on site via the Mobile Dental contractor, and follow-up services for extended restorative and denture services were delivered at the contractor's private practice in Silver Spring.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Contract dentists and dental hygienists, Commission on Aging.

MAJOR RELATED PLANS AND GUIDELINES: Medical/dental protocols from affiliated national associations for geriatrics, the disabled, and medically compromised patients; State regulations for nursing homes; Department of Health and Human Services policies.

HEALTH AND HUMAN SERVICES
Public Health Services

PROGRAM:
Environmental Health Regulatory Services

PROGRAM ELEMENT:
Other Business Facilities

PROGRAM MISSION:
To provide Montgomery County residents with safe and communicable disease-free environments through the licensing of facilities

COMMUNITY OUTCOMES SUPPORTED:
- Children and adults who are physically and mentally healthy

PROGRAM MEASURES	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY04 ACTUAL	FY05 APPROVED
Outcomes/Results:						
Percentage of licensed health-related facilities receiving no complaints	NA	98	99	100	100	100
Service Quality:						
Percentage of annual renewals completed before license expiration	NA	94	98	100	97	100
Percentage of estimated revenues collected	122	98	107	90	108	100
Efficiency:						
Average cost per facility licensed ($)	224	351	271	[a]478	429	478
Workload/Outputs:						
Number of facilities licensed	611	476	622	600	669	600
Number of health facilities without complaints	NA	186	620	600	669	600
Inputs:						
Expenditures ($000)	137	167	169	[a]287	287	287
Workyears	3.0	3.0	3.0	[a]3.7	3.7	3.7

Notes:
[a]A quality audit conducted in FY04 resulted in a reallocation of workyears and expenditures.

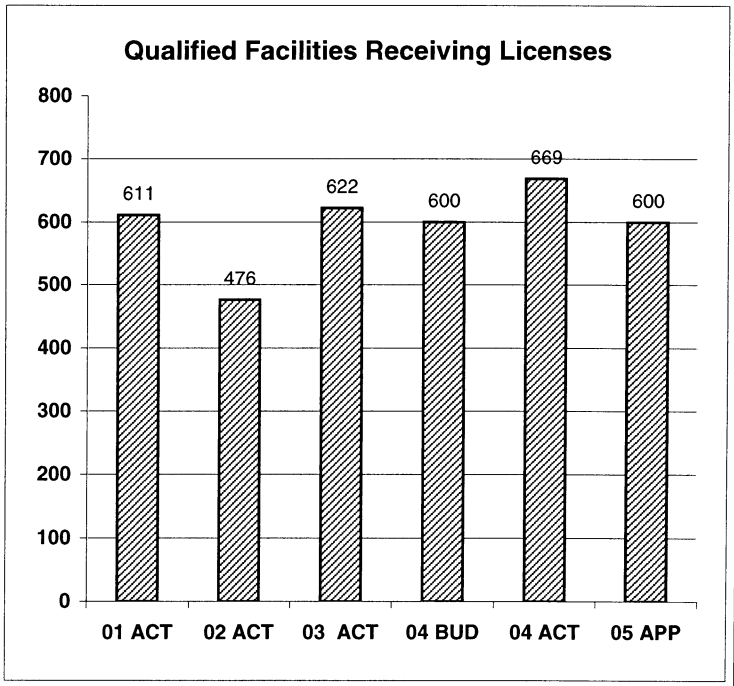
EXPLANATION:
There are three types of "Other Business Licenses:" revenue generators, health-related, and personal.

Revenue generators - which include bingo, video games and establishments, and raffles - have no health-related impact but are designed to bring in revenue for the County.

Health-related licensed facilities include tanning facilities, transient lodging (hostels, rooming houses), and enterprises (movie theaters, dancing, commercial campgrounds). These facilities are inspected for health violations as required by law once upon initial opening and later only when a customer complains.

Personal licenses apply to the manager and workers at a massage establishment. Personal licensed individuals must certify that they have a particular amount of specified training.

During FY04, there were no complaints regarding any of the facilities.



PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Business owners.

MAJOR RELATED PLANS AND GUIDELINES: Various chapters in the County Code.

HEALTH AND HUMAN SERVICES
Public Health Services

PROGRAM:
Environmental Health Regulatory Services

PROGRAM ELEMENT:
Rat Control

PROGRAM MISSION:
To ensure that Montgomery County residents are safe and protected from communicable diseases by reducing the number of rat complaints

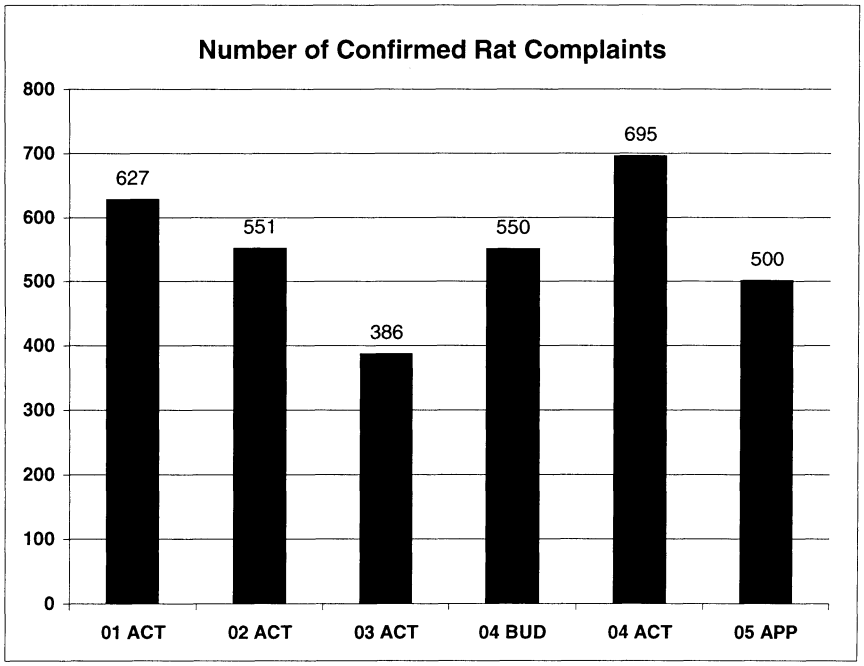
COMMUNITY OUTCOMES SUPPORTED:
- Children and adults who are physically and mentally healthy

PROGRAM MEASURES	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY04 ACTUAL	FY05 APPROVED
Outcomes/Results:						
Number of confirmed rat complaints	627	551	386	550	695	700
Percentage of reported rat complaints that were confirmed	49	59	54	61	59	56
Percentage of confirmed rat complaints that were resolved	NA	NA	46	95	87	90
Service Quality:						
Percentage of complaints responded to within 5 working days	NA	NA	86	80	87	100
Efficiency:						
Average cost per complaint ($)	120	162	213	139	107	126
Workload/Outputs:						
Number of reported rat complaints	1,268	936	717	900	1,171	994
Number of complaints resolved	NA	NA	178	520	605	630
Number of education programs conducted	NA	8	4	2	1	2
Inputs:						
Expenditures ($000)	152	152	153	[a]125	125	125
Workyears	2.1	2.0	2.0	[a]1.5	1.5	1.5

Notes:
[a]A quality audit conducted in FY04 resulted in a reallocation of workyears and expenditures.

EXPLANATION:
Rats are known carriers of disease, and when they live in close proximity to humans, a public health problem can develop. Rats also cause economic damage by destroying food sources, stored grain supplies, and property.

Environmental Health Regulatory Services responds to rat-related complaints. The number of rat complaints is affected by seasonal changes. They vary each year based on media attention, weather, and public awareness. Inspections are conducted primarily in residential and commercial properties to eliminate rat infestation in those areas. If the property owner or tenant is not in compliance after inspection, they are given written notice concerning what is required to eliminate the problem. A specific time frame for compliance is established. Violators are subject to a civil citation. Additionally, the program provides educational outreach through presentations to neighborhood organizations.



PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Business owners, home owners.

MAJOR RELATED PLANS AND GUIDELINES: Chapter 39, Montgomery County Code.

HEALTH AND HUMAN SERVICES
Public Health Services

PROGRAM:
Environmental Health Regulatory Services

PROGRAM ELEMENT:
Smoking Enforcement

PROGRAM MISSION:
To protect the health of residents of Montgomery County by reducing their exposure to environmental tobacco smoke through the enforcement of anti-smoking codes in public places

COMMUNITY OUTCOMES SUPPORTED:
• Children and adults who are physically and mentally healthy

PROGRAM MEASURES	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY04 ACTUAL	FY05 APPROVED
Outcomes/Results:						
Percentage of smoking complaints in non-eating establishments that were resolved	100	100	100	100	100	100
Percentage of smoking complaints in restaurants that were resolved	NA	NA	100	100	100	100
Percentage of facilities with violations referred to Maryland Occupational Safety and Health	7.8	0.0	1.0	1.0	0.0	1.0
Service Quality:						
Percentage of complaints regarding businesses in violation of Chapter 24.9 of the Montgomery County Code that were resolved within 5 days[a]	100	100	100	100	100	100
Efficiency:						
Average cost per inspection ($)	122	43	36	34	34	34
Workload/Outputs:						
Number of inspections	1,358	3,639	4,451	4,950	8,264	5,000
Number of facilities in violation of smoking codes	17	94	0	100	91	[c]50
Number of citizen complaints regarding smoking in restaurants	0	1	0	75	30	[c]35
Number of citizen complaints regarding smoking in businesses other than restaurants	12	11	0	0	2	0
Inputs:						
Expenditures ($000)	165	158	159	[b]168	168	168
Workyears	2.2	2.0	2.0	[b]1.9	1.9	1.9

Notes:
[a]Chapter 24-9 of the Montgomery County Code is the regulation concerning smoking in public places.
[b]A quality audit conducted in FY04 resulted in a reallocation of workyears and expenditures.

EXPLANATION:
The License and Regulatory Office enforces the County's anti-smoking laws for public enclosed places in businesses other than restaurants on a citizen complaint basis. For restaurants, environmental health specialists survey food service facilities for smoking violations while conducting routine food inspections. Prior to October 2003, the health specialist made referrals to Maryland Occupational Safety and Health when the specialist believed a Maryland Occupational Safety and Health violation existed.

On October 9, 2003, Montgomery County Code 24-9 took full effect. This law prohibits smoking in restaurants as in other businesses open to the public. This date marks an operational change from conducting surveys and making referrals to Maryland Occupation Safety and Health to the ability to act upon violations directly.

In an effort to prepare the food service industry for the first day of the new law, a "courtesy visit campaign" was implemented in the weeks before the law went into effect. Environmental Health Specialists visited facilities day and night to see that they had the proper signage and that staff were familiar with their responsibilities in dealing with their customers. The effort was highly successful. It is anticipated the number of inspections will stabilize for FY05. The numbers of violations and citizen complaints resulting from the new smoking legislation are expected to decrease over time.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Health Promotion and Prevention; Maryland Department of Health and Mental Hygiene, Maryland Occupational Safety and Health, Board of Liquor License Commissioners.

MAJOR RELATED PLANS AND GUIDELINES: COMAR, Montgomery County Code Chapter 24-9.

HEALTH AND HUMAN SERVICES
Public Health Services

PROGRAM:
Environmental Health Regulatory Services

PROGRAM ELEMENT:
Swimming Pools

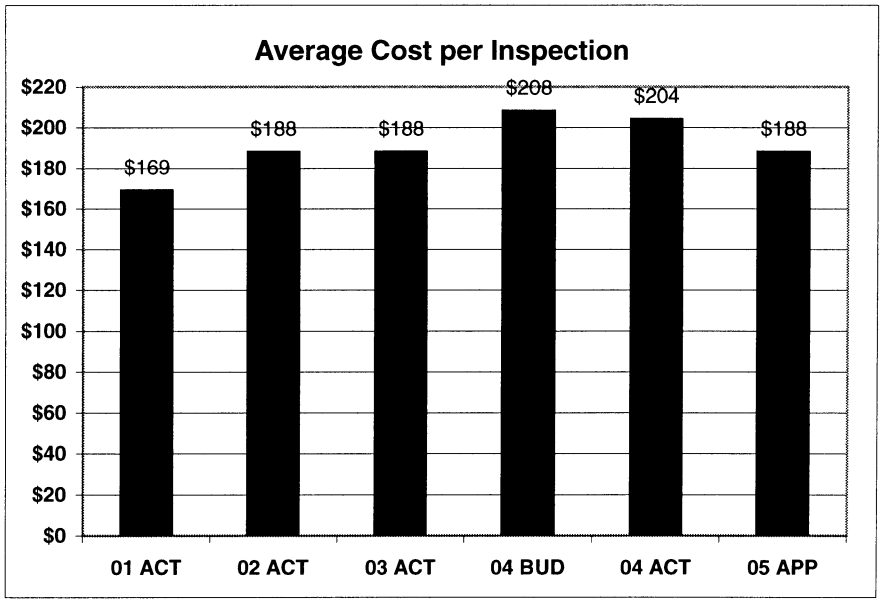
PROGRAM MISSION:
To ensure that the residents of Montgomery County are safe and protected from communicable diseases while bathing at public pools by assuring compliance with State and County codes

COMMUNITY OUTCOMES SUPPORTED:
- Children and adults who are physically and mentally healthy

PROGRAM MEASURES	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY04 ACTUAL	FY05 APPROVED
Outcomes/Results:						
Percentage of swimming pools found to be compliant on routine inspection	NA	90	86	89	92	90
Number of swimming pools closed	NA	225	276	237	177	237
Service Quality:						
Percentage of swimming pools receiving four inspections per season	NA	NA	85	80	78	100
Efficiency:						
Average cost per inspection ($)	158	169	188	[a]208	204	188
Workload/Outputs:						
Number of swimming pools inspected	2,306	2,162	1,948	2,170	2,215	2,400
Number of swimming pools compliant	NA	1,937	1,672	1,933	2,038	2,160
Inputs:						
Expenditures ($000)	365	366	366	[a]451	451	451
Workyears	4.8	4.8	4.8	[a]5.3	5.3	5.3

Notes:
[a]A quality audit conducted in FY04 resulted in a reallocation of workyears and expenditures.

EXPLANATION:
Pools are licensed from May through April of the following year. All pools are inspected four times per year. The initial inspection in May is a compliance inspection to determine if the pool meets all requirements and is generally safe to operate for the coming year. The additional inspections during the year (summer season for most pools) evaluate eleven critical reasons for potential closure of the pool, including improper chemical levels, no lifeguards, and imminent hazards that endanger the patrons. Any violation of the eleven critical items results in closure of the pool.



PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Pool owners, pool management companies, pool users.

MAJOR RELATED PLANS AND GUIDELINES: Chapter 15 Montgomery County Code, COMAR 10.15.03.

HEALTH AND HUMAN SERVICES
Public Health Services

PROGRAM:
Environmental Health Regulatory Services; Communicable Disease, Epidemiology, and Lab Services

PROGRAM ELEMENT:
Foodborne Diseases and Illnesses

PROGRAM MISSION:
To protect the public from foodborne diseases

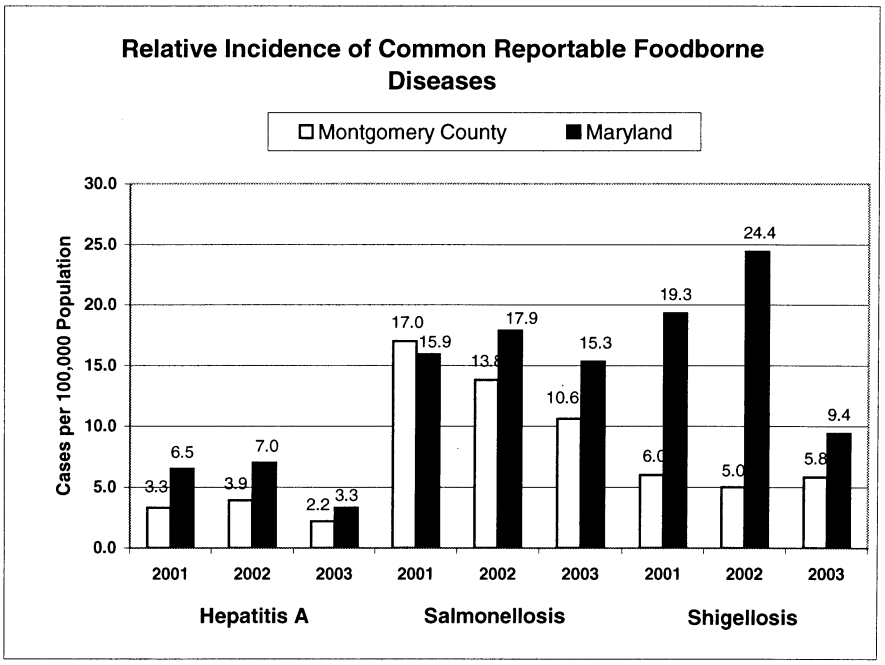
COMMUNITY OUTCOMES SUPPORTED:
- Children and adults who are physically and mentally healthy

PROGRAM MEASURES	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY04 ACTUAL	FY05 APPROVED
Outcomes/Results:						
Incidence of major reportable cases of foodborne disease per 100,000 population	24.9	23.7	24.0	25	15.4	25
Percentage of facilities having a critical violation upon routine inspection	28.4	28.8	28.9	26	33.0	27
Service Quality:						
Percentage of salmonella case investigations that are begun within 2 working days	98	98	90	96	92	98
Percentage of State-mandated inspections completed	[a]NA	[a]NA	66	75	80	100
Efficiency:						
Average cost per facility inspection ($)	189	205	258	249	202	249
Average number of inspections per inspector per day	2.9	3.9	4.0	4.0	4.5	4.0
Workload/Outputs:						
Number of individuals with reportable foodborne illnesses investigated	212	202	210	220	138	230
Number of licensed food service facility inspections	5,565	5,291	[b]4,002	5,600	6,159	5,600
Inputs:						
Expenditures ($000)	1,050	1,296	1,296	[c]1,245	1,245	1,245
Workyears	16.6	16.6	16.6	[c]13.8	13.8	13.8

Notes:
[a]The changeover to a new data system precluded collection of this data (extraction of data from the new computer system has been delayed). The program returned to using the old data collection system for FY03.
[b]The reduction in the number of inspections in FY03 was due to bio-terrorism mandates, vacancies, and transfer of outbreak investigations to the License and Regulatory Office.
[c]A quality audit conducted in FY04 resulted in a reallocation of workyears and expenditures.

EXPLANATION:
These two programs issue permits, conduct inspections, enforce County laws and ordinances, and investigate and manage outbreaks in order to protect the public health from foodborne diseases. Montgomery County continues to investigate foodborne outbreaks. Spring and summer are the times of greatest activity. This is to be expected, of course, due to the increased frequency of celebrations serving food coupled with conditions more favorable to organism growth in warm weather.

Increased surveillance and case findings account for the steady, slow decline in the number of cases and case rates for illness. Experts estimate that reported cases account for only 10% of the actual incidence of disease. There were no large foodborne outbreaks in FY04. Most cases were family centered without a common source of exposure. Diligent investigation may have contributed to the FY04 reduction in the incidence of major reportable cases of foodbourne diseases per 100,000 population.



PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Maryland State Department of Health and Mental Hygiene, Centers for Disease Control, University of Maryland, other health departments, hospitals, media.

MAJOR RELATED PLANS AND GUIDELINES: COMAR 10.15.03, County Executive Regulation 11-93, Department of Health and Mental Hygiene Policy and Procedure Manual, County Code Chapter 15.

HEALTH AND HUMAN SERVICES
Public Health Services

PROGRAM:
Health Care and Group Residential Facilities

PROGRAM ELEMENT:
Domiciliary Care Homes[a]

PROGRAM MISSION:
To ensure quality care and a safe environment for residents of domiciliary care homes through inspections and enforcement of applicable State and County regulations

COMMUNITY OUTCOMES SUPPORTED:
- Children and vulnerable adults who are safe

PROGRAM MEASURES[b]	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY04 ACTUAL	FY05 APPROVED
Outcomes/Results:						
Percentage of domiciliary care homes in compliance with County laws	NA	NA	38.5	100	100	100
Percentage of inspections with medication error rate exceeding 5%	NA	NA	NA	20	3.8	10
Service Quality:						
Percentage of domiciliary care homes inspected annually as required by County law	NA	NA	38.5	100	100	100
Efficiency:						
Cost per domiciliary care home inspected ($)	NA	NA	NA	9,846	9,846	9,846
Workload/Outputs:						
Number of domiciliary care homes in the County	NA	NA	26	26	26	26
Number of annual domiciliary quality-of-care inspections by nurse surveyors[b]	NA	NA	0	26	26	26
Total licensure fees collected ($)	NA	NA	NA	15,000	21,540	17,000
Inputs:						
Expenditures ($000)	NA	NA	67	[c]256	256	256
Workyears	NA	NA	0.7	[c]2.7	2.7	2.7

Notes:
[a]Domiciliary care homes are large assisted living facilities in which the bed capacity exceeds 16 residents.
[b]There were no health care facility nurse surveyors to conduct quality of care inspections in FY01, FY02, or FY03.
[c]Two additional workyears were approved for nurse surveyors.

EXPLANATION:
Public Health Services' Licensure and Regulatory Office issues Montgomery County licenses to domiciliary care homes (large assisted living facilities). In January 1999, Maryland's Department of Health and Mental Hygiene (DHMH) implemented new regulations for domiciliary care homes: the State now issues such homes a Maryland Assistive Living License. A partnership was formed years ago between DHMH and Montgomery County's Licensure and Regulatory Office (L&R) to prevent duplication of inspections and to utilize limited staffing resources efficiently. As a result, L&R's nurse surveyors are responsible for annual nursing inspections, follow-ups, and complaint investigations to ensure compliance with County laws.

With the addition of the two nurse surveyors in FY04, 100% of the domiciliary homes were inspected, as required by County law. All 26 homes were in compliance with County laws. Additionally, the percentage of homes with medication error rates exceeding 5% was much lower than expected, at only 3.8% (1 site).

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Ombudsman Program, Maryland Department of Health and Mental Hygiene (Office of Health Care Quality - Assisted Living Unit).

MAJOR RELATED PLANS AND GUIDELINES: State and County laws and regulations.

HEALTH AND HUMAN SERVICES
Public Health Services

PROGRAM: Health Care and Group Residential Facilities

PROGRAM ELEMENT: Group Homes

PROGRAM MISSION:
To promote a safe environment for group home residents by ensuring provider compliance with the County's licensure application process, laws, and regulations

COMMUNITY OUTCOMES SUPPORTED:
- Children and vulnerable adults who are safe

PROGRAM MEASURES[a]	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY04 ACTUAL	FY05 APPROVED
Outcomes/Results:						
Percentage of developmentally disabled group homes that comply with County licensure requirements	NA	NA	90	90	91	90
Percentage of other group homes that comply with County licensure requirements	NA	NA	84	90	84	90
Service Quality:						
Percentage of all group homes receiving sanitation inspections[b]	NA	NA	129	90	108	100
Efficiency:						
Cost per license issued ($)	NA	NA	NA	503	492	448
Workload/Outputs:						
Number of group homes for the developmentally disabled	NA	NA	194	187	203	196
Number of group homes issued licenses	NA	NA	NA	300	307	337
Total number of sanitation inspections conducted (for all group homes)	NA	NA	420	337	385	337
Inputs:						
Expenditures ($000)	72	80	80	[c]151	151	151
Workyears	1.0	1.0	1.0	[c]1.5	1.5	1.5

Notes:
[a]Data collection began in FY03.
[b]The percentage can be higher than 100% because some group homes require follow-up inspections.
[c]A quality audit conducted in FY04 resulted in the reallocation of workyears and expenditures.

EXPLANATION:
The Department of Health and Human Services' Licensure and Regulatory Office (L&R) issues Montgomery County licenses to group homes and other health care facilities. L&R licenses group homes with 3 to 16 residents, including homes for the elderly, the developmentally disabled, minors, and the chronic mentally ill. Depending on the type of group home, quality-of-care inspections are conducted by one of the Maryland State Health Department agencies or by County staff. Environmental health specialists from L&R conduct sanitation inspections for all types of group homes. L&R social workers ensure compliance with County licensure regulations by coordinating and obtaining the required County approvals (e.g. sanitation, zoning, well, and septic) and State approval regarding quality of care. The social worker ensures that the provider has submitted a complaint procedure and directs complaints to the appropriate office/staff.

If group home providers do not comply with County licensing requirements, the safety of residents can be at risk. For example, if a home does not have working smoke detectors, residents may not be able to evacuate the home promptly if there is a fire. If the home does not have an approval from the Wells & Septic Office due to inadequate sewage containers, the residents' health can be affected. If the provider does not store and prepare hot and cold foods properly, residents are at risk of developing food borne illnesses. And if the group home does not have zoning approval for the number of residents being cared for, the building may not meet zoning or building codes.

The percentage of developmentally disabled group homes and other group homes that comply with County licensing requirements remained high in FY04.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Maryland Department of Health and Mental Hygiene - Office of Health Care Quality.

MAJOR RELATED PLANS AND GUIDELINES: Montgomery County Code Chapter 23A.

HEALTH AND HUMAN SERVICES
Public Health Services

PROGRAM:
Health Care and Group Residential Facilities

PROGRAM ELEEMENT:
Nursing Homes

PROGRAM MISSION:
To ensure quality care and a safe environment for nursing home residents through inspections and enforcement of applicable Federal, State, and County regulations

COMMUNITY OUTCOMES SUPPORTED:
- Children and vulnerable adults who are safe

PROGRAM MEASURES	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY04 ACTUAL	FY05 APPROVED
Outcomes/Results:						
Percentage of facilities with actual harm deficiences[a]	NA	8.6	9.0	13	25.0	13
Percentage of nursing home complaints that are found to be in violation of Federal regulations during the investigation	NA	19.7	26.0	20	25.0	20
Percentage of facilities where facility-acquired pressure sores have been identified during annual nursing home inspections[b]	NA	NA	3.3	3.5	3.0	3.5
Service Quality:						
Percentage of nursing homes inspected annually as required by County, Federal, and State laws	94.8	100	95.0	100	89	100
Efficiency:						
Cost per nursing home inspection ($)	NA	1,934	3,111	2,745	4,482	5,069
Workload/Outputs:						
Number of nursing homes in Montgomery County	39	38	38	38	35	37
Total number of nurse surveyor inspections	NA	246	153	240	147	130
Number of complaints cited with Federal violations[c]	NA	38	40	38	27	25
Nursing home licensure fees collected ($)	62,275	57,500	58,387	62,000	66,225	60,000
Inputs:						
Expenditures ($000)	451	476	476	[e]659	659	659
Workyears	6.0	6.0	6.0	[d]7.0	7.0	7.0

Notes:

[a]Actual harm deficiencies include physical, mental, or psychosocial injury to a resident, including violation of residents' rights. There must be a negative outcome for the resident due to facility practices or divergence from accepted principles of practice. Examples include the development or worsening of a pressure sore, loss of dignity due to lying in a urine-saturated bed for a prolonged period, failure to provide pain management to the resident, etc.

[b]Federal regulations state that "The facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates they were unavoidable." Pressure sores can be an indication of poor care and/or poor nutrition.

[c]Federal violations are cited by the nurse surveyors. The nurse surveyors review and analyze all information collected during the inspection to determine whether or not the facility has failed to meet one or more of the regulatory requirements (Federal, State, and County). Nurses cite deficiencies when the facility fails to comply with regulations.

[d]Includes one additional Community Health Nurse workyear to conduct quality assurance inspections of nursing homes (a new function). State Department of Health and Mental Hygiene policy prohibits this person from conducting Federal, State, or County annual, followup, or complaint inspections for nursing homes.

[e]A quality audit conducted in FY04 resulted in the reallocation of expenditures.

EXPLANATION:
Federal, State, and County regulations require that all nursing homes be inspected annually. Since Montgomery County had a nursing home licensure law before the Federal and State of Maryland laws, a partnership was formed years ago between the Maryland Department of Health and Mental Hygiene and Montgomery County's Licensure and Regulatory Office to prevent duplication of inspections and to utilize limited staffing resources efficiently. As a result of this partnership, community health nurses from the Licensure and Regulatory Office conduct annual, follow-up, and complaint investigations of nursing homes to ensure compliance with Federal, State, and County regulations. These inspections are unannounced and determine whether providers receive Medicare/Medicaid certification. The inspection reports become public documents: they are posted in nursing homes and are available in public libraries and on the Internet. The failure of providers to provide quality care and promote quality of life for their residents may result in termination from the Medicare/Medicaid program, significant sanctions (including civil monetary penalties), staffing mandates, and/or denial of payment for new admissions.

The nurse inspectors are identifying more actual harm deficiencies, up from 9% in FY03 to 25% in FY04. Examples include residents who have been identified as being in pain for various reasons (chronic illness, treatment of pressures sores, etc.) and nursing home staff who have not provided residents with adequate pain relief in a timely manner.

In FY04, 89% of County nursing homes were inspected. Nursing home surveys are supposed to be unannounced, so the Federal regulations allow "annual" surveys to be conducted between 9 and 15 months after the previous survey to keep the surveys from being predictable. Moreover, the number of nursing homes (and beds) continues to vary. For instance, some nursing homes have merged; others continue to increase the number of beds. The regulations require that the nurses review a certain percentage of resident records, depending on the size of the facility. Thus, larger nursing homes require more time to complete the inspections. (Montgomery County has the largest nursing home in the State with 558 beds.)

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Ombudsman Program; Maryland Department of Health and Mental Hygiene (Office of Health Care Quality) - Long Term Care Unit; Centers for Medicare and Medicaid Services (formerly called the Health Care Financing Administration).

MAJOR RELATED PLANS AND GUIDELINES: Federal, State, and County laws and regulations.

HEALTH AND HUMAN SERVICES
Public Health Services

PROGRAM:
Health Care and Group Residential Facilities

PROGRAM ELEMENT:
Senior Group Homes Certification

PROGRAM MISSION:
To ensure the health and safety of residents in assisted living facilities by monitoring compliance with State regulations

COMMUNITY OUTCOMES SUPPORTED:
- Children and vulnerable adults who are safe
- Children and adults who are physically and mentally healthy

PROGRAM MEASURES	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY04 ACTUAL	FY05 APPROVED
Outcomes/Results:						
Percentage of assisted living facilities that provide an acceptable correction plan for violations	68	86	96	94	98	94
Service Quality:						
Percentage of cases in which facilities are informed of violations on the same day as inspection	88	92	98	95	100	95
Efficiency:						
Average cost per inspection ($)	NA	NA	1,063	1,390	1,792	1,390
Workload/Outputs:						
Number of announced inspections	NA	NA	84	57	61	0
Total number of inspections[a]	NA	NA	143	100	78	100
Number of State licenses renewed[b]	NA	NA	79	57	58	57
Inputs:						
Expenditures ($000)	NA	NA	152	139	139	139
Workyears	1.8	1.8	1.8	1.5	1.5	1.5

Notes:

[a]Includes announced, quarterly, and complaint inspections.

[b]The State has jurisdiction over licensure of new assisted living facilities and increases in level of care, while the County's Department of Health and Human Services has jurisdiction over renewals (which require an inspection) and bed increases.

EXPLANATION:
The State requires that all assisted living facilities with 4 - 16 residents be inspected every year for compliance with State regulations. To accomplish this task, County inspectors utilize survey protocols provided by the Maryland Department of Health and Mental Hygiene. The survey process, which includes technical assistance, cooperation, and collaboration with County surveying agencies, enables the program to ensure a good quality of life for residents of assisted living facilities.

In FY04, the State took over jurisdiction of 23 assisted living facilities originally assigned to the County's Department of Health and Human Services, reducing the number of announced inspections and the number of licenses renewed. Additionally in FY04, the program transferred to Public Health Services, and with this transfer the program will no longer announce the inspections of senior group homes in order to be consistent with the unannounced inspections of nursing homes and domiciliary care (large assisted living) facilities. This allows the surveyor to observe routine care and services to residents (like meal services, medication administration, etc.) without notice.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Maryland Department of Health and Mental Hygiene, Maryland Department of Aging.

MAJOR RELATED PLANS AND GUIDELINES: COMAR 10.07.14.

HEALTH AND HUMAN SERVICES
Public Health Services

PROGRAM:
Health Promotion and Prevention

PROGRAM ELEMENT:
Alcohol and Drug Abuse Prevention

PROGRAM MISSION:
To reduce the health impact of alcohol, tobacco, and other drug use on Montgomery County residents by changing the social environment, promoting effective programs and services, enhancing the ability of community groups to resolve local problems, and reducing risk factors while increasing resiliency factors among youth and families

COMMUNITY OUTCOMES SUPPORTED:
- Children and adults who are physically and mentally healthy
- Young people making smart choices

PROGRAM MEASURES	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY04 ACTUAL	FY05 APPROVED
Outcomes/Results:						
Percentage of 8th graders who report smoking tobacco in the past 30 days[a]	NA	6.4	NA	6	TBD	NA
Percentage of 10th graders who report binge drinking in the past 30 days[a]	NA	16.6	NA	16	TBD	NA
Total amount of mini-grants awarded to community groups ($)[b]	108,135	108,881	29,381	0	NA	NA
Service Quality:						
Percentage of clients reporting increased knowledge after training	NA	100	100	80	100	100
Percentage of clients satisfied with training sessions	NA	100	100	95	100	100
Efficiency:						
Training sessions and under-21 events per workyear	22	38	13	13	23	10
Workload/Outputs:						
Number of grants awarded to community groups[b]	38	68	9	0	NA	NA
Number of training sessions conducted	32	39	11	32	0	0
Number of policy issues promoted	13	21	NA	2	2	2
Number of adults participating in smoking cessation classes	35	28	41	70	12	70
Number of under-21 events funded	24	56	22	0	56	23
Inputs:						
Expenditures ($000)	722	730	724	610	610	610
Workyears	2.5	2.5	2.5	2.4	2.4	2.4

Notes:
[a]This survey is given every two years. Binge drinking means consuming five or more drinks on one occasion.
[b]Mini-grants are awarded under this program to community groups through an application process. Funding for this activity is unavailable begining in FY04.

EXPLANATION:
Substance Abuse Prevention Services (SAPS) bases its program on research-grounded principles of effectiveness as delineated by the National Institute on Drug Abuse and the White House Office of National Drug Control Policy. SAPS strives to assure that all citizens benefit from its prevention efforts and, in so doing, directs a large portion of its resources toward environmental change strategies. This approach has been confirmed by research which has found that environmental strategies are easier to maintain, are more cost-effective, have a broader reach, and have more substantial and enduring effects than do efforts which target individuals. Major emphasis is placed on reducing risk factors and enhancing protective factors for children and youth, their families, and communities. This approach requires in-depth collaboration with other agencies and organizations to ensure comprehensive strategies.

In FY04, the Alcohol and Abuse Prevention Program experienced several major transitions: a change in program manager due to retirement, new managers in all contracted programs, and re-establishment of a Substance Abuse Prevention Team. In spite of the changes, the Dare to Be You, Across Ages, Drawing the Line, and Carroll Avenue/Quebec Terrace programs were stable and ran smoothly, achieving the year's goals. Client satisfaction and evidence-based programs/practices is high, and collaborations and coalitions of prevention professionals continue to be instrumental in changing collective behavior. Moreover, Leonard Communications, Inc., which has been involved in prevention in Montgomery County for several decades, offered invaluable historical information which helped all involved avoid the errors of the past while benefiting from the successes.

There was a sharp decline in the number of adults participating in smoking cessation classes in FY04 due to lack of funds for purchasing nicotine patches to offer to high risk, low income clients enrolling in the classes. (The offer of nicotine replacement therapies is an essential component of the smoking cessation program.)

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Drawing the Line Coalition, Montgomery County Community Partnership, Maryland Association of Prevention Professionals and Advocates, Silver Spring YMCA Youth Services, Combating Underage Drinking, State Prevention Workgroup, State Alcohol and Drug Abuse Administration, Governor's Office of Crime Control and Prevention, Substance Abuse Policy Leadership Team, Community Based Prevention Intervention and Family Support Committee, Montgomery County Recreation Department and Police Department, Montgomery County Project Prom/Graduation, Emergency Nurses CARE.

MAJOR RELATED PLANS AND GUIDELINES: Prevention Principles for Adolescents and Children (National Institute on Drug Abuse), Alcohol and Drug Abuse Administration Standards of Prevention, Healthy People 2010, Science-Based Substance Abuse Prevention (Office of National Drug Control Policy), Children's Agenda.

HEALTH AND HUMAN SERVICES
Public Health Services

PROGRAM:
Health Promotion and Prevention

PROGRAM ELEMENT:
Community Health Promoters

PROGRAM MISSION:
To promote healthy behaviors among the Latino population in Montgomery County through training, community outreach, and assistance with access to care

COMMUNITY OUTCOMES SUPPORTED:
- Children and adults who are physically and mentally healthy

PROGRAM MEASURES	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY04 ACTUAL	FY05 APPROVED
Outcomes/Results:						
Percentage of all families with children served that enrolled in the Maryland Children's Health Insurance Program	21	53	36	25	42	15
Service Quality:						
Percentage of trained health promoters[a] retained	74	84	70	80	87	75
Efficiency:						
Cost per trained health promoter ($)	2,126	1,104	922	[c]508	639	624
Cost per family intervention ($)[b]	109	54	84	[c]28	25	35
Workload/Outputs:						
Number of health promoters trained	46	91	109	113	136	92
Number of family interventions	464	923	586	1,017	1,153	828
Number of educational activities	NA	900	1,722	1,017	2,607	828
Inputs:						
Expenditures ($000)	148	150	150	[c]87	87	87
Workyears	0.8	0.8	0.8	0.8	0.8	0.8

Notes:

[a]Health promoters are lay Latino persons from the community willing to collaborate voluntarily to be trained to provide health information to other community members.

[b]Costs are based on 33% of total program expenditures.

[c]A quality audit conducted in FY04 resulted in a reallocation of expenditures.

EXPLANATION:
The Health Promoter Program trains lay community people on issues related to health promotion and prevention, access to the Maryland Children's Health Insurance Program (MCHP), and MCHP Premium and County health programs available for low-income and uninsured residents. Health promoters are leaders in the community who play very important roles in linking the community to health services, know the community and its problems, and advocate for changes that will improve the health of the community. The health promoters inform and assist families in the community with filling out the MCHP application or encourage them to seek health services. Expansion of the program from Silver Spring to the Gaithersburg area increased the number of Hispanic families that could be reached. The health promoters are responsible for the distribution of the "Latinoamericano" and "To Your Health" (the English version), a health newsletter tailored to educate and inform the community on preventive health issues, available health resources, and much more.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Administration Care Coordination Unit, School Health Services.

MAJOR RELATED PLANS AND GUIDELINES: Targets for Excellence in Service FY02.

HEALTH AND HUMAN SERVICES
Public Health Services

PROGRAM:
Health Promotion and Prevention

PROGRAM ELEMENT:
Five-A-Day Program

PROGRAM MISSION:
To promote healthy eating and daily physical activity by Montgomery County Public School first grade students and their families through educational outreach conducted in the Title 1 elementary schools[a]

COMMUNITY OUTCOMES SUPPORTED:
- Children and adults who are physically and mentally healthy

PROGRAM MEASURES	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY04 ACTUAL	FY05 APPROVED
Outcomes/Results:						
Percentage point increase in children eating five servings of fruits and vegetables daily[b]	14	12	13	10	13	NA
Percentage point increase in children engaging in physical activity at least 5 days per week	NA	5	9	10	-3	NA
Service Quality:						
Percentage of parents reporting that the program helped the whole family eat more fruits and vegetables	59	59	59	60	61	NA
Percentage of parents reporting that the program results in some members of the family being more physically active	40	39	40	35	46	NA
Efficiency:						
Average cost per family ($)	50	58	88	57	197	NA
Average cost per class ($)	932	1,018	1,600	1,700	3,269	NA
Workload/Outputs:						
Number of families reached	1,111	962	635	1,000	432	NA
Number of classes completing the program	59	55	35	50	26	NA
Inputs:						
Expenditures ($)	55,000	56,000	56,000	[c]85,000	85,000	0
Workyears	0.9	0.9	0.9	0.9	0.9	0

Notes:

[a]Title 1 Elementary Schools have a higher percentage of low-income children.

[b]These numbers reflect the percentage point difference between the percentage reporting eating "5" on the post-program survey as compared to the percentage reporting "5" on the pre-program survey.

[c]A quality audit conducted in FY04 resulted in a reallocation of expenditures. However, the State provided no operating funds for FY04, and the program operated with supplies on hand.

EXPLANATION:
According to the USDA Continuing Survey of Food Intakes by Individuals, only 26% of American children eat the recommended five servings of fruits and vegetables per day. Physical inactivity is also a serious problem and contributes to the increase in children who are overweight, currently estimated at 22%. The Five for Kids, Too! Program is a school-based nutrition and physical activity program designed to improve health status by reaching parents and families with healthy eating and physical activity messages. First grade teachers from Title 1 schools sign up on a voluntary basis to conduct the program in their classrooms.

As of July 2004, the Five for Kids, Too! program was discontinued. Due to the continued decline in participation rates, the State Department of Health and Mental Hygiene - Division of Cardiovascular Halth and Nutrition, in an attempt to standardize State activities, chose to eliminate the program from their list of approved items for FY05.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: State Department of Health and Mental Hygiene, Dole Food Company, American Cancer Society, National Cancer Institute, Montgomery County Cooperative Extension.

MAJOR RELATED PLANS AND GUIDELINES: National Cancer Institute Five-A-Day Program.

HEALTH AND HUMAN SERVICES
Public Health Services

PROGRAM:
Health Promotion and Prevention

PROGRAM ELEMENT:
Injury Prevention

PROGRAM MISSION:
To reduce death and disability among Montgomery County residents from preventable injuries by mobilizing community partnerships, by increasing public awareness, and by providing professional consultation and training, media outreach, and distribution of injury prevention products

COMMUNITY OUTCOMES SUPPORTED:
- Children and adults who are physically and mentally healthy

PROGRAM MEASURES	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY04 ACTUAL	FY05 APPROVED
Outcomes/Results:						
Rate of unexpected child deaths (per 100,000)[a]	11.80	11.27	TBD	TBD	TBD	TBD
Rate of pedestrian deaths (per 100,000)[a]	1.91	1.93	1.90	1.90	1.90	1.89
Percentage of residents wearing seat belts	85.8	85.6	89.3	88	89.0	90
Percentage of non-professional participants in Shaken Baby education programs who increase their understanding of the problem[b]	NA	86.0	89.7	89	93.0	89
Service Quality:						
[TO BE DEVELOPED]						
Efficiency:						
Cost per injury prevention product distributed ($)	88	47	47	46	64	21
Workload/Outputs:						
Number of cases reviewed by the Child Fatality Review Team[a]	31	20	25	25	TBD	25
Number of gun locks distributed	250	288	300	300	[c]NA	[c]NA
Number of bicycle helmets distributed	440	450	1,000	851	1,320	1,600
Number of car seats distributed	795	500	900	1,000	893	900
Number of reflective materials distributed	2,500	6,945	6,000	6,500	4,000	2,000
Number of Shaken Baby educational sessions conducted	55	53	83	60	67	60
Inputs:						
Expenditures ($000)	352	383	382	397	397	397
Workyears	3.9	3.5	3.5	3.5	3.5	3.5

Notes:
[a]Calendar year figures (FY04 = CY03). The first outcome measure is dependent upon the publication of Maryland Vital Statistics.
[b]Based on pre- and post-tests.
[c]In FY04, gun lock distribution was discontinued.

EXPLANATION:
Injury is the number one cause of death and disability among children under the age of 14. Nationally, three out of four injury deaths are unintentional. Major causes of unintentional deaths and injuries are motor vehicle crashes, discharges of firearms, falls, fires, and drowning. Montgomery County's Child Fatality Review Team (CFRT) performs detailed reviews of all deaths of children from birth to age 18 referred to the State Medical Examiner. The CFRT identifies trends and patterns that contribute to childhood deaths, providing knowledge to help plan interventions to prevent future deaths.

Child abuse and homicide are intentional forms of injury. Shaken baby syndrome is an example of such an injury. It occurs when a child's head is whiplashed back and forth during shaking or from blunt force trauma when a child is thrown against a solid surface. The syndrome affects 3,000 - 5,000 babies or young children in this country each year.

In FY04, gun lock distribution was discontinued, and there was a reduction in the number of reflective materials distributed due to decreased funding for these activites. However, there was an increase in bike helmet distribution in FY04: over 1,300 bike helmets were provided to help reduce bike-related injuries. In FY05, training will continue and expand to include Child Care Administration's SIDS training for Licensed Child Care Providers, Teen Dating Violence Awareness/Prevention, Domestic Violence/Family Violence Prevention During Pregnancy, Prevention of Missing and Exploited Children, Effects of Domestic/Family Violence on Unborn Children, and Early Brain Development in the first 3 years of life. The goal is to provide at least 50 community and agency training sessions during FY05.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Montgomery County Police Department, Montgomery County Fire and Rescue Service, Montgomery County Office of Consumer Affairs, Montgomery County Public Information Office, Suburban Hospital, Holy Cross Hospital, Adventist Health Care Systems, Cooperative Extension Services - 4H, Emergency Nurses Association, State Highway Safety Office, Rockville City Police, Gaithersburg City Police, Montgomery County Recreation Department, AAA, State Farm Insurance, Project Prom, Progressive Insurance Company, Allstate Insurance, Maryland Pedestrian and Bicycle Advisory Committee, Maryland State Parole and Probation, Maryland-National Capital Park Police, Fitzgerald Automall, Drawing the Line, Safe Communities, School Health Services, Walk DC, Safe Neighborhood Day Inc., Montgomery County Public Schools, State delegates, staff of the Blue Ribbon Panel on Pedestrian and Traffic Safety, Hospitality Resource Panel, Mothers Against Drunk Driving, Insurance Institute for Highway Safety, Network of Employers for Traffic Safety, Maryland Safety Council, Federal Highway Administration, Women Leaders of Highway Safety, Consumer Products Safety Commission, Families Foremost, Responsible Fathers, Americaid Corporation, Health Care Coalition, Healthy Families Montgomery, individual citizen volunteers interested in injury prevention.

MAJOR RELATED PLANS AND GUIDELINES:

HEALTH AND HUMAN SERVICES
Public Health Services

PROGRAM: Health Promotion and Prevention

PROGRAM ELEMENT: Latino Health Initiative

PROGRAM MISSION:
To foster the establishment of a coordinated, integrated, and culturally competent system of care for the low-income Latino population by developing, implementing, and evaluating a health agenda that is responsive to their needs

COMMUNITY OUTCOMES SUPPORTED:
- Children and adults who are physically and mentally healthy

PROGRAM MEASURES[a]	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY04 ACTUAL	FY05 APPROVED
Outcomes/Results:						
Percentage change in healthy behaviors as a result of the Latino Wellness Program[b]	NA	NA	NA	TBD	TBD	TBD
Percentage increase in the cancer prevention knowledge of the Community Health Promoters as demonstrated by pre- vs. post-training test scores	NA	NA	NA	12	16	12
Service Quality:						
Percentage of parents satisfied with the Latino Youth Wellness Program	NA	NA	NA	85	95	85
Percentage of youths satisfied with the Latino Youth Wellness Program	NA	NA	NA	85	96	85
Percentage of clients satisfied with referral and interpreter services	NA	NA	NA	85	[b]TBD	85
Percentage of guests satisfied with television show participation	NA	NA	NA	85	NA	TBD
Efficiency:						
Average cost per Youth Wellness Program training session ($)	NA	NA	NA	34	34	34
Average cost per medical interpreter service ($)	NA	NA	NA	50	50	50
Workload/Outputs:						
Latino Youth Wellness Program						
Number of youths completing health assessment survey	NA	NA	NA	50	50	50
Number of one-on-one counseling sessions	NA	NA	NA	500	720	500
Number of Community Advisory Board meetings	NA	NA	NA	4	4	4
System Navigator and Interpreter Program						
Number of one-on-one referrals/encounters	NA	NA	NA	3,000	2,849	3,000
Number of medical interpreter services provided	NA	NA	NA	800	1,846	1,200
Number of Community Advisory Board meetings	NA	NA	NA	4	4	4
Cancer Prevention and Control Program						
Number of Community Health Promoters trained in cancer prevention	NA	NA	NA	20	22	16
Number of Latinos reached through education	NA	NA	NA	1,200	2,778	800
Number of colonoscopies completed	NA	NA	NA	50	75	40
Number of mammograms completed	NA	NA	NA	200	308	NA
Number of referrals for pap smears	NA	NA	NA	200	255	NA
Other						
Number of Steering Committee meetings	11	12	15	12	32	12
Inputs:						
Expenditures ($000)	177	180	525	724	724	799
Workyears	1.2	1.2	1.2	1.2	1.2	2.0

Notes:

[a]The Latino Health Initiative officially began in FY01. However, after a major study in FY02, the focus of the program changed. FY04 is the first year for data collection.
[b]Data will be available in the fall of 2004.

EXPLANATION:
The Latino Health Initiative (LHI) was established in July 2000 by the County Executive and the County Council to develop, implement, and evaluate a plan of action to address the health needs of low-income Latinos in Montgomery County. Specific functions of the Initiative are to (1) enhance the coordination of efforts among existing programs and services targeting Latinos; (2) develop and test models of programs and services to effectively reach Latinos; and (3) provide technical assistance and advice to individuals in decision-making positions regarding Latino health-related issues. The LHI staff work in close coordination with a Steering Committee of ten entities from the national, State, and local levels serving Latinos. The Steering Committee provides technical guidance and oversight of LHI activities and works in close collaboration with County officers and elected officials to ensure that Latino health needs are adequately addressed.

A health needs assessment of the target population was initiated in February, 2001, and completed during FY02. This assessment included collection of epidemiological data, focus groups with clients, interviews with key informants, and site visits to health care providers. A community planning process to identify top health priorities and develop recommendations was also conducted during FY02. As a result of these efforts, the program focus has been changed. Two new programs have been implemented: a Latino youth wellness program, and bi-lingual information line/medical interpreter services (the System Navigator and Interpreter Program). These programs are being conducted by a contractor selected through a competitive bid process.

During FY03 and FY04, a plan of action identifying priority health issues and recommendations on how to address those issues was developed through a community planning process that involved Steering Committee members and other key stakeholders. Community Planning staff will continue to develop action plans and interventions to implement the recommendations that have been developed. In FY04, the Tertulia television show was discontinued, and FY05 plans have yet to be discussed. Also in FY05, Cigarette Restitution Funds have been reduced, as reflected in the targets for the Cancer Prevention and Control Program output measures. Additional funds approved for FY05 will be directed toward enhancing the Health Promoter Program by adding a Program Specialist II. The increase in funds will allow the program to provide enhanced training and monitoring of the health promoters, acquire the necessary educational resources and incentives to assist the promoters in their interventions, develop targeted approaches to high risk areas in the County, increase the use of preventive health care, and provide the health promoters with enhanced leadership skills.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: National Council of La Raza, National Hispanic Council on Aging, George Washington University, CASA of Maryland, Hispanic Chamber of Commerce, Identity Inc., Prevention, Inc., Spanish Catholic Center, Community Ministries of Rockville, Community Ministries of Montgomery, National Institutes of Health, Primary Care Coalition, Holy Cross Hospital, Adventist Hospital, Safety Net Providers, Office of the County Executive.

MAJOR RELATED PLANS AND GUIDELINES: Blueprint for Latino Health, Executive Summary 2002 - 2006.

HEALTH AND HUMAN SERVICES
Public Health Services

PROGRAM:
Public Health Emergency Preparedness Response Program; Environmental Health Regulatory Services

PROGRAM ELEMENT:
Emergency Preparedness

PROGRAM MISSION:
To ensure a competent and functional public health infrastructure for responding to natural and manmade disasters, bioterrorism, and other mass causality events by developing and implementing emergency plans, participating in training and exercises, and improving surveillance and response capabilities

COMMUNITY OUTCOMES SUPPORTED:
- Children and adults who are physically and mentally healthy
- Children and vulnerable adults who are safe

PROGRAM MEASURES	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY04 ACTUAL	FY05 APPROVED
Outcomes/Results:						
Percentage of County Emergency Operations Plans reviewed that were in compliance with the Public Health Services mission	100	100	100	100	100	100
Percentage of Public Health Services staff completing Emergency Preparedness accredited training for "Public Health Ready"[a]	NA	NA	10	70	95	80
Number of County residents informed through outreach (including community meetings and various media efforts) (000)	NA	NA	1,228	1,500	1,500	1,500
Service Quality:						
Percentage of activated emergencies[b] in which Public Health Services staff responded within 3 hours	100	100	100	100	100	100
Efficiency:						
Average cost of training per participant ($)	NA	NA	23	30	66	32
Workload/Outputs:						
Number of Public Health Services/Emergency Management Group plans reviewed for compliance	5	2	8	11	6	11
Number of Public Health Services staff who attended accredited training	NA	NA	NA	420	1,710	480
Number of training sessions, exercises, and drills sponsored by Public Health Services	NA	NA	NA	NA	9	TBD
Number of activated emergencies[b] involving Public Health Services staff	NA	NA	NA	NA	3	TBD
Number of new Public Health Services/Emergency Management Group plans developed[c]	NA	NA	1	2	27	2
Number of Hospital Committee[d] meetings held	6	5	2	4	2	4
Number of disaster plans reviewed during annual and quality assurance nursing home and domiciliary care facility inspections	NA	NA	NA	58	58	58
Inputs:						
Expenditures ($000)	NA	NA	524	1,250	1,250	1,638
Workyears	NA	NA	9.5	9.5	9.5	9.5

Notes:

[a]"Public Health Ready" is a collaborative activity between the National Association of County and City Officials and the Centers for Disease Control and Prevention to prepare staff of local government public health agencies to respond to and protect the public's health through a competency-based training and certification program.

[b]An activated emergency is declared by the County's Chief Administrative Officer.

[c]Emergency plans are developed in response to the Maryland Emergency Management Agency, the Maryland Department of Health and Mental Hygiene, and the Centers for Disease Control. These plans are written by Emergency Management Group subcommittees and by departments. This count also includes plans included in the Public Health Ready document.

[d]The Hospital Committee, a subcommittee of the Emergency Management Group, meets regularly to ensure that Montgomery County's hospitals are full participants in the planning and preparations for mass fatality and mass casualty events. Beginning in FY05, meetings will be held quarterly.

EXPLANATION:
The Department of Health and Human Services partners with the County's Chief Administrative Officer, the Fire and Rescue Service's Office of Emergency Management, and other County agencies in preparing for the mitigation and remediation of the results of natural and man-made disasters. Training, planning exercises, and actual events drive a constant cycle of analysis, new plans, and testing to improve the government's ability to assist County residents in the event of a disaster.

A major component of this program involves public health preparations, plans, and training to detect and respond to a bioterrorism threat or a natural biological agent. Public Health Services constantly monitors incidents to anticipate or react to threats to the public's health, and has entered into a collaborative pilot project called "Public Health Ready" which is sponsored by the Centers for Disease Control and Prevention and the National Association of County and City Health Officials.

In February 2004, Public Health Services was one of only eleven public health agencies in the country to receive this certification. Public Health Services is certified as ready to respond to public health emergencies. The basis for certification is a fully trained staff, a comprehensive emergency preparedness plan, and evidence that the staff have practiced the plan though drills and exercises. Participation in the training and exercises provides public health care providers with knowledge of current policies and procedures and the ability to describe and demonstrate their prescribed roles in the event of an emergency. Staff training, plan development at both the departmental and service area level, and testing of vaccination/dispensing plans were achieved during this time period.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Maryland Emergency Management Agency, Maryland Department of Health and Mental Hygiene, Maryland Institute for Emergency Medical Services System, Metropolitan Washington Council of Governments, District of Columbia Department of Health, Virginia Health Department, Montgomery County Fire and Rescue Service Emergency Medical System, other County departments and offices, Maryland Office of the Chief Medical Examiner, National Association of County and City Officials, Centers for Disease Control, Johns Hopkins University, local emergency planning commissions, local civilian and military hospitals.

MAJOR RELATED PLANS AND GUIDELINES: Federal Emergency Management Agency regulations and guidelines, Maryland Emergency Management Agency regulations and guidelines, Maryland Department of Health and Mental Hygiene regulations and guidelines, Metropolitan Washington Council of Governments planning guidance, Centers for Disease Control guidelines and protocols, Montgomery County Code, Montgomery County Emergency Operations Plan.

HEALTH AND HUMAN SERVICES
Public Health Services

PROGRAM:
School Health Services

PROGRAM ELEMENT:
Case Management and Health Promotion

PROGRAM MISSION:
To assess, develop, and implement a plan of care to meet the health needs of students and provide health education and counseling for students, their families, and the school community to facilitate better management of health conditions

COMMUNITY OUTCOMES SUPPORTED:
- Children and adults who are physically and mentally healthy
- Individuals and families achieving their maximum possible level of self-sufficiency

PROGRAM MEASURES	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY04 ACTUAL	FY05 APPROVED
Outcomes/Results:						
Percentage of pregnant teens with healthy birthweight babies[a]	90	92	88	77	87	81
Percentage of pregnant teens who enter care in the first trimester	57	55	50	50	50	53
Percentage of students with asthma who have an asthma action or asthma health care plan	NA	24	21	35	50	37
Service Quality:						
Percentage of parents satisfied with the Open Airways activities[b]	77	NA	NA	TBD	NA	NA
Efficiency:						
Average high school community health nurse caseload for teen pregnancy case management[c]	6	6	6	7	7	7
Workload/Outputs:						
Number of pregnant teens	99	97	106	110	131	116
Number of babies born to teens	51	46	45	56	56	50
Number of healthy birth weight babies born to pregnant teens	46	43	40	30	49	50
Number of pregnant teens entering care in the first trimester	56	49	53	55	66	58
Number of students with an asthma action or asthma health care plan	NA	2,098	2,045	2,050	1,950	1,950
Number of health promotion activities conducted	NA	6,327	2,217	3,063	1,975	3,063
Inputs:[d]						
Expenditures ($000)	2,455	2,446	2,722	3,336	3,308	3,320
Workyears	45.8	47.4	48.6	50.9	50.9	50.9

Notes:
[a]Healthy birth weight babies weigh are at least 5.5 pounds at delivery. Results are based on the known birth outcomes at the end of the school year.
[b]The survey was discontinued due to loss of funding. A new service quality measure will be developed in FY05.
[c]Community health nurses in high schools account for 17.4 workyears in teen pregnancy case management.
[d]It is estimated that 25% of the School Health Services budget is directed toward case management and health promotion activities. In FY03, a quality audit was performed which resulted in a reallocation of workyears and expenditures. Additional staff re-allocations occured for FY04.

EXPLANATION:
School Health Services staff have opportunities to provide health intervention and to teach healthy life choices to improve chances for academic success. Other opportunities are provided through nursing case management of high risk students and health promotion activities. During FY04, there was a reduction in health promotion activities in classrooms, groups, and assemblies as less school time was allowed for school health programs that pulled students from academic activities. School nurse interventions include teen pregnancy/parent support activities, Adults and Children Talking (AACT) groups, and asthma management.

Research shows that children want to hear about sexuality issues from their own parents or guardians. To facilitate this, school nurses organize AACT programs to support families in establishing and maintaining open lines of communication and in utilizing teachable moments and learning. Children born to teen mothers face increased risk of low birth weight, which is associated with physical and developmental problems. School nurses facilitate early entry into prenatal care where problem identification and early interventions can improve birth outcomes.

In 2002, the National Center for Health Statistics (NCHS) reported that 88.5% of U.S. teen mothers under 19 gave birth to babies with healthy birth weights. Teens case managed by School Health Nurses have consistently had comparable results. The Healthy People 2010 goal for healthy birth weight babies for the general population is 95%.

According to the American Academy of Pediatrics, asthma is the most common chronic disease of childhood, affecting nearly one in thirteen school age children. These children experience more than three times the number of school absences experienced by children without asthma, resulting in loss of learning opportunities and negative long-term consequences. Nurses work to improve students' asthma management through individual contacts and in groups such as the Open Airways Program, a research-based asthma education program for students in grades 3-5, designed to improve the quality of life for the children and their families. School Health Nurses emphasize the importance of developing and following an Asthma Action Plan (AAP). This important asthma management tool assists the student, family, and school staff to take appropriate actions in response to asthma symptoms and ultimately reduce school absenteeism and hospitalizations for children with asthma. Use of the AAP is recommended by the National Heart, Lung, and Blood Institute.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Montgomery County Public Schools; Governor's Council on Adolescent Pregnancy; Interagency Committee on Adolescent Pregnancy; Collaboration Council for Children, Youth, and Families; Adventist Health Care; American Lung Association; Montgomery Asthma Improvement Resources Coalition; American Lung Association of Maryland; Maryland State Department of Health and Mental Hygiene; Latino Health Initiative; African American Health Initiative.

MAJOR RELATED PLANS AND GUIDELINES: Maryland State Board of Nursing; COMAR for School Health Services; Maryland Department of Education and Montgomery County Public Schools requirements, guidelines, policies, and directives; Maryland Department of Health and Mental Hygiene and Montgomery County Department of Health and Human Services requirements, guidelines, policies, and directives, including the School Health Services' Manual; COMAR Health Start Case Management Guidelines; Montgomery AIR Strategic Plan; National Asthma Education and Prevention Program: Expert Panel Report 2.

HEALTH AND HUMAN SERVICES
Public Health Services

PROGRAM:
School Health Services

PROGRAM ELEMENT:
Health Room Services

PROGRAM MISSION:
To assess the health needs of Montgomery County Public Schools (MCPS) students and provide high-quality health interventions to maximize students' availability to learn

COMMUNITY OUTCOMES SUPPORTED:
- Children and adults who are physically and mentally healthy
- Individuals and families achieving their maximum possible level of self-sufficiency
- Young people making smart choices

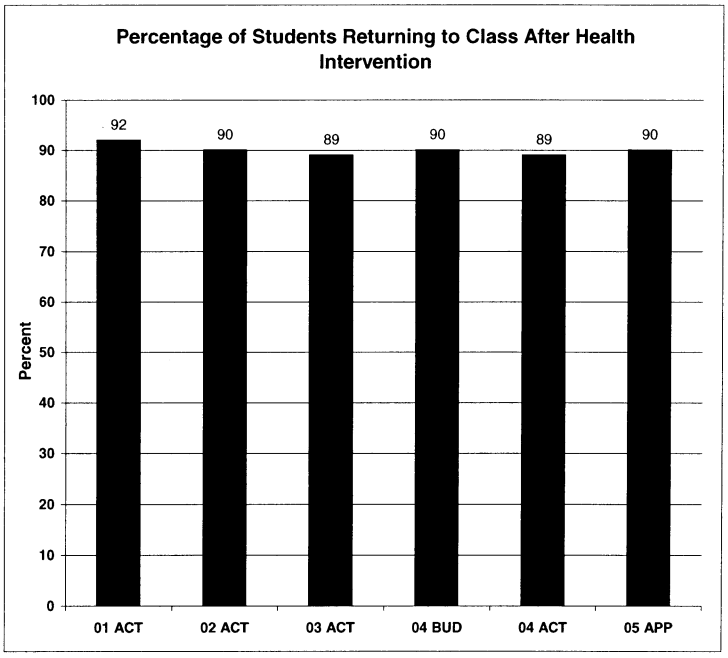
PROGRAM MEASURES	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY04 ACTUAL	FY05 APPROVED
Outcomes/Results:						
Percentage of students returning to class after a health intervention	92	90	89	90	89	90
Percentage of students who have completed required immunizations	NA	97	99	99	99	99
Service Quality:						
Percentage of surveyed MCPS teachers satisfied with health services[a]	NA	95	NA	NA	NA	TBD
Efficiency:						
Average cost per health room visit ($)[b]	4.52	5.22	[c]7.15	7.48	5.94	7.70
Workload/Outputs:						
Number of health room visits (000)	1,092	927	794	802	527	530
Number of times students were returned to class (000)	1,001	835	710	717	449	724
Number of immunization records reviewed	50,548	49,600	43,401	44,000	53,924	44,000
Number of students who have completed immunization requirements	49,827	48,300	42,916	43,000	49,556	43,000
Number of students in the process of completing immunization requirements	631	1,300	485	510	703	510
Inputs:						
Expenditures ($000)	4,935	6,458	[c]7,573	8,000	7,187	8,320
Workyears	91.3	94.6	[c]127.0	130	128	133

Notes:
[a]The periodic survey of Montgomery County Public Schools teachers to determine their knowledge of available Health Room Services and the responsiveness of School Health Services to the needs of their students and families will be conducted in FY05.
[b]Cost is calculated based on 75% of total Health Room Services expenditures.
[c]A quality audit was performed which resulted in a reallocation of workyears and expenditures.

EXPLANATION:
The School Health Services Program (SHS) responds to physical, emotional, psychological, and social problems among our school populations which, if left unaddressed, interfere with the primary mission of the school: education. The program includes the provision of emergency, injury, and sick care; administration of medication; and provision of treatments and procedures, including services to medically fragile students and others with chronic health conditions. In support of communicable disease prevention, SHS staff assure through record review, referral, and monitoring that Montgomery County Public Schools students are in compliance with State immunization law.

Services provided at the health room visit allow children to return to their classroom and to participate in learning activities. This investment also promotes the overall health of the community - eliminating health disparities and assuring that children and families access needed health and human services. The percentage of students returning to class after health intervention is consistently high, 89% in FY04. The FY04 decline in health room visitations is attributed to the increase in the number of students receiving single dose medications at home rather than having to visit the health room for mid-day medications.

Beginning in FY04, approximately 68% of the School Health Services' budget and workyears will be directed toward delivering and supporting various health room services. Seventy-five percent of these health room services are related to the provision of emergency, injury, and sick care; administration of medication; and provision of treatments and procedures. The remainder goes toward record reviews, documentation, and follow-up related to immunization status and State compliance.



PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Montgomery County Public Schools, Head Start, Linkages to Learning, Interagency Coordinating Committee on Adolescent Pregnancy Prevention and Parenting (ICCAPPP), American Lung Association, Montgomery County Community Partnership, area hospitals, managed care organizations, health maintenance organizations, health care providers, commissions, standing and ad-hoc committees.

MAJOR RELATED PLANS AND GUIDELINES: U.S. Healthy People 2010; U.S. Department of Health and Human Services' Communicable Disease Center; Federal Occupational Safety and Health Administration; Maryland Occupational Safety and Health; Maryland State Board of Nursing; COMAR for School Health Services and Immunizations; Maryland State Department of Education and Montgomery County Public Schools requirements, guidelines, policies, and directives; Department of Health and Mental Hygiene and Montgomery County Department of Health and Human Services requirements, guidelines, policies, and directives, including the School Health Services' Manual.

HEALTH AND HUMAN SERVICES
Public Health Services

PROGRAM:
School Health Services

PROGRAM ELEMENT:
Hearing, Vision, and Scoliosis[a] Screening

PROGRAM MISSION:
To detect and refer school-age children who may have difficulty learning or functioning in school due to vision, hearing, or scoliosis problems

COMMUNITY OUTCOMES SUPPORTED:
- Children and adults who are physically and mentally healthy

PROGRAM MEASURES	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY04 ACTUAL	FY05 APPROVED
Outcomes/Results:						
Percentage of students identified and referred for hearing problems	3	2	2	3	2	3
Percentage of students identified and referred for vision problems	15	17	17	15	19	15
Percentage of students identified and referred for scoliosis	7	6	8	7	8	7
Service Quality:						
Percentage of kindergarten, 4th, and 8th grade students screened according to State regulations	NA	98	98	98	98	98
Percentage of 7th grade students screened for scoliosis according to State regulations	86	86	87	87	91	87
Efficiency:						
Average cost per hearing and vision screening ($)	2.87	[b]5.12	[c]3.40	4.13	3.85	4.25
Average cost per scoliosis screening ($)	6.50	[b]6.90	[c]5.04	5.64	5.43	5.81
Workload/Outputs:						
Number of students screened for hearing	39,000	39,600	39,711	40,100	43,027	40,501
Number of students screened for vision	43,000	43,600	43,871	44,100	47,232	44,541
Number of students screened for scoliosis	9,044	9,218	8,424	9,200	9,564	9,292
Number of students identified and referred for a hearing problem	1,117	908	833	1,203	973	1,215
Number of students identified and referred for a vision problem	6,469	7,440	7,535	6,615	8,814	7,900
Number of students identified and referred for possible scoliosis	602	596	691	644	750	650
Inputs:						
Expenditures ($000)	294	[b]489	[c]327	399	399	415
Workyears	5.7	[b]9.4	[c]7.5	7.5	7.5	7.5

Notes:

[a]Scoliosis is a skeletal condition that results in curvature of the spine.

[b]Six 0.62 workyear hearing and vision screening positions were created in FY02.

[c]In FY03, a quality audit was performed which resulted in a reallocation of workyears and expenditures. Beginning in FY03, 3% of the School Health Services budget ($326,723) was allocated towards provision of hearing, vision, and scoliosis screening. Of this amount, 13% is dedicated to scoliosis, and the remaining 87% is dedicated to hearing and vision screening.

EXPLANATION:
Students who have difficulty seeing or hearing are unable to maximize their learning experience in the classroom. The State of Maryland requires hearing and vision screening for all school age children in kindergarten, 4th, and 8th grades. In addition, School Health Services staff screen children of any age who are new to the State of Maryland. School Health Services provides the staff and funding for screenings in all Montgomery County public schools and accredited private schools. Screening for scoliosis in Montgomery County public schools is given for 7th grade and other age appropriate students. Initial screenings are given by the Montgomery County Public Schools physical education departments in October and November of each school year. Re-screening is performed by a licensed physical therapist for those students who had suspect results on the initial screen and for students who missed the initial screening. School community health nurses conduct the follow-up on any re-screens and subsequent referrals for additional care.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Montgomery County Public Schools, Lions Club, Lenscrafters.

MAJOR RELATED PLANS AND GUIDELINES: Maryland State Board of Nursing; COMAR for School Health Services; Maryland State Department of Education and Montgomery County Public Schools requirements, guidelines, policies, and directives; Maryland Department of Health and Mental Hygiene and Montgomery County Department of Health and Human Services requirements, guidelines, policies, and directives, including the School Health Services' Manual, Annotated Code of Maryland, Section 7-403 and Section 2-206.

HEALTH AND HUMAN SERVICES
Public Health Services

PROGRAM:
School Health Services

PROGRAM ELEMENT:
School Based Health Centers

PROGRAM MISSION:
To provide preventative and/or acute health care services to enrolled children to reduce barriers to health care and learning and to foster healthy life-style behaviors

COMMUNITY OUTCOMES SUPPORTED:
- Children and adults who are physically and mentally healthy

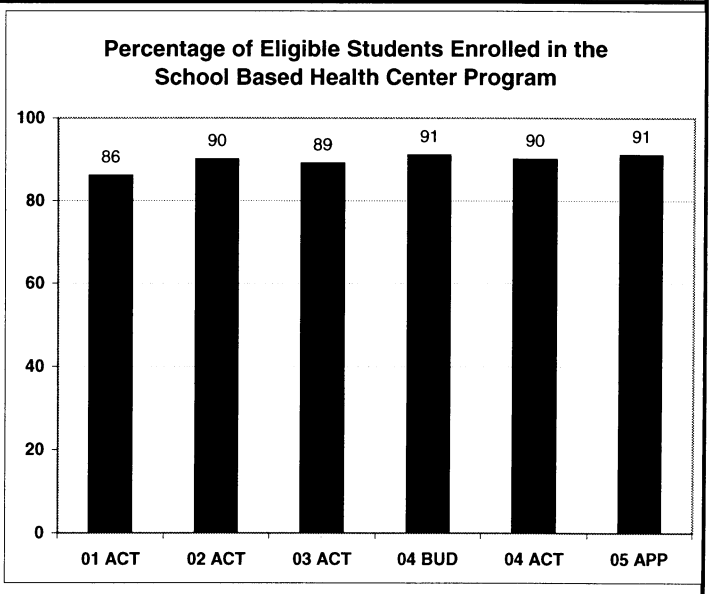
PROGRAM MEASURES	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY04 ACTUAL	FY05 APPROVED
Outcomes/Results:						
Percentage of eligible students enrolled in the School Based Health Center Program[a]	86	90	89	91	90	91
Percentage of enrolled students who receive services at School Based Health Centers[b]	65	59	43	61	42	42
Service Quality:						
Percentage of parents satisfied with service[c]	NA	NA	NA	NA	NA	NA
Efficiency:						
Average cost per visit ($)	157	163	[d]188	190	190	190
Workload/Outputs:						
Number of visits for sick care services	819	843	777	850	587	850
Number of visits for well care services	435	596	485	550	478	550
Number of follow-up visits	188	297	241	250	243	250
Number of referrals	144	160	142	210	190	210
Inputs:						
Expenditures ($000)	227	283	[d]283	314	314	314
Workyears	4.7	4.7	[d]1.4	1.4	1.4	1.4

Notes:
[a]Eligible students include all students enrolled in the Broad Acres and Harmony Hills elementary schools.
[b]Health services include sick care, well care, and follow-up visits.
[c]An annual survey of a random sample of parents whose children have used School Based Health Center services was being developed, but a replacement measure is being considered for FY05 and FY06.
[d]In FY03, a quality audit was performed which resulted in a reallocation of workyears and expenditures.

EXPLANATION:
School Based Health Centers provide sick and well care to students and their siblings who live in two school communities. This culturally sensitive interdisciplinary model located on the school site strives to overcome socio-economic, language, transportation and other factors which are significant barriers to accessing primary health care. In addition to somatic health care, behavioral, social, and other services are provided to students and families to support community competency and self sufficiency. The focus is on preventive health care to identify and intervene to reduce health risks, and health counseling and education to promote healthy life choices, optimal health outcomes, and academic success by keeping students in the classroom.

A State grant funds a nurse manager, contracted health service providers (nurse practitioners and pediatricians), and operating costs. The Centers, located at Broad Acres and Harmony Hills elementary schools, are a collaborative effort supported by Linkages to Learning, Care For Kids, Montgomery County Public Schools, academic partners, health providers, and other community partners.

In FY04, the decrease in the number of visits was due to a reduction in clinic hours and a reduction in demand for sick care during operating hours.



PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Montgomery County Public Schools, Catholic University of America, Children's National Medical Center, Holy Cross Hospital, Linkages to Learning Resource Team, Mental Health Association, Silver Spring Youth Services.

MAJOR RELATED PLANS AND GUIDELINES: Maryland State Board of Nursing; COMAR for School Health Services; Maryland State Department of Education and Montgomery County Public Schools requirements, guidelines, policies, and directives; Maryland Department of Health and Mental Hygiene and Montgomery County Department of Health and Human Services requirements, guidelines, policies, and directives, including the School Health Services' Manual and the Maryland State Board of Nursing Nurse Practice Act.

HEALTH AND HUMAN SERVICES
Public Health Services

PROGRAM:
School Health Services

PROGRAM ELEMENT:
School Health Services Center

PROGRAM MISSION:
To immunize school-age children, to screen high-risk students for tuberculosis to protect them and the public from vaccine-preventable disease and tuberculosis, and to share child health program information with parents of uninsured children

COMMUNITY OUTCOMES SUPPORTED:
- Children and adults who are physically and mentally healthy

PROGRAM MEASURES	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY04 ACTUAL	FY05 APPROVED
Outcomes/Results:						
Percentage of students receiving immunizations[a]	NA	82	71	75	59	60
Percentage of students screened for tuberculosis[b]	NA	77	68	75	69	70
Percentage of students receiving information regarding child health programs[c]	NA	11	16	20	10	10
Service Quality:						
Percentage of clients satisfied with the services received	NA	99	99	99	99	99
Efficiency:						
Average cost per client visit ($)	13.45	13.56	18.58	19.84	20.24	20.24
Workload/Outputs:						
Number of student immunization histories reviewed	NA	5,547	4,929	5,000	4,916	5,000
Number of immunizations given	18,037	14,665	12,953	13,000	14,413	14,000
Number of tuberculosis screens	4,405	4,267	3,362	3,300	3,409	3,300
Number of MCHP/CFK applications given[d]	841	594	304	500	483	500
Number of client visits[e]	14,572	14,435	12,349	12,500	12,042	12,500
Inputs:						
Expenditures ($000)[f]	196	195	229	248	257	257
Workyears	3.2	3.2	3.2	3.2	3.2	3.2

Notes:

[a]Based on the total number who come through the clinic who need immunizations.

[b]Based on the number of students who come through the clinic (international non-citizen students who have not been in a U.S. school system more than two years, or others who have lived outside of the U.S. one year or more) who were in need of tuberculosis screening .

[c]This information is only given to students identified as uninsured.

[d]The Maryland Children's Health Plan (MCHP) and Care For Kids (CFK) are State and local funded health insurance plans for uninsured children.

[e]The decreases in the number of visits are related to changes in immigration trends after 9/11/01 and correspond to decreases at the International Student Admissions Office. The trend is expected to plateau in FY04 and FY05.

[f]It is estimated that 2% of the School Health Services budget is allocated to the School Health Services Center.

EXPLANATION:
The School Health Services Center, as an adjunct to the enrollment process of the Montgomery County Public Schools' International Students Admissions Office, provides immunizations and tuberculosis screenings to international students enrolling in the public school system. Walk-in immunization services are provided to any school-age residents of the County three mornings per week. Staff also provide parents of uninsured children with information on and assistance in applying for the Maryland Children's Health Program and the Care For Kids program.

This is a one-stop shop for international students which expediently determines and/or provides their residential, educational, and health requirements for entering the public school system. In addition, this service provides required immunizations to many of the County's other school-age residents, thus facilitating their attendance at school.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Montgomery County Public Schools.

MAJOR RELATED PLANS AND GUIDELINES: Maryland State Board of Nursing; COMAR for School Health Services; Maryland State Department of Education and Montgomery County Public Schools requirements, guidelines, policies, and directives; Maryland Department of Health and Mental Hygiene and Montgomery County Department of Health and Human Services requirements, guidelines, policies, and directives, including the School Health Services' Manual and the Maryland State Board of Nursing Nurse Practice Act.

HEALTH AND HUMAN SERVICES
Public Health Services

PROGRAM:
Specialty Medical Evaluations

PROGRAM ELEMENT:
Audiology Services

PROGRAM MISSION:
To evaluate and screen eligible children and adults for early identification and treatment of hearing loss

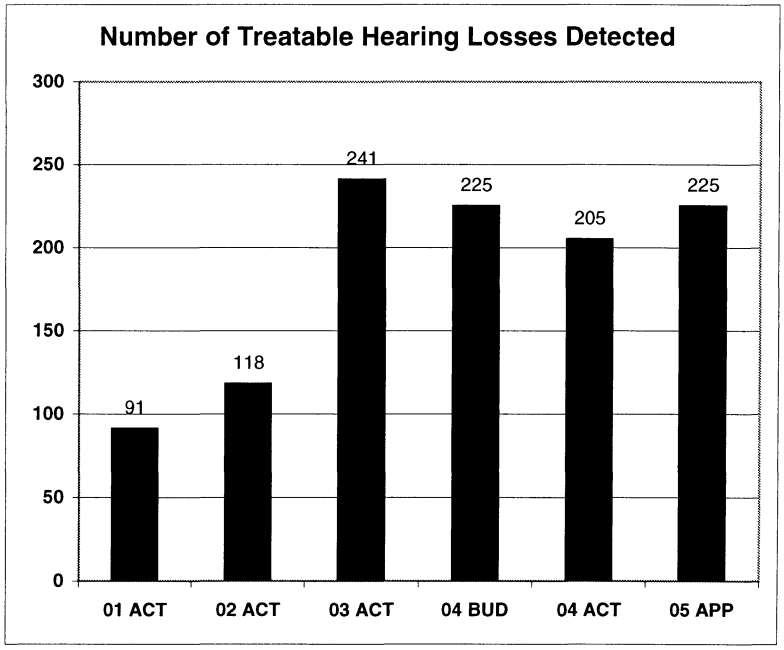
COMMUNITY OUTCOMES SUPPORTED:
- Children and adults who are physically and mentally healthy

PROGRAM MEASURES	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY04 ACTUAL	FY05 APPROVED
Outcomes/Results:						
Number of treatable hearing losses detected	[a]91	[a]118	241	225	205	225
Percentage of clients who have treatable hearing losses detected and are linked to a medical provider	100	100	100	100	100	100
Service Quality:						
Percentage of clients satisfied with audiological services	NA	NA	100	95	100	95
Efficiency:						
Average cost per client ($)	[a]199	[a]466	190	172	190	172
Workload/Outputs:						
Number of clients evaluated	[a]623	[a]264	652	650	590	650
Number referred for medical evaluation	45	31	76	40	58	60
Inputs:						
Expenditures ($000)	124	123	124	[b]112	112	112
Workyears	1.7	1.7	1.7	[b]1.3	1.3	1.3

Notes:
[a]A disruption in service for part of FY01 and into FY02 (a facility closure due to a sewage back-up) reduced the number served.
[b]A quality audit conducted in FY04 resulted in a reallocation of workyears and expenditures.

EXPLANATION:
The Guidelines for Audiological Screening from October 1999 require that all children having a speech and language assessment be screened for possible hearing loss. A study done at the State University of New York's Health Science Center in Syracuse reviewed the records of approximately 1,000 children referred to the Center for developmental delay and found that almost 5 percent of the children were significantly or totally deaf. Doctors had failed to recommend hearing tests even though the medical or family histories of most children should have triggered immediate concern that they were at risk for hearing loss. The earlier children are diagnosed and treated for hearing loss, the less frequently language delay and behavior problems are experienced and the more academic success can be achieved.

In FY04, there was an increase in the number of referrals from Infant and Toddlers. These referrals require more Audiologist time, accounting for a decrease in other referrals that are normally seen.



PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Infants and Toddlers Program, Aging and Disability Services, Montgomery County Public Schools Diagnostic and Evaluation Services for Children Program.

MAJOR RELATED PLANS AND GUIDELINES: Guidelines for Audiological Screening by the American Audiological Society.

HEALTH AND HUMAN SERVICES
Public Health Services

PROGRAM:
Specialty Medical Evaluations

PROGRAM ELEMENT:
Children with Special Medical Needs

PROGRAM MISSION:
To serve uninsured children with special health care needs to prevent and/or treat chronic health conditions

COMMUNITY OUTCOMES SUPPORTED:
• Children and adults who are physically and mentally healthy

PROGRAM MEASURES	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY04 ACTUAL	FY05 APPROVED
Outcomes/Results:						
Percentage of referred children linked to a pediatric specialist	92	92	85	90	85	88
Service Quality:						
Percentage of clients satisfied with care coordination services	NA	NA	95	90	90	95
Efficiency:						
Average cost per client ($)	[a]NA	[a]NA	293	[c]930	750	930
Workload/Outputs:						
Number of children linked to a medical provider	[a]NA	[a]NA	143	100	124	100
Number of clinic visits, surgeries, and/or treatments coordinated	1,254	1,350	1,186	1,000	[b]650	650
Inputs:						
Expenditures ($000)	42	42	42	[c]93	93	93
Workyears	0.8	0.8	0.8	[c]0.1	0.1	0.1

Notes:
[a]The program focus was realigned, and historical data are not comparable.
[b]Estimate.
[c]A quality audit conducted in FY04 resulted in a reallocation of expenditures and workyears.

EXPLANATION:
Uninsured children have the same rate of complex medical problems as insured children and need specialty medical care to prevent handicapping conditions, severe medical complications, and/or further disabilities. The care coordinator from Specialty Medical Services assists parents in applying for financial assistance which will pay for their child to be evaluated and treated by a pediatric medical specialist or an optometrist as needed. The coordinator continues case management services with the child to assure that medical appointments are arranged and kept and that parents are able to follow through with medical recommendations. Linking children who have a possible vision problem is coordinated with several participating optometrists in Montgomery County. The optometrist will examine and provide prescriptive glasses as needed.

Case management of this population is complex and is complicated by language barriers. For FY05, additional grant funding was received after budget approval and will be used to provide translation services in Spanish to clients with limited English proficiency. The ability to communicate on a daily basis with the large Spanish speaking special needs population will reduce the waiting time for interview and completion of the application.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: State of Maryland Children's Medical Services, Children's Hospital, Holy Cross Hospital, Johns Hopkins Hospital, University of Maryland Hospital, Shriners Hospital (Philadelphia, Pennsylvania), Washington Hospital Center, Suburban Hospital, Gouderman Appliances, Greg Banks Bio Lab, New Hampshire Pharmacy, Peepers Opticians, David's Opticians, Sterling Optical.

MAJOR RELATED PLANS AND GUIDELINES:

HEALTH AND HUMAN SERVICES
Public Health Services

PROGRAM:
STD/HIV Prevention and Treatment

PROGRAM ELEMENT:
HIV Case Management

PROGRAM MISSION:
To provide case management services for eligible HIV-infected Montgomery County residents in order to reduce transmission of HIV

COMMUNITY OUTCOMES SUPPORTED:
- Children and adults who are physically and mentally healthy

PROGRAM MEASURES	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY04 ACTUAL	FY05 APPROVED
Outcomes/Results:						
Percentage of HIV infected adolescents and adults who receive testing, treatment, and prophylaxis consistent with current Public Health treatment guidelines	NA	NA	100	100	100	100
Percentage of clients who report medication adherence	72	82	80	80	85	85
Percentage of clients who keep their initial appointment[a]	52	60	65	60	68	65
Service Quality:						
Percentage of comprehensive-level[b] clients receiving the standard of one face-to-face contact per month	99	100	100	100	100	100
Efficiency:						
Average cost per client case-managed ($)	4,192	3,147	2,707	[c]3,050	2,946	2,904
Workload/Outputs:						
Number of clients case-managed	272	365	407	400	414	420
Number of intake appointments for HIV care	109	116	109	114	160	120
Inputs:						
Expenditures ($000)	1,141	1,149	1,102	[c]1,220	1,220	1,220
Workyears	12.9	12.9	12.4	12.4	12.4	12.4

Notes:

[a]Clients for whom a Drug Evaluation Unit file was not subsequently opened either did not return for their intake interviews, failed to return with the necessary eligibility information, or moved.

[b]The comprehensive level of care requires a significant involvement in coordination of services for the client, family, and household members.

[c]A quality audit conducted in FY04 resulted in a reallocation of expenditures.

EXPLANATION:
Cases are referred for case management to the Dennis Avenue Health Center by HIV/STD testing centers, physicians, hospitals, and other community service agencies, and by persons who have learned of the services from the Internet. An intake is completed that includes a psychosocial assessment, a plan of care, referrals to needed services, and a scheduled appointment for a physical examination, if desired.

HIV case management involves three levels of care: comprehensive, intermediate, and limited or one-time intervention. The comprehensive level of care involves problem solving with possible follow-up, with the expected duration of the client relationship to last as long as their program participation. The intermediate level of care includes minimal involvement in coordination of services to client, family, and household members. Limited or one-time intervention consists of problem solving limited to resource identification; the case manager is involved in no more than two contacts.

There is no waiting list. Thus anyone who lives in Montgomery County and is HIV positive can receive HIV/AIDS services at the Dennis Avenue Health Center. In FY04, 414 clients were case managed, and 85% of clients reported medication adherence.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Whitman Walker Clinic, Montgomery Hospice, Visiting Nurses Association, State Department of Rehabilitation, pharmaceutical companies, Bradley Care Drugs, Statscript Pharmacy, Community Clinic Inc., Montgomery County Community Ministries, Montgomery County Community Partnership, Mobile Medical Care, Mobile Crisis Team, Primary Care Coalition, Recuperative Care Shelter, area hospitals and hospital out-patient clinics, area physicians, HIV Care Consortia, HIV/AIDS Community Coalition, Washington D.C. Metropolitan Planning Council Planning Committee for HIV/AIDS, social service agencies.

MAJOR RELATED PLANS AND GUIDELINES: Maryland AIDS Administration, Title I and Title II Funding Guidelines, COMAR regulations, CARES regulations, service eligibility guidelines, Centers for Disease Control, State of Maryland regulations, Maryland Department of Health and Mental Hygiene.

HEALTH AND HUMAN SERVICES
Public Health Services

PROGRAM:
STD/HIV Prevention and Treatment

PROGRAM ELEMENT:
STD/HIV Clinical Services

PROGRAM MISSION:
To provide comprehensive services including HIV/STD testing, partner notification, diagnosis, counseling, and treatment for Montgomery County residents in order to reduce the transmission of sexually transmitted diseases (STDs)

COMMUNITY OUTCOMES SUPPORTED:
- Children and adults who are physically and mentally healthy

PROGRAM MEASURES	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY04 ACTUAL	FY05 APPROVED
Outcomes/Results:						
Rate of reportable STDs in Montgomery County per 100,000 population	NA	NA	38	60	89	75
Service Quality:						
Percentage of STD patients tested for HIV	47	70	79	65	81	80
Percentage of STD clients returning for post-test HIV results	55	46	54	55	60	60
Percentage of STD clients satisfied with service[a]	NA	NA	95	85	90	90
Efficiency:						
Average cost per STD client ($)	261	229	232	[b]408	470	397
Workload/Outputs:						
Total number of clients	7,501	7,017	7,929	7,000	6,082	6,500
Number of STD clients assessed	3,229	2,949	2,274	3,000	3,161	3,000
Number of HIV counseling and testing clients assessed (all sources)	4,272	4,068	3,655	4,000	3,901	4,000
Number of STD and HIV investigations conducted	805	503	555	550	549	550
Number of STD clients who returned for post-test HIV results	1,331	962	969	1,100	1,067	1,200
Number of STD clients tested for HIV	2,053	2,061	1,811	2,200	2,285	2,400
Number of people reached in HIV/STD presentations	4,710	9,703	1,580	1,000	410	500
Inputs:						
Expenditures ($000)	1,957	1,879	1,838	[b]2,860	2,860	2,860
Workyears	20.3	20.3	19.8	[b]20.5	20.5	20.5

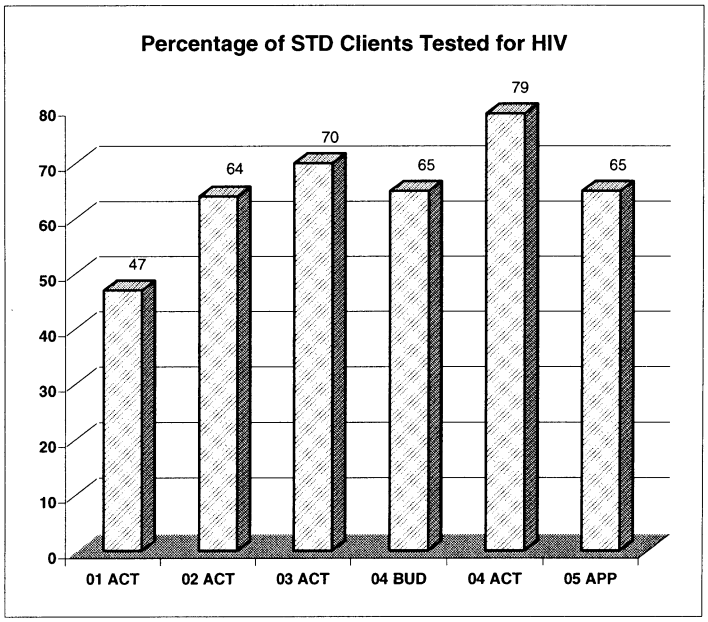
Notes:
[a]Satisfaction surveys are being utilized in STD and Counseling and Testing Services clinics.
[b]A quality audit conducted in FY04 resulted in a reallocation of workyears and expenditures.

EXPLANATION:
The nation and the County have seen an increase in most reportable sexually transmitted diseases (STDs). Montgomery County is second in the State, behind Prince George's County, in overall STD reports and in HIV counseling and testing numbers.

Montgomery County's program differs from the programs in other Maryland counties in that it offers anonymous and confidential HIV testing and a full service STD clinic using staff cross-trained in both disciplines. Since November, 2003, the one hour ORAQUICK HIV test has been offered in the County's HIV testing facility.

In FY04, a staff vacancy due to military leave affected the number of people reached in HIV/STD presentations, with a reduction from 1,580 in FY03 to only 410 in FY04. Despite this, there has been an increase in the rate of reportable STDs. Syphilis in particular has seen a 50% increase, and chlamydia is now a required reportable disease. While the total number of clients dropped in FY04, the percentage tested for HIV increased by 2%, and the percentage returning for results increased by 6%.

In FY05, the program plans to offer syphilis screening in the Detention Center and to implement the Centers for Disease Control mandate for prevention for HIV/AIDS positives.



PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Department of Health and Mental Hygiene, Montgomery County Public Schools, Centers for Disease Control, all local health departments, public and private physicians and hospitals, local health maintenance organizations.

MAJOR RELATED PLANS AND GUIDELINES: COMAR regulations, Centers for Disease Control guidelines, State STD and CTS policy and procedures manual.

HEALTH AND HUMAN SERVICES
Public Health Services

PROGRAM:
STD/HIV Prevention and Treatment

PROGRAM ELEMENT:
STD - Teen Chlamydia Program

PROGRAM MISSION:
To reduce the incidence of chlamydia among Montgomery County teens

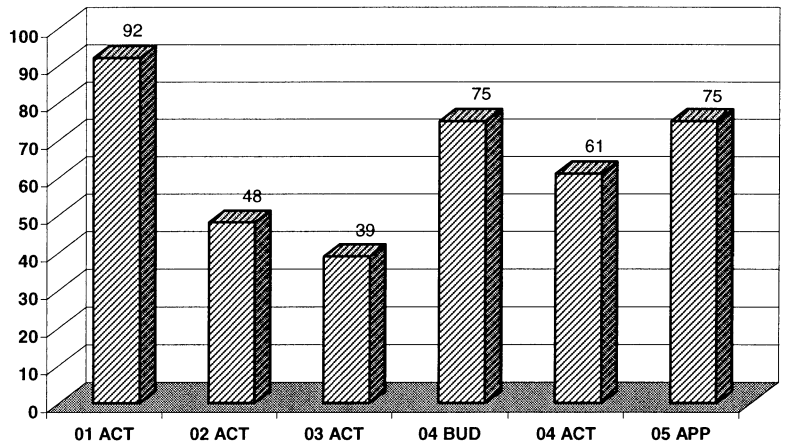
COMMUNITY OUTCOMES SUPPORTED:
- Young people making smart choices
- Children and adults who are physically and mentally healthy

PROGRAM MEASURES	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY04 ACTUAL	FY05 APPROVED
Outcomes/Results:						
Number of positive chlamydia cases reported in STD clinics in youths 18 years or younger	92	48	[b]39	75	61	75
Percentage of positive chlamydia cases reported in STD clinics for youths 18 years or younger	32	23	23	25	20	30
Service Quality:						
Number of "youth friendly" clinics provided[a]	148	150	[b]125	150	154	150
Efficiency:						
Average cost per client ($)	408	379	364	376	404	358
Workload/Outputs:						
Number of teens presenting for chlamydia testing	470	443	462	500	465	525
Number of teens requesting other materials (brochures, condoms)	3,500	5,000	450	600	550	600
Inputs:						
Expenditures ($000)	192	168	168	[c]188	188	188
Workyears	1.6	1.7	1.7	1.7	1.7	1.7

Notes:
[a]The term "youth friendly" refers to enhanced clinic services to capture the interest of the teen population. This includes scheduling when students have days off from school, and educational presentations where teen-specific materials are distributed.
[b]In FY03, one less clinic day was held per week due to the lack of a health technician and a reduction in part-time nurse hours.
[c]A quality audit conducted in FY04 resulted in a reallocation of expenditures.

EXPLANATION:
Chlamydia became reportable in 1996. It is the fastest growing STD among 15-19 year old females in Montgomery County and is one of the most common STDs in the U.S., with 4 million cases reported each year. Acquired through unprotected sex, chlamydia infection causes pelvic inflammatory disease, which can result in infertility and is associated with increased risk for other infections such as Hepatitis B and AIDS.

The Chlamydia Project began in March, 2000 as a pilot in collaboration with the Maryland State Lab. The goal of the project is to increase awareness and testing for chlamydia among adolescents. The project has been very successful because of collaboration between the STD Program and School Health Services. In FY05, this project will be re-evaluated to develop partnerships to include patients who test at other medical facilities in the County.



PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Maryland State Lab (Department of Health and Mental Hygiene), Montgomery County Public Schools, Centers for Disease Control, Montgomery College.

MAJOR RELATED PLANS AND GUIDELINES: Centers for Disease Control and State regulations, Chlamydia Project in conjunction with the Montgomery County Public Schools, program guidelines developed locally, Maryland Department of Health and Mental Hygiene.

HEALTH AND HUMAN SERVICES
Public Health Services

PROGRAM:
STD/HIV Prevention and Treatment; Dental Services

PROGRAM ELEMENT:
Dental Services for HIV Persons

PROGRAM MISSION:
To ensure access to preventive education and dental treatment services for eligible HIV infected persons from five suburban Maryland counties (Montgomery, Prince George's, Frederick, Calvert, and Charles) in order to reduce the impact of HIV/AIDS-related oral health problems on total health[a]

COMMUNITY OUTCOMES SUPPORTED:
- Adults and children who are physically and mentally healthy

PROGRAM MEASURES	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY04 ACTUAL	FY05 APPROVED
Outcomes/Results:						
Number of HIV clinic patients from the five surrounding counties accessing the oral health program	256	300	[b]246	250	250	250
Service Quality:						
Percentage of surveyed clients reporting satisfaction with services	NA	89	100	85	77	85
Efficiency:						
Average cost per client ($)	1,018	507	1,210	1,081	1,311	1,081
Workload/Outputs:						
Number of clients screened and referred	219	298	[b]138	160	132	130
Number of client visits	635	1,215	[b]818	1,150	780	750
Inputs:						
Expenditures ($000)[a]	167	151	167	[c]173	173	173
Workyears	2.0	2.0	2.0	2.0	2.0	2.0

Notes:
[a]This is a five county program (Montgomery, Prince George's, Frederick, Calvert, and Charles counties) and is completely grant funded under Federal and State Title I and Title II Ryan White Funds. No County funds are directed to this program.
[b]The Prince George's County dental clinic was closed during all of FY03, limiting services to one site in Montgomery County. No FY03 and FY04 expansion grant funding was awarded.
[c]A quality audit conducted in FY04 resulted in a reallocation of expenditures.

EXPLANATION:
According to the recent Surgeon General's Oral Health Report, persons afflicted with HIV disease or AIDS are among the many unserved or underserved populations in this country who continue to experience barriers in trying to access services. Throughout the course of this disease, there needs to be collaborative case management between medical and dental treatment in order to optimize treatment outcomes. Due to the threat of oral manifestations associated with HIV disease in its earliest stages, preventive education and treatment should be the primary intervention strategy for these clients.

In January 1992, under the auspices of the Center for Dental Health and Education, Montgomery County expanded its HIV dental component into a regional dental program designed to provide dental assessments, oral health education, therapeutic dental services, and technical support to HIV/AIDS populations from six Maryland counties. Funding was limited and, as a result of cost-effective planning under the Maryland Suburban Ryan White Alliance, Prince George's County and Montgomery County agreed to implement dental funding under a single administrative agency and to provide a shared dental facility for clients from regional county programs. The program currently serves five counties and provides dental care in two clinics dedicated to HIV services.

The program is grant funded on a two-year renewal cycle. The program has had level funding for the last two renewal cycles (4 years). Due to increasing operational costs, there is no opportunity to increase professional hours other than through volunteer professionals. Therefore, with level funding in FY05, the targeted case rate will remain at a maximum of 250 clients.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Washington Hospital Center, Howard University, health departments and HIV programs from five Maryland counties, over 30 agencies from the Maryland Suburban Ryan White Alliance Network, Persons Living with AIDS, Maryland Department of Health and Mental Hygiene.

MAJOR RELATED PLANS AND GUIDELINES: Department of Health and Human Services Center for Dental Health and Education, Maryland Suburban Ryan White Alliance Standards of Care, Maryland Department of Health and Mental Hygiene, Maryland Occupational Safety and Health Administration, Human Resource Services Administration.

HEALTH AND HUMAN SERVICES
Public Health Services

PROGRAM:
Tuberculosis Services

PROGRAM ELEMENT:
Refugee and Migrant Workers Health Assessment

PROGRAM MISSION:
To provide and assure that newly arrived refugees receive comprehensive health assessment and disease intervention to promote their health status and to ensure a good acculturation process and self-sufficiency

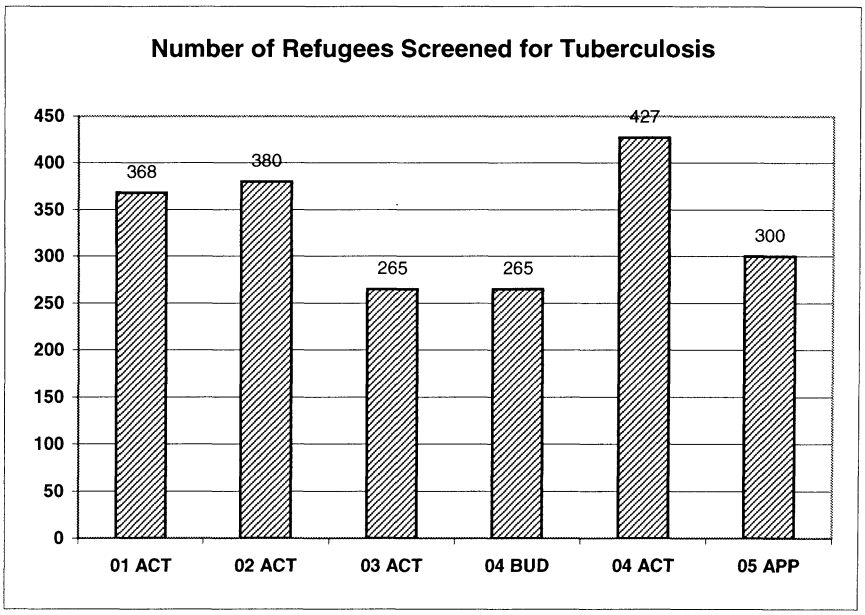
COMMUNITY OUTCOMES SUPPORTED:
- Children and adults who are physically and mentally healthy

PROGRAM MEASURES	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY04 ACTUAL	FY05 APPROVED
Outcomes/Results:						
Percentage of refugees receiving health assessment	90	90	95	95	95	95
Percentage of refugees referred and linked with a health care provider for acute or chronic conditions	60	16	17	15	13	20
Service Quality:						
Percentage of refugees screened for TB within two weeks of arrival	NA	95	95	95	95	95
Efficiency:						
Average cost per screening ($)	798	684	996	[a]1,011	628	893
Workload/Outputs:						
Number of refugees receiving health assessments	368	380	265	265	427	300
Number of refugees referred and linked for acute or chronic conditions	232	59	44	40	55	60
Number of refugees screened for TB	368	380	265	265	427	300
Number of refugees screened for hepatitis B	206	176	123	128	196	150
Inputs:						
Expenditures ($000)	394	260	264	[a]268	268	268
Workyears	3.8	3.6	3.6	[a]3.3	3.3	3.3

Notes:
[a]A quality audit conducted in FY04 resulted in a reallocation of workyears and expenditures.

EXPLANATION:
The Refugee Health Program ensures that all refugees arriving in Montgomery County receive appropriate health screening and referral for acute or chronic conditions. Clients are screened for tuberculosis, HIV/STD, hepatitis B and C, ova, and parasites. Clinic staff are multilingual and multicultural, which enhances the safe delivery of services as they assist the newcomers in the acculturation process.

There was an increase of 61% from FY03 to FY04 in the number of refugees receiving health assessments. This may be attributed to the increase in the number of clients with Asylee Immigration Status who are applying for adjustment of their immigration status (they qualify to receive the same benefits as refugees).



PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Centers for Disease Control, Maryland Department of Health and Mental Hygiene, Office of Refugee Resettlement, Maryland Office of New Americans.

MAJOR RELATED PLANS AND GUIDELINES: Federal Refugee Act, Centers for Disease Control and Maryland Department of Health and Mental Hygiene guidelines.

HEALTH AND HUMAN SERVICES
Public Health Services

PROGRAM:
Tuberculosis Services

PROGRAM ELEMENT:
TB Outreach Case Management

PROGRAM MISSION:
To provide and ensure early identification, prompt treatment, and case management of TB suspects/active cases via direct observation

COMMUNITY OUTCOMES SUPPORTED:
- Children and adults who are physically and mentally healthy

PROGRAM MEASURES	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY04 ACTUAL	FY05 APPROVED
Outcomes/Results:						
Rate of tuberculosis cases per 100,000 population	9.5	7.6	9.0	9.2	9.2	10.5
Percentage of active TB cases receiving treatment under Directly Observed Therapy (DOT)[a]	89	94	95	95	89	95
Percentage of active TB cases completing treatment under DOT	98	86	100	95	90	95
Service Quality:						
Percentage of at-risk persons reached during a cluster[b] investigation	NA	45	90	90	90	90
Percentage of clients reporting satisfaction	95	95	95	95	95	95
Efficiency:						
Average cost per screening and treatment ($)	121	151	99	[c]121	164	120
Workload/Outputs:						
Number of clients referred to the program	8,499	6,608	10,104	10,100	7,491	9,000
Number of clients diagnosed with TB	73	67	80	88	81	90
Inputs:						
Expenditures ($000)	1,024	999	999	[c]1,229	1,229	1,229
Workyears	14.2	13.9	13.9	[c]14.9	14.9	14.9

Notes:

[a]Directly Observed Therapy is a method in which every dose of anti-tuberculosis medication taken by the patient is directly supervised by the health care worker.

[b]A cluster is defined as a change in test result status from negative to two or more positive skin test results over a period of three months following exposure to active tuberculosis.

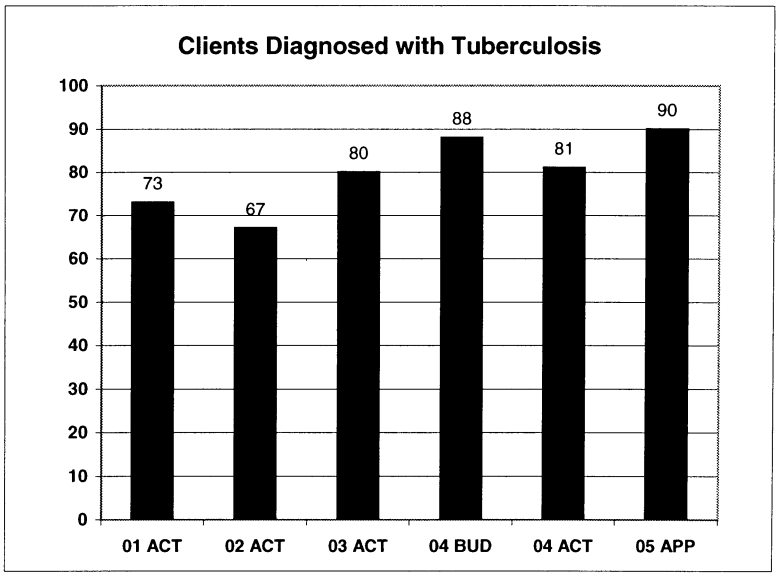
[c]A quality audit conducted in FY04 resulted in a reallocation of workyears and expenditures.

EXPLANATION:

TB program objectives are mandated by Federal and State guidelines. The TB Control Program protects the public health by maintaining constant surveillance, early identification, and prompt treatment using Directly Observed Therapy (DOT) of TB suspects/cases. Contact with active cases is evaluated promptly, and appropriate follow-up measures are initiated.

The program targets high-risk individuals in the Montgomery County Detention Center, Drug Treatment, HIV, and the foreign-born for active cases of TB (on average, 95% of the cases are found among these populations). Educational programs are provided to increase public awareness of TB.

The FY04 decrease in the number of clients referred may be attributed to a change in TB work/school protocols: repeat chest x-rays are not recommended for individuals documented with a positive PPD skin test, negative chest x-ray, and negative symptoms of tuberculosis. Also, there were fewer large scale contact investigations.



PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Centers for Disease Control, Maryland Department of Health and Mental Hygiene, hospitals, School Health, criminal justice system, Drug Treatment Center, Metropolitan Council of Governments.

MAJOR RELATED PLANS AND GUIDELINES: Occupational Safety and Health Administration, Maryland Occupational Safety and Health, Centers for Disease Control, National Institute of Occupational Safety and Health, Maryland Department of Health and Mental Hygiene, COMAR, local guidelines.

HEALTH AND HUMAN SERVICES
Public Health Services

PROGRAM:
Women's Health Services

PROGRAM ELEMENT:
Fetal and Infant Mortality Review Board

PROGRAM MISSION:
To further reduce fetal and infant mortality and improve perinatal[a] systems through the analysis of qualitative and quantitative record reviews and maternal

COMMUNITY OUTCOMES SUPPORTED:
- Children and adults who are physically and mentally healthy

PROGRAM MEASURES	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY04 ACTUAL	FY05 APPROVED
Outcomes/Results:						
Rate of infant mortality in Montgomery County per 1,000 live births	4.4	5.4	5.5	5.5	5.8	5.5
Service Quality:						
Percentage of FIMR meetings where 2 or more cases are reviewed	100	100	100	100	100	100
Efficiency:						
Cost per Review Board meeting ($)	13,375	12,500	[b]17,857	[c]21,429	18,750	21,429
Workload/Outputs:						
Number of quantitative record reviews conducted	91	70	70	70	70	70
Number of qualitative record reviews conducted	8	20	14	12	18	14
Number of Review Board meetings held	8	10	[b]7	7	8	7
Number of maternal interviews conducted	5	35	18	18	19	18
Inputs:						
Expenditures ($000)	107	125	125	[c]150	150	150
Workyears	1.3	1.5	1.5	[c]1.7	1.7	1.7

Notes:
[a]Perinatal refers to the entire pregnancy and after-birth period.
[b]Starting in FY03, the number of FIMR Board meetings will be 6 - 8 in response to a State priority to focus on Community Action Team strategies meetings.
[c]A quality audit conducted in FY04 resulted in a reallocation of workyears and expenditures.

EXPLANATION:
The four leading causes of infant death are disorders relating to short gestation, low birth weight, congenital anomalies, and sudden infant death syndrome. According to the Healthy People 2010 objectives, infant mortality should be reduced to a rate of 4.5 per 1,000 live births.

In 1998, Montgomery County established a Fetal and Infant Mortality Review (FIMR) Board. As described by the National FIMR Program, "FIMR provides for improved public health needs assessment and quality assurance, as well as a basis for policy development" towards reducing infant mortality. The FIMR Board is designed to provide qualitative perinatal record review and analysis of County fetal and infant deaths in an effort to reduce infant morbidity and mortality and improve perinatal systems infrastructure. Between 1998 and 2000, 256 record reviews and 13 maternal interviews were conducted. Beginning in FY02, the program implemented record reviews for 50% of all County fetal and infant mortality events; half of the records reviewed also included maternal interviews.

The Community Action Team (CAT) was developed in March 2002 as an independent Board to implement recommendations from the FIMR. The activiites of the CAT are to develop new and creative solutions to improve services and resources for families from the recommendations made by the FIMR Board; enhance the credibility and visibility of issues related to women, infants, and families within the broader community; and work with the community to implement interventions which improve services and resources.

In FY03, the seven health care system issues identified were:

1. Encourage physicians to discuss the need to perform an autopsy to determine infant mortality causation factors.
2. Improve medical record documentation.
3. Provide community health nurse follow up.
4. Identify and refer mothers with losses to high risk obstetricians for future pregnancies.
5. Encourage the availability of genetic testing as necessary.
6. Educate emergency room personnel about offering referrals to patients.
7. Improve communication between provider and patient.

In FY04, the program focused on four of the above system issues: (1) improve medical record documentation, (2) provide community health nurse follow up, (3) identify and refer mothers with losses to high risk obstetricians for future pregnancies as needed, and (4) encourage the availability of genetic testing as necessary. In FY05, the Community Action Team will form an ad-hoc workgroup to address the above areas and develop a strategy for implementing these recommendations.

Through negotiations with the State, a grant was awarded to Montgomery County to expand the Perinatal Network Newsletter from a County-only newsletter to a Statewide newsletter. The grant was increased by $10,000 to allow the newsletter to be distributed to all 24 Maryland counties by e-mail.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: State Center for Maternal and Child Health, Collaboration Council, Child Fatality Review Board, MedChi, African American Health Initiative Infant Mortality Committee.

MAJOR RELATED PLANS AND GUIDELINES: American College of OB/GYN standards and guidelines, Centers for Disease Control and Prevention, Food and Drug Administration (radiology standards), Healthy Start Reference Manual, Center for Medicare and Medicaid Services, National Fetal and Infant Mortality Review Program, Health Resources and Services Administration's Maternal and Child Health Bureau.

HEALTH AND HUMAN SERVICES
Public Health Services

PROGRAM:
Women's Health Services

PROGRAM ELEMENT:
Maternity Program Partnership

PROGRAM MISSION:
To assure access to and the provision of prenatal health care services for uninsured Montgomery County women of childbearing years

COMMUNITY OUTCOMES SUPPORTED:
- Children and adults who are physically and mentally healthy

PROGRAM MEASURES	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY04 ACTUAL	FY05 APPROVED
Outcomes/Results:						
Percentage of healthy birth weight babies[a] born to enrolled pregnant women	95	93	96	95	97	97.5
Percentage of clients enrolled for care in the first trimester of pregnancy	39	34	26	26	31	30
Service Quality:						
Percentage of clients satisfied with care	NA	NA	NA	95	96	95
Efficiency:						
Average cost per pregnant woman enrolled for prenatal care and delivery ($)	756	860	779	878	825	[b]1,147
Workload/Outputs:						
Number of pregnant women enrolled for maternity care	1,257	1,279	1,431	1,500	1,596	1,700
Number of pregnant women enrolled for care in the first trimester of pregnancy	333	426	367	390	495	448
Number of enrolled pregnant women who deliver	994	1,198	1,172	1,180	1,406	1,264
Number of babies born with a healthy birth weight	850	1,114	1,125	1,140	1,360	1,232
Inputs:						
Expenditures ($000)	915	1,100	1,115	1,317	1,317	[b]1,836
Workyears	4.5	4.5	4.5	4.5	4.5	5.3

Notes:
[a]Healthy birth weight is a baby weighing more than 2,500 grams (about 5.5 pounds).
[b]The cost to provide services has increased.

EXPLANATION:
The Maternity Program Partnership, which was fully implemented in September 1999, is composed of two components. The Department of Health and Human Services-Holy Cross Hospital Maternity Program Partnership provides low-income, uninsured women access to comprehensive clinical obstetric services through a multi-disciplinary public-private partnership with Holy Cross Hospital and the Department of Health and Human Services' Project Deliver Program. The program also provides reimbursement and medical malpractice coverage for private sector obstetricians and gynecologists for labor and delivery services at Holy Cross Hospital.

Scientific analysis has found a strong association between early and continuous prenatal care and improvement in pregnancy outcomes. Studies evaluating the impact of prenatal care on neonatal morbidity found low birth weight, premature rupture of the membranes, pre-term delivery, and intensive care nursery admissions more likely in women who received little or no prenatal care than in those who received prenatal care from a publicly funded program. Estimates are that for each dollar spent on prenatal care for this population, $53.66 was saved in hospital charges. Regardless of socio-economic status, women who fail to get early, regular, comprehensive prenatal care are at greater risk for having a low birth weight baby. The percentage of healthy birth weight babies among the population served by this program in FY04 was 97%. Moreover, in FY04, 31% of Department of Health and Human Services clients entered care in their first trimester, a 5% increase over FY03. The enrollment in FY04 increased by 165 women, and the overall outcomes were significantly improved as reflected in a 1% increase in healthy birth weight from FY03.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Community and School Health Services; Communicable Disease and Epidemiology; Holy Cross Hospital; Vegetarian Institute of Nutrition and Culinary Arts, Inc.; Crittenton Services; Barwood and Regency cab companies; Department of Health and Mental Hygiene's Center for Maternal and Child Health; Planned Parenthood; Women, Infants, and Children Program.

MAJOR RELATED PLANS AND GUIDELINES: American College of Obstetrics and Gynecology standards and guidelines, Centers for Disease Control, Food and Drug Administration (radiology standards), Department of Health and Mental Hygiene Maternal Health Clinical Guidelines, Holy Cross Hospital Clinical Pathways for Maternal Health, Healthy Start Reference Manual, Health Care Financing Administration (now called the Centers for Medicare and Medicaid Services).

HEALTH AND HUMAN SERVICES
Public Health Services

PROGRAM:
Women's Health Services

PROGRAM ELEMENT:
Reproductive/GYN Health Services

PROGRAM MISSION:
To assure access to reproductive health/gynecological services for indigent women of child bearing age through contractual agreements with community partners

COMMUNITY OUTCOMES SUPPORTED:
- Children and adults who are physically and mentally healthy

PROGRAM MEASURES	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY04 ACTUAL	FY05 APPROVED
Outcomes/Results:						
Percentage of indigent women of child bearing age receiving services[a]	10	9	8	8	6	8
Service Quality:						
Percentage of clients receiving an appointment within 30 days of their initial referral	NA	100	90	100	100	100
Efficiency:						
Annual cost per client for comprehensive services ($)	169	117	141	127	182	127
Workload/Outputs:						
Number of family planning visits	[b]6,070	[b]7,000	5,301	5,500	3,957	5,500
Number of women enrolled	3,500	3,500	2,476	3,150	3,150	3,000
Number of women having at least one visit during the fiscal year	NA	3,500	2,900	3,150	2,196	3,000
Inputs:						
Expenditures ($000)	593	409	409	[c]400	400	400
Workyears	0.7	1.0	1.0	[c]0.9	0.9	0.9

Notes:

[a]The Census 2003 survey by the Maryland-National Capital Park and Planning Commission, Research and Technology Center, estimtes that the number of eligible women of childbearing age in Montgomery County is 36,880 (using Federal regulations and Department of Health and Human Services program poverty guidelines of 250% of the Federal Poverty Level).

[b]Estimate. The necessary report from the Pubic Health Services' PULS database was delayed due to lack of funding.

[c]A quality audit conducted in FY04 resulted in a reallocation of workyears and expenditures.

EXPLANATION:

The County provides comprehensive reproductive health and gynecological services for uninsured, indigent women with incomes up to 250% of the Federal Poverty Level through contractual agreements with community providers. County funding is supplemented through a State Reproductive Health Title X grant. Providers have cultural and linguistic capacity. Eligible clients are referred to the State's Breast and Cervical Cancer Diagnosis and Treatment Program as appropriate for gynecological consultative services. County Maternity Program Partnership clients enrolled for prenatal care are referred into reproductive health care/gynecological services after their postpartum appointment. Teens constitute 20% of the total reproductive health enrollment. Arrangements continue for fast-track referrals from the County's Sexually Transmitted Disease clinics into family planning services after treatment. In addition, through the Improved Pregnancy Outcome grant and the combined Reproductive Health/Family Planning grant, the County has specifically targeted perinatal partnerships and quality assurance standards/credentialing. These efforts have included community and provider education, public awareness activities, and continued network development. This comprehensive approach is designed to reduce unintended pregnancy, improve pregnancy outcomes, and improve the health of adolescents and other high-risk groups.

The Alan Guttmacher Institute 2000 report, "Fulfilling the Promise: Public Policy and US Family Planning Clinics," found that clinics funded by Title X prevented 1.3 million unintended pregnancies from occurring each year and 5.5 million teenage pregnancies over the last 20 years; provided contraceptive services for one in four women generally, including an even larger proportion of adolescents, women with low incomes, and minority women; and provided preventive services such as pap smears and HIV/STD screening. The most important implementation strategy is contraceptive use.

The number of low income women seeking family planning services has dropped 8% since FY02, despite public education and promotion of contraceptives. According to Maryland Vital Statistics 2000 for Montgomery County, 49% of pregnant teens were Hispanic. This is consistent with the growing Hispanic population in Montgomery County, which now makes up 44% of the entire Hispanic population in the State. The National Center for Health Statistics estimates that between 1990 and 1999, 25% of non-Hispanic white females and 51% of Hispanic females became pregnant at least once before age 20. Therefore, given our goal to reduce teen pregnancy, we need to provide special support to groups whose rates are high in Montgomery County, namely young Hispanic women. In light of this trend, additional resources and efforts will be directed towards outreach and education in the Hispanic teen community and to working with partners on pregnancy prevention.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Community Health, School Health, and Communicable Disease and Epidemiology programs; Planned Parenthood of Metropolitan Washington, Inc., Department of Health and Mental Hygiene's Center for Maternal and Child Health.

MAJOR RELATED PLANS AND GUIDELINES: American College of OB/GYN standards and guidelines, Centers for Disease Control, State Department of Health and Mental Hygiene's Family Planning Clinical and Administrative guidelines, Contraceptive Technology.

HEALTH AND HUMAN SERVICES
Public Health Services

PROGRAM:
Women's Health Services

PROGRAM ELEMENT:
Women's Cancer Control

PROGRAM ELEMENT MISSION:
To reduce mortality rates through early detection and linkage to follow-up care

COMMUNITY OUTCOMES SUPPORTED:
- Children and adults who are physically and mentally healthy

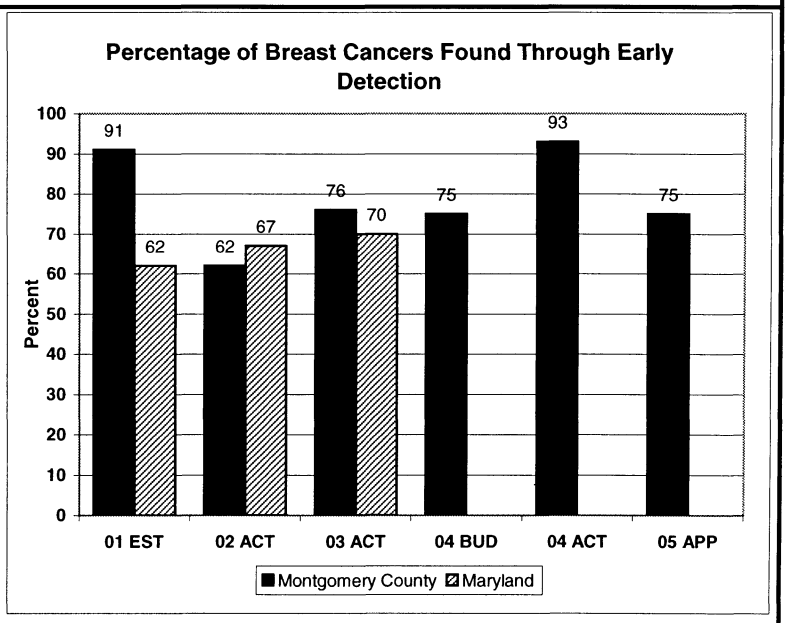
PROGRAM MEASURES	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY04 ACTUAL	FY05 APPROVED
Outcomes/Results:						
Total number of cancers detected	11	18	17	25	15	25
Number of cancers detected in early stages	10	13	14	19	14	20
Percentage of breast cancers detected in early stages	91	62	76	75	93	80
Service Quality:						
Percentage of women satisfied or very satisfied with treatment program services	100	100	100	100	100	100
Efficiency:						
Average cost per screening ($)	336	310	299	377	324	377
Workload/Outputs:						
Number of women screened	2,330	2,527	2,620	2,000	2,320	2,000
Number of women returning for annual routine screening	1,386	1,765	1,782	1,500	1,763	1,500
Percentage of women retained for annual routine screening	70	76	68	75	76	75
Number of women with abnormal findings[a] who are case managed	949	850	650	500	580	500
Inputs:						
Expenditures ($000)[b]	782	783	783	[c]753	753	753
Workyears	3.2	7.0	7.0	[c]5.5	5.5	5.5

Notes:
[a]Abnormal findings include suspected cancers and/or actual cancer.
[b]This program is 100% grant funded.
[c]A quality audit conducted in FY04 resulted in a reallocation of workyears and expenditures.

EXPLANATION:
Women's Cancer Control provides breast cancer screening services to women between 40 and 49 years of age, and breast and cervical cancer screenings to women 50 and over who are uninsured and whose income is below 250% of the Federal Poverty Level. These services are offered to reduce mortality rates through early detection and linkage to follow-up care.

Montgomery County breast cancer cases detected through early screening as a result of the breast cancer screening program have consistently been comparable to State of Maryland results. The percentage of cancers found through early detection will increase as more women are screened on an annual basis.

In FY04, the program expanded services to include ultrasound of the breast and surgical consultations with no budget increase, resulting in a reduction in the number of women screened. However, the percentage of breast cancer cases detected in early stages increased significantly.



PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Washington Adventist and Shady Grove Adventist Hospitals, Suburban Hospital, Spanish Catholic Clinic, Proyecto Salud, American Cancer Society, physicians, radiology facilities, Centers for Disease Control, Maryland Department Health and Mental Hygiene.

MAJOR RELATED PLANS AND GUIDELINES: Centers for Disease Control, State regulations, American College of Obstetricians and Gynecologists, Food and Drug Administration (radiology standards).