

DEPARTMENT OF HEALTH & MENTAL HYGIENE (DHMH)

10.479 FOOD SAFETY COOPERATIVE AGREEMENTS

Program Description: To monitor and improve the safety of the nation's food supply. The Food Safety and Inspection Service (FSIS) is authorized to use cooperative agreements to reflect a relationship between FSIS and cooperators to carry out educational programs or special studies to improve the safety of the nation's food supply. Also, FSIS has been directed to further develop the Food Emergency Response Network, a network of Federal, state and local laboratories that provides the nation the analytic capabilities and capacity it needs to cope with agents threatening the food supply.

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

FY10 (exp)	FY11 (approp)	FY12 (est)
\$ 0	\$ 0	\$ 205,000

Program Supported / Population Served: Funds will be used in the Food Chemistry & Microbiology Emergency Preparedness project to expand the State's Public Health Laboratory in the FERN (Food Emergency Response Network) to enhance food safety and security measures for surveillance of domestic and imported foods. The Laboratories Administration proposes to develop and maintain a food defense, safety, and surveillance monitoring project for analysis of chemical and microbiological contamination. This project will make available to the State of Maryland, the National Capital Region, and various federal agencies routine and surge capacity testing, using validated FDA - USDA / FERN methods for the analysis of foods and food products for chemical and microbiological contamination. This will be particularly effective during an emergency or terrorist event.

Governor's Goal #6 [Make Maryland the National Leader in Homeland Security Preparedness by End 2012](#)

10.553 SCHOOL BREAKFAST PROGRAM

Program Description: Provides nutritious, nonprofit breakfast service for school children, through cash grants and food donations.

Formula Description: Federal funds are made available on a performance basis by: (1) multiplying the number of paid breakfasts served to eligible children during the fiscal year by a National Average Payment (NAP); (2) multiplying the number of breakfasts served free to eligible children by a NAP prescribed by the Secretary; and (3) multiplying the number of reduced priced breakfasts served to eligible children by a NAP for reduced priced breakfasts. The amount of federal funds given the grantee is the sum of the products obtained from these three computations, plus an additional 6 cents for every breakfast served. Schools with a high percentage of needy children may receive additional payments. The statistical factors used in this formula are: (1) the NAPs; (2) the number of paid breakfasts served; and (3) the number of breakfasts served free or at reduced price to eligible children. Program has no matching or maintenance of effort requirements.

FY10 (exp)
\$ 136,346

FY11 (approp)
\$ 139,089

FY12 (est)
\$ 136,522

Program Supported / Population Served: School Breakfast Program funds serve eligible children at the following State institutions: Regional Institute for Children and Adolescents (RICA) Baltimore; Spring Grove Hospital Center; and John L. Gildner RICA.

Governor's Goal #12 [End Childhood Hunger in Maryland by 2015](#)

10.557 SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS, & CHILDREN (WIC PROGRAM)

Program Description: Provides nutrition services, including education, supplemental foods, and referrals to health care providers through local agencies to low-income (185% of federal poverty level) pregnant and postpartum women, infants and children until their fifth birthday. The State WIC Office is responsible for funding and overseeing local agency operations. The Office works closely with the Child Health Insurance Program, Healthy Choice, and Early Periodic Screening, Diagnosis and Treatment programs in Medical Assistance and other maternal and child health programs within the DHMH Family Health Administration to obtain maximum benefits for participants.

Formula Description: Formula determined by the Department of Agriculture, which allocates funds for food benefits, nutrition services, and administration costs. No matching funds are required, but some states contribute nonfederal funds in support of a larger WIC Program in their state. Program has no maintenance of effort requirements.

FY10 (exp)
\$ 98,982,951

FY11 (approp)
\$ 112,014,271

FY12 (est)
\$ 109,563,247

Program Supported / Population Served: Funding is provided to 18 local agencies. In SFY 2010, 148,670 participants were served by the program.

Governor's Goal #12 [End Childhood Hunger in Maryland by 2015](#) and #14 [Reduce Infant Mortality in Maryland by 10% by End 2012](#)

14.238 SHELTER PLUS CARE

Program Description: Provides rental assistance, in connection with supportive services funded from sources other than this program, to homeless persons with disabilities (primarily persons who are seriously mentally ill, have chronic problems with alcohol, drugs, or both, or have acquired immunodeficiency syndrome and related diseases) and their families. The program provides assistance through: (1) Tenant-based Rental Assistance (TRA); (2) Sponsor-based Rental Assistance (SRA); (3) Project-based Rental Assistance (PRA); (4) and Single Room Occupancy for Homeless Individuals (SRO).

Formula Description: Program has no statutory formula. Recipients match the rental assistance by supportive services equal in value to the aggregate amount of rental assistance and appropriate to the needs of the population to be served. Program has no maintenance of effort requirements.

FY10 (exp)
\$ 3,759,065

FY11 (approp)
\$ 3,862,462

FY12 (est)
\$ 3,860,670

Program Supported / Population Served: Funds provide rental assistance for mentally ill homeless persons to help transition into permanent housing. Program is statewide (except for Baltimore City, Garrett, Howard and Montgomery counties) and served, in State Fiscal Year 2010, 174 families (which included 332 children), 140 individuals and 38 other adults.

14.241 HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS (HOPWA)

Program Description: Provides states and localities with resources and incentives to devise long-term comprehensive strategies for meeting the housing needs of low-income persons and their families living with AIDS.

Formula Description: Title Formula Allocations, Subpart B – Formula Entitlements. Eligible states and qualifying cities are awarded HOPWA formula grants on submission and approval of a consolidated plan, pursuant to 24 CFR Part 91. Program has no matching or maintenance of effort requirements.

FY10 (exp)
\$ 665,073

FY11 (approp)
\$ 1,022,073

FY12 (est)
\$ 1,338,643

Program Supported / Population Served: Annual funding from the Department of Housing and Urban Development's Housing Opportunities for Persons with AIDS (HOPWA) is provided to the State of Maryland for the service area to include Caroline, Dorchester, Kent, Somerset, Talbot, Wicomico and Worcester counties on the Eastern Shore; Allegany, Garrett, and Washington counties in Western Maryland; Montgomery and Frederick counties in Central Maryland, and Charles County in Southern Maryland. The project funds tenant-based rental assistance for person living with HIV/AIDS whose income is at or below 80% of the mean income in their county of residence. The services include a housing care plan to assist individuals in obtaining permanent stable housing.

Governor's Goal #15 [Expand Access to Substance Abuse Services](#)

20.600 STATE & COMMUNITY HIGHWAY SAFETY

Program Description: Provides a coordinated national highway safety program to reduce traffic crashes, deaths, injuries, and property damage.

Formula Description: Statutory formula, Title 49 CFR, Chapter 1240.11, 1240.12, 1240.13. 75% apportioned on total resident population; 25% apportioned against public road mileage in states. Federal share may not exceed 80% or applicable sliding scale. Program has no maintenance of effort requirements.

FY10 (exp)
\$ 175,666

FY11 (approp)
\$ 172,975

FY12 (est)
\$ 178,450

Program Supported / Population Served: The Maryland Kids in Safety Seats (KISS) program provides education and training initiatives designed to prevent injuries and deaths to

children due to non-use or incorrect safety seat use. The project consists of: 1) public and professional education; 2) technical training for health, safety and law enforcement personnel; 3) a statewide network of safety seat loaner programs for low-income families, and 4) support of child passenger safety enforcement initiatives in Maryland. This program is statewide and in State Fiscal Year 2010, 2,336 seats were distributed and/or inspected.

Governor’s Goal #14 Reduce Infant Mortality in Maryland by 10% by End 2012

45.310 GRANTS TO STATES

Program Description: Promotes improvement in library services. The program facilitates access to resources in all types of libraries and encourages resource sharing among libraries.

Formula Description: Amount state receives consists of a minimum allotment set by Congress (20 USCS 9131 (b)) plus an additional amount based on the most current published population estimates available the 1st day of the federal fiscal year from the Census Bureau. Federal share is 66% and state matching requirement is 34%.

FY10 (exp)	FY11 (approp)	FY12 (est)
\$ 0	\$ 10,000	\$ 0

Program Supported / Population Served: This project provides patient library services at Spring Grove Hospital Center.

93.069 PUBLIC HEALTH EMERGENCY PREPAREDNESS (PHEP)

Program Description: Develop emergency-ready public health departments by upgrading, integrating and evaluating state and local public health jurisdictions preparedness for and response to terrorism, pandemic influenza, and other public health emergencies with Federal, state, local, and tribal governments, the private sector, and non-governmental organizations. These emergency preparedness and response efforts are intended to support the National Response Plan (NRP) and the National Incident Management System (NIMS).

Formula Description: This program has no statutory formula. State matching requirement is 10%. Program has maintenance of effort requirements; see funding agency, DHHS/Centers for Disease Control and Prevention, for further details.

FY10 (exp)	FY11 (approp)	FY12 (est)
\$ 31,848,555	\$ 15,579,844	\$ 12,867,499

Program Supported / Population Served: The Public Health Emergency Preparedness (PHEP) grant provides funding to State, local health departments and various partners to organize, prepare, and respond to public health and medical emergencies for the health and safety of all Maryland residents. The PHEP project supports an agreement between the CDC and the State. The grant focus areas include:

- 1) Preparedness Planning and Readiness Assessment – provides strategic leadership, direction, coordination, and assessment of activities to ensure State and local readiness. Interagency collaboration and preparedness for natural and/or man made physical threats, disease and other health threats and emergencies are key aspects of this project.
- 2) Cities Readiness Initiative (CRI) – supports major metropolitan areas responses to an anthrax attack. Maryland had 13 CRI counties in 3 separate but interoperable CRI

regions: National Capital Region, Baltimore-Towson Metropolitan Statistical Area, and Cecil County, which are part of the Philadelphia Metropolitan Statistical Area. This project ensures each jurisdiction has the regional capabilities to staff and operate mass dispensing sites. Each jurisdiction must have a CRI plan integrated with their local Strategic National Stockpile (SNS) plan, local Emergency Operations Plan, and State SNS plans. Primary objectives include interoperable communications, standardization of equipment, regional risk communication, training, drills and exercises.

Governor's Goal #6 [Make Maryland the National Leader in Homeland Security Preparedness by End 2012](#)

93.070 ENVIRONMENTAL PUBLIC HEALTH AND EMERGENCY RESPONSE

Program Description: Bring public health and epidemiological principles together to identify, clarify, and reduce the impact of complex environmental threats, including terrorist threats and natural disasters, on populations, domestic and foreign. Programs and activities focus on safeguarding the health of people from environmental threats; providing leadership in the use of environmental health sciences – including environmental epidemiology, environmental sanitation, and laboratory sciences – to protect public health; and responding to issues and sharing solutions to environmental health problems worldwide.

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

FY10 (exp)	FY11 (approp)	FY12 (est)
\$ 0	\$ 0	\$ 432,400

Program Supported / Population Served: The Addressing Asthma from a Public Health Perspective project: 1) conducts asthma surveillance system; 2) implements intervention strategies developed under a State Asthma Plan; 3) provides leadership for a statewide Asthma Coalition; and 4) builds commitments within the State to ensure program sustainability. This is a statewide project.

Governor's Goal #6 [Make Maryland the National Leader in Homeland Security Preparedness by End 2012](#)

93.089 EMERGENCY SYSTEM FOR ADVANCED REGISTRATION OF VOLUNTEER HEALTH PROFESSIONALS (ESAR-VHP)

Program Description: Establish and maintain a national interoperable network of state systems. Each system is maintained by a state or a group of states for the purpose of verifying the credentials, certifications, licenses, relevant training, and hospital privileges of health care professionals who volunteer to provide health services during a public health emergency.

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

FY10 (exp)	FY11 (approp)	FY12 (est)
\$ 14,766	\$ 0	\$ 0

Program Supported / Population Served: To enhance the registration of Maryland professional volunteers via the Emergency System for Advanced Registration of Volunteer Health Professionals. This program ended on September 29, 2010.

Governor's Goal #6 [Make Maryland the National Leader in Homeland Security Preparedness by End 2012](#)

93.092 PERSONAL RESPONSIBILITY EDUCATION PROGRAM

Program Description: Educate adolescents and young adults on both abstinence and contraception for the prevention of pregnancy and sexually transmitted infections, including HIV/AIDS.

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

FY10 (exp)	FY11 (approp)	FY12 (est)
\$ 0	\$ 0	\$ 956,878

Program Supported / Population Served: The program must educate adolescents on both abstinence and contraception to prevent pregnancy and sexually transmitted infections (STIs), including HIV/AIDS, and at least three adulthood preparation subjects, utilizing evidence-based effective program models. While states may help youth find services they need and make referrals, such health services may not be paid for with PREP funds. States are encouraged to serve populations of youth at greatest risk for teen pregnancy and STIs. These include youth in foster care, homeless youth, youth with HIV/AIDS, teen parents, and youth in areas with high teen birth rates, pregnant youth and mothers under the age of 21.

Governor's Goal #14 [Reduce Infant Mortality in Maryland by 10% by End 2012](#)

93.104 COMPREHENSIVE COMMUNITY MENTAL HEALTH SERVICES FOR CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCES (SED) (CMHS Child Mental Health Service Initiative)

Program Description: Provide community-based systems of care for children and adolescents with a serious emotional disturbance and their families. The program will ensure that services are provided collaboratively across child-serving systems; that each child or adolescent served receives an individualized service plan developed with the participation of the family (and, where appropriate, the child); that each individualized plan designates a case manager to assist the child and family; and that funding is provided for mental health services required to meet the needs of youngsters in this system.

Formula Description: This program has no statutory formula. Matching requirement are 100%. Program has maintenance of effort requirements, see agency DHHS/SAMHSA for further details.

FY10 (exp)	FY11 (approp)	FY12 (est)
\$ 575,099	\$ 1,840,853	\$ 1,855,891

Program Supported / Population Served: Maryland Crisis and At Risk for Escalation Diversion Services (MD CARES) program seeks to improve mental health outcomes for children, youth and families served by, or at risk of entering, the State’s foster care system. In Maryland there are approximately 8,900 children in foster care, of which roughly 5,225 are from Baltimore City (“the City”). Service dollars awarded under this cooperative agreement are targeted to City neighborhoods where the majority of the youth and families in foster care reside. MD CARES serves up to 40 youth at a time for an average of 15 months with a total projected of 340 youth served throughout the entire project period. To most effectively leverage systems change in the City and adapt the model for statewide implementation, MD CARES also incorporates statewide infrastructure and sustainability strategies which include: crisis response and stabilization; completion of the statewide rollout of Maryland Youth Motivating Others through Voices of Experience (MOVE); and, cross-agency fiscal and policy analysis. Further, through Maryland’s state-funded training and network and the University of Maryland, MD CARES will provide training and technical assistance to State and local partners on System of Care principles and practices, including the implementation of family and child teams throughout the child welfare systems.

Governor’s Goal #5 Reduce Violent Crimes Committed Against Women and Children by 25% by End 2012 and #14 Reduce Infant Mortality in Maryland by 10% by End 2012

93.110 MATERNAL & CHILD HEALTH FEDERAL CONSOLIDATED PROGRAMS (Special Projects of Regional and National Significance (SPRANS), Community Integrated Service Systems (CISS): Public Health Service Act – Section 399BB Programs under the Combating Autism Act of 2006; The Heritable Disorders and the Congenital Conditions Program

Program Description: Carries out special maternal and child health (MCH) projects. These grants are funded with a set-aside from the MCH Block Grant Program. SPRANS grants are funded with 15% of the Block Grant appropriation of up to \$600 million, and when the appropriation exceeds \$600 million, an additional 12.75% is set aside for the Community Integrated Service Systems grants.

Formula Description: This program has no statutory formula. Matching requirement is 35%. This program has no maintenance of effort requirements

FY10 (exp)	FY11 (approp)	FY12 (est)
\$ 214,681	\$ 249,617	\$ 225,055

Program Supported / Population Served: Multiple projects are funded through this grant:

The State Systems Development Initiative project complements the Maternal and Child Health Block Grant (MCHB) program by improving state capacity to analyze data and assess needs. This project is statewide.

The State Early Childhood Comprehensive System Planning (ECCS) project plans, develops, and implements collaborations and partnerships supporting family and community efforts to help preschoolers achieve school readiness. The objective is to embed the work of ECCS into the

Early Childhood Advisory Council (ECAC) State plan, the Governor appointed council that serves as the overarching State plan for school readiness. The ECAC State plan encompasses all children ready to enter school and the health activities of ECCS are blended into the overall State

plan to address: 1) access to health insurance; 2) mental health and social-emotional development; 3) early care and education (child care); 4) parent education; and 5) family support. This project is statewide.

Governor's Goal #2 [Improve Student Achievement, and School, College and Career Readiness in Maryland by 25% by End 2015](#) and #14 [Reduce Infant Mortality in Maryland by 10% by End 2012](#)

93.116 PROJECT GRANTS & COOPERATIVE AGREEMENTS FOR TUBERCULOSIS CONTROL PROGRAMS (Tuberculosis Prevention & Control & Laboratory Program)

Program Description: Assist state and local health agencies in carrying out tuberculosis (TB) control activities designed to prevent transmission of infection and disease. Financial assistance is provided to TB programs, to ensure that program needs for the core TB prevention and control activities are met. Each core activity (completion of therapy, contact investigation, TB surveillance, and TB laboratory activities) is essential to effective TB prevention and control.

Formula Description: This program has no statutory formula or matching requirements. Although there are no matching requirements, applicants must assume a portion of project costs. Maintenance of effort requirements are not applicable to this program.

FY10 (exp)
\$ 1,143,648

FY11 (approp)
\$ 1,235,172

FY12 (est)
\$ 1,316,283

Program Supported / Population Served: Supports State and local TB prevention and control efforts through technical support to counties and the provision of laboratory services. Activities include basic TB education and training, TB surveillance, and formal collaboration with the District of Columbia and Virginia TB programs regarding issues related to patient movement between jurisdictions and contact investigations. The DHMH TB laboratory also processes specimens for the District of Columbia. FY 2009 data indicates 200 cases were reported. 70% of all Maryland cases were foreign-born for a case rate 28.7/100,000. Other target populations are the homeless, substance abusers, the incarcerated, and those who are HIV co-infected. Three county TB control programs (Prince George's, Montgomery, and Baltimore counties) receive substantial support for their TB programs through the DHMH cooperative agreement with the Centers for Disease Control and Prevention (CDC). Maryland also is one of the national sites for the CDC-funded Tuberculosis Epidemiologic Research Consortium and is currently participating in nine national studies.

Governor's Goals #1 [Create, Save or Place Residents into 250,000 Jobs Maryland by End 2012](#), and #13 [Establish Best in the Nation Statewide Health Information Exchange and Electronic Health Records Adoption by End 2012](#) and #15 [Expand Access to Substance Abuse Services in Maryland by 25% by End 2012](#)

93.130 COOPERATIVE AGREEMENTS TO STATES/TERRITORIES FOR THE COORDINATION AND DEVELOPMENT OF PRIMARY CARE OFFICES (State Primary Care Offices)

Program Description: Coordinates local, state, and Federal resources contributing to primary care service delivery and workforce issues in the state, to meet the needs of medically-

underserved populations through health centers and other community-based providers of comprehensive primary care and the retention, recruitment, and oversight of health professions for medically underserved populations.

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

FY10 (exp)	FY11 (approp)	FY12 (est)
\$ 209,819	\$ 188,673	\$ 199,972

Program Supported / Population Served: The Office of Health Policy and Planning's Maryland Primary Care Organization (PCO) meets the needs of medically underserved populations through health centers, other community-based providers of comprehensive primary care, and through the recruitment of health care professionals. This project is statewide.

(1) Loan Assistance Repayment Program - in calendar year 2010, the PCO recommended 10 primary care physicians; (2) J-1 Visa Waiver Program - in FY 2010, the PCO recommended 18 primary care and specialty physicians; (3) National Health Service Corp Program - ensured compliance and recommended placement of 9 primary care scholar physicians and 46 loan repayors for calendar year 2010; and (4) Federal Shortage Analyses (FSAs) - completed 68 analyses (40 new, 7 renewal, and 21 updated) for State Fiscal Year 2010 in federal designations as Health Professional Shortage Areas (HPSAs), Medically Underserved Area/population, and facility designations.

Governor's Goal #14: [Reduce Infant Mortality in Maryland by 10% by End 2012](#)

93.136 INJURY PREVENTION & CONTROL RESEARCH & STATE & COMMUNITY BASED PROGRAMS (National Center for Injury Prevention & Control)

Program Description: RESEARCH GRANTS: (1) support injury control research on priority issues; (2) integrate aspects of engineering, public health, behavioral sciences, medicine, engineering, health policy, economics and other disciplines in order to prevent and control injuries more effectively; (3) rigorously apply and evaluate current and new interventions, methods, and strategies focusing on the prevention and control of injuries; (4) stimulate and support Injury Control Research Centers (ICRCs) in academic institutions which will develop a comprehensive and integrated approach to injury control research and training; and (5) bring knowledge and expertise of ICRCs to bear on the development of effective public health programs for injury control.

STATE AND COMMUNITY PROGRAM GRANTS: (1) develop and evaluate new methods or evaluate existing methods and techniques used in injury surveillance by public health agencies; and (2) develop, expand, or improve injury control programs to reduce morbidity, mortality, severity, disability, and cost from injuries.

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

FY10 (exp)	FY11 (approp)	FY12 (est)
\$ 1,369,662	\$ 1,204,195	\$ 1,146,972

Program Supported / Population Served: Multiple projects are funded through this grant:

The Sexual Violence Prevention and Education Program provides a planned combination of initiatives focused on preventing sexual violence in the lives of Maryland citizens. Collaborative relationships have been developed with other State agencies, community based organizations, advocacy groups, and academic institutions to implement interventions in 3 key areas: 1) comprehensive school-based sexual violence education, 2) community-based sexual violence prevention education, and 3) professional education and training.

In State Fiscal Year 2010, the number of students (includes elementary, middle and high school) receiving sexual violence prevention education was 286,479. The number of other individuals (college students, professionals and general population) receiving the education program was 42,256.

The Maryland Violent Death Reporting System (MVDRS) establishes a statewide violent death surveillance system conforming to the specifications and requirements of a National Violent Death Reporting System. The MVDRS generates public health surveillance information at the State and local level on all homicides, suicides, deaths of undetermined intent and accidental firearm deaths. Data is collected from death certificates, medical examiner reports and police reports in order to monitor the public health impact of violence related deaths and evaluate prevention policies.

The Public Health Injury Surveillance and Prevention Program goals are to increase the capacity of the injury prevention program in Maryland to address the prevention of injuries and violence and to monitor and detect fatal and non-fatal injuries. The Center works with State injury partners through the Maryland Partnership for a Safer Maryland and addresses injury consistent with the Maryland Injury Prevention State Plan. Through the Partnership for a Safer Maryland and the State plan, key injury priority areas have been identified (Falls Prevention in Older Adults, Motor Vehicle Accidents, Poisoning and Interpersonal Violence), and interventions focusing on these areas will be implemented in the local communities. In addition, injury surveillance activities will continue with the addition of access to new data sets. This will culminate in the production of a comprehensive injury report and participation in the CDC Multi-State Injury Data Report.

Programs for the Prevention of Fire-Related Injuries – During State Fiscal Year 2010, the Center for Health Promotion’s Smoke Alarms for Everyone (SAFE) program installed 1,310 smoke alarms in 716 enrolled SAFE program homes. The SAFE program will continue to award mini-grants to local communities to conduct fire safety home visits and directly install smoke alarms in households that remain unprotected in case of fire. In conducting the SAFE program, the Center for Health Promotion leverages State and local resources to achieve the goal of reducing fire-related deaths and injuries among Maryland residents. The Center will continue to award funds to communities in Maryland to conduct the in-home visits, provide fire prevention materials and education, install smoke alarms and conduct a six-month follow-up in program homes to evaluate the effectiveness of the initiative. The current grant ends on September 30, 2011.

Governor’s Goal #4 [Reduce Violent Crime in Maryland by 20% by End 2012](#) and #5 [Reduce Violent Crimes Committed Against Women and Children by 25% by End 2012](#)

93.150 PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)

Program Description: Provides financial assistance to states to support services for individuals who suffer from a serious mental illness or serious mental illness and substance abuse, and are

homeless or at imminent risk of becoming homeless. Programs and activities include: (1) outreach services; (2) screening and diagnostic treatment services; (3) habilitation and rehabilitation services; (4) community mental health services; (5) alcohol and drug treatment services; (6) staff training; (7) case management services; (8) supportive and supervisory services in residential settings; (9) referrals for primary health services, job training, educational services, and relevant housing services; and (10) a prescribed set of housing services.

Formula Description: Statutory formula, Title 45, Part 92, Public Law 101-645. The formula allots funds on the basis of the population living in urbanized areas of the state, compared to the total population living in urbanized areas in the entire United States except that no state receives less than \$300,000. States must make available, directly or through donations from public or private entities, nonfederal contributions equal to but not less than \$1 (in cash or in kind) for each \$3 of federal funds provided in such grant. Program has no maintenance of effort requirements.

FY10 (exp) \$ 1,137,210	FY11 (approp) \$ 1,172,000	FY12 (est) \$ 1,271,297
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Program Supported / Population Served: Projects for Assistance in Transition from Homelessness include a mental health program providing outreach, screening and diagnostic treatment, community mental health, alcohol and drug abuse treatment, and training to persons who suffer from serious mental illness and may also have a substance abuse disorder, and are homeless or at imminent risk of becoming homeless. Program is statewide.

Governor’s Goal #15 [Expand Access To Substance Abuse Services](#)

93.153 COORDINATED SERVICES & ACCESS TO RESEARCH FOR WOMEN, INFANTS, CHILDREN & YOUTH (Ryan White Program)

Program Description: Provides family-centered care involving outpatient or ambulatory care (directly or through contracts) to women, infants, children, and youth with HIV/AIDS, and may be used to provide additional support services to patients and families through provision of coordinated, comprehensive, culturally and linguistically competent, family-centered services. Funds support programs that provide primary medical care and: (1) link established systems of care to coordinate service delivery and ensure that HIV-infected women, infants, children, and youth have access to existing and emerging HIV treatments; (2) implement HIV prevention programs for the transmission of HIV from mother to child; (3) educate clients about the opportunities for participation in clinical research and other research activities; and (4) address the intensity of service needs, high costs, and other complex barriers to comprehensive care and research experienced by medically underserved and challenging populations.

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

FY10 (exp) \$ 1,445,872	FY11 (approp) \$ 1,421,188	FY12 (est) \$ 1,374,186
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Program Supported / Population Served: This competitively awarded project funded by the Health Resources Services Administration provides Ryan White Part D federal funds to expand and enhance the comprehensive coordinated continuum of health and support services through a network of providers in Baltimore City and Prince George’s County for HIV seropositive women, children, youth, and their families. The Youth Initiative program sites provide primary

care, case management, health education, STD screening, outreach, mental health services, drug treatment services, reproductive health care, access to research opportunities, transportation and child care assistance.

Governor's Goal #14 [Reduce Infant Mortality in Maryland by 10% by End 2012](#) and #15 [Expand Access to Substance Abuse Services in Maryland by 25% by End 2012](#)

93.165 GRANTS TO STATES FOR LOAN REPAYMENT PROGRAM (State Loan Repayment Program)

Program Description: Increases the availability of primary care in health professional shortage areas (HPSAs) by providing states in operating programs with funds for repayment of educational loans of health professionals in return for their practice in HPSAs.

Formula Description: This program has no statutory formula. Matching requirements are 50%. The federal share may not exceed 50% of the cost of the loan repayment contracts made to eligible providers. States must agree to make available (directly or through donations from public or private entities) non-Federal contributions in cash toward SLRP contracts in an amount not less than \$1 for each \$1 of Federal funds provided in the grant. The federal share must be used to repay government and commercial loans of health care professionals for tuition, educational expenses and living expenses. The non-federal share is to be issued for repayment of loans. States must assume administrative costs. Program has no maintenance of effort requirements.

FY10 (exp)	FY11 (approp)	FY12 (est)
\$ 250,000	\$ 250,000	\$ 250,000

Program Supported / Population Served: The Maryland Loan Assistance Repayment Program allows DHMH to repay medical school loans for physicians and medical residents in return for a minimum of two service years in a designated health professional shortage area. Federal funds received by DHMH for this purpose are transferred to the Maryland Higher Education Commission (MHEC) to disburse monies to selected candidates. MHEC provides the State matching funds for these disbursements. In State Fiscal Year 2010, 10 physicians received awards to serve in health professional shortage areas.

Governor's Goal #15 [Expand Access to Substance Abuse Services in Maryland by 25% by End 2012](#)

93.217 FAMILY PLANNING SERVICES

Program Description: Provides educational, counseling, comprehensive medical and social services necessary to enable individuals to freely determine the number and spacing of their children, and by so doing help to reduce maternal and infant mortality, promote the health of mothers, families, and children.

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

FY10 (exp)	FY11 (approp)	FY12 (est)
\$ 4,695,952	\$ 4,270,649	\$ 4,611,390

Program Supported / Population Served: Supports the State Family Planning Program whose mission is to reduce unintended pregnancies and improve pregnancy outcomes. Program priorities include serving additional clients in hard to reach populations (adolescents, non-English speakers, and substance abusers). This program is statewide. In State Fiscal Year 2010, 78,427 unduplicated clients were served by the program.

Governor's Goal #14 [Reduce Infant Mortality in Maryland by 10% by End 2012](#)

93.235 ABSTINENCE EDUCATION PROGRAM (Title V)

Program Description: Enable states to provide abstinence education and, at the option of the state, where appropriate, mentoring, counseling, and adult supervision to promote abstinence from sexual activity, with a focus on groups most likely to bear children out of wedlock.

Formula Description: Program has no statutory formula. Matching requirement is 75%, there is a required match of \$3 non-federal for every \$4 federal. Program has no maintenance of effort requirements.

FY10 (exp)	FY11 (approp)	FY12 (est)
\$ 0	\$ 0	\$ 486,550

Program Supported / Population Served: Funding enables the State to provide abstinence (only) education and, at the option of the State, where appropriate, mentoring, counseling, and adult supervision to promote abstinence from sexual activity, with a focus on groups most likely to bear children out of wedlock.

Governor's Goal #14 [Reduce Infant Mortality in Maryland by 10% by End 2012](#)

93.243 SUBSTANCE ABUSE & MENTAL HEALTH SERVICES – PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (PRNS)

Program Description: The Substance Abuse and Mental Health Services Administration has the authority to address priority substance abuse treatment, prevention, and mental health needs of regional and national significance through assistance (grants and cooperative agreements) to states, political subdivisions of states, Indian tribes and tribal organizations, and other public or nonprofit private entities.

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

FY10 (exp)	FY11 (approp)	FY12 (est)
\$ 3,553,101	\$ 5,779,253	\$ 3,199,346

Program Supported / Population Served: Multiple DHMH administrations, projects and/or activities are funded through this grant. These multiple projects and/or activities are listed by DHMH administration and sub-program as follows:

Alcohol and Drug Abuse Administration:

The Maryland Strategic Prevention Framework (MSPF) utilizes a public health approach that encourages a focus on population-based change: by targeting and measuring change at the population level rather than solely at an individual/programmatic level. The MSPF priority is to

reduce the misuse of alcohol by youth and young adults in Maryland as measured by the following indicators:

- Reduce the number of youth, ages 12-20, reporting past month alcohol use
- Reduce the number of young persons, ages 18-25, reporting past month binge drinking
- Reduce the number of alcohol-related crashes involving youth ages 16-25

Governor's Goal #15. [Expand Access to Substance Abuse Services in Maryland by 25% by End 2012](#)

Mental Hygiene Administration:

The Youth Suicide Prevention program addresses youth suicide prevention statewide. The program enables the Department of Health & Mental Hygiene and other partners at State and local levels to expand evidence-based and best practices in youth suicide prevention, intervention and postvention.

The Healthy Transitions Initiative enables the Department of Health & Mental Hygiene, Mental Hygiene Administration and other partners at State and local levels to design and implement a system of care to meet the needs of young adults with mental health needs as they transition into adulthood, thus improving outcomes for Transition-Aged Youth (TAY).

The Maryland Mental Health Transformation project provides a set of strategies to bring the President's New Freedom Commission on Mental Health closer to reality for the citizens of Maryland.

93.251 UNIVERSAL NEWBORN HEARING SCREENING

Program Description: Implements universal newborn hearing screening prior to hospital discharge with linkage to a medical home, and diagnostic evaluation and enrollment in a program of early intervention.

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

FY10 (exp)	FY11 (approp)	FY12 (est)
\$ 135,592	\$ 117,561	\$ 133,829

Program Supported / Population Served: This statewide program serves all babies born in Maryland. The program ensures implementation of universal newborn hearing screening and appropriate follow up including linkage to a medical home, diagnostic evaluation and enrollment in a program of early intervention. Funds are used to provide staff required follow up infants who do not pass the screening tests, for parent services and support, for provider education and for data collection and management. In State Fiscal Year (SFY) 2009, 97.1% of the newborn population was screened and in SFY 2010 98.9% of the newborn population received hearing screening.

93.262 OCCUPATIONAL SAFETY AND HEALTH PROGRAM

Program Description: To (1) recognize new hazards; (2) define the magnitude of the problem; (3) follow trends in incidence; (4) target exceptional hazardous workplaces for intervention; and (5) evaluate the effectiveness of prevention efforts. The goal of this program is to increase worker safety and health. To develop specialized professional and paraprofessional personnel in the occupational safety and health field with training in occupational medicine, occupational health nursing, industrial hygiene, occupational safety, and other priority training areas.

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

FY10 (exp)
\$ 0

FY11 (approp)
\$ 0

FY12 (est)
\$ 1,772

Program Supported / Population Served: This new project, funded by a cooperative agreement with the National Institute for Occupation Safety and Health, to create a State fundamental program in occupational disease surveillance. Maryland does not have any existing capacity for surveillance of work-related diseases, despite statutory requirements for health care providers to report occupational diseases. This five year project will enable the Infectious Disease and Environmental Health Administration to collect data from existing sources and create an infrastructure for occupation illness reporting. This project will be done in close coordination with the Maryland Occupational Safety and Health program at the Department of Labor, Licensing, and Regulation, as well as with the Department of the Environment.

Governor's Goal #6 [Make Maryland the National Leader in Homeland Security Preparedness by End 2012](#)

93.268 IMMUNIZATION GRANTS

Program Description: To assist states and communities in establishing and maintaining preventive health service programs to immunize individuals against vaccine-preventable diseases (including measles, rubella, poliomyelitis, diphtheria, pertussis, tetanus, hepatitis B, hepatitis A, varicella, mumps, haemophilus influenza type b, influenza, and pneumococcal pneumonia).

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

FY10 (exp)
\$ 4,054,695

FY11 (approp)
\$ 4,196,859

FY12 (est)
\$ 4,017,870

Program Supported / Population Served: The program, including the Vaccines for Children project, investigates all reported cases of vaccine-preventable disease; enforces school and day care immunization laws; monitors adverse vaccine reactions; provides consultation, follow-up and vaccine to prevent perinatal transmission of Hepatitis B; conducts in-service and training programs for health care providers; conducts a variety of immunization surveys in schools and health care facilities; provides immunization advice and direction to local health departments and health care providers; and measures immunization levels in the general population. This project is statewide.

Governor's Goal #14 [Reduce Infant Mortality in Maryland by 10% by End 2012](#)

93.283 IMMUNIZATION CENTERS FOR DISEASE CONTROL & PREVENTION – INVESTIGATIONS & TECHNICAL ASSISTANCE (CDC – Investigations, Technical Assistance & Affordable Care Act Projects)

Program Description: Assists states, local health authorities and other health related organizations in controlling communicable diseases, chronic diseases and disorders, and other preventable health conditions. Investigations and evaluations of all methods of controlling or preventing disease and disability are carried out by providing epidemic aid, surveillance, technical assistance, consultation, and program support; and by providing leadership and coordination of joint national, state and local efforts.

Formula Description: This program has no statutory formula. Matching requirement apply to some but not all programs. If matching requirements apply, they are noted in the sections below.

FY10 (exp)
\$ 12,030,668

FY11 (approp)
\$ 13,164,329

FY12 (est)
\$ 13,027,047

Program Supported / Population Served: Multiple DHMH administrations, projects and/or activities are funded through this grant. These multiple projects and/or activities are listed by DHMH administration and sub-program as follows:

Infectious Disease and Environmental Health Administration:

Adult Viral Hepatitis Prevention Coordinator (AVHPC) cooperative agreement supports a single position to promote viral hepatitis awareness across the State to integrate viral hepatitis prevention services into existing public health programs. Target populations include those who because of behavioral or occupational factors or certain medical therapies are at increased risks for exposure and acquisition of hepatitis B and C virus infection. These individuals are often underinsured or uninsured, thereby limiting or prohibiting access to screening and medical services.

The AVHPC interfaces with various internal and external partners, including DHMH's STI and HIV/AIDS programs, the DHMH Alcohol and Drug Abuse Administration, advocacy groups, surveillance, and corrections in efforts to enhance basic services of testing, counseling, and referral for medical care. Duties performed by the coordinator entail training of public health and healthcare professionals, technical assistance to local health department staff, management of an adult hepatitis B vaccination initiative, and administrative tasks (writing reports and other documents related to funding solicitation and legislation).

Emerging Infections is a collaborative effort among DHMH, local health departments, healthcare providers, clinical laboratories, the Johns Hopkins University Bloomberg School of Public Health and the University of Maryland School of Public Health to enhance reporting, investigation, and control of infectious diseases of public health importance. Project areas include foodborne diseases (e.g. salmonella), healthcare associated infections, influenza, tickborne diseases (e.g. Lyme Disease), and vaccine preventable diseases (e.g. meningitis). Program activities are conducted statewide and are funded through a cooperative agreement with the Centers for Disease Control and Prevention.

Enhanced Maryland Integrated Surveillance and Prevention Program for Harmful Algal Blooms is a continuation of DHMH's collaboration with CDC, the MD Department of Natural Resources (DNR), Maryland Department of the Environment (MDE), and local health departments to

protect citizens of Maryland from toxic algae blooms. The program consists of the following elements: (1) financial support to DNR to monitor and display harmful algae blooms on "Eyes on the Bay;" (2) support to MDE to continue and expand the agency's ability to investigate fish kills associated with blooms; (3) collaboration with local health departments on health issues associated with harmful algae blooms; and (4) collaboration with CDC on a national data base of harmful algae bloom events.

Environmental Public Health Tracking project is a partnership with the Maryland Department of the Environment to inventory and assess various environmental hazards and exposures. This project inventories and assesses databases for their utility and potential for integration into an environmental public health tracking system to enhance the capacity of the public health laboratory to test human specimens for evidence of exposures to environmental toxins. The Maryland Tracking Network public and secure portals are now available as an environmental health resource of information in the State. This is a statewide project.

Epidemiology and Laboratory Capacity for Infectious Diseases program is a cooperative agreement with the CDC. Funding supports enhancement of current surveillance systems for communicable diseases and building improved disease detection and prevention activity through enhancement of epidemiology, laboratory and information technology infrastructure. This project also supports the National Electronic Disease Surveillance System. Population served includes residents of Maryland, Washington, D.C., and neighboring states.

Governor's Goal # 6 [Make Maryland the National Leader in Homeland Security Preparedness by End 2012](#) and #7 [Restore the Health of the Chesapeake Bay by 2020](#)

Family Health Administration:

Early Hearing Detection and Intervention On-line Data Management project support the Maryland Universal Newborn Hearing Screening Program to ensure that all babies born in Maryland receive hearing screening by one month of age, and that those not passing screening receive diagnosis of hearing status by three months of age. The goal of early screening and diagnosis is to initiate early intervention services by no later than six months of age. Early and appropriate intervention is key to reaching communication potentials for children with hearing loss.

Chronic Disease and Health Promotion program consisted of the following components through March 2009: (1) State-Based Tobacco Prevention and Control Program; (2) State Nutrition and Physical Activity Program; (3) State-Based Arthritis Prevention and Control Program; and (4) Behavioral Risk Factor Surveillance System. Beginning April 2009, the following components were contained within this consolidated grant: (1) State-Based Tobacco Prevention and Control Program; (2) Behavioral Risk Factor Surveillance System; and (3) Diabetes Control. In April 2011, the program components became: (1) State-Based Tobacco Prevention and Control Program; (2) Diabetes Control; and (3) Healthy Communities. The Statewide Comprehensive Tobacco Control Program identifies and eliminates tobacco-related disparities through prevention, cessation, and elimination of secondhand smoke exposure. The Diabetes Prevention and Control Program improves the health of diabetics through improving quality and access to health care. The Healthy Communities program provides technical assistance to convenience stores to increase the availability of healthy, affordable foods. All components of this award contain a matching requirement of \$1 non-federal for every \$4 federal.

Three programs are supported in the DHMH Center for Cancer Surveillance and Control: (1) Maryland Breast and Cervical Cancer Early Detection program (BCCEDP) has a matching

requirement of \$1 non-federal for every \$3 federal. This program provides breast and cervical cancer screening, referral and follow up services (approximately 12,000 patients are served each year) to low income, uninsured and underinsured, non-Medical Assistance eligible women statewide with a special emphasis on ethnic minorities, older, and geographically-isolated women; (2) Maryland Comprehensive Cancer Control program (MCCCP) contains a cost sharing amount of not less than 10% of federal funds. This program implements some strategies recommended in the Maryland Comprehensive Control Plan; (3) Enhancement of the Maryland Cancer Registry has a matching requirement of \$1 non-federal for every \$3 federal. This program supports existing staff in preparing data for national certification and release, analyzes and submits data to CDC's National Program of Cancer Registries, responds to data requests, performs advanced statistical analysis, and reviews and facilitates data requests to the Institutional Review Board.

Baltimore City Colorectal Cancer Screening Demonstration program screens a priority population in Baltimore City residents who are low income (<250% of federal poverty guideline), uninsured, 50 years or older, or younger than 50 year at increased risk for colorectal cancer (personal history of adenomas, first degree family member with colorectal cancer or adenomas). Five Baltimore City hospitals (Harbor Healthcare, the Johns Hopkins Medical Institutions, Sinai Hospital, St. Agnes Hospital, and Union Memorial Hospital) recruit clients, perform no-cost screening colonoscopy, and provide follow-up case management services. The grant has screened 696 eligible individuals between July 1, 2007 and August 31, 2009. This grant ended on August 31, 2009

Integrating Colorectal Cancer Screening Within Chronic Disease Programs grant began 03/30/09. There is no matching fund requirement for this grant. The purpose of this project is to use evidence based interventions to increase population based colorectal cancer screening numbers. The project uses the Social Ecological Model as a basis for determining interventions and target audiences. Maryland will work with insurance companies and Federally Qualified Health Centers (FQHCs) to increase the use of reminder tools with the goal of increasing colorectal screening. Additionally, the project provides colorectal screening to uninsured individuals in Baltimore City through a partnership with several Baltimore City Hospitals.

Maryland Heart Disease and Stroke Prevention program seeks to reduce the morbidity and mortality of heart disease and stroke, which are the first and third leading causes of death in Maryland. Specifically, the program is implementing components of the Maryland Heart Disease and Stroke Prevention and Control Plan through improving high blood pressure medication adherence among diabetic patients at select Federally Qualified Health Centers; incorporating the Cardiovascular Health module into the current Maryland Pharmacy Patient Partnerships (P3) program; improving emergency response by providing stroke continuing education modules to 12 of the 25 Maryland jurisdiction 9-1-1 operation centers in partnership with the Maryland Institute for Emergency Medical Services Systems(MIEMSS). In addition, the HDSP Program supports the Healthiest Maryland initiative, a statewide movement to create a culture of wellness—an environment that makes the healthiest choice the easiest choice. It is a “grasstops” social marketing campaign to engage leadership in promoting wellness within their sphere of influence.

State-Based Oral Disease Prevention program is a partnership with the CDC through a collaborative agreement to build on existing efforts of the Office of Oral Health (OOH) to establish, strengthen, and enhance the infrastructure and capacity of Maryland’s Office of Oral Health to plan, implement, and evaluate population-based oral disease prevention and promotion programs, prioritizing populations-based on oral disease burden.

This partnership focuses on activities related to building the infrastructure necessary to move the OOH toward implementation of programs centered on community-based prevention. The partnership allows OOH to accomplish this by expanding its current staff structure to include the added expertise of a half-time epidemiologist, a half-time water fluoridation coordinator, a half-time school dental sealant coordinator, and a half-time evaluation scientist. The OOH utilizes these experts to expand its data collection and surveillance capabilities by enhancing the OOH's existing data surveillance plan to develop an oral disease burden document. As a result of their efforts, OOH was able to develop an Oral Disease Burden Document, a Water Fluoridation Strategic Plan, and a Surveillance Plan which includes documenting new databases for water fluoridation, PRAMS, and BRFSS. Building on its existing strong network of partners and stakeholders, the OOH has successfully worked with the former Dental Action Committee to become an independent statewide Oral Health Coalition called the Maryland Dental Action Coalition. OOH also developed a broad, comprehensive State Oral Health Plan to represent the entire State and will continue to expand its strong base of partners by collaborating with this expanded network to develop a statewide Oral Health Summit and statewide Oral Health Literacy Campaign.

With the help of its partners such as the University of Maryland Dental School and expanded staff, the OOH will improve access to and utilization of existing school-based dental sealant programs by conducting a dental sealant demonstration project with plans underway to develop a statewide dental sealant program. In partnership with the Maryland Department of the Environment, plans for community water fluoridation quality control training program of State water operations is underway in an effort to enhance Maryland's existing community water fluoridation program. Having already taken significant strides in policy development and systems level assessments, the OOH will continue to build upon these skills and conduct periodic policy assessments in an effort to reduce oral diseases. The OOH continues to strive for the integration of oral health priorities into other public health efforts, including program collaboration with other CDC funded programs, of which there are many located within the Family Health Administration. A five-year evaluation plan was developed with technical assistance from the CDC in order to effectively incorporate evaluation from the beginning of each of these new initiatives. By the end of the funding period, policies and programs supporting oral disease prevention will be increased as will community-based public health prevention services for prioritized populations based on disease burden. These activities will contribute to a reduced prevalence of caries among prioritized populations.

Governor's Goal #6 [Make Maryland the National Leader in Homeland Security Preparedness by End 2012](#) and #7 [Restore the Health of the Chesapeake Bay by 2020](#)

93.296 STATE PARTNERSHIP GRANT PROGRAM TO IMPROVE MINORITY HEALTH (State Partnership Program)

Program Description: To facilitate the improvement of minority health and eliminate health disparities (adult/child immunization, asthma, cancer, diabetes, heart disease and stroke, HIV, infant mortality, and mental health) through the development of partnerships with state and territorial offices of minority health. These funds were previously awarded under CFDA 93.006 State and Territorial and Technical Assistance Capacity Development Minority HIV/AIDS Demonstration Program.

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

FY10 (exp)
\$ 158,165

FY11 (approp)
\$ 152,300

FY12 (est)
\$ 140,000

Program Supported / Population Served: The primary focus of Maryland Promoting Diversity and Equity in Health Reform (Maryland-DEHR) is to accelerate efforts in the State to reduce minority health disparities by 1) increasing diversity and cultural competency in health workforce and 2) promoting systems change through infrastructure enhancement and partnership development. The scope of work for this project is statewide with emphasis in areas where minority health disparities are more prevalent such as infant mortality, cardiovascular disease, stroke, cancer, diabetes, HIV/AIDS and mental health.

Governor's Goal #14 [Reduce Infant Mortality in Maryland by 10% by End 2012](#)

93.301 SMALL RURAL HOSPITAL IMPROVEMENT GRANT PROGRAM

Program Description: Help hospitals: (1) pay for costs related to prospective payment systems implementation; (2) purchase computer software and hardware that would protect patient privacy; (3) educate and train hospital staff on computer information systems to protect patient privacy; and (4) support quality improvement and computer assisted activities.

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

FY10 (exp)
\$ 27,301

FY11 (approp)
\$ 30,000

FY12 (est)
\$ 30,000

Program Supported / Population Served: The Small Rural Hospital Improvement Program (SHIP) involves hospitals in designated rural counties with fewer than 49 beds. Federal legislation requires that all monies be directed to eligible hospitals to only pay for costs related to purchasing computer software and hardware, educating and training hospital staff on computer information systems. In State Fiscal Year 2010, only 2 hospitals (Garrett County Memorial Hospital and Edward McCready Memorial Hospital) met eligibility criteria for SHIP funds.

93.402 STATE LOAN REPAYMENT PROGRAM - (ARRA) RECOVERY ACT

Program Description: For medically underserved populations, as funded under the American Recovery and Reinvestment Act of 2009 (ARRA). To increase the availability of primary health care in health professional shortage areas (HPSAs) by assisting states in operating programs for the repayment of educational loans of health professionals in return for their practice in HPSAs.

Formula Description: Statutory formulas are not applicable. Matching requirements are 50%. States must make available (directly or through donations from public or private entities) non-federal contributions in cash toward SLRP contracts in amount not less than \$1 for each \$1 federal. A state may not use any federal funds or in-kind contributions for satisfy the non-federal match requirement. A state must verify contributions from sources other than state appropriated funds are non-federal. States may use non-federal funds in excess of the \$1 for \$1 minimum match to supplement the repayment of qualifying loans of health professionals. MOE requirements are not applicable.

ARRA FUNDING (9/30/09 – 9/29/12):

<i>FY10 (exp)</i>	<i>FY11 (award)</i>	<i>FY12 (award)</i>
\$ 50,000	\$ 0	\$ 0

Program Supported / Population Served: Maryland administers the grant through a MOU between the Maryland Higher Education Commission (MHEC) and DHMH with each Department taking on specific responsibilities. DHMH recruits physicians, accepts practice site applications, monitors awardees and their practice sites for contract compliance and manages the federal grant project. MHEC accepts and reviews physician applications, hosts review panel meetings, and makes the monetary award after obtaining a signature on a promissory note describing awardees fiscal responsibilities and provides documentation to DHMH needed to meet federal reporting requirements. DHMH and MHEC perform these functions without grant funding as this grant does not allow for administrative costs.

Physicians receiving loan repayment must meet a set of strict criteria to be eligible for the program. They commit to a minimum of two years of full time service at a non-profit practice site located in a federally designated health professional shortage area (HPSA), and agree to all the fiscal requirements of the award. The population groups served by these awarded physicians living in HPSAs, defined by a shortage of primary care physicians, have an unusually high population of persons living at or below the poverty level, have populations that must travel great distances to get services, and/or have populations demonstrating unusually high needs. This program will end September 29, 2011

93.414 STATE PRIMARY CARE OFFICES PCOs - (ARRA) RECOVERY ACT

Program Description: Coordinate local, state and federal resources contributing to primary care service delivery and workforce issues in the state to meet the needs of medically-underserved populations through health centers and other community-based providers of comprehensive primary care and the retention, recruitment and oversight of health professions for medically underserved populations, as funded under the American Recovery and Reinvestment Act of 2009 (ARRA).

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

ARRA FUNDING (9/30/09-9/29/12):

<i>FY10 (exp)</i>	<i>FY11 (award)</i>	<i>Y12 (award)</i>
\$ 6,171	\$ 0	\$ 38,305

Program Supported / Population Served: The Primary Care Office (PCO) serves as the link between the Health Resources Services Administration's, Bureau of Health Professions BHP and Maryland for Maryland's underserved communities and populations. The PCO has committed to coordination of local, State and federal resources contributing to health care service delivery and workforce issues in Maryland, to meet the needs of medically underserved populations through health centers and other community-based providers of comprehensive health care, and to the retention, recruitment and oversight of health professionals for medically underserved populations. This program will end September 29, 2012.

Governor's Goal #14 [Reduce Infant Mortality in Maryland by 10% by End 2012](#)

93.448 FOOD SAFETY AND SECURITY MONITORING PROJECT

Program Description: Complement, develop and improve state, Indian tribal and local food safety and security testing programs through the provision of supplies, personnel, facility upgrades, training in current food testing methodologies and participation in proficiency testing to establish additional reliable laboratory sample analysis capacity and analysis of surveillance samples. A new program will be included to complement, develop and improve food safety and security analysis of foods and food products related to radiological terrorism and other emergency situations.

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

FY10 (exp)	FY11 (approp)	FY12 (est)
\$ 218,779	\$ 107,592	\$ 203,840

Program Supported / Population Served: The Laboratories Administration Radiation chemistry laboratory is an active member of the Food Emergency Response Network (FERN). Funding will be used for maintaining instruments and equipment, supplies, personnel, staff training and facility upgrades. Funding enables the Laboratory Administration to expeditiously analyze food and food products in the event additional surge capacity is needed by the FDA/FERN for radiological terrorism or other related public health emergency event.

Governor's Goal #6 [Make Maryland the National Leader in Homeland Security Preparedness by End 2012](#)

93.505 AFFORDABLE CARE ACT (ACA) MATERNAL, INFANT AND EARLY CHILDHOOD HOME VISITING PROGRAM (ACA Home Visiting Program)

Program Description: This is a new program authorized under the Social Security Act, Title V, Section 511 (42 U.S.C. 701), as amended by the Patient Protection and Affordable Care Act of 2010 (ACA) (P.L. 111-148). Federal funding is authorized through 2014. The Maternal, Infant, and Early Childhood Home Visiting Program is designed to: (1) strengthen and improve the programs and activities carried out under Title V; (2) improve coordination of services for at risk communities; and (3) identify and provide evidence-based home visiting programs to improve outcomes for families who reside in at risk communities.

Formula Description: The FFY 2010 funds will be distributed to states using a formula determined by: 1) an equal base allocation of \$500,000 for each state; 2) an amount equal to the funds, if any, currently provided to a state or entity within that state under the Supporting Evidence Based Home Visiting (EBHV) Program administered by the Children's Bureau of the Administration for Children and Families; and, 3) an amount based on the number of children in families at or below 100% of the Federal poverty level in the State as compared to the number of such children nationally. There is no match requirement. Funds provided to an eligible entity receiving a grant shall supplement, and not supplant, funds from other sources for early childhood home visitation programs or initiatives. The grantee must agree to maintain non-Federal funding (State General Funds) for grant activities at a level which is not less than expenditures for such activities as of the date of enactment of this legislation, March 23, 2010.

FY10 (exp)	FY11 (approp)	FY12 (est)
\$ 0	\$ 0	\$ 993,997

Program Supported / Population Served: Funding is to provide evidence-based home visitation services to improve outcomes for pregnant women, mothers, infants, and children birth through eight who reside in at risk communities. A priority focus is to (1) strengthen and improve the programs and activities carried out under Title V; (2) improve coordination of services for at risk communities; and (3) to identify and provide comprehensive services to improve outcomes for families that reside in at risk communities.

Governor's Goal #14 [Reduce Infant Mortality in Maryland by 10% by End 2012](#)

93.507 STRENGTHENING PUBLIC HEALTH INFRASTRUCTURE FOR IMPROVED HEALTH OUTCOMES

Program Description: This funding was appropriated under the Patient Protection and Affordable Care Act (ACA) (Public Law 111-148). The Prevention and Public Health Fund (Title IV, Section 4002) was established under this legislation to provide for expanded and sustained national investment in prevention and public health programs to improve health and help restrain the rate of growth in private and public sector health care costs. This program will help state, Tribal, Local and U.S. Territories sustain and build a strong core public health infrastructure that is prepared for responding to both acute and chronic threats relating to the Nation's health such as emerging infections, disparities in health status, increase in chronic disease and injury rates. This program has two components; Graduated Based Funding for Public Health Transformation (Component I) and Enhanced Funding for Public Health Transformation (Component II). This funding is to advance any or all of the key areas for infrastructure investment and will help ensure successful implementation of ACA, specifically by:

- Improving the public health workforce (e.g., e-learning, other training, and fellowship programs); vital statistics system (electronic birth and death registration); food and water borne disease identification and prevention, prevention of hospital acquired infections, electronic health record/IT systems, communications systems and processes (e.g. information syndication and social media capacity), laboratory and epidemiologic capacity.
- Developing information systems to support adoption, implementation, enforcement, and/or evaluation of public health legislation, codes, rules, regulations, ordinances, and other policies.
- Improving public health system development/redevelopment by building or reengineering of infrastructure to improve networking, coordination, standardization, and centralization of public health services to effectively and efficiently address priority health indicators.
- Implementing best healthcare practices and impact evaluation.
- Improving information and data system capacity through policy/communication for standardized data collection and analysis systems, information management technology, information dissemination, and meaningful data use and translation.
- Improving organizational capacity to effectively and efficiently use resources such as fiscal agents, and intermediaries.

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

FY10 (exp)
\$ 0

FY11 (approp)
\$ 0

FY12 (est)
\$ 300,000

Program Supported / Population Served:

The purpose of this project, the Office of Public Health Performance Management, is to oversee the integration and interpretation of State and local data in order to better inform public health practice. Within the five year span of the grant this office will become a consensus process, and based on the application of national standards, the center of public health accountability and excellence in Maryland.

Governor's Goal #13. [Establish Best in the Nation Statewide Health Information Exchange and Electronic Health Records Adoption by End 2012](#)

93.521 THE AFFORDABLE CARE ACT: BUILDING EPIDEMIOLOGY, LABORATORY, AND HEALTH INFORMATION SYSTEMS CAPACITY IN THE EPIDEMIOLOGY AND LABORATORY CAPACITY FOR INFECTIOUS DISEASE (ELC) AND EMERGING INFECTIONS PROGRAM (EIP) COOPERATIVE AGREEMENTS

Program Description: Funding was appropriated under regular CDC appropriations, HHS/CDC H1N1 appropriations, and the Patient Protection and Affordable Care Act (the Affordable Care Act) (Public Law 111-148). The Prevention and Public Health Fund (Title IV, Section 4002) was established under PPACA to provide for expanded and sustained national investment in prevention and public health programs to improve health and help restrain the rate of growth in private and public sector health care costs. The Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and Emerging Infections Program (EIP) cooperative agreements were formed in 1995 as key components of CDC's national strategy to address and reduce emerging infectious disease (EID) threats. The programs play a critical role in strengthening national infectious disease infrastructure by serving as collaborative platforms for state and local health departments, CDC programs, and academic and various other public health partners to improve the ability to detect and respond to EIDs and other public health threats. Specifically, the programs build epidemiology, laboratory, and information systems capacity,

integrate epidemiology and laboratory practice, implement active surveillance, and conduct targeted research aimed at improving methods and informing national surveillance and response activities. Overall, additional funds from multiple sources including PPACA will allow ELC and EIP partner agencies to substantially address gaps in EID epidemiology and laboratory capacity (e.g. number and training level of epi and lab staff, efficient/functional information systems, et cetera).

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

FY10 (exp)
\$ 0

FY11 (approp)
\$ 0

FY12 (est)
\$ 489,555

Program Supported / Population Served: The purpose of the Emerging Infections Program-ACA cooperative agreement is to support State and local health departments' surveillance infrastructure through enhancement of the epidemiology and laboratory capacity of the existing EIP network. Over the past 16 years, the EIP network has proved to be a national resource for conducting active, population-based surveillance and special studies for invasive bacterial

diseases, foodborne pathogens, healthcare associated infections (HAIs), influenza, and many other infectious diseases. The network has been instrumental in measuring the impact of the 7-valent pneumococcal conjugate vaccine, informing and evaluating treatment guidelines for Group B Streptococcus, estimating the burden of foodborne illness, documenting the emergence of community-associated methicillin-resistant *Staphylococcus aureus*, and monitoring the safety of the 2009 H1N1 vaccine as part of the influenza safety network. The flexibility of the EIP network is critical so that activities and special studies can adapt to changing priorities for infectious disease emergency response and program areas. These investments in the basic infrastructure support multiple activities at each site and are critical for a comprehensive, efficient, and coordinated approach to general program management from which all activities benefit. EIP sites may conduct up to 65 different surveillance and research activities related to infectious diseases during the course of a year. These activities require investments in personnel time to implement or modify, including building collaborative relationships with local hospitals, laboratories, and healthcare providers; submitting applications to multiple institutional review boards for dozens of studies; hiring, supervising and training staff; facilitating information exchange between CDC, local epidemiologists and laboratories; and actively participating in numerous conference calls, conferences, and meetings with CDC investigators. This cooperative agreement provides funding to enhance support for the basic infrastructure of the EIP network as well as to enhance EIP programmatic activities.

Governor’s Goal #6 [Make Maryland the National Leader in Homeland Security Preparedness by End 2012](#) and #7 [Restore the Health of the Chesapeake Bay by 2020](#)

93.525 STATE PLANNING AND ESTABLISHMENT GRANTS FOR THE AFFORDABLE CARE ACT (ACA)’S EXCHANGES

Program Description: To provide assistance to states for activities (including planning activities) related to establishing an Exchange that facilitates the purchase of qualified health plans, provides for the establishment of a Small Business Health Options Program (SHOP Exchange), and meets the requirements set forth by the Secretary and the Affordable Care Act.

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

FY10 (exp)	FY11 (approp)	FY12 (est)
\$ 0	\$ 0	\$ 1,492,616

Program Supported / Population Served: The Affordable Care Act requires all states to have their health benefit exchanges certified by the federal government by January 1, 2013 and to be operational by January 1, 2014. States that do not establish an exchange will be required to participate in the federal exchange. Maryland’s Exchange will help individuals and small employers shop for, select, and enroll in high-quality, affordable private health plans that fit their needs at competitive prices. Exchanges will help low-income Marylanders and small businesses access federal subsidies and tax credits to make coverage more affordable.

Governor’s Goal #13 [Establish Best in the Nation Statewide Health Information Exchange and Electronic Health Records Adoption by End 2012](#)

93.576 REFUGEE & ENTRANT ASSISTANCE – DISCRETIONARY GRANTS

Program Description: Improve resettlement health services for refugees, asylees, Cuban and Haitian entrants, Amerasians, certified victims of a severe form of trafficking, and special immigrants from Iraq or Afghanistan.

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

FY10 (exp) \$ 112,170	FY11 (approp) \$ 100,875	FY12 (est) \$ 0
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Program Supported / Population Served: The Refugee Health Program in the Office of Immigrant Health is responsible for oversight of the refugee health services provided in the State's 24 local jurisdictions. The goal of the program is to provide comprehensive health screenings and connections to additional culturally and linguistically appropriate health services to all newly arrived refugees and asylees within 90 days of arrival. The Maryland Office for Refugees and Asylees (MORA) contracts with the program to ensure funding for the refugee health screenings. MORA funding allows for screening to be reimbursed on a capitated fee-for-service basis for a comprehensive health assessment. Separate funding from the Federal Office of Refugee Resettlement provides partial support for the DHMH State Refugee Health Coordinator's salary and limited funding for interpretation and translation costs for health materials. Maryland continues to be among the top 25 states for refugee resettlement and ranks 4th nationally for asylee resettlement. In 2010, a total of 2,098 refugees and asylees were designated for resettlement in Maryland. Among refugees, the predominant populations continue to be from Southeast Asia (Burma and Bhutan, 24% and 21%, respectively), while the predominant asylee populations continue to be from sub-Saharan Africa (Cameroon and Ethiopia, 29% and 22%, respectively). Iraqi refugees also made up a significant proportion of newly arrived refugees in 2010 (18%). The dynamic nature of international political affairs continues to influence the composition of refugees and asylees in Maryland, as well as the rest of the United States.

Governor's Goal #6 [Make Maryland the National Leader in Homeland Security Preparedness by End 2012](#)

93.712 IMMUNIZATION - (ARRA) RECOVERY ACT

Program Description: American Recovery and Reinvestment Act funding supports states and communities in establishing and maintaining preventive health service programs to immunize individuals against vaccine-preventable diseases. This investment will expand access to vaccines and vaccination services by augmenting current Section 317 activities.

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

ARRA FUNDING (9/1/09-12/31/11):

FY10 (exp) \$ 799,633	FY11 (approp) \$ 1,155,581	FY10-11 (award) \$614,553
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Program Supported / Population Served: Funding supports activities to increase the number of children and adults vaccinated against vaccine-preventable diseases. Funding will supplement funding already being received for immunization efforts under CFDA 93.268. The majority of this funding will be used by Maryland local health departments to conduct vaccination clinics

and other vaccination activities. Additional funding will be used by the Maryland Partnership for Prevention (MPP) to increase the number of healthcare workers vaccinated. Funds are also used to assess the effectiveness of pneumococcal and meningococcal vaccines.

Governor's Goal # 14 [Reduce Infant Mortality in Maryland by 10% by End 2012](#)

93.717 PREVENTING HEALTHCARE-ASSOCIATED INFECTIONS – (ARRA) RECOVERY ACT

Program Description: American Recovery and Reinvestment Act funds are intended to reduce preventable healthcare-associated infections (HAIs) through state health department efforts to prevent HAIs including leveraging the National Health Care Safety Network to support the dissemination of Health and Human Services evidenced-based practices within hospitals.

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

ARRA FUNDING:

<i>FY10 (exp)</i>	<i>FY11 (award)</i>	<i>FY12 (est)</i>
\$ 532,232	\$ 1,600,059	\$ 420,261

Program Supported / Population Served: Funding supports a partnership between the Infectious Disease and Environmental Health Administration and the Maryland Health Care Commission. In addition, funding will support the Office of Health Care Quality's survey activities of Ambulatory Surgical Centers (ASC). Activities are to include:

1. Coordination and reporting of State healthcare-associated infections prevention efforts.
2. Detection and reporting of healthcare-associated infection data.
3. Establish a prevention collaborative.
4. Implementing a new survey process and increasing the frequency of inspections of ASC's in Maryland.

93.718 STATE GRANTS TO PROMOTE HEALTH INFORMATION TECHNOLOGY – (ARRA) RECOVERY ACT

Program Description: Promote the electronic movement and use of health information among organizations using nationally recognized interoperability standards. Enable providers to qualify for Medicare and Medicaid financial incentives, authorized by ARRA, by providing health information exchange that meets meaningful use requirements. Improve health care quality and efficiency.

Formula Description: This program has no statutory formula. Matching requirements: In federal fiscal year 2010, the Secretary of the Department of Health and Human Services will determine whether there is a funding matching requirement. Beginning with fiscal year 2011, the HITECH Act, Section 3013, requires awardees to make available non-federal contributions (which may include in-kind contributions) toward the costs of a grant awarded in an amount equal to not less than \$1 for each \$10 of federal funds provided under this grant in fiscal year 2011, not less than \$1 for each \$7 of federal funds provided under this grant in fiscal year 2012 and not less than \$1 for each \$3 of federal funds provided under this grant for subsequent fiscal years.

ARRA:

FY10 (exp)
\$ 606,451

FY11 (award)
\$ 2,643,549

FY12 (est)
\$ 3,313,924

Program Supported / Population Served: The purpose of the State Health Information Exchange Cooperative Agreement (HIE) is to fund Maryland's efforts to rapidly build capacity for exchanging health information across the health care system both within and across states. The statewide HIE is building on existing efforts to advance regional and State level health information exchange. A statewide HIE will support high quality, safe, and effective health care; make certain that data is exchanged privately and securely; ensure transparency and stakeholder inclusion; support connectivity regionally and nationally; be financial sustainable; and serve as the foundation for transforming health care in Maryland.

Governor's Goal # 13 [Establish Best in the Nation Statewide Health Information Exchange and Electronic Health Records Adoption by End 2012](#)

93.723 PREVENTION AND WELLNESS –STATE, TERRITORIES AND PACIFIC ISLANDS – (ARRA) RECOVERY ACT

Program Description: American Recovery and Reinvestment Act funds, to states, territories, Pacific Islands and the District of Columbia are intended to reduce Chronic Disease risk factors, prevent and delay chronic disease, promote wellness, and better manage chronic conditions.

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

ARRA (2/4/10-2/3/12):

FY10 (exp)
\$ 50,207

FY11 (award)
\$ 0

FY12 (est)
\$ 499,531

Program Supported / Population Served: These funds will supplement an existing program, Chronic Disease Prevention and Health Promotion Programs: Obesity, Tobacco Prevention, Behavioral Risk Factor Surveillance (BRFS), and Arthritis [CFDA 93.283]. The objectives of this cooperative agreement are to reduce Chronic Disease risk factors, prevent and delay chronic disease, promote wellness, and better manage chronic conditions.

Governor's Goal #14 [Reduce Infant Mortality in Maryland by 10% by End 2012](#)

93.767 CHILDREN'S INSURANCE PROGRAM (CHIP)

Program Description: Provide funds to states to enable them to maintain and expand child health assistance to uninsured, low-income children, and at a state's option, low-income pregnant women and legal immigrants, primarily by three methods: (1) obtain health insurance coverage to meet requirements in Section 2103 relating to the amount, duration, and scope of benefits; (2) expand eligibility for children under the state's Medicaid program; or (3) a combination of the two.

Formula Description: Statutory Formula: Matching Requirements: Section 2105(b), Title XXI, provides for an "enhanced Federal Matching Assistance Percentage (EFMAP)" for child health assistance provided under Title XXI that is equal to the current FMAP for the fiscal year

in the Medicaid Title XIX program, increased by 30% of the difference between 100 and the current FMAP for that fiscal year. For federal fiscal years 2013, the EFMAP may not exceed 85%. As a result of the implementation of the Affordable Care Act (ACA), states shall receive a 23 percentage point increase in their respective EFMAPs for fiscal years 2016-2019 for most CHIP expenditures; however the EFMAP for a state may not exceed 100%. In federal fiscal year (FFY) 2009, the CHIPRA implemented a limitation on matching rates for states that propose to cover children with effective family income that exceeds 300% of the poverty line to FMAP rather than EFMAP, unless a waiver or State Plan Amendment or state law was in place to cover this population before enactment of CHIPRA.

Section 2104(a) of the Social Security Act as amended by section 10203 of the ACA provide appropriations through September 30, 2015 for the purpose of providing annual allotments to the states to fund their CHIP programs. Only states with approved State Plans by the end of the fiscal year will be included in the final allotment calculation.

In general, in FFY 2010 the states' annual allotments were calculated as the sum of the following four amounts, multiplied by the applicable growth factor for the year.

- the FFY 2009 CHIP allotments;
- FFY 2006 unspent allotments redistributed to and spent by shortfall states in FFY 2009;
- spending of funds provided to shortfall states in the first half of FFY 2009; and
- spending of Contingency Fund payments in FFY 2009, although there were no Contingency Fund payments made in FFY 2009.

For FFY 2011, FFY 2013 and FFY 2015 the allotments will be “rebased” on prior year spending. This will be done by multiplying the state’s growth factor for the year by the new base, which will be the prior year’s federal CHIP spending (including any contingency fund payments or redistribution amounts). For FFY 2012 and FFY 2014, the allotment for a state will be calculated as previous year’s allotment and any previous fiscal year’s contingency fund spending, multiplied by the states growth factor for the year. The ACA extended the availability of the Child Enrollment Contingency Fund which may be available to states that meet the criteria provided in section 2104(n) of the Act through FFY 2015.

This program has maintenance of effort requirements, see funding agency (Department of Health and Human Services, Centers for Medicare and Medicaid Services) for further details.

FY10 (exp)	FY11 (approp)	FY12 (est)
\$ 157,559,686	\$ 159,712,212	\$ 180,582,723

Program Supported / Population Served: The Maryland Children’s Health Program (MCHP) was implemented in 2001 to serve children in families with incomes between 200 and 300 percent of the Federal Poverty Level. Families pay a monthly contribution to participate in the program. In State Fiscal Year 2010 statewide enrollment averaged approximately 97,997.

Governor’s Goal #14 [Reduce Infant Mortality in Maryland by 10% by End 2012](#)

93.777 STATE SURVEY & CERTIFICATION OF HEALTH CARE PROVIDERS & SUPPLIERS (TITLE XVIII) MEDICARE

Program Description: Provides financial assistance to any state which is able and willing to determine through its state health agency or other appropriated state agency that providers and

suppliers of health care services are in compliance with federal regulatory health and safety standards and conditions of participation.

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

FY10 (exp)
\$ 4,996,337

FY11 (approp)
\$ 4,746,599

FY12 (est)
\$ 5,703,974

Program Supported / Population Served: Under the State Survey and Certification of Health Care Providers and Suppliers, facilities and services are reviewed on a regular basis for compliance with COMAR Regulations, as well as for compliance with federal regulation of those facilities participating in Medicare and Medicaid.

93.778 MEDICAL ASSISTANCE PROGRAM (Medicaid; Title XIX)

Program Description: Provides financial assistance to states for payments of medical assistance on behalf of cash assistance recipients, children, pregnant women, and the aged who meet income and resource requirements, and other categorically eligible groups. In certain states that elect to provide such coverage, medically needy persons, who, except for income and resources, would be eligible for cash assistance, may be eligible for medical assistance payments under this program. Financial assistance is provided to states to pay for Medicare premiums, co-payments and deductibles of qualified Medicare beneficiaries meeting certain income requirements. More limited financial assistance is available for certain Medicare beneficiaries with higher incomes.

Formula Description: Statutory formula. Matching requirements: Federal funds are available to match state expenditures for medical care. Under the Act, the federal share of medical services may range from 50% to 83%. The statistical factors used for fund allocation are: (1) medical assistance expenditures by state; and (2) per capita income by state based on a 3-year average (source: "Personal Income," Department of Commerce, Bureau of Economic Analysis). Statistical factors for eligibility do not apply to this program. This program has maintenance of effort requirements; see funding agency (DHHS, Centers for Medicare and Medicaid Services) for further details.

FY10 (exp)
\$ 3,410,506,492

FY11 (approp)
\$ 3,577,833,625

FY12 (est)
\$ 4,069,333,498

ARRA:

FY10 (exp)
\$ 785,839,069

FY11 (approp)
\$ 777,000,000

FY12 (est)
\$ 0

Program Supported / Population Served: The statewide Maryland Medical Assistance Program provides a broad range of medical services to low-income persons and to those with catastrophic illness who are unable to pay for care. There are two primary classifications of needy persons: (1) the categorically needy; and (2) the medically needy. The categorically needy classification includes persons who receive Temporary Cash Assistance from the Maryland Department of Human Resources as well as those receiving Supplemental Security Income grants from the Social Security Administration. Categorically needy persons are enrolled automatically under the Medical Assistance Program. Several other populations that do not receive public assistance grants are included in the categorically needy classification. These include children, pregnant women, elderly and disabled Medicare beneficiaries with income

above the standard Medicaid limit but below certain percentages of the poverty level. The medically needy are those who cannot meet the cost of needed medical care but who are self-supporting in other respects. Medically needy individuals must apply to the local departments of social services for eligibility determination under established criteria for income and assets in relation to need and size of family. In State Fiscal Year 2010, Maryland Medicaid covered full benefits for an average of 676,187 people.

Governor's Goal #14 [Reduce Infant Mortality in Maryland by 10% by End 2012](#) and #15 [Expand Access to Substance Abuse Services in Maryland by 25% by End 2012](#)

93.789 ALTERNATIVES TO PSYCHIATRIC RESIDENTIAL TREATMENT FACILITIES FOR CHILDREN (Demonstration Projects Regarding Home and Community-Based Alternatives to Psychiatric Treatment Facilities for Children)

Program Description: Throughout the last decade, Psychiatric Residential Treatment Facilities (PRTFs) have become the primary provider for youth with serious emotional disturbances requiring an institutional level of care. However, since they are not recognized as hospitals, nursing facilities or intermediate care facilities for the mentally retarded, many states have been unable to use the 1915(c) waiver authority to provide home and community-based alternatives to care, which would keep the youth in their homes and with their families. Section 6063 of the Deficit Reduction Act of 2005 addresses this issue by providing up to \$218 million to 10 states to develop demonstration programs that provide alternatives to PRTFs. The Centers for Medicare and Medicaid Services anticipates awarding each successful applicant between \$5 and \$60 million. The PRTF Demonstration is authorized for up to 5 years. Payments may not be made to states after federal fiscal year 2011. CMS will review and approve each state's Implementation Plan prior to allowing states to access funds for federal reimbursement of services under this grant. Section 6063 also provides \$1 million for a National Demonstration Evaluation.

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

FY10 (exp)
\$ 815,643

FY11 (approp)
\$ 2,757,600

FY12 (est)
\$ 3,210,452

Program Supported / Population Served: The program will cover children and youth who are either community Medicaid eligible or a family of one up to 300% of SSI income level. Recipients must meet medical criteria in a residential treatment center (RTC) at the time of application. In federal fiscal year 2009, the waiver has 70 slots and each subsequent year will have 80 slots. The community-based services offered include respite care, crisis and stabilization services, your and caregiver peer-to-peer support, family and youth training, and experiential and expressive behavioral services. Each recipient will also have a care coordinator. The demonstration project also covers services traditionally offered to this population through the State Medical Plan, which includes some somatic health care and specialty mental health services.

93.791 MONEY FOLLOWS THE PERSON REBALANCING DEMONSTRATION

Program Description: For more than a decade, states have been asking for the tools to modernize their Medicaid programs. With the enactment of the Deficit Reduction Act (DRA) of 2005, states now have new options to rebalance their long-term support programs to allow their Medicaid programs to be more sustainable while helping individuals achieve independence. The

Money Follows the Person (MFP) Rebalancing Demonstration (MFP Demo), created by section 6071 of the Deficit Reduction Act of 2005 (P.L. 109-171), supports state efforts to "rebalance" their long-term support systems by offering \$1.75 billion over 5 years in competitive grants to states. Specifically, the demonstration will support state efforts to: "Rebalance their long-term support system so that individuals have a choice of where they live and receive services." The demonstration provides for enhanced federal medical assistance percentage (FMAP) for 12 months for qualified home and community-based services for each person transitioned from an institution to the community during the demonstration period. Eligibility for transition is dependent upon residence in a qualified institution. The state must continue to provide community-based services after the 12 month period for as long as the person needs community services and is Medicaid eligible. Maryland received its first award through the MFP demonstration on January 1, 2007 and is eligible for annual supplemental awards. The state will transition older adults, adults with physical disabilities, intellectual disabilities, mental illness, and traumatic brain injury. Maryland's MFP demonstration will utilize five (5) existing home and community-based services waivers to provide long-term supports to participants. The Patient Protection and Affordable Care Act (the Affordable Care Act), Pub. L. No. 111-148, signed on 3/23/2010, includes an extension of the Money Follows the Person Rebalancing (MFP) Demonstration Program for an additional 5 years, through 2016.

Formula Description: Statutory formulas are not applicable to this program. **Matching Requirements:** A state receiving an award under this solicitation will receive reimbursement for home and community-based services provided under the demonstration on a quarterly basis at the following Federal Medical Assistance Percentage (FMAP) rates: The FMAP rate will be adjusted to reflect the increased FMAP available to states through the American Recovery and Reinvestment Act of 2009 each quarter from October 1, 2008 through December 31, 2010 (increased rate). The funding for the increased FMAP will be provided from Money Follows the Person grant demonstration funding. The enhanced FMAP provided by the DRA of 2005 (Enhanced Rate up to 50% of the State Match capped at 90%) will be applied to the Recovery Act increased quarterly FMAP. Administrative costs will be reimbursed according to the requirements of CFR 42, 433.15. At the end of the Recovery Act period, the yearly published FMAP Rate in the Federal Register will be used to determine the Enhanced Rate and the State match requirements for the prior quarters to the Recovery Act period and subsequent quarters until the end of the demonstration. This program has MOE requirements, see funding agency for further details. Total expenditures under the State Medicaid program for home and community-based long-term care services will not be less for any fiscal year during the MFP demonstration project than for the greater of such expenditures for fiscal year 2005 or any succeeding fiscal year before the first of the year of the MFP demonstration project.

FY10 (exp)
\$ 20,301,238

FY11 (approp)
\$ 12,539,654

FY12 (est)
\$ 14,186,132

Program Supported / Population Served: Maryland's MFP demonstration is providing additional supports for Medicaid eligible individuals who reside in nursing facilities, ICFs/MR, IMD, and chronic hospitals to transition to slots on existing 1915(c) waivers. In February 2011, approximately 830 individuals have participated in the demonstration. The program anticipates serving a total of 3,870 individuals by September 30, 2016.

93.793 MEDICAID TRANSFORMATION GRANTS

Program Description: To provide federal payments to states for the adoption of innovative methods to improve the effectiveness and efficiency in providing Medical Assistance.

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

FY10 (exp)	FY11 (approp)	FY12 (est)
\$ 106,812	\$ 0	\$ 0

Program Supported / Population Served: Funds support the State of Maryland's Automated Fraud and Abuse Tracking program. This system is a web based system which hosted off site for the Office of the Inspector General/ Program Integrity Medicaid. This system is a case management system and a paperless record storage system. It allows multiple users of the system, with Internet access, either in the office or in the field. The system tracks cases referred for prosecution and it tracks payments on cases referred to the Medicaid recovery unit as the payments are received back into the Department, from either recipients or providers. This program ended at the end of Federal Fiscal Year 2009.

93.889 NATIONAL BIOTERRORISM HOSPITAL PREPAREDNESS PROGRAM (HPP)

Program Description: To ready hospitals and other health care systems, in collaboration with other partners, to deliver coordinated and effective care to victims of terrorism and other public health emergencies.

Formula Description: Statutory formula: Section 319-C of the Public Health Service Act, as amended by the Pandemic and All-Hazards Preparedness Act of 2006, Public Law 109-417. Matching requirements: 10%. This program has maintenance of effort requirements, see funding agency (Department of Health and Human Services, Office of the Secretary) for further details.

FY10 (exp)	FY11 (approp)	FY12 (est)
\$ 10,528,171	\$ 7,041,254	\$ 6,592,678

Program Supported / Population Served: Provide direct and supplemental funding to Maryland acute care facilities and other health systems to advance emergency preparedness. The HPP goal is to ensure awardees use these funds to maintain, refine, and to the extent achievable, enhance capacities and capabilities of their healthcare systems, and for exercising and improving preparedness plans for all-hazards including pandemic influenza. For the purposes of the HPP, healthcare systems (e.g., sub-awardees) are composed of hospitals and other healthcare facilities which are defined broadly as any combination of the following: outpatient facilities and center (e.g., behavioral health, substance abuse, urgent care), inpatient facilities and centers (e.g., trauma, State and federal veterans, long-term, children's, Tribal), and other entities (e.g., poison control, emergency medical services, community health centers, nursing, et cetera).

Governor's Goal #6 [Make Maryland the National Leader in Homeland Security Preparedness by End 2012](#)

93.913 GRANTS TO STATES FOR OPERATION OF OFFICES OF RURAL HEALTH

Program Description: Improve health care in rural areas through the operations of State Offices of Rural Health. Build and sustain rural health infrastructure by providing technical

assistance to rural communities, to provide guidance and best practices on rural health networks and to improve quality of rural health care.

Formula Description: Program has no statutory formula. Matching requirements are required to match at least \$3 for each \$1 of federal funds. This program does not have maintenance of effort requirements.

FY10 (exp)	FY11 (approp)	FY12 (est)
\$ 150,084	\$ 130,599	\$ 142,973

Program Supported / Population Served: Maryland's State Office of Rural Health serves the State and federally designated rural populations. Maryland uses two definitions to classify its jurisdictions: the State definition in the Annotated Code of Maryland and the federal Office of Rural Health Policy definition. Those jurisdictions that are mandated by Maryland's Annotated Code to have representatives on the Rural Maryland Council are considered rural in the State. These include 18 of the 24 jurisdictions in Maryland, and are referred to in Maryland as state-designated rural jurisdictions. Federal definition of rural includes 8 whole jurisdictions and 8 partial jurisdictions. Whole county designations include Allegany, Caroline, Dorchester, Garrett, Kent, St. Mary's, Talbot, and Worcester. Partial designation by census tract include; Baltimore County, Calvert, Carroll, Frederick, Queen Anne's, Somerset, and Washington counties. Of all Maryland residents, approximately 27% live in state-designated rural areas and 6% live in federally-designated rural areas, as defined by the federal Office of Rural Health Policy per 2009 Claritas demographic data.

93.917 HIV CARE FORMULA GRANTS

Program Description: Enable states to improve quality, availability, and organization of health care and support services for individuals and families with Human Immunodeficiency Virus (HIV) disease.

Formula Description: Matching requirements vary. Program has maintenance of effort requirements; see funding agency (Department of Health and Human Services, Health Resources and Services Administration) for further details.

FY10 (exp)	FY11 (approp)	FY12 (est)
\$ 38,015,163	\$ 36,793,432	\$ 37,736,732

Program Supported / Population Served: The Infectious Disease and Environmental Health Administration uses direct service funds to support HIV health and support services throughout the State. Funded through Ryan White Part B, the Maryland AIDS Drug Assistance Program (MADAP) provides reimbursement of pharmaceuticals for income-eligible individuals and insurance continuation of private insurance for income-eligible individuals. An estimated 5,700 individuals were served by the MADAP project in State Fiscal Year 2010 and an estimated 8,000 clients were served with Part B direct service funds.

93.940 HIV PREVENTION ACTIVITIES – HEALTH DEPARTMENT BASED (HIV Prevention Program)

Program Description: Assists states and political subdivisions of states in meeting the cost of establishing and maintaining Human Immunodeficiency Virus (HIV) prevention programs.

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

FY10 (exp)
\$ 13,306,581

FY11 (approp)
\$ 11,301,538

FY12 (est)
\$ 9,487,842

Program Supported / Population Served: The Prevention Programs/Prevention Cooperative Agreement project supports HIV Prevention activities that are federally funded by the Centers for Disease Control and Prevention. Funds are also used to develop and monitor HIV prevention and risk reduction programs that help high-risk individuals and communities initiate and sustain behavior change. HIV Prevention programs are designed and implemented in conjunction with local health departments. Examples of programs include: (1) HIV testing to allow individuals to learn their HIV status and if positive, to be linked to care, (2) Individual, Group and Community-level Health Education and Risk Reduction (HERR) Projects which reduce the risk of acquiring or transmitting HIV; and (3) capacity building with local health departments and community-based service providers to enhance delivery of HIV prevention services.

This project's purpose also is to measure the levels of behaviors that lead to HIV infection in populations of special interest. The HIV behavioral risk data are important for designing, targeting, and evaluating HIV prevention programs.

This project has a significant contractual arrangement with the Baltimore City Health Department

The Retrovirus Laboratory Services – Prevention program provides laboratory support to the Infectious Disease and Environmental Health Administration for seroprevalence surveys to determine the incidence of HIV infection and for diagnosis of the AIDS virus infection. The laboratory monitors the emergence of new strains of HIV, which may be undetectable by screening tests used to screen the blood supply.

93.941 HIV DEMONSTRATION, RESEARCH, PUBLIC AND PROFESSIONAL EDUCATION PROJECTS

Program Description: Assist states, political subdivisions of states, and other public and nonprofit entities with research on the prevention of HIV infection at the community level. Funds may be used to develop, implement and evaluate new interventions, including those targeting people who are infected with HIV. Applicants are encouraged to have research groups participate in the program.

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

FY10 (exp)
\$ 102,267

FY11 (approp)
\$ 129,394

FY12 (est)
\$ 136,019

Program Supported / Population Served: Funds support an agreement between the Association of Public Health Laboratories, Inc, a District of Columbia non-profit association and the Maryland Department of Health and Mental Hygiene's Laboratories Administration for the Laboratories Administration to provide in-house public health laboratory testing and practice training to employees of public health laboratories located outside Maryland.

93.943 EPIDEMIOLOGIC RESEARCH STUDIES OF ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS) AND HUMAN IMMUNODEFICIENCY VIRUS (HIV) INFECTION IN SELECTED GROUPS (Epidemiological Research Studies of AIDS and HIV)

Program Description: Support research of important HIV-related epidemiologic issues concerning risks of transmission, the natural history and transmission of the disease in certain populations and development and evaluation of behavioral recommendations for reducing AIDS and HIV infection. Of special interest are programs that examine these research issues as they affect minority populations (defined as one of the four federally-recognized groups: African-Americans; Asian/Pacific Islanders; Latinos/Hispanics; and Native Americans).

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

FY10 (exp) \$ 0	FY11 (approp) \$ 0	FY12 (est) \$ 2,415,876
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Program Supported / Population Served: The Infectious Disease and Environmental Health Administration utilizes funds from this award to support expanded HIV testing, HIV/STI partner services and linkage-to-care efforts to increase the number of Marylanders living with HIV who know their HIV serostatus and are linked to appropriate HIV care, support and prevention services. These programs are located in Baltimore City and Prince George's County and includes HIV screening programs in hospital emergency departments, integrated HIV/STI/hepatitis testing programs in local health department STD clinics, and local health department HIV/STI partner services.

93.944 HUMAN IMMUNODEFICIENCY VIRUS (HIV) / ACQUIRED IMMUNODEFICIENCY VIRUS SYNDROME (AIDS) SURVEILLANCE (HIV/AIDS Surveillance)

Program Description: Continue and strengthen effective human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) surveillance programs and to effect, maintain, measure, and evaluate the extent of HIV/AIDS incidence and prevalence throughout the United States and its territories, providing information for targeting and implementing HIV prevention activities.

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

FY10 (exp) \$ 1,180,470	FY11 (approp) \$ 1,606,282	FY12 (est) \$ 1,192,012
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Program Supported / Population Served: HIV/AIDS Surveillance and Seroprevalence Cooperative Agreement project supplements State funds for AIDS case surveillance and provides funds for measuring HIV infection. This project has a significant contractual arrangement with the Baltimore City Health Department.

93.946 COOPERATIVE AGREEMENTS TO SUPPORT STATE-BASED SAFE MOTHERHOOD AND INFANT HEALTH INITIATIVE PROGRAMS (Infant Health and pre-term delivery initiative; PRAMS, MCHEP; ART; VAW; Maternal Health Research)

Program Description: PRAMS: to work with official public health agencies of states to: (1) establish and maintain state-specific, population-based surveillance of selected maternal behaviors occurring during pregnancy and the child's early infancy; and (2) generate state-specific data for planning and assessing perinatal health programs. MCHEP: to work with official public health agencies of states and localities to develop a multidisciplinary team of individuals dedicated to building the recipient's analytic capacity to use epidemiologic and surveillance data to address the health problems affecting women, infants and children. Prevention research activities related to women's health related to pregnancy, in vitro fertilization, violence around pregnancy, pre-term delivery, and other reproductive health complications.

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

FY10 (exp)
\$ 146,627

FY11 (approp)
\$ 130,165

FY12 (est)
\$ 127,581

Program Supported / Population Served: The Pregnancy Risk Assessment Monitoring System (PRAMS) is a State health department surveillance system established by the CDC in 1987 to collect State specific data from new mothers to document maternal experiences before, during and after pregnancy that may contribute to poor birth and pregnancy outcomes. The goal is to use PRAMS data in the Maternal and Child Health program planning and evaluation to reduce infant mortality and other adverse outcomes. Beginning with babies born in January 2000, Maryland started surveying between 150-220 new mothers each month. These mothers are sent a survey, which is available in both English and Spanish, and they are asked to provide answers to questions about their behaviors and experiences before, during and shortly after pregnancy. This information is published in various reports and is used to improve the health of Maryland mothers and babies statewide.

Governor's Goal #14 [Reduce Infant Mortality in Maryland by 10% by End 2012](#)

93.958 BLOCK GRANTS FOR COMMUNITY MENTAL HEALTH SERVICES (CMHS Block Grant)

Program Description: Provides financial assistance to states and territories to carry out the state's plan for providing comprehensive community mental health services to adults with a serious mental illness and to children with a serious emotional disturbance; monitor the progress of implementing a comprehensive community based mental health system; provide technical assistance to states and the Mental Health Planning Council that will assist states in planning and implementing a comprehensive community based mental health system.

Formula Description: Statutory formula: Title PHS Act, Title XIX, Part B, Subpart I, Public Law 106-310. This program has no matching requirements. This program has maintenance of effort requirements; see funding agency (Department of Health and Human Services / Substance Abuse and Mental Health Services Administration) for further details. Under Section 1915(b) of the Public Health Service Act, states are required to maintain aggregate state expenditures for

authorized activities at a level that is not less than the average level of such expenditures maintained by the state for the 2-year period preceding the fiscal year for which the state is applying for the grant.

FY10 (exp)
\$ 7,930,009

FY11 (approp)
\$ 7,546,733

FY12 (est)
\$ 7,281,807

Program Supported / Population Served: The Community Mental Health Services Block Grant project supports services to all age groups for people who are not institutionalized but are considered seriously mentally ill. Services include mental health outreach, enhancement of psychiatric care, availability and supervision programs, crisis management, services to youth in juvenile justice centers, education and training, shelter services (not residential hospitals), employment and vocational support and counseling, and services to children and adolescents (such as intervention and crisis support and supervision). This program is statewide.

93.959 BLOCK GRANTS FOR PREVENTION & TREATMENT OF SUBSTANCE ABUSE (Substance Abuse Prevention and Treatment SAPT Block Grant)

Program Description: Provides financial assistance to states and territories to support projects for the development and implementation of prevention, treatment, and rehabilitation activities directed to the diseases of alcohol and drug abuse.

Formula Description: Statutory formula: Title XIX, Part B, Subpart II, Public Law 106-310. This program has no matching requirements. This program has maintenance of effort requirements; see funding agency (Department of Health and Human Services / Substance Abuse and Mental Health Services Administration) for further details. Under section 1930 Public Health Service Act, states expenditure for authorized activities at a level that is not less than the average level of such expenditures maintained by the state for the 2-year period preceding the fiscal year for which the state is applying for the grant.

FY10 (exp)
\$ 28,996,185

FY11 (approp)
\$ 32,179,141

FY12 (est)
\$ 33,333,148

Program Supported / Population Served: The Substance Abuse Prevention and Treatment Block Grant provides federal funds supporting grants and human service contracts for alcohol and drug abuse prevention and treatment programs throughout the State.

Governor's Goal #15 [Expand Access to Substance Abuse Services in Maryland by 25% by End 2012](#)

93.977 PREVENTIVE HEALTH SERVICES – SEXUALLY TRANSMITTED DISEASES CONTROL GRANTS

Program Description: Reduce morbidity and mortality by preventing cases and complications of sexually transmitted diseases (STD). Project grants under Section 318c awarded to state and local health departments emphasize the development and implementation of nationally uniform prevention and control programs focusing on disease intervention activities designed to reduce the incidence of these diseases, with applied research, demonstration, and public and professional education activities supporting these basic program activities under Section 318b of the Public Health Service Act.

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

FY10 (exp)
\$ 1,300,175

FY11 (approp)
\$ 1,378,135

FY12 (est)
\$ 1,248,709

Program Supported / Population Served: Maryland's Center for Sexually Transmitted Disease Prevention program provides surveillance, case management oversight, technical consultation, and special population services for statewide STI prevention. Support to local health departments includes data analysis, case referral and monitoring, regional meetings, an annual update meeting, training and cross-agency coordination. The STI program also targets higher risk populations through corrections-based screening and collaboration with community-based organizations. Awards to local health departments support local staff for partner services to notify contact of identified cases of syphilis and gonorrhea. Funds also provide partial support for lab tests analysis by the DHMH Laboratories Administration.

93.991 PREVENTIVE HEALTH & HEALTH SERVICES BLOCK GRANT (PHHS Block Grants)

Program Description: Provides states resources to improve the health status of the population of each grantee by: (a) conducting activities leading to the accomplishment of the year 2010 objectives for the nation; (b) rapidly responding to emerging health threats; (c) providing emergency medical services excluding most equipment purchases; (d) providing services for sex offense victims including prevention programs; and (e) coordinating related administration, education, monitoring and evaluation activities.

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

FY10 (exp)
\$ 1,847,314

FY11 (approp)
\$ 1,879,153

FY12 (est)
\$ 1,965,781

Program Supported / Population Served: The Preventive Health and Health Services (PHHS) Block Grant provides funding for health problems in Maryland that include chronic diseases, oral health, and unintentional injury deaths.

The Chronic Disease program is designed to provide support for the implementation of evidence-based programs related to prevention of chronic conditions, as well as access to quality medical care. These activities occur in collaboration with local health departments. Programs are evidence-based and replicable, including the diabetes prevention program, a Wise Woman-like project, WE CAN! Specifically, these programs address the prevention of diabetes, the recognition and management of high blood pressure and cholesterol, and childhood obesity treatment and prevention. Programs also target disparate populations, including racial/ethnic minorities, uninsured and underserved populations, and those disproportionately impacted by chronic disease. Programmatic efforts focus on making policy and environmental change, which impact the entire population, rather than individual behavioral changes.

The Office of Oral Health works to improve the oral health status of Maryland residents through a variety of public oral health initiatives and interventions, characterized by a focus on health promotion and disease prevention. The Block Grant targets dental caries prevention activities in children and adolescents in accordance with Healthy People 2010 Objective 21-1. In State Fiscal Year 2010, this program accomplished the following:

- Oral health education programs conducted in school or community-based settings to children about the importance of good oral hygiene and sealants.
- School-based fluoride rinse and varnish programs for children were implemented by local health department dental programs.
- School-based dental sealant programs including dental screenings for high risk school children.

The above programs were implemented in urban and rural counties throughout Maryland with specific attention paid to needy populations residing in Maryland jurisdictions with limited dental resources. These jurisdictions have some of the highest rate of untreated tooth decay in the State with more limited access to fluoridated community water systems

The PHHS block grant funds support the following activities through the Center for Health Promotion and Education: assisting the 24 Maryland jurisdictions to plan, deliver and evaluate targeted injury prevention programs based on local needs. In State Fiscal Year 2009, 21 out of 24 jurisdictions received mini-grants for: child passenger safety, fall prevention for seniors, pedestrian safety, youth violence prevention, infant sleep safety, youth suicide prevention, carbon monoxide poisoning prevention, youth bicycle safety, and water safety for youth. Jurisdictions worked to leverage their funds with community partners and other agencies such as police, fire, education, and aging to meet identified community needs.

The Evidence Collection program of the Center for Health Promotion and Education pays physicians, hospitals, and laboratories for evidence collection in cases of alleged rape, sexual offense, and child sexual abuse. In State Fiscal Year 2009 the Sexual Assault Reimbursement Unit provided reimbursement for 2,931 claims for rape, sexual assault, and child sexual abuse. In Maryland, 1,127 rapes were reported to the police in calendar year 2008, representing a less than 4% increase over 2007. Rape accounted for 3% of the violent crime, and there were 20 forcible rapes per 100,000 persons.

Governor's Goal # 4 Reduce Violent Crime in Maryland by 20% by End 2012 and #5 Reduce Violent Crimes Committed Against Women and Children by 25% by End 2012 and #14 Reduce Infant Mortality in Maryland by 10% by End 2012

93.994 MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT TO THE STATES (MCH Block Grants)

Program Description: Enable states to maintain and strengthen their leadership in planning, promoting, coordinating and evaluating health care for pregnant women, mothers, infants, and children, children with special health care needs and families in providing health services for maternal and child health populations who do not have access to adequate health care.

Formula Description: Statutory formula, Title V Section 502(c), Public Law Social Security Act, subject to 45 CFR Part 96. Matching requirements are 75%. This program has maintenance of effort requirements; see funding agency (Department of Health and Human Services, Health Resources and Services Administration) for further details.

FY10 (exp)
\$ 11,555,173

FY11 (approp)
\$ 11,474,580

FY12 (est)
\$ 11,690,183

Program Supported / Population Served: The Maternal and Child Health Services Block Grant project is administered jointly by the DHMH Center for Maternal and Child Health and the

DHMH Office of Genetics and Children with Special Health Care Needs. Funds are intended to promote the health of women, children, and adolescents, including children with special care needs. Federal funds must be allocated as follows: 1) at least 30% for preventive and primary care for children; 2) at least 30% for children with special needs; and, 3) no more than 10% for administrative costs. This program is statewide.

Governor's Goal: #14 [Reduce Infant Mortality in Maryland by 10% by End 2012](#)

BA.M00 HEALTH STATISTICS CONTRACTS

Program Description: Contracts with the National Center for Health Statistics Cooperative Program for the provision of coded vital statistics data in machine-readable format. Data is used by the National Center to prepare national vital statistics. Vital statistics data is also provided to the Social Security Administration and other federal agencies, for public health and administrative purposes.

FY10 (exp)	FY11 (approp)	FY12 (est)
\$ 548,567	\$ 539,508	\$ 568,076

Program Supported / Population Served: The Vital Statistics program maintains a system for registering, indexing, filing, and protecting the integrity of all records of birth, death, fetal death, marriage and divorce, adoption, legitimation and adjudication of paternity for events occurring in Baltimore City and the 23 counties of Maryland. Federal funds are earned through the provision of a variety of contracts and services.

BE.M00 U.S. FOOD AND DRUG ADMINISTRATION FOOD PLANT INSPECTION

Program Description: Ensures state compliance with requirements of the U.S. Food and Drug Administration regarding health, safety, and record keeping. Without these assurances, State industries cannot market commodities in interstate or international arenas.

FY10 (exp)	FY11 (approp)	FY12 (est)
\$ 217,327	\$ 155,643	\$ 130,847

Program Supported / Population Served: Contracts with the U.S. Food and Drug Administration (FDA) requiring the State to: (1) conduct inspections in selected food establishments to determine compliance with the Federal Food, Drug and Cosmetic Act, State law, or both; (2) collect factor and official follow-up samples as dictated by inspection observations; (3) analyze any samples collected using the Association of Official Analytical Chemists or FDA methodology; and (4) furnish the federal government with reports of the inspections and sample examinations as well as reports on any compliance follow-up and corrections achieved by actions the State takes under its own program. Projects are statewide.

BF.M00 TUBERCULOSIS CONSORTIUM CONTRACT

Program Description: Multi-year contract between the Department of Health and Mental Hygiene (DHMH) and the Centers for Disease Control and Prevention to conduct tuberculosis control and prevention studies. Requires participation in a national consortium comprised of a select group of state tuberculosis programs and academic centers. Multiple projects are conducted under the terms of the contract.

FY10 (exp)
\$ 668,114

FY11 (approp)
\$ 612,465

FY12 (est)
\$ 624,928

Program Supported / Population Served: The Tuberculosis Epidemiological Studies Consortium funds all projects under this contract to: (a) operate as an active member of the Consortium; and (b) perform scientific studies for the prevention and control of active TB disease and latent TB infection (LTBI); and c) evaluate new approaches for the prevention of TB disease and LTBI.

BL.M00 U.S. ARMED FORCES - OVERSEAS NEWBORN SCREENING

Program Description: Contracts with the U.S. Department of Defense to conduct newborn screening laboratory services for children of U.S. military personnel born in Europe.

FY10 (exp)
\$ 46,555

FY11 (approp)
\$ 59,500

FY12 (est)
\$ 0

Program Supported / Population Served: Contracts between with U.S. Armed Forces in Europe (U.S. Army and Air Force) and the DHMH Laboratories Administration Newborn and Childhood Screening project provide Armed Forces personnel in Europe with hereditary screening services. Approximately 665 infants were screened in State Fiscal Year 2010. This program ended at the end of State Fiscal Year 2010.

Governor's Goal #14 [Reduce Infant Mortality in Maryland by 10% by End 2012](#)

BR.M00 INDIRECT COST RECOVERIES

Program Description: Supports operating costs associated with the Office of the Deputy Secretary for Operations, as appropriated in the budget.

FY10 (exp)
\$9,595,327

FY11 (approp)
\$ 9,725,397

FY12 (est)
\$ 10,308,236

BW.M00 DRUG ABUSE DATA COLLECTION

Program Description: Under contract with Substance Abuse and Mental Health Services Administration (SAMHSA), Synectics for Management Decisions, Inc. distributes funds to support their Drug Abuse Services Information System (DASIS) related activities. SAMHSA collects data for: (1) the number and variety of public and private non-profit substance abuse treatment programs, including the number and type of patient slots available; (2) the number of individuals seeking treatment, the number and demographic characteristics of individuals completing such programs, and the length of time between an individuals request for treatment and commencement of treatment; (3) the number of individuals who return for treatment after completion of prior treatment, and the method of treatment utilized during prior treatment; (4) the number of individuals receiving public assistance in such programs; (5) costs of different types of treatment modalities for drug and alcohol abuse and the aggregate relative costs of each treatment modality provided within a state in each fiscal year; (6) the number of individuals receiving drug and alcohol abuse treatment who have private insurance coverage for the costs of such treatment; and (7) the number of alcohol and other drug abuse counselors and other substance treatment personnel employed in public and private facilities.

FY10 (exp)
\$ 73,976

FY11 (approp)
\$ 73,070

FY12 (est)
\$ 73,070

Program Supported / Population Served: The SAMSHA Data Collection/DASIS State Agreement project meets a federal requirement to collect data on publicly funded substance abuse treatment programs and individuals seeking treatment through such programs. DASIS consists of 3 related data sets maintained and supported through an agreement between SAMSHA's contractor (Synectics) and the DHMH Alcohol and Drug Abuse Administration.

Governor's Goal #15 [Expand Access to Substance Abuse Services in Maryland by 25% by End 2012](#)

BX.M00 TOBACCO RETAIL INSPECTION ENFORCEMENT SERVICES

Program Description: The Food and Drug Administration (FDA) has awarded the Alcohol and Drug Abuse Administration (ADAA) federal funds to assist the FDA in the regulation of tobacco products, so as to reduce tobacco use by youth and to protect public health. The ADAA's Tobacco Retail Inspections and Enforcement Services (TRIES) contract will build, expand, and strengthen Maryland's existing Synar initiative functions to accomplish the regulatory and enforcement efforts necessary to bring the State of Maryland in compliance with the Family Smoking Prevention and Tobacco Act (Tobacco Control Act) of 2009.

FY10 (exp)
\$ 0

FY11 (approp)
\$ 0

FY12 (est)
\$ 3,318,250

Program Supported / Population Served: The ADAA will conduct inspections in retail establishments selling cigarettes and/or smokeless tobacco products to enforce FDA restrictions on modified tobacco products and under-age tobacco purchases. The ADAA will collect, document and preserve evidence of inspections and/or investigations. The ADAA will assist FDA in enforcement or judicial actions when necessary through testimony and furnishing collected evidence. The ADAA's goal is to strengthen Maryland's statewide comprehensive youth tobacco program, provide consistent statewide tobacco enforcement and promote healthy communities in Maryland.

Governor's Goal #15 [Expand Access to Substance Abuse Services in Maryland by 25% by End 2012](#)

M00586 FEE COLLECTIONS

Program Description: The Employed Individuals with Disabilities program (EID) allows Maryland to provide Medicaid coverage to working individuals with disabilities for a modest premium. These individuals would not otherwise be eligible for Medicaid. Note: these fees are reflected in two programs within the Medical Programs Administration.

FY10 (exp)
\$ 0

FY11 (approp)
\$ 0

FY12 (est)
\$ 56,040

Program Supported / Population Served: For individuals to be eligible, their countable income cannot exceed 300% of the Federal Poverty Level (FPL). In FY 2012 it is expected that

approximately 600 individuals will be served by this program. Premiums collected vary, based on enrollee income.

Governor's Goal #1 Create, Save or Place Residents into 250,000 Jobs Maryland by End 2012

Program Description: MCHP Premium is the State's separate child health insurance program, implemented on July 1, 2001. It provides a full range of Medicaid services to the population described below.

FY10 (exp)	FY11 (approp)	FY12 (est)
\$ 0	\$ 0	\$ 4,058,031

Program Supported / Population Served: MCHIP Premium provides access to health care coverage for children up to age 19 in families with income between 200 and 300 percent of the Federal Poverty Level (FPL). The program requires families to pay a modest premium per family per month for participation.

Governor's Goal #14 Reduce Infant Mortality in Maryland by 10% by End 2012

-end DHMH report-