

DEPARTMENT OF HEALTH & MENTAL HYGIENE (DHMH)

10.479 FOOD SAFETY COOPERATIVE AGREEMENTS

Program Description: Reduce the incidence of foodborne illnesses associated with meat, poultry, and egg products and protect the 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.

FY15 (actual)
\$118,963

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 developed and maintains a food defense, safety, and surveillance monitoring project for analysis of chemical and microbiological contamination. This project makes 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.

10.553 SCHOOL BREAKFAST PROGRAM

Program Description: Assists states in providing 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) prescribed by the Secretary; (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. 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.

FY15 (actual)
115,475

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.

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

Program Description: Provides low-income pregnant, breastfeeding and postpartum women, infants, and children to age five who have been determined to be at nutritional risk, supplemental nutritious foods, nutrition education, and referrals to health and social services at no cost. WIC also promotes breastfeeding as the feeding method of choice for infants, and promotes immunization and other aspects of healthy living.

For Formula Grants, the Food and Nutrition Service (FNS) makes funds available to participating state health agencies and Indian Tribal Organizations (ITOs) that, in turn, distribute the funds to participating local agencies. State and local agencies use WIC funds to pay the costs of specified supplemental foods provided to WIC participants, and to pay for specified nutrition services and administration (NSA) costs, including the cost of nutrition assessments, blood tests for anemia, nutrition education, breastfeeding promotion, and health care referrals.

For Project Grants, funding for the competitive Loving Support grant is available for formative research and educational material development in the campaign for breastfeeding promotion and support. This project will effectively build on the successes of the existing Loving Support campaign to inform, motivate and persuade the audience in an effective manner that continues to increase breastfeeding rates among WIC participants and increase support for breastfeeding among those who most influence breastfeeding mothers (their family and friends, health care providers, WIC staff, and relevant community partners).

Formula Description: Grants are allocated on the basis of formulas 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.

FY15 (actual)
\$ 106,942,457

Program Supported / Population Served: 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 Prevention and Health Promotion Administration to obtain maximum benefits for participants.

14.241 HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS (HOPWA)

Program Description: Provides states and localities with the resources and incentives to advance the National HIV/AIDS Strategy by devising long-term comprehensive strategies for meeting the supportive housing needs of low-income persons and their families living with HIV/AIDS in order to prevent homelessness and sustain housing stability for program beneficiaries.

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.

FY15 (actual)
\$ 1,176,530

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 St. Mary's County in Southern Maryland. The project funds for persons living with HIV/AIDS tenant-based rental assistance (TBRA); short term rent, mortgage and utilities (STRMU); permanent housing placement assistance (PHP) and case management services 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.

14.267 CONTINUUM OF CARE (formerly 14.238 SHELTER PLUS CARE)

Program Description: Program is designed to promote community-wide commitment to the goal of ending homelessness; provide funding for efforts by nonprofit providers, states, and local governments to quickly re-house homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness; promote access to and effective utilization of mainstream programs by homeless individuals and families; and optimize self-sufficiency among individuals and families experiencing homelessness. Continuum of Care (CoC) program funds may be used to pay for the eligible

costs used to establish and operate projects under five program components: (i) permanent housing, which includes permanent supportive housing for persons with disabilities, and rapid re-housing; (ii) transitional housing; (iii) supportive services only; (iv) Homeless Management Information Systems, and (v) in some cases, homelessness prevention.

Formula Description: Matching Requirements: This is a competitive program, however each community's need amount is established by formula set forth in the CoC Regulations. The recipient or sub-recipient must match all grant funds, except for leasing funds, with no less than 25% of cash funds or in-kind contributions from other sources. For Continuum of Care geographic areas in which there is more than one grant agreement, the 25% match must be provided on a grant-by-grant basis. Recipients that are United Funding Agency or are the sole recipient for their Continuum may provide match on a Continuum-wide basis. This program does not have MOE requirements.

FY15 (actual)
\$ 5,688,915

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).

20.616 NATIONAL PRIORITY SAFETY PROGRAMS

Program Description: To encourage States to address national priorities for reducing highway deaths and injuries through occupant protection programs, state traffic safety information system improvements, impaired driving countermeasures, passage of effective laws to reduce distracted driving, implementation of motorcyclist safety programs, and the implementation of graduated driving licensing laws.

Formula Description: Statutory Formula: Title 23, Chapter 4, Part 405. Matching Requirements: Percent: 80%. For all program under Section 405, the Federal share of the costs of the activities funded using amounts from grants awarded under this subsection may not exceed 80 percent for each fiscal year for which a State receives a grant. This program has maintenance of effort requirements, see funding agency (Department of Transportation, National Highway Traffic Safety Administration) for further details.

FY15 (actual)
\$ 203,529

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 car seat assistance programs for low-income families, and 4) support of child passenger safety enforcement initiatives in Maryland.

93.008 MEDICAL RESERVE CORPS SMALL GRANT PROGRAM (MRC)

Program Description: Supports the development of Medical Reserve Corps units in communities throughout the United States to: (1) increase capacity at the community level to respond during emergencies which have medical consequences, and (2) improve public health in communities through volunteerism on an ongoing basis.

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

FY15 (actual)
\$ 35,698

Program Supported / Population Served: The Maryland Professional Volunteer Corps (MPVC) is currently in the process of expanding our focus from only professionally licensed volunteers to anyone who is willing to be trained as a public health responder. These grant funds are being used to fund training programs across Maryland for new MPVC volunteers, as well as recruitment efforts as the MPVC program expands its focus from medically licensed volunteers to all public health responders. The MPVC is the Medical Reserve Corps (MRC) for the state of Maryland, which means that volunteers are spread around the state. MPVC recruitment and training takes place across the state.

93.065 LABORATORY LEADERSHIP, WORKFORCE TRAINING & MANAGEMENT DEVELOPMENT, IMPROVING PUBLIC HEALTH LABORATORY INFRASTRUCTURE (APHL-CDC Partnership for Quality Lab Practice)

Program Description: Program addresses the “Healthy People 2010” focus areas of: #8 – Environmental Health, #10 – Food Safety, #11 – Health Communication, #13 – HIV, #14 – Immunization and Infectious Diseases, #17 – Medical Product Safety, #20 – Occupational Safety and Health, #23 – Public Health Infrastructure, #24 – Respiratory Diseases and #25 – Sexually Transmitted Diseases. The program’s major objective is to improve public health laboratory infrastructure, maintain a competent and trained laboratory workforce, promote laboratory leadership activities to ensure future laboratory leaders, ensure laboratory preparedness for emerging infectious diseases or other biologic and chemical public health threats, promote technology transfer to ensure up-to-date technologies for the testing laboratory, and to enhance communication linkages between state and local public health laboratories, and the clinical laboratory testing community.

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

FY15 (actual)
\$ 25,614

Program Supported / Population Served: Promotes and maintains a collaborative relationship with the Association of Public Health Laboratories that includes the National Laboratory

Training Network and the National Laboratory Partnership for the purpose of improving public health laboratory infrastructure, maintaining a competent and trained laboratory workforce, promoting laboratory leadership activities to ensure future laboratory leaders, ensure laboratory preparedness for emerging infectious diseases or other biologic and chemical public health threats, promote technology transfers to ensure up-to-date technologies for the testing laboratory, and to enhance communication linkages between State and local public health laboratories, and the clinical testing community.

**93.069 PUBLIC HEALTH EMERGENCY PREPAREDNESS (PERLC:
PREPAREDNESS & EMERGENCY RESPONSE LEARNING CENTER PERLC
Supporting PHEP; awards other than PHEP Cooperative agreement not recorded under
93074)**

Program Description: The PHEP program is a critical source of funding, guidance, and technical assistance for state, territorial, and local public health departments. Preparedness activities funded by the PHEP program are targeted specifically for the development of emergency-ready public health departments that are flexible and adaptable. These efforts support the National Response Framework (NRF), which guides how the nation responds to all types of hazards including infectious disease outbreaks; natural disasters; biological, chemical, and radiological incidents; and explosions.

To help public health departments with their strategic planning, CDC identified 15 public health preparedness capabilities to serve as national public health preparedness standards. State and local jurisdictions can use CDC's Public Health Preparedness Capabilities: National Standards for State and Local Planning to better organize their work and identify the capabilities they have the resources to build or sustain. These standards help ensure that federal preparedness funds are directed to priority areas within individual jurisdictions.

The 2012 PHEP is currently funded via a joint cooperative agreement guidance award and aligned with the Hospital Preparedness Program (HPP). PHEP program guidance assists the 62 PHEP awardees in demonstrating measurable and sustainable progress toward achieving the 15 public health preparedness capabilities and other activities that promote safer and more resilient communities.

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.

**FY15 (actual)
\$ 11,148,265**

Program Supported / Population Served: The Public Health Emergency Preparedness (PHEP) cooperative agreement 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 has 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.

93.070 ENVIRONMENTAL PUBLIC HEALTH & 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. Support is recommended for a specified project period, not to exceed 5 years.

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

The Maryland Public Health Strategy for Climate Change project works with local health departments to develop public health strategies at the local level, based on climate projections, health impact estimates and local priorities. Ultimately, this will be a statewide project benefiting all parts of the State.

FY15 (actual)
\$ 260,060

The Environmental Public Health Tracking (EPHT) program was established to allow users access to health and environmental data simultaneously. In Maryland, the users can access data on a wide variety of health and environmental data for the entire state, using either a public

portal or a secure, password-protected portal with data at a more localized level. The Maryland EPHT serves the entire State, and is also hosting data from the District of Columbia.

FY15 (actual)
\$ 523,854

Addressing Asthma from a Public Health Perspective in Maryland was designed to:

- 1) Develop, expand and sustain a comprehensive public health infrastructure to reduce the burden of asthma in Maryland;
- 2) Implement an asthma surveillance system to assess the burden of asthma, identify disparate populations and inform program priorities and evaluation activities;
- 3) Reduce asthma disparities among populations that are disproportionately affected by asthma as compared to the general population with asthma;
- 4) Reduce exposure to environmental triggers that could lead to or exacerbate asthma; and
- 5) Improve the system of care for persons with asthma through assuring asthma awareness and education and high quality, clinical and self-management services.

FY15 (actual)
\$ 66,239

93.074 HOSPITAL PREPAREDNESS PROGRAM (HPP) AND PUBLIC HEALTH EMERGENCY PREPPARDNESS (PHEP) ALIGNED COOPERATIVE AGREEMENTS

The purpose of the program is to support the development and implementation of active monitoring (AM) and direct active monitoring (DAM) of travelers in the current 62 PHEP jurisdictions who may have been exposed to Ebola. AM means that the state or local public health authority assumes responsibility for establishing regular communication with potentially exposed individuals, including checking daily to assess for the presence of symptoms and fever, rather than relying solely on individuals to self-monitor and report symptoms if they develop. DAM means the public health authority conducts active monitoring through direct observation. The purpose of active (or direct active) monitoring is to ensure that if individuals with epidemiologic risk factors become ill they are identified as soon as possible after symptom onset so they can be rapidly isolated and evaluated. Active and direct active monitoring programs are critical in assuring that travelers' symptoms are regularly monitored and that a response system is in place to quickly recognize when those with symptoms need to receive appropriate medical care. These public health actions will better protect potentially exposed individuals and the American public as a whole.

Formula Description: Statutory Formula: Statutory Formula for PHEP - 319C-1 of the Public Health Service (PHS) Act, as amended by the Pandemic and All-Hazards Preparedness Act (PAHPA) of 2006, Public Law 109-417. For HPP - Federal Register Notice of May 16, 2008 (Vol. 73, No 96) requires cost sharing (non-federal share) of not less than 10% of federal funds

awarded. For HPP and PHEP Matching Requirements: Percent: 10%. These programs have an maintenance of effort requirements, see funding agencies for further details.

FY15 (actual)
\$ 384,122

93.088 ADVANCING SYSTEMS IMPROVEMENTS TO SUPPORT TARGETS FOR HEALTH PEOPLE 2010 (ASIST2010)

Program Description: Improve surveillance/information systems that allow tracking of program on Healthy People 2010 objectives at the grantee level. To develop and implement a plan to sustain the program after the Office of Women's Health funding ends. To use a public health systems approach to improve performance on two or more HP 2000 objectives targeting women and/or men in Focus Area 1-Access to Quality Health Services, 3-Cancer, 5-Diabetes, 7-Educations and Community-Based Programs, and 12-Heart Disease and Stroke.

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

FY15 (actual)
\$ 160,838

Program Supported / Population Served: Project Connect Maryland integrates intimate partner violence assessment into the Title X Family Planning (FP) program to keep women safe and prevent adverse health effects from domestic violence and sexual assault. The project will pilot five clinical FP sites in the Baltimore metropolitan area, Prince George's County and the lower Eastern shore. Also, a domestic violence program, the House of Ruth, Baltimore, will receive women's health services on site.

93.092 AFFORDABLE CARE ACT (ACA) PERSONAL RESPONSIBILITY EDUCATION PROGRAM (PREP)

Program Description: Educate adolescents and young adults on both abstinence and contraception for the prevention of pregnancy and sexually transmitted infections, including HIV/AIDS. The Affordable Care Act was established and provides funding through Federal Fiscal Year 2014. The program was extended through September 30, 2015 by P.L. 113-193.

Formula Description: Statutory formula: Title V, Public Law 113-393. Cost sharing or matching of non-Federal funds is not required. However, funded programs should build on but not duplicate or replace current Federal programs as well as state, local or community programs, and programs should coordinate with existing programs and resources in the community. This program has MOE requirements, see funding agency for further details. This program has an MOE requirement for states and local entities to require that expenditure of non-federal funds for activities, programs or initiatives allowed in this program are no less than such expenditures in

Federal Fiscal Year (FFY) 2009. The intent is to supplement and not supplant the funds expended in FFY 2009 or the year prior to new awards.

FY15 (actual)
\$ 871,536

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.

93.103 FOOD & DRUG ADMINISTRATION – RESEARCH (GENERAL GRANT FUNDING PROGRAM 93103)

Program Description: Assist institutions and organizations, to establish, expand, and improve research, demonstration, education and information dissemination activities; acquired immunodeficiency syndrome (AIDS), biologics, blood and blood products, therapeutics, vaccines and allergic projects; drug hazards, human and veterinary drugs, clinical trials on drugs and devices for orphan products development; nutrition, sanitation and microbiological hazards; medical devices and diagnostic products; radiation emitting devices and materials; food safety and food additives. Programs are supported directly or indirectly by the following Centers and Offices: Center for Biologics Evaluation and Research; Center for Drug Evaluation and Research; Center for Devices and Radiological Health; Center for Veterinary Medicine, Center of Food Safety and Applied Nutrition, National Center for Toxicological Research, the Office of Orphan Products Development, the Center for Tobacco Products, the Office of Regulatory Affairs, and the Office of the Commissioner. Small Business Innovation Research Programs: to stimulate technological innovation; to encourage the role of small business to meet Federal research and development needs; to increase private sector commercialization of innovations derived from Federal research and development; and to foster and encourage participation by minority and disadvantaged persons in technological innovation. Funding support for scientific conferences relevant to the FDA scientific mission and public health are also available.

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

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

Prevention and Health Promotion Abuse Administration:

These programs build capacity to respond to food-borne outbreaks more rapidly under the new Food Safety Modernization Act. They also build capacity in the regulatory program for manufactured foods. Programs serve the entire State.

FY15 (actual)
\$ 785,830

Laboratories Administration:

Funds are used to plan, develop and implement a laboratory quality assessment program that will eventually lead to maintaining International Organization for Standardization/International Electrotechnical Commission (ISO/IEC) 17025:2005 accreditation for chemical and microbiological testing of foods for surveillance, terrorism or emergency. It will provide the State of Maryland with the ability to monitor certain imported and domestic food products that have a history of past contamination problems or that involve security concerns for the State and the country. The subsequent surveillance program will help maintain program proficiency and efficiency needed to ensure surge capacity and an adequate response during a disease outbreak or an emergency.

FY15 (actual)
\$ 38,477

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 ensures 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 requirements are 100%. Program has maintenance of effort requirements, see agency (DHHS, Substance Abuse and Mental Health Services Administration) for further details.

FY15 (actual)
\$ 556,780

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. 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 continue to 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.

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

FY15 (actual)
\$ 318,993

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

The Demonstration Projects for Integrating Newborn Screening Long Term Follow-up Into Primary Care Practices supports participating primary care sites in providing a medical home for children identified with sickle cell disease or hearing impairment on newborn screening. It is also building an electronic interface between medical home electronic medical records (EMR's) and the State public health data collection system utilizing Chesapeake Regional Information System for our Patients (CRISP), the State Health Information Exchange. This demonstration program is designed to identify opportunities and challenges in characterizing the long term follow-up status of children identified with conditions on newborn screening. This information will be used to inform broader efforts to improve the system of care for this population and assure receipt of needed care.

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 (ECCS) Grant program is to promote the the healthy physical, social and emotional development of young children (birth to three years of age) by using systems development and collective impact approaches. This statewide project is focusing on the mitigation of toxic stress and trauma in infancy and early childhood

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.

FY15 (actual)
\$ 1,164,476

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 through the Capital Region Tuberculosis Council. The DHMH TB laboratory also processes specimens for the District of Columbia. 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 an active participant in the CDC-funded TB genotyping network.

93.130 COOPERATIVE AGREEMENTS TO STATES/TERRITORIES FOR THE COORDINATION & 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.

FY15 (actual)
\$ 173,159

Program Supported / Population Served: The Primary Care Office (PCO) plays an integral part in Maryland with the continued implementation of healthcare reform by partnering and collaborating with key healthcare stakeholders to assess the needs of the underserved throughout the State. The PCO is a point of contact for Federally Qualified Health Centers (FQHCs), local health departments, hospitals, public health clinics, school based health centers and other health entities for analysis of healthcare access for primary care, dental and mental health; and the use of relevant statewide and sub-county data to support applications for new and expanded capacity of health centers. This project is statewide

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/COOPERATIVE AGREEMENTS: (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.

Program Supported / Population Served: Three 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, 3) professional education and training, and 4) college-based sexual violence prevention education.

FY15 (actual)
\$ 362,446

The Maryland Violent Death Reporting System (MVDRS) is a state-based surveillance system that collects information on violent deaths including homicides, suicides, legal intervention deaths (i.e. deaths caused by police and other persons with legal authority to use deadly force, excluding legal interventions) unintentional firearm deaths and deaths of undetermined intent. MVDRS links data from death certificates, medical examiner and law enforcement reports and provides detailed information on circumstances precipitating violent deaths in order to provide a comprehensive description of each violent death. In addition, MVDRS links multiple deaths that are related to one another (e.g, multiple homicides, suicide pacts and cases of homicide followed by suicide of the alleged perpetrator). MVDRS generates surveillance data to monitor the magnitude and characteristics of violent death at the state and local level and to develop and evaluate violence prevention programs and policies.

FY15 (actual)
\$ 254,638

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, Prescription Drug Overdose and Interpersonal Violence), and selected interventions focusing on these areas are, as directed by CDC, implemented in the local communities. In addition, injury surveillance activities will continue sets. This will culminate in the production of a comprehensive injury report and participation in the CDC Multi-State Injury Data Report and special reports.

FY15 (actual)
\$ 252,281

93.150 PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)

Program Description: Provides financial assistance to states to support services for individuals suffering 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. This program has maintenance of effort requirements; see funding agency (DHHS, Substance Abuse and Mental Health Services Administration) for further details.

FY15 (actual)
\$ 1,106,376

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.

93.153 COORDINATED SERVICES & ACCESS TO RESEARCH FOR WOMEN, INFANTS, CHILDREN & YOUTH (Ryan White Program Part D Women, Infants, Children & Youth WICY Program)

Program Description: The purpose of this funding is to provide family-centered primary medical care to women, infants, children, and youth (WICY) living with HIV/AIDS when payments for such services are unavailable from other sources. Funding is intended to improve access to primary HIV medical care for HIV-infected women, infants, children, and youth through the provision of coordinated, comprehensive, culturally and linguistically competent services. HIV primary medical care refers to outpatient or ambulatory care, including behavioral health, nutrition, and oral health services. Family-centered care refers to services addressing the health care needs of the persons living with HIV in order to achieve optimal health outcomes. Specialty care refers to specialty HIV care and specialty medical care such as obstetrics and gynecology, hepatology, and neurology. Support services may include the following:

1. Family-centered care including case management.
2. Referrals for additional services including:
 - a) referrals for inpatient hospital services, treatment for substance abuse, and mental health services; and
 - b) referrals for other social and support services, as appropriate.
3. Additional services necessary to enable the patient and the family to participate in the program established by the applicant pursuant to such subsection including services designed to recruit and retain youth with HIV.

4. The provision of information and education on opportunities to participate in HIV/AIDS-related clinical research.

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

FY15 (actual)
\$ 936,766

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 the Baltimore City Emerging Metropolitan Area.

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 assisting states in operating programs for the 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%. 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. A state may not use any Federal funds or in-kind contributions to satisfy the non-Federal match requirement. A state must verify that contributions from sources other than state appropriated funds are non-federal. States may use non-Federal funds in excess of the \$1 or \$1 minimum match to supplement the repayment of qualifying loans of health professionals. The federal share must be used to repay the government and commercial loans for tuition, educational expenses and living expenses described in Section 338B(g)(1) of the Public Health Service Act. States must assume administrative costs. Program has no maintenance of effort requirements.

FY15 (actual)
\$ 475,000

Program Supported / Population Served: The Maryland Loan Assistance Repayment Program allows DHMH to repay medical school loans for physicians, physician assistants and medical residents specializing in primary care 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.

93.217 FAMILY PLANNING SERVICES (FP 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.

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

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.

FY15 (actual)
\$ 3,776,328

Family Planning Health Information Technology (HIT) supplemental funds support adoption and implementation of HIT (enabling family planner providers to meet meaningful use requirements by: 1) adopting and implementing certified electronic health record (EHR) technology; 2) supporting family planning centers in meeting meaningful use requirements and accessing incentive payments under the Medicaid and Medicare EHR incentive programs; and 3) advancing family planning centers' efforts to improve clinical and operational quality through use of HIT.

FY15 (actual)
\$ 306,723

HIV Testing and Linkage to HIV Care project purpose is to expand and enhance HIV/AIDS prevention activities in Title X funded family planning clinics by increasing availability of HIV testing, counseling and referral and to make HIV testing a routine part of health care to the greatest extent possible within current State regulations in accordance with the 2006 CDC Revised Recommendations for HIV Testing of Adults, Adolescents and Pregnant Women in Health Care Settings.

FY15 (actual)
\$ 22,579

93.235 AFFORDABLE CARE ACT (ACA) ABSTINENCE EDUCATION PROGRAM (Abstinence Education Program)

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. The ACA appropriated funding for this program is through Federal Fiscal Year 2015.

Formula Description: Statutory formula: Title V. Matching Requirements: This statutory formula for this program is based upon census data. Grants awarded to each state are determined by a formula using the state's proportion of low-income children compared to the total number of low-income children in the U.S. based on the most recent Census data for children in poverty. For each fiscal year, the estimated allotment for each state or territory will be updated based on the most current available census data and will be communicated to states by August 15 of the preceding fiscal year. There is a required match of 43 nonfederal dollars for every 100 federal dollars. The match can be reached by use of state dollars, local government dollars, and private dollars including foundation dollars, in-kind support, or any combination thereof. Program has no maintenance of effort requirements.

FY15 (actual)
\$ 444,648

Program Supported / Population Served: Funding supports the Maryland Abstinence Education Program (MAEP). MAEP awards funds to local health departments and community based groups to support curriculum based abstinence education programming in targeted areas of the State. Programming is offered in both in-school and after-school settings. The target population includes middle and high school students.

93.236 GRANTS TO STATES TO SUPPORT ORAL HEALTH WORKFORCE ACTIVITIES (Grants to States to Support Oral Health Workforce Activities)

Program Description: Assists states to develop and implement innovative programs to address the dental workforce needs of designated dental health professional shortage areas.

Formula Description: This program has no statutory formula. Matching requirements: an entity receiving a grant under this program must contribute non-Federal funds to activities carried out under this grant to an amount equal to at least 40% of the Federal funding in support of this project. Matching funds may be a combination of in-kind contributions, fairly valued, including plant, equipment, and services and may provide contributions from state, local, or private sources. Maintenance of effort requirements are not applicable to this program.

FY15 (actual)
\$ 602,609

Program Supported / Population Served: The HRSA "Grants to States to Support Oral Health Workforce Activities" has allowed the Office of Oral Health (OOH) programs to expand and implement OOH programs increasing access to care for all Marylanders. Through HRSA funding, OOH is administrating the following initiatives:

Increase access to community-based education and preventive dental services including dental sealants and fluoride varnish for high-risk children in Maryland by: increasing the number of clinical and school-based or school-linked public health programs providing these

strategies; and partnering with key regional agencies with the capability of providing oral disease prevention measures to young, high-risk children through a pilot program with WIC centers on the Eastern Shore.

Increase the proportion of children receiving dental services in Title I schools in Prince George's County through the Deamonte Driver Dental Van Project by supporting a part-time dentist.

Increase Community Water Fluoridation water operations workforce and infrastructure in order to increase the percentage of Marylanders receiving optimally fluoridated water.

Increase the extent to which population-based interventions address objectives that are informed by surveillance data by establishing a Health IT Surveillance System.

Expand the efforts of the Oral Health Literacy Campaign (OHLC) entitled "Healthy Teeth, Healthy Kids" in promoting oral health and disease prevention and expand the target population to include pregnant woman and mothers of at-risk children of all ages. The Office continued to support the OHLC Project Director to implement the continuation of the campaign.

Expand medical-dental collaboration and workforce in Maryland by designing programs targeting medical and dental health care providers to enhance their knowledge about oral health promotion and disease prevention so they are able to provide more services to the public, improve their communication skills when interacting with the public and serve as a resource to help patients navigate the health care system.

Ensure that the statewide oral health coalition (MDAC) is sustainable by increasing its resources and activities. Collaborate with the MDAC to hire a grant writer and training coordinator to support the oral health programs and build a sustainable organization.

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. Under these sections, CSAT, CMHS and CSAP seek to expand the availability of effective substance abuse treatment and recovery services available to Americans to improve the lives of those affected by alcohol and drug additions, and reduce the impact of alcohol and drug abuse on individuals, families, communities and societies and address priority mental health needs of regional and national significance and assist children in dealing with violence and traumatic events through funding grant and cooperative agreement projects. Grants and cooperative agreements may be for (1) knowledge and development and application projects for treatment and rehabilitation and the conduct or support of evaluations of such projects; (2) training and technical assistance; (3) targeted capacity response programs (4) systems change grants including statewide family network grants and client-oriented and consumer run self-help activities and (5) programs to foster health and development of children; and (6) coordination and integration of primary care services into publicly-funded community mental health centers and other community-based behavioral health settings funded under Affordable Care Act (ACA).

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

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:

Prevention and Health Promotion Administration:

The Integrated Health/Primary Care Network project complements Maryland's ECHPP scale-up efforts to achieve the National HIV/AIDS Strategy primary goals of: reducing HIV incidence, increasing access to care and optimizing health outcomes, and reducing HIV-related health disparities, in the context of increased coordination and collaboration. The project provides seamless access for new or existing clients in the Baltimore-Towson Metropolitan Statistical Area (MSA) who access the mental health, substance abuse, and HIV/STI/AVH/TB public health systems of care. The project expands the availability of culturally competent and integrated infectious disease and behavioral health services for the populations most disproportionately affected by HIV in the Baltimore MSA, namely young, African American men who have sex with men, heterosexual African American women of childbearing age, and high-risk African American heterosexual men. Core components of the grant include the development of comprehensive, integrated client assessments across HIV and behavioral health disciplines, the establishment of active referral and linkage networks among providers, increased integration of infectious disease screening in behavioral health, capacity building, and increased programming to support clients in risk reduction.

FY15 (actual)
\$ 994,735

Behavioral Health Administration:

Behavior Health Adolescent and Youth Treatment (BHAY) enables DHMH, BHA to implement, increase access to and improve the quality of treatment for youth, ages 12-24, with substance use and co-occurring substance related disorders and mental health disorders. BHAY will partner with University of Maryland, School of Psychiatry to enhance statewide infrastructure and strategic collaborations, delivering evidence-based treatment in school and community settings, and developing sustainable funding and delivery mechanisms to support these changes.

FY15 (actual)
\$ 49,328

Enhancing Data Infrastructure to Address Gaps in State Mental Health Reporting project enables DHMH, BHA to strengthen the annual collection and reporting of the Uniform Reporting System measures and to encourage, support and facilitate the use of data and data analysis to plan and improve State and local Public Mental Health System activities. Data systems will be used to improve accountability, increase access, target resources, and continuously improve the quality of care.

FY15 (actual)
\$ 140,070

Healthy Transitions program raises awareness of mental health challenges faced by transition-aged youth (TAY) ages 16-25, increases early identification of mental health conditions among TAY, and provides services and supports meeting the needs of TAY transitioning to adulthood. MD-HT, developed in full partnership with Howard County and the Southern Maryland Tri-County region, and consumers, youth and families and through the collaborative support of multiple local and State agencies and stakeholders, leverages the experience and solid infrastructure built both within Maryland's child and adult systems setting forth a commitment and partnership increasing awareness and early identification and improved outcomes for TAY with mental health needs.

FY15 (actual)
\$ 1,499,503

Healthy Transitions Initiative project enables the DHMH, Behavioral Health Administration (BHA) 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 project will build on Maryland's past and current TAY's initiatives and history of infusing research-based approaches directly into the public mental health system, while ensuring successful implementation of the services and outreach in the two selected communities and expansion of a TAY system of care model that will continue to be sustained and replicated statewide.

FY15 (actual)
\$ 194,603

Maryland LAUNCH (Cooperative Agreements for Linking Actions for Unmet Needs in Children's Health) promotes the wellness of young children ages birth to 8 by addressing the physical, social, emotional, cognitive and behavioral aspects of their development. The goal of Maryland LAUNCH is to create a shared vision for the wellness for young children driving the development of State and locally based networks responsible for coordinating key child-serving systems and the integration of behavioral and physical health services. Prince George's County has been identified as the local jurisdiction in which local service delivery will occur.

FY15 (actual)
\$ 709,585

Maryland LIFT (Launching Individual Futures Together) As the next step in bringing our System of Care (SOC) efforts to scale, BHA is utilizing Launching Individual Futures Together (LIFT) to infuse SOC practice and principles throughout the entire public behavioral health system for children and families. Building upon progress made in developing a comprehensive behavioral health strategic plan for youth with co-occurring mental health and substance use needs and their families, LIFT targets youth, ages 13-17, with serious emotional disturbance and

co-occurring substance abuse needs. LIFT puts into practice Maryland's implementation of the Patient Care and Protection Affordable Care Act (ACA), which includes full merger of mental health and substance abuse authority and rollout of a new Medicaid financing and behavioral health integration model, at the local level while addressing a critical gap in the public behavioral health system service delivery.

FY15 (actual)

\$ 652,472

Maryland Strategic Prevention Framework (MSPF) provides funding to prevent the onset and reduce the progression of drug abuse, including childhood and underage drinking, reduce substance abuse-related problems, and build prevention capacity and infrastructure. MSPF is a planning and infrastructure design that requires data decision making and the use of evidence based practices to produce effective outcomes to support the sustainability of services. The goals of the MSPF are to:

- 1) Prevent the misuse of alcohol by youth and young adults in Maryland, as measured by reductions in: under-age drinking, youth and young adult binge drinking, and alcohol related crashes involving youth and young adults.
- 2) Build and sustain prevention system capacity and infrastructure at the State, county and community levels.

The Maryland Strategic Prevention Framework is an operational partnership with the Governor's Drug and Alcohol Abuse Council and the DHMH Behavioral Health Administration.

FY15 (actual)

\$ 3,143,091

Screening, Brief Intervention and Referral to Treatment enables DHMH, (BHA) to implement Screening, Brief Intervention and Referral to Treatment (SBIRT) services in community health centers across Maryland. SBIRT is an evidence-based approach to screening and providing early intervention to patients at risk for substance related disorders and mental health disorders. SBIRT has already been implemented in health centers in Baltimore City and Prince George's County and we intend to use the experience gained in those centers to implement SBIRT in approximately 11 health center organizations and several hospitals in at least 15 Maryland jurisdictions over the next 5 years.

FY15 (actual)

\$ 1,603,158

Suicide Prevention and Early Intervention Network (MD-SPIN) project enables DHMH, BHA to provide a continuum of suicide prevention training, resources, and technical assistance to advance the development of a comprehensive suicide prevention and early intervention service system for youth and young adults. MD-SPIN will increase the number of youth, ages 10-24, identified, referred and receiving quality behavioral health services, with a focus of serving high risk youth populations (LGBTQ, transition age, veterans and military families, youth with emotional and behavioral concerns) and in target settings (school, colleges/universities, juvenile services facilities, primary care, and emergency departments).

FY15 (actual)
\$ 506,045

93.251 UNIVERSAL NEWBORN HEARING SCREENING

Program Description: Supports state programs for reducing the loss to follow-up of infants who have not passed a physiologic newborn hearing screening examination prior to discharge from the newborn nursery. Although more than 95% of newborns are screened for hearing loss in the first few days of life, nationally about 20-40% of infants for whom further assessment is indicated cannot be documented as having appropriate follow-up. This funding opportunity is to initiate new activities to significantly reduce this loss to follow-up. Support is also provided to one national technical resource center.

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

FY15 (actual)
\$ 244,732

Program Supported / Population Served: This statewide program serves all babies born in a Maryland hospital. The program provides follow up services to help ensure that all babies born in a Maryland hospital are screened for hearing loss and risk factors for later onset and progressive hearing loss prior to hospital discharge. The program also seeks to ensure that babies who are diagnosed with hearing loss are referred for early intervention services if appropriate. Funds are used to support staff required to conduct follow up on infants who miss or do not pass the birth screen, for parent services and support, and for provider education (which includes hosting an annual state stakeholders meeting). Additionally, funds are used to extend outreach and support to providers in underserved areas of the State, as well as Maryland's out of hospital birth population to further reduce the rate of loss to follow up for babies who miss or do not pass the newborn hearing screening.

93.262 OCCUPATIONAL SAFETY & 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.

FY15 (actual)
\$ 110,640

Program Supported / Population Served: This ongoing 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 Bureau of Environmental Health 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.

93.268 IMMUNIZATION COOPERATIVE AGREEMENTS (Immunizations CoAg & Vaccines for Children Program previously published as Immunization Grants & Vaccines for Children Program)

Program Description: Assists 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.

FY15 (actual)
\$ 5,075,644

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.

93.270 ADULT VIRAL HEPATITIS PREVENTION & CONTROL (Viral Hepatitis Prevention, Screening, Linkage to Care & Education)

Program Description: Activities under this funding will allow for CDC to partner with multiple organizations to benefit individuals by substantially reducing viral hepatitis transmission, identifying those that are acutely and chronically infected, and linking infected individuals with treatment if appropriate. Specifically, program activities may include but are not limited to:

1. Increasing the proportion of persons living with hepatitis C virus (HCV) and hepatitis B virus (HBV) who are aware of their infection and referred for prevention and clinical care services.
2. Expanding and improving efforts to develop and disseminate viral hepatitis training and educational materials targeting the public and private sector health care professionals to build capacity to assess, test and medically manage populations at risk for chronic HCV and HBV infection.
3. Supporting state and local health departments and other organizations in linking HCV infected persons to community health centers, clinics serving injection drug users, and other health organizations seeing individuals potentially infected with chronic viral hepatitis.
4. Additional support will be provided for program monitoring, evaluation, capacity building, and technical assistance, along with support for acute and chronic viral hepatitis surveillance.

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

Program Supported / Population Served:

Community-Based Programs to Test and Cure Hepatitis C creates partnerships between DHMH's Office of Infectious Disease Prevention and Care Services – Infectious Disease Bureau (IDB) and the Maryland Medicaid program, Baltimore City and Baltimore County local health departments, Johns Hopkins University (JHU) Viral Hepatitis Center and JHU AIDS Education and Training Center to provide the resources needed to strengthen health-care capacity to diagnose and cure HCV infection in communities most impacted by hepatitis c virus (HCV) including racial/ethnic minorities and individuals born between 1945-1965. The project aims to strengthen health-care capacity to diagnose and cure HCV infection. Increased health-care capacity will in turn increase the number of persons whose HCV infection is diagnosed, treated and cured, ultimately resulting in reduced HCV-related morbidity and mortality.

FY15 (actual)
\$ 280,884

The Adult Viral Hepatitis Prevention Coordinator 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, occupational factors or persons born in countries with epidemic hepatitis B infection prevalence are at increased risks for exposure and acquisition of hepatitis B and/or hepatitis C virus infections. These individuals are often underinsured or uninsured, thereby limiting or prohibiting access to screening and medical services. A new CDC funded program initiated in 2014, will train primary care providers to test, treat and cure at-risk individuals with hepatitis C infection in the Baltimore City and Baltimore County jurisdictions. This program may serve as a cost effective medical model program reflecting how primary care providers may successfully cure their patients of hepatitis C infection, without referral out to specialists practicing in hepatology, gastroenterology or infectious disease areas.

FY15 (actual)
\$ 73,812

93.283 CENTERS FOR DISEASE CONTROL & PREVENTION – INVESTIGATIONS & TECHNICAL ASSISTANCE (CDC Investigations, Technical Assistance)

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, and no matching or maintenance of effort requirements.

Program Supported / Population Served: Multiple projects and/or activities are funded through this grant. These multiple projects and/or activities are listed as follows:

ASTHO - Million Hearts Collaborative Award These are federal funds originating with the CDC and awarded via contract by the Association of State and Territorial Health Officials to DHMH. This funding will build upon existing momentum of the Million Hearts initiative designed to improve hypertension control and reduce hypertension emergency department visits in target jurisdictions (Baltimore City, Washington and Cecil counties) by using policy, environment and systems change focused on education, team-based care, data and standardization of practice to strengthen and integrate primary care with enhanced community health partnerships, targeting populations with health disparities. Hypertension is an important risk factor for heart disease and stroke, the first and third leading causes of death in Maryland, and among the top causes of hospitalization. To address hypertension in Maryland the Department will build clinical and community linkages to integrate primary care with multi-sector partners, including local health departments, health systems, clinical practices, community based organizations and quality improvement organizations centers, leveraging efforts already underway in the State.

FY15 (actual)
\$ 34,472

Chronic Disease and Health Promotion Programs 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; the Healthy Communities Program was eliminated from the Federal Fiscal Year 2012 budget and the Diabetes Prevention and Control Program was moved to CFDA 93.945 in Federal Fiscal Year 2013 on June 30, 2013. The Center for Tobacco Prevention and Control applied for a new five year cooperative agreement, and the first budget period for this funding will begin as of March 29, 2015; the activities listed above for tobacco control initiatives will move to CFDA 93.305 beginning on March 29, 2015.

FY15 (actual)
\$ 1,123,653

Three programs are supported in the DHMH Center for Cancer Prevention 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 11,000 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; Funding for this program under CFDA 93.283 ended 6/29/14. Beginning 6/30/14, the program is funded under CFDA number 93.752. (2) Maryland Comprehensive Cancer Control program (MCCCP) contains a cost sharing amount of not less than 10% of federal funds. This program maintains, revises and implements the Maryland Comprehensive Cancer 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.

FY15 (actual)
\$ 708,244

Integrating Colorectal Cancer Screening Within Chronic Disease Programs grant began March 3, 2009. 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 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 two Baltimore City Hospitals.

FY15 (actual)
\$ 744,513

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 the key to reaching communication potentials for children with hearing loss.

FY15 (actual)
\$ 93,621

Emerging Infections Program 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), arboviral diseases (e.g. West Nile Virus) 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.

FY15 (actual)
\$ 2,444,059

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.

OOH will maintain its infrastructure and expand surveillance and evidence-based community-clinical linked interventions to best target the oral health needs of Marylanders. OOH intends to retain key staff positions including the epidemiologist/evaluation scientist, water fluoridation coordinator, dental sealant coordinator, and health policy analyst/CDC grant program coordinator. OOH will utilize these experts to sustain and expand its current programs and implement new community water fluoridation and dental sealant initiatives as well as implement health system interventions to improve the effective delivery of preventive oral health services. 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.

The School Dental Sealant Program will: 1) continue to fund public health programs that provide Title I school based/school linked sealant services; 2) increase the number of children receiving sealants through OOH funded public health programs; 3) increase the number of Title I schools served by dental sealant programs; and 4) increase the number of public health dental sealant programs reporting program data to OOH that includes program efficiency and reach information. In partnership with the Maryland Department of the Environment, OOH will collaborate with the Maryland Rural Water Association to implement a community water

fluoridation quality control training program of State water operations 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 Prevention and Health Promotion Administration. An evaluation will be developed and implemented focusing on the fluoride varnish program, partnerships and collaborations, and the dental sealant program with technical assistance from the CDC in order to effectively incorporate evaluation from the beginning of each of these 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.

FY15 (actual)
\$ 282,818

CDC – BioSense 2.0: This grant assists state, local, tribal and territorial health authorities to implement public health situational awareness, and syndromic surveillance utilizing BioSense 2.0 cloud based environment. Specifically, this includes promoting timely exchange of electronic health-related information between providers and public health authorities, facilitating timely information sharing among state, local, tribal, territorial and federal public health partners, and promoting improvement of the science, analytic and workforce practice for public health surveillance at the state, local, tribal, and territorial levels. Maryland's participation in the BioSense 2.0 program will include the sharing of aggregated data from all acute area hospitals in the State; therefore, the entire population of Maryland will be represented. An additional feature of the BioSense 2.0 program is the potential partnering with neighboring states and jurisdictions to share bio-surveillance data. This will allow Maryland epidemiologists to monitor disease and maintain situational awareness on a regional and/or national level.

FY15 (actual)
\$ 272,361

93.292 NATIONAL PUBLIC HEALTH IMPROVEMENT INITIATIVE

Program Description: The purpose of the program is to provide support for accelerating public health accreditation readiness activities; to provide additional support for performance management and improvement practices; and, for the development, identification and dissemination of evidence-based policies and practices (i.e., best and promising practices.).

This program supports the Healthy People 2020 focus area of addressing Public Health Infrastructure (<http://www.healthypeople.gov/hp2020/>). Cross-jurisdictional (state, local, tribal, territorial, regional, community, and border) collaborations are encouraged to increase the impact of limited resources, improve efficiency, and to leverage other related health reform

efforts/projects.

Measurable outcomes of the program align with the following performance goals:

- 1) Increased efficiencies (saving time/money) of program services and/or operations,
- 2) Increased effectiveness (use of evidence-based policies and practices) Improved health outcome is a example of increased effectiveness., and,
- 3) Increased readiness for applying to and achieving accreditation by the Public Health Accreditation Board PHAB. (More information on accreditation activities can be found on the PHAB web site at <http://www.phaboard.org/>. Accreditation Board PHAB. (More information on accreditation activities can be found on the PHAB web site at <http://www.phaboard.org/>)

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

FY15 (actual)
\$ 217,133

Program Supported / Population Served: Strengthening Public Health Infrastructure for Improved Health Outcomes project objectives include:

- 1) Continue public health agency strategic planning process, complete agency strategic plan;
- 2) Address deficiencies brought out by Public Health Accreditation Board (PHAB) readiness self-assessment, identify staff roles for documentation collection, assemble documentation;
- 3) Implement Quality Improvement (QI) initiative:
QI #1: Increase the Local Health Improvement Coalition's capacity to become the community's health integrator through the creation of a certification process.
QI #2: Improve the administrative processes (fiscal, procurement and contracts management) of the new Health Systems Infrastructure Administration; and
- 4) Continue State Health Improvement Plan implementation, use of best practices around the State, local population health improvement, accreditation preparation activities and public health workforce development.

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

Program Description: 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.

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

FY15 (actual)
\$ 135,670

Program Supported / Population Served: The purpose of the project is to offer training and promote adoption of the enhanced National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS Standards). The primary focus of the CLAS Standards is to offer CLAS training to 16 health care delivery organizations in targeted Maryland communities and to offer CLAS training 12 to 15 community-based organizations to educate consumers regarding what they should expect from the health care delivery organizations to improve health care services in a way that is culturally and linguistically appropriate to Maryland's residents. The adoption and training on CLAS is strategic in that these programs are directly linked to major key statewide initiatives currently underway in Maryland to improve health disparities. This project is central to the State's Health Reform and Affordable Care Act initiatives.

93.301 SMALL RURAL HOSPITAL IMPROVEMENT GRANT PROGRAM

Program Description: Support activities related to quality improvement, attaining equipment and/or training to comply with meaningful use of health information technology, ICD-10 standards (10th revision of the International Statistical Classification of Diseases and Related Health Problems) and payment bundling. Hospitals will utilize funds to: 1) pay for costs related to maintaining accurate prospective payment systems billing and coding such as updating and or implementing ICD-10 hardware/software, and 2) pay for the costs related to delivery system changes as outlined in the Affordable Care Act such as value-based purchasing, accountable-care organizations and payment bundling.

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

FY15 (actual)
\$ 33,048

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 2014, only 2 hospitals (Garrett County Memorial Hospital and McCready Memorial Hospital) met eligibility criteria for SHIP funds.

93.305 NATIONAL STATE BASED TOBACCO CONTROL PROGRAMS

Program Description: This cooperative agreement program addresses tobacco use and secondhand smoke exposure in the United States and supports four National Tobacco Control Program goals to (1) Prevent initiation of tobacco use among youth and young adults; (2) Eliminate exposure to secondhand smoke; (3) Promote quitting among adults and youth; and (4)

Identify and eliminate tobacco related disparities. Achievement of these goals will reduce chronic disease morbidity, mortality, and disability related to tobacco use and secondhand smoke exposure. This cooperative agreement program relates to Healthy People 2020 objectives in the topic area of Tobacco Use.

Formula Description: This program has no statutory formula. Matching Requirements: Matching funds are required from non-federal sources in the amount of not less than \$1 for each \$4 federal funds awarded. The match must be from non-federal sources and can be all cash, in-kind, or a combination thereof. In-kind activities must support evidence-based interventions outlined in CDC's Best Practices for Comprehensive Tobacco Control Programs. The match must be for the total dollar amount requested.

FY15 (actual)
\$ 170,496

Program Supported / Population Served: The current Tobacco Control program cooperative agreement enables the State to provide infrastructure and program support to improve the health of Marylanders through tobacco use prevention and control. The Maryland Statewide Tobacco Control program goals are to identify and eliminate tobacco-related disparities, prevent the initiation of tobacco use among youth and young adults, provide easily accessible cessation resources to residents, incorporate tobacco use prevention and cessation within health systems, and eliminate secondhand smoke exposure. In addition to CORE component activities, the Program is proposing a targeted 2 year program that will build and advance the evidence base for policy and environmental change activities within behavioral health settings.

93.317 PPHF 2012 – EMERGING INFECTIONS PROGRAM (EIP)

Program Description: See Emerging Infections program under CFDA 93.283 program description of which 93.317 is a carve-out from DHMH Emerging Infections Program – PPHF 2014, DHMH federal fund tracking number 15-1024.

Formula Description: See Emerging Infections program description under CFDA 93.283.

FY15 (actual)
\$ 18,515

Program Supported / Population Served: See Emerging Infections program description under CFDA 93.283.

93.323 EPIDEMIOLOGY AND LABORATORY CAPACITY FOR INFECTIOUS DISEASES (ELC)

Program Description: The purpose of this program is to protect the public health and safety of the American people by enhancing the capacity of public health agencies to effectively detect,

respond, prevent and control known and emerging (or re-emerging) infectious diseases. This is accomplished by providing financial and technical resources to (1) strengthen epidemiologic capacity; (2) enhance laboratory capacity; (3) improve information systems; and (4) enhance collaboration among epidemiology, laboratory and information systems components of public health departments.

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

FY15 (actual)
\$ 810,633

Program Supported / Population Served: 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 Maryland residents.

93.336 BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM

Behavioral Risk Factor Surveillance System (BRFSS) is an ongoing telephone surveillance program designed to collect data on the behaviors and conditions that place Marylanders at risk for chronic diseases, injuries, and preventable infectious diseases. These data collected are used to characterize health behaviors, ascertain the prevalence of risk factors, and target demographic groups with increased needs. Knowing the type and frequency of health issues and risky behaviors enables the public health professionals to devise and implement programs geared toward the prevention of chronic diseases, injury, and disability. This system has been collecting information on residents 18 years of age and older since 1986. BRFSS data from 1995 to the present are available on our website: www.marylandbrfss.org.

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

FY15 (actual)
\$ 52,631

Program Supported / Population Served: The Maryland BRFSS is an ongoing telephone surveillance program designed to collect data on the behaviors and conditions placing Marylanders at risk for chronic diseases, injuries, and preventable infectious diseases. Data collected through the MD BRFSS are critical for identifying areas of need, developing public health programs and measuring the effectiveness of initiatives. Data collected through the survey will be widely disseminated through Maryland BRFSS.

93.448 FOOD SAFETY & SECURITY MONITORING PROJECT (FERN Grant Program)

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. New programs will be included to complement, develop and improve state, Indian Tribal, and local food safety and security analyses of foods and food products related to radiological terrorism or other emergency situations through the provision of supplies, personnel, facility upgrades, training in current food testing methodologies, participation in proficiency testing to establish additional reliable laboratory sample analysis capacity, participation in method enhancement activities to extend analysis capability, and analysis of surveillance samples in the event of a large-scale radiological terrorism event affecting foods or food products.

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

FY15 (actual)
\$ 222,489

Program Supported / Population Served: The Laboratories Administration Radiation chemistry laboratory is an active member of the Food Emergency Response Network (FERN). Funding is 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.

93.505 AFFORDABLE CARE ACT (ACA) MATERNAL, INFANT, & EARLY CHILDHOOD HOME VISITING PROGRAM

Program Description: 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 comprehensive services to improve outcomes for families who reside in at risk communities. Voluntary evidence-based home visiting is the primary strategy to deliver services. A nurse, social worker, parent educator, or other paraprofessional regularly visits an expectant mother or father, new parent, or primary caregiver of a young child from birth to kindergarten entry to support and strengthen the parent-child relationship to improve the health, development and well-being for the child and family.

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

Statutory Formula – formula funding is determined as follows:

i. The number of children under age five in families at or below 100% of the Federal poverty line in each state was obtained by using 2011 U.S. Census Bureau’s Small Area Income Poverty Estimate (SAIPE) data

(available at <http://www.census.gov/did/www/saipe/data/statecounty/data/2011.html>).

ii. The percentage of children under age five in families at or below 100% of the Federal poverty line in the state, as compared to the number of such children nationally, was calculated.

iii. For each state, the percentage of children under age five in families at or below 100% of the Federal poverty line was multiplied by the total amount of funding available, (excluding the funding allocated for Puerto Rico, Guam, the Virgin Islands, the Northern Mariana Islands, and American Samoa. Because SAIPE data is not available for these jurisdictions, each was allocated a base amount of \$1,000,000.

iv. This initial distribution, based on the percentage of children in poverty, was reviewed and proportionally modified to ensure a floor of the allocation provided in federal FY 2012 (excluding the funding provided for the Supporting Evidence Based Home Visiting Program).

This program has MOE requirements, see funding agency for further details (DHHS, Health Resources and Services Administration). 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 (per the Social Security Act, Title V, § 511(f)). 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 most recently completed fiscal year.

For purposes of maintenance of effort/non-supplantation, home visiting is defined as an evidence-based program, implemented in response to findings from a needs assessment, that includes home visiting as a primary service delivery strategy (excluding programs with infrequent or supplemental home visiting), and is offered on a voluntary basis to pregnant women or children birth to age five targeting the participant outcomes in the legislation which include improved maternal and child health, prevention of child injuries, child abuse, or maltreatment, and reduction of emergency department visits, improvement in school readiness and achievement, reduction in crime or domestic violence, improvements in family economic self-sufficiency, and improvements in the coordination and referrals for other community resources and supports.

FY15 (actual)
\$ 4,194,508

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.

93.511 AFFORDABLE CARE ACT (ACA) GRANTS TO STATES FOR HEALTH INSURANCE PREMIUM REVIEW (Premium Review Grants)

Program Description: Program assists States in a) in reviewing and, if appropriate under State law, approving premium increases for health insurance coverage; b) in providing information and certain data requirements to the HHS Secretary on premium increase patterns, and c) establishing and enhancing data centers that will compile and publish fee schedule information. Refer to funding opportunity announcement for additional information.

Formula Description: This program has no statutory formula and no matching requirements. Program has maintenance of effort requirements; see funding agency (DHHS, Centers for Medicare and Medicaid Services) for further details.

FY15 (actual))
\$ 1,482,425

Program Supported / Population Served: This program supports The Maryland Health Care Commission (MHCC) in collaboration with the Maryland Insurance Administration (MIA) in optimizing the All Payer Claims Database (APCD) for rate review applications and broader pricing transparency efforts by accelerating data collection and developing standard analytics that will be pre-processed and made readily available for access by MIA actuaries, rate review analysts, and the Maryland Health Benefit Exchange (MHBE) staff.

The goal of this program is to design and establish new Data Center capabilities that will enhance rate review processes in Maryland by providing meaningful comparisons to the information submitted by carriers in rate applications. Funding from this grant will be used to develop two discrete activities that, together, will enable Maryland to continue to enhance its rate review processes. First, the grant will fund the establishment of a flexible extract, transform, and load (ETL) platform that will accept, reconcile, and transfer carriers' claims data to the MHCC's APCD warehouse. The ETL process will shorten the current 120-day cycle time required currently to edit and integrate individual claims data submission into a consistent data base. Second, MHCC will use other grant funds to specify and create metrics that are easily accessible by the MIA, the Exchange, and the public for rate review or for pricing comparison. Metrics used for rate review will be organized in data marts that will be easily and quickly accessible to support actuaries' most common analytic inquires and approaches, yet provide for additional drilling down in the summarized data.

93.521 THE AFFORDABLE CARE ACT: BUILDING EPIDEMIOLOGY, LABORATORY, & HEALTH INFORMATION SYSTEMS CAPACITY IN THE EPIDEMIOLOGY & LABORATORY CAPACITY FOR INFECTIOUS DISEASE (ELC) & EMERGING INFECTIONS PROGRAM (EIP) COOPERATIVE AGREEMENTS; PPHF (ELC/EIP – Prevention & Public Health Fund & Other Capacity-Building Activities)

Program Description: The Prevention and Public Health Fund (Title IV, Section 4002) was established under Patient Protection and Affordable Care Act (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 Centers for Disease Control and Prevention's (CDC) 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 PPHF 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.

FY15 (actual)
\$ 1,340,248

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 20 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.

ACA funds awarded through the ELC support a broad range of activities that support the infrastructure (personnel, equipment, supplies) needed for the epidemiology, laboratory, and information technology capacities in the area of infectious diseases. Funds are intended to be used to fill critical gaps and allow flexibility to attend to timely public health needs. The population served includes Maryland residents.

93.524 BUILDING CAPACITY OF THE PUBLIC HEALTH SYSTEM TO IMPROVE POPULATION HEALTH THROUGH NATIONAL, NON-PROFIT ORGANIZATIONS – FINANCED IN PART BY PREVENTION & PUBLIC HEALTH FUNDS (PPHF) (CBA to Strengthen Public Health Infrastructure & Performance)

Program Description: This program will cover projects under two funding initiatives: 1) specific capacity building activities (CBA) under PPHF; and 2) CBA activities under an umbrella cooperative agreement for unique target populations. Applicant organizations will have the opportunity to compete for PPHF supported projects as well as high priority CDC projects. This program will assist state, tribal, local and U.S. territorial health departments, and other components of the public health system by making available to them capacity building assistance (including technical consultation, skills building/training, information, and technology transfer assistance) that will result in: systems and organizational efficiencies; a capable and qualified workforce; state-of-the-art information technology systems and integrated and standardized community and population data; improved planning, implementation and evaluation of evidence-based public health policies, laws, programs and services; results driven local and national public and private partnerships; and increased availability and accessibility of public health resources, such as publications, educational materials, syndicated website material, training curricula, assessments and evaluation tools, and other products for improvement of public health agencies and other agencies in the public health system. The overall goal of capacity building assistance is to ensure improvements in the public health infrastructure so that it is prepared for responding to both acute and chronic threats relating to the Nation’s health such as emerging infections, disparities in health status, and increases in chronic disease and injury rates.

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

FY15 (actual)
\$ 50,000

Program Supported / Population Served: ASTHO - Million Hearts Collaborative Award
These are federal funds originating with the CDC and awarded via contract by the Association of State and Territorial Health Officials to DHMH. This funding will build upon existing momentum of the Million Hearts initiative designed to improve hypertension control and reduce hypertension emergency department visits in target jurisdictions (Baltimore City, Washington and Cecil counties) by using policy, environment and systems change focused on education, team-based care, data and standardization of practice to strengthen and integrate primary care

with enhanced community health partnerships, targeting populations with health disparities. Hypertension is an important risk factor for heart disease and stroke, the first and third leading causes of death in Maryland, and among the top causes of hospitalization. To address hypertension in Maryland the Department will build clinical and community linkages to integrate primary care with multi-sector partners, including local health departments, health systems, clinical practices, community based organizations and quality improvement organizations centers, leveraging efforts already underway in the State. DHMH also received funding under CFDA 93.283 for this activity.

93.531 PPHF: COMMUNITY TRANSFORMATION GRANTS & NATIONAL DISSEMINATION & SUPPORT FOR COMMUNITY TRANSFORMATION GRANTS – FINANCED SOLELY BY PREVENTION & PUBLIC HEALTH FUNDS (Community Transformation Grants & National Dissemination & Support for Community Transformation Grants)

Program Description: Community Transformation Grants – to reduce death and disability from the five leading causes of death through the prevention and control these conditions and their risk factors. Recipients will select from a menu of interventions across the health and wellness spectrum, each of which can prevent or control chronic conditions. Each recipient will choose interventions that will help to achieve health equity, eliminate disparities, and improve the health of all groups. More specific goals within these broad goal areas will be provided in funding announcements

National Dissemination and Support for Community Transformation Grants (CTG) – to support the efforts of the CTG program by funding national non-governmental organizations with a network of community based organizations.

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

FY15 (actual)
\$ 818,694

Program Supported / Population Served: The Prevention and Health Promotion Administration’s Center for Chronic Disease Prevention and Control leads CTG implementation in collaboration with other DHMH Offices/Centers and other partners. Under the terms of the federal grant requirements, Baltimore City, Baltimore County, Anne Arundel, Prince George’s, and Montgomery counties were excluded and this grant focuses on Maryland’s “Rest of State” jurisdictions with an estimated population of 1.9 million residents, including a rural population of over 300,000 residents. Community Transformation Grant strategies help to achieve health equity, eliminate disparities, and improve the health of all groups. Communities receive support and technical assistance to implement evidence-based strategies and best practices for tobacco-free living, active living and healthy eating, and evidence-based clinical and community preventive services, specifically prevention and control of high blood pressure and high cholesterol.

93.537 AFFORDABLE CARE ACT MEDICAID EMERGENCY PSYCHIATRIC DEMONSTRATION

Program Description: Section 2707(a). The purpose of this program is for the Secretary of Health and Human Services (in this section referred to as the “Secretary”) to establish a demonstration project under which an eligible State (as described in subsection (c)) shall provide payment under the State Medicaid plan under title XIX of the Social Security Act to an institution for mental diseases (IMDs) that is not publicly owned or operated and that is subject to the requirements of section 1867 of the Social Security Act (42 U.S.C. 1395dd) or the provision of medical assistance available under such plan to individuals who – (1) have attained age 21, but have not attained age 65; (2) are eligible for medical assistance under such plan; and (3) require such medical assistance to stabilize a psychiatric emergency medical condition. To conduct a 3-year Medicaid demonstration project participating States would be allowed to provide payment to IMDs of 17 or more beds for services provided to Medicaid beneficiaries who are the ages of 21 through 64, and who are in need of medical assistance to stabilize a psychiatric emergency medical condition.

Formula Description: This program has no statutory formula. Matching Requirements: Section 2707(e)(5) of the ACA stipulates that, “...The Secretary shall pay to each eligible State, from its allocation under paragraph (4), an amount each quarter equal to the Federal medical assistance percentage of expenditures in the quarter for medical assistance...” provided under the demonstration. In accordance with this provision, CMS will make payments of the federal Medicaid matching share quarterly based on the quarterly submission of State Medicaid expenditures. However, as part of the terms and conditions for participating in the demonstration, State Medicaid Agencies will be advised that once the federal funding limit is reached, States will not receive payment of the federal share of any outstanding Medicaid expenditures. This program does not have maintenance of effort requirements.

FY15 (actual)
\$ 10,030,000

Program Supported / Population Served: This program was established by the Centers for Medicare and Medicaid Services under the provisions of Section 2707 of the Affordable Care Act (ACA). Section 2707 of the ACA authorizes a Medicaid emergency psychiatric Demonstration project that permits non-government psychiatric hospitals to receive Medicaid payment for providing EMTALA-related emergency services to Medicaid recipients aged 21 to 64 who have expressed homicidal thoughts or gestures, and who are determined to be dangerous to themselves or to others.

93.538 AFFORDABLE CARE ACT – NATIONAL ENVIRONMENTAL PUBLIC HEALTH TRACKING – NETWORK IMPLEMENTATION (National Center for Environmental Health, Division of Environmental Hazards & Health Effects, Environmental Health Tracking Branch)

Program Description: The purpose of this program is to establish and maintain a nationwide tracking network to obtain integrated health and environmental data and use it to provide information in support of actions that improve the health of communities.

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

FY15 (actual)
\$ 251,332

Program Supported / Population Served: The National Environmental Public Health Tracking (EPHT) Program - Network Implementation is expected to contribute to the State and National tracking efforts by demonstrating the renewed utility of EPHT data and resources in identifying, intervening and possibly decreasing the detrimental effects of environmental hazards on some chronic diseases or other health outcomes.

93.539 PPHF – CAPACITY BUILDING ASSISTANCE TO STRENGTHEN PUBLIC HEALTH IMMUNIZATION INFRASTRUCTURE & PERFORMANCE FINANCED IN PART BY PREVENTION & PUBLIC HEALTH FUNDS (Prevention & Public Health Fund Affordable Care Act – Immunization Program)

Program Description: Program activities under this funding support efforts to transition immunization programs supported by Section 317 funding to the healthcare environment being transformed by the Affordable Care Act (ACA). Section 317 grantees manage the public health force that implements and supports immunization practices in the public and private sectors. Additionally, the importance of monitoring the effectiveness and impact of vaccines is critical for maintaining an immunization program that is scientifically and programmatically sound. The specific objectives may include but are not limited to:

1. Enhance interoperability between electronic health records and immunization information systems and reception of Health Level 7 (HL7) standard messages into IIS.
2. Develop a vaccine ordering module in an immunization information system that interfaces with CDC's VTrckS vaccine ordering and management system.
3. Develop and/or implement strategic plans for billing for immunization services in health department clinics to enable programs to increase program revenue, reach additional populations, provide recommended vaccines that are not currently offered, and address under-vaccinated populations.
4. Plan and implement adult immunization programs to improve adult immunization rates by establishing collaborations with employers and pharmacies and other healthcare entities to expand adult vaccination activities.
5. Enhance the sustainability of school-located vaccination (SLV) to make SLV programs successful, efficient, and sustainable through new technologies and innovative systems and third-party payer billing to recover program costs.
6. Increase Human Papillomavirus (HPV) vaccination coverage rates among adolescents.

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

FY15 (actual)

\$ 5,738

Program Supported / Population Served: The Maryland Immunization Information System currently facilitates a variety of methods for data exchanges using national HL7 standards as well as proprietary HP Enterprises based formats in both batch and real-time between provider organizations and electronic health records/electronic medical records (HER/EMR). DHMH has established a project goal to increase vaccine provider enrollment/usage of the immunization registry by focusing on HER/EMR interfaces and electronic submissions, rather than manual data entry. While the cost of vaccine used for this population is covered by Federal 317 funds, LHDs theoretically bill insurers for the administration fee. Billing insurers allows LHDs to recoup a portion of funds expended on insured clients, freeing up economic, material and human resources that can be directed to providing services for the elimination of racial and ethnic vaccination disparities and outreach to under-vaccinated high-risk adults. This program ended August 31, 2014.

93.576 REFUGEE & ENTRANT ASSISTANCE – DISCRETIONARY GRANTS

Program Description: The objectives of the discretionary grant programs include: (1) decreasing the numbers of refugees on public assistance and the length of time refugees require such assistance; (2) encouraging the placement of refugees in locations with good job opportunities and lower costs of living; (3) providing supplemental services to areas with high numbers of arrivals; (4) promoting older refugees' access to aging services; (5) assisting low-income refugees with matching funds for individual development accounts and with financial literacy classes; (6) providing micro-credit to refugees interested in starting new businesses but unable to access commercial sources of capital; (7) providing services to refugees in rural areas; (8) providing preventive health services; and (9) providing school impact assistance.

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

FY15 (actual)
\$ 115,098

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 in the United States. The Maryland Department of Human Resource's Maryland Office for Refugees and Asylees (MORA) contracts with the program to ensure funding (CFDA 93.566) for refugee health screenings, interpretive services, relevant trainings, and salary support for both DHMH and local health department staff. MORA funding allows for health screenings to be reimbursed on a capitated fee-for-service basis for a comprehensive health assessment. Separate funding from the Federal Office of Refugee Resettlement (CFDA 93.576) provides support for a new pilot program aimed to provide culturally appropriate and accessible mental health services for newly

arrived refugees. Maryland continues to be among the top 25 states for refugee resettlement and ranks 4th nationally for asylee resettlement. In State Fiscal Year 2014, a total of 2,188 refugees and asylees were designated for resettlement in Maryland. Among refugees, predominant populations are from Burma and Iraq, at 26% and 16%, respectively, while predominant asylee populations are from sub-Saharan Africa (Ethiopia and Cameroon, 28% and 20%, respectively). The dynamic nature of international political affairs continues to influence the composition of refugee and asylee populations arriving and resettling in Maryland, as well as the rest of the United States.

93.627 AFFORDABLE CARE ACT: TESTING EXPERIENCE & FUNCTIONAL ASSESSMENT TOOLS (TEFT)

Program Description: To support State Medicaid agencies in testing, collecting, and reporting the Initial Core Set of Health Care Quality Measures for Adults Enrolled in Medicaid to CMS. Additionally, the grant funding will also support States' efforts to use this these data for improving the quality of care for adults covered by Medicaid.

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

FY15 (actual)
\$ 72,000

Program Supported / Population Served: Maryland's participation in the field test of a beneficiary experience survey within CB-LTSS programs. The State currently operates separate 1915c waivers for the aged and disabled populations. These two 1915c waivers will be merged to a combined aged-disabled waiver effective January 1, 2014. The State proposes to make both of these populations available for the field test. There are currently 3,587 individuals enrolled in the 1915c aged waiver and 997 individuals enrolled in the waiver for individuals with physical disabilities. The State also proposes to incorporate the Medicaid state plan personal care program (MAPC) in the field test. The State will implement the 1915k Community First Option (CFC) on January 1, 2014. It is anticipated that 80% of the current MAPC participants will meet the medical eligibility requirements for CFC and transition to that program on January 1, 2014. Waiver participants in the merged 1915c waiver will receive personal care and other eligible services through the CFC state plan option. With the planned system changes, the CFC population would be incorporated in the second round of data collection. Maryland agrees to work with the CMS contractor to identify the representative sample from the three proposed populations.

The goal of this project is to demonstrate use of personal health record (PHR) systems with beneficiaries of Community-Based Long Term Services and Supports (CB-LTSS) and to identify, evaluate, and harmonize on electronic Long Term Services and Supports (e-LTSS) standard in conjunction with the Office of National Coordinator's (ONC's) Standards and Interoperability (S&I) Framework. The project will focus on a coordinated approach to PHR

infrastructure and will test the uptake and usage of the e-LTSS standard and its interoperability in PHRs with the State's HIE infrastructure/framework.

The Medical Care Programs Administration will evaluate the project using a number of measures, such as the number of outreach workers trained on the PHR system within the e-LTSS system, along with the LTSS providers and recipients trained on the use of the PHR system in conjunction with e-LTSS. The project will implement and utilize a supplemental test reporting of the Medicaid Adult Health Quality Measure core set and other State-specific quality measures for the recipients using the PHR system. In addition, a Field Test Beneficiary Experience Survey will be created and administered to both LTSS providers and recipients

93.735 STATE PUBLIC HEALTH APPROACHES FOR ENSURING QUITLINE CAPACITY – FUNDED IN PART BY 2012 PREVENTION & PUBLIC HEALTH FUNDS (PPHF)

Program Description: As part of the overall effort to reduce the burden of chronic diseases and chronic disease risk factors, the Centers for Disease Control and Prevention (CDC), National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health announces the opportunity to apply for funds to ensure and support state quitline capacity, in order to respond to upcoming federal initiatives such as the National Tobacco Education Campaign <http://www.cdc.gov/tobacco>. This program addresses the “Healthy People 2020” focus area of tobacco use and the goal of reducing illness, disability, and death related to tobacco use and secondhand smoke exposure. Preventing tobacco use and helping tobacco users quit can improve the health and quality of life for Americans of all ages. People who stop smoking greatly reduce their risk of disease and premature death. Benefits are greater for people who stop at earlier ages, but quitting tobacco use is beneficial at any age. This funding opportunity announcement will be a new, 2-year cooperative agreement for all states and territories that currently have a quitline. Funds will be used for the following:

- Address the anticipated increase in calls
- Expand capacity and eligibility to ensure all callers receive some form of assistance
- Increase efficiencies of quitline operations, such as demonstrating how they will connect to or incorporate an interactive voice recording system (IVR) at the state or federal level
- Incorporate technological enhancements to provide additional forms of assistance to callers who want to quit
- Expand paid and earned media to promote the quitline and increase quit attempts
- Develop and/or implement private/public partnerships or other strategies to sustain quitline capacity.

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

FY15 (actual)
\$ 178,414

Program Supported / Population Served: Center for Tobacco Prevention and Control: The Statewide Comprehensive Tobacco Control Program identifies and eliminates tobacco-related disparities through prevention, cessation, and elimination of secondhand smoke exposure. The Center for Tobacco Prevention and Control has successfully managed the Maryland Tobacco Quitline since 2006, which consistently demonstrates a solid reach to minority populations, Medicaid participants and uninsured callers. Due to a rise in call volume that has occurred during the CDC's National Tobacco Education TIPS campaign, the Center for Tobacco Prevention and Control is using the PPHF funds to continue to support Quitline operations and promote the Quitline to targeted populations that have under-utilized services. During the Year 1 budget period (8/01/13 – 7/31/13), the Quitline provided services to 2,020 additional Maryland residents. During the Year 2 budget period (8/01/13 – 7/31/14), the Quitline provided services to 1,424 additional Maryland residents. This grant has ended.

A new three year cooperative agreement (with the same CFDA number) was awarded beginning August 1, 2014 and will extend through July 31, 2018. In the first budget period (8/01/14 – 7/31/15), the Center for Tobacco Control and Prevention is continuing to support and enhance Maryland Tobacco Quitline operations. The Center for Tobacco Prevention and Control is working with its Quitline service provider, Alere Wellbeing, Inc., to provide services to approximately 1,045 Maryland residents. In addition, the Center for Tobacco Prevention and Control will execute evidenced based strategies to increase the awareness of the Quitline to reach pregnant women and Medicaid participants in order to decrease tobacco-related disparities.

93.745 PPHF: HEALTH CARE SURVEILLANCE/HEALTH STATISTICS – SURVEILLANCE PROGRAM ANNOUNCEMENT: BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM FINANCED IN PART BY PREVENTION & PUBLIC HEALTH FUNDS (Behavioral Risk Factor Surveillance System BRFSS)

Program Description: The purpose of this program is to provide assistance to State and Territorial Health Departments to maintain and expand:

- 1) Specific health surveillance using telephone and multi-mode survey methodology for the behaviors of the general population that contribute to the occurrences and prevention of chronic diseases, injuries, and other public health threats;
- 2) The collection, analysis, and dissemination of BRFSS data to State and Territorial Health Department Categorical Programs for their use in assessing trends, directing program planning, evaluating program priorities, developing policy, and targeting relevant population groups.

Specifically, this program will:

- A. Add questions specifically on health care access and use to the Federal Fiscal Year (FFY) 2013 and 2014 Behavioral Risk Factor Surveillance System (BRFSS) questionnaires to measure the effect of ACA on the population;
- B. Increase the BRFSS landline sample size to restore the number of completed interviews achieved to FFY 2011 levels. BRFSS programs should develop plans for increasing their sample size of their FFY 2013 surveys which will increase the number of completed interviews achieved which will increase the precision of estimates in small areas and sub-populations;
- C. Increase the proportion of cell phone interviews completed on the FFY 2013 BRFSS survey to

maintain coverage and validity – achieving at least a 25% completed interview rate by cell phone mode.

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

FY15 (actual)

\$ 237,721

Program Supported / Population Served: The Behavioral Risk Factor Surveillance System (BRFSS) is an ongoing telephone surveillance program designed to collect data on the behaviors and conditions that place Marylanders at risk for chronic diseases, injuries, and preventable infectious diseases. These data collected are used to measure the effect of ACA on the Maryland adult population and to increase the sample size and proportion of cell phone interviews in order to get a more representative estimation of disease and risk factor prevalence, as well as health behaviors. Knowing the type and frequency of health issues and risky behaviors enables the public health professionals to devise and implement programs geared toward the prevention of chronic diseases, injury, and disability.

93.752 CANCER PREVENTION & CONTROL PROGRAMS FOR STATE, TERRITORIAL & TRIBAL ORGANIZATIONS FINANANCED IN PART BY PREVENTION & PUBLIC HEALTH FUNDS (National Breast & Cervical Cancer Early Detection Program NBCCEDP

Program Description: To work with official State and territorial health agencies or their designees in developing comprehensive breast and cervical cancer early detection programs. To the extent possible, increase screening and follow-up among all groups of women in the State, tribe or territory, with special emphasis to reach those women who are of low income, uninsured, underinsured and minority, and Native Americans.

Formula Description: This program has no statutory formula. Matching Requirements: Percent: 33% - Public Law 101-354 requires States, tribes and territories to make available nonfederal contributions (cash or in-kind) toward such costs in an amount equal to not less than \$1 of matching for every \$3 of Federal dollars provided in this cooperative agreement. Such contributions may be made directly or through donations from public or private entities. Payment for treatment services or the donation of treatment services may not be used for nonfederal contributions. States, tribes and territories may include only nonfederal contribution in excess of the average amount of nonfederal contributions made by the State, tribe territory for the two year period preceding the first fiscal year for which the State, tribe or territory is applying to receive a cooperative agreement for a comprehensive Breast and cervical cancer early detection program. This program has maintenance of effort (MOE) requirements, see funding agency for further details. The average amount of non-Federal contributions toward breast and cervical cancer programs and activities for the two year period preceding the first Federal fiscal year of funding for NBCCEDP is referred to as MOE. Only those non-Federal contributions in excess of the MOE amount may be considered matching funds. Supplanting, or

replacing, existing program efforts currently paid with Federal or non-Federal sources is not allowable.

FY15 (actual)
\$ 4,236,296

Program Supported / Population Served: The 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 11,000 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. These activities previously took place under CFDA 93.283. Beginning 6/30/14, the program is funded under CFDA 93.752.

93.757 STATE PUBLIC HEALTH ACTIONS TO PREVENT & CONTROL DIABETES, HEART DISEASE, OBESITY & ASSOCIATED RISK FACTORS & PROMOTE SCHOOL HEALTH FINANCED IN PART BY PREVENTION & PUBLIC HEALTH FUNDING (PPHF)

Program Description: Support statewide implementation of cross-cutting, evidence-based approaches to promote health and prevent and control chronic diseases and their risk factors. The focus of this effort involves primary prevention efforts aimed at diabetes and heart disease/stroke prevention efforts. Grantees are required to assure that a percentage of their resources are redirected to local entities to accomplish their objectives. Logic models will be developed for targeted components building on existing evidence-based strategies.

Formula Description:

FY15 (actual)
\$ 2,985,368

Program Supported / Population Served: Works with State health agencies and other public and private nonprofit organizations to implement evidence and practice-based interventions to prevent and control diabetes, heart disease, and stroke in order to reach large segments of the population in the state. States will be expected to expand their current work or propose new work in implementing evidence and practice-based interventions to prevent and control diabetes, and to prevent heart disease and stroke with a focus on high blood pressure. State Health Departments are funded under this funding opportunity announcement to address the following outcomes:

- Improved medication adherence for adults with high blood pressure and adults with diabetes.
- Increased self-monitoring of high blood pressure tied to clinical support.
- Increased use of diabetes self-management and primary prevention programs.
- Improved prevention and control of hypertension.
- Improved prevention and control of diabetes.

93.758 PREVENTIVE HEALTH & HEALTH SERVICES BLOCK GRANT FUNDED SOLELY WITH PREVENTION & PUBLIC HEALTH FUNDS (PPHF)

Program Description: To provide States with the resources to improve the health status of the population of each grantee by: a) conducting activities leading to the accomplishment of the most current Healthy People 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 activities; 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.

FY15 (actual)
\$ 2,057,920

Program Supported / Population Served: The Preventive Health and Health Services Block Grant (PHHS) addresses public health needs and challenges with innovative and community driven methods, including: addressing emerging health issues and gaps, decreasing premature death and disabilities by focusing on the leading preventable risk factors, working to achieve health equity and eliminate health disparities by addressing the social determinants of health, supporting local programs to achieve healthy communities, and establishing data and surveillance systems to monitor the health status of targeted populations.

PHHS activities align with Healthy People 2020 objectives and involve: implementing evidence-based methods and interventions; reducing chronic disease risk factors; and establishing policy, systems and environmental changes. Specific areas of focus, in alignment with Healthy People 2020, include: heart disease, diabetes, youth obesity, adult physical activity, arthritis, comprehensive epidemiology services, public health improvement, and sexual violence.

93.767 CHILDREN'S HEALTH 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: Matching Requirements: For the Cycle III project grants, there are no 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 federal fiscal year (FFY) in the Medicaid Title XIX program, increased by 30

percent of the difference between 100 and the current FMAP for that fiscal year. For federal fiscal years 2013 and prior, the EFMAP may not exceed 85 percent. 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 federal fiscal years 2016-2019 for most CHIP expenditures; however the EFMAP for a state may not exceed 100 percent. In FFY 2009, the CHIPRA implemented a limitation on matching rates for states that propose to cover children with effective family income that exceeds 300 percent 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 the 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.

Note: States may also qualify to receive an increase in their FFY 2010, FFY 2012, or FFY 2014 allotments if they meet the criteria described in section 2104(m)(6) and 2107(m)(7) of the Social Security Act (the Act) as previously amended by section 102 of CHIPRA and further amended by sections 2102(a)(1)(B) 10203 of the ACA.

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 the previous fiscal year's allotment amount 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 for states that meet the criteria provided in section 2104(n) of the Act through FFY 2015.

Program has maintenance of effort requirements, see agency (DHHS, Centers for Disease Control and Prevention) for further details.

FY15 (actual)
\$ 104,298,369

Program Supported / Population Served: The Maryland Children's Health Program (MCHP) was implemented in 2001. It currently serves children up to age 19 in families with incomes

between 100 and 300 percent of the Federal Poverty Level (FPL); certain age spans fall within certain FPL levels. For those above 200% FPL, families pay a monthly contribution to participate in the program.

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 appropriate 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.

FY15 (actual))
\$ 6,024,965

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.

FY15 (actual)
\$ 6,095,042,229

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.

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

Program Description: Over 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 home and community-based services to youth as alternatives to PRTFs. The Centers for Medicare and Medicaid Services (CMS) 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.

FY15 (actual)
\$ 4,663,380

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. 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 also has 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. Federal funds for the Alternatives to Psychiatric Residential Treatment Facilities for Children program will end on September 30, 2014.

93.791 MONEY FOLLOWS THE PERSON REBALANCING DEMONSTRATION (Money Follows the Person 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 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. Through Calendar Year 2015, Maryland has been awarded a cumulative \$108.2 million in MFP grant funds. The state will transition older adults, adults with physical disabilities, intellectual disabilities, mental illness, and 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 on a national scale an extension of the Money Follows the Person Rebalancing (MFP) Demonstration Program for an additional \$2.5 billion over 5 years, through 2016. The final grant award in 2016 will provide program funding through FFY 2020.

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 and extended by passage of Education, Jobs and Medicaid Assistance Act (P.L. 111-226) of 2010 through June 30, 2011 (increased rate). The funding for the increased FMAP will be provided from Money Follows the Person grant demonstration appropriations. 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. Service Category Match rate for a 12-month demonstration period for "Qualified HCB program" services and HCB Demonstration services are at the Increased and Enhanced Match Rate. Supplemental Demonstration services will be provided at the Increased Rate only for the Recovery Act period. 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 maintenance of effort requirements: see funding agency (DHHS, Centers for Medicare and Medicaid Services) 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 federal fiscal year 2005 or any succeeding fiscal year before the first of the year of the MFP demonstration project.

FY15 (actual)
\$ 11,350,534

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.

93.889 NATIONAL BIOTERRORISM HOSPITAL PREPAREDNESS PROGRAM (HPP)

Program Description: Ready hospitals and other healthcare 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 is 10%. This program has maintenance of effort requirements, see funding agency (DHHS, Office of the Secretary) for further details.

FY15 (actual)
\$ 5,214,338

Program Supported / Population Served: Provide direct and supplemental funding to Maryland acute care facilities and other health systems to advance emergency preparedness. The funds are distributed to state and territory departments of public health to support the building of 8 healthcare capabilities as outlined in the Healthcare Preparedness Capabilities: National Guidance for Healthcare Systems Preparedness established by the U.S. Department of Health

and Human Services Office of the Assistant Secretary for Preparedness and Response. The HPP goal is to ensure awardees use these funds to maintain, refine, identify gaps 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, healthcare coalitions, and other healthcare facilities which are defined broadly as any combination of the following: outpatient facilities and centers (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).

93.913 GRANTS TO STATES FOR OPERATION OF OFFICES OF RURAL HEALTH

Program Description: The purpose of the State Offices of Rural Health (SORH) grant program is to assist states in strengthening rural health care delivery systems by maintaining a focal point for rural health within each state. The program provides funding for an institutional framework that links small rural communities with state and Federal resources to help develop long-term solutions to rural health problems.

Formula Description: Program has no statutory formula. States must match not less than \$3 for each \$1 of Federal funds provided in the grant. This program does not have maintenance of effort requirements.

FY15 (actual)
\$ 142,707

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 5 whole jurisdictions and 6 partial jurisdictions. Whole county designations include Caroline, Dorchester, Garrett, Kent and Talbot. Partial designation include; Baltimore County, Frederick, Queen Anne's, Somerset, Washington and Worcester counties.

93.917 HIV CARE FORMULA GRANTS

Program Description: Enable states and territories to improve quality, availability, and organization of a comprehensive continuum of HIV/AIDS health care, treatment and support services for eligible individuals living with Human Immunodeficiency Virus (HIV) disease.

Formula Description: Statutory Formula: Part B formula/base, ADAP and Emerging Communities awards are based on the number of reported living cases of HIV/AIDS cases in the state or territory in the most recent calendar year as confirmed by the Centers for Disease Control and Prevention submitted to the Health Resources Administration (HRSA). Similarly, for grantees applying for MAI formula funds, awards are based on the number of reported and confirmed living minority cases of HIV/AIDS for the most recent calendar year submitted to HRSA....Supplemental ADAP grants are awarded by the same formula as ADAP Base to states which meet any of the criteria listed in that section of the funding opportunity announcement for the purpose of providing medications or insurance assistance for PLWH.

Matching Requirements: Varies.

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

FY15 (actual)
\$ 14,525,199

Program Supported / Population Served: The Prevention and Health Promotion 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.

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.

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

Increase HIV Screening/Medical Care in Selected Health Care Centers project supports sustainable HIV prevention and care programming in communities most impacted by HIV including racial/ethnic minorities through collaborations between DHMH, local health departments, and community health centers. The project aims include increasing the number of people living with HIV (PLWH) who are aware of their infection and who receive medical and supportive care. The project also aims to increase the number of PLWH who are on ART and have an undetectable viral load. The specific short term aims of the project are to:

- Increase the ability of DHMH to use HIV surveillance data to track care outcomes in conjunction with community health center EHR data,

- Increase ability of community health centers to use surveillance and EHR data to track client care outcomes,
- Increase community health center capacity to offer routine HIV screening, HIV primary care, and prevention services for people living with HIV, and
- Increase local health department capacity to provide partner services, linkage to care and re-connection to HIV care services.

FY15 (actual)
\$ 3,351

AIDS (HIV) Prevention 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 and HIV/STI Partner Services 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; (3) capacity building with local health departments and community-based service providers to enhance delivery of HIV prevention services; and (4) the condom distribution program

FY15 (actual)
\$ 7,338,207

National HIV Behavioral Surveillance System project seeks 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.

FY15 (actual)
\$ 381,248

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 affect, 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.

FY15 (actual)

\$ 1,936,204

Program Supported / Population Served: The National HIV Surveillance System Cooperative Agreement provides funds for performing HIV and AIDS case surveillance with special projects for molecular HIV surveillance, enhanced perinatal surveillance, and geo-coding and data linkage of HIV cases. This project has contractual arrangements with the Baltimore City Health Department and the Johns Hopkins University.

93.945 ASSISTANCE PROGRAMS FOR CHRONIC DISEASE PREVENTION & CONTROL (State Cardiovascular Health Programs CVH; & Racial and Ethnic Approaches to Community Health REACH; State Public Health Approaches to Improving Arthritis Outcomes, State Nutrition, Physical Activity & Obesity Programs State Public Health Actions to Prevent & Control Diabetes, Heart Disease Obesity & Associated Risk Factors & Promote School Health Using Traditional Foods & Sustainable Ecological Approaches for Health Promotion & Diabetes Prevention in American Indian/Alaska Native Communities)

Program Description: Work with State health agencies and other public and private nonprofit organizations in planning, developing, integrating, coordinating, or evaluating programs to prevent and control chronic diseases; assist in monitoring the major behavioral risks associated with the 10 leading causes of premature death and disability in the United States including cardiovascular diseases; and, establish new chronic disease prevention programs like Racial and Ethnic Approaches to Community Health, State Nutrition, Physical Activity and Obesity Programs.

DP08-819/DP13-1317: Purpose of the program is to 1) support community use of traditional foods and sustainable ecological approaches for diabetes prevention and health promotion in American Indian and Alaska Native communities; and 2) engage communities in identifying and sharing the stories of healthy traditional ways of eating, being active, and communicating health information and support for diabetes prevention and wellness.

CDC-RFA-DP13-1305, State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health, supports statewide implementation of cross-cutting approaches to promote health and prevent and control chronic diseases and their risk factors. Four chronic disease prevention programs (Diabetes; Heart Disease and Stroke Prevention; Nutrition, Physical Activity, and Obesity; and School Health) are included in this funding opportunity announcement (FOA). State Health Departments are funded under this FOA to address the following goals:

Short/Intermediate Term Goals:

- Improve state, community, worksite, school, and early childhood environments to promote and reinforce healthful behaviors across the lifespan related to diabetes, cardiovascular health, physical activity, healthful foods and beverages, obesity, and breastfeeding;
- Improve effective delivery and use of quality clinical and other preventive services aimed at preventing and managing diabetes and hypertension; and

- Increase community-clinical linkages to support prevention, self-management, and control of diabetes, hypertension, and obesity.

Long Term Goals:

- Improved prevention and control of hypertension;
- Improved prevention and control of diabetes; and
- Improved prevention and control of overweight and obesity

The FOA has two components: 1) a basic non-competitive component to support health promotion, epidemiology, and surveillance activities and targeted strategies that will result in measurable impacts to address school health, nutrition and physical activity risk factors, obesity, diabetes, and heart disease and stroke prevention in all 50 states and the District of Columbia. These efforts will be supported by core public health activities such as partnership engagement, workforce development, guidance and support for programmatic efforts, strategic communication, surveillance and epidemiology, and evaluation; and 2) a competitive enhanced component to build on and extend the activities supported with basic funding to achieve even greater reach and impact. Thirty-two states were funded under the enhanced Component to implement evidence and practice-based interventions to improve physical activity and nutrition, reduce obesity, and prevent and control diabetes, heart disease, and stroke with a focus on high blood pressure. The enhanced component includes implementation of evidence-based strategies that are more extensive and wider-reaching than those implemented in the basic component. States funded for this enhanced component must implement interventions at scale in order to reach large segments of the population in the state (e.g., through school districts, early care and education, worksites, and state and local governmental agencies) and in partnership with organizations that may or may not have worked with state departments of health in the past (e.g., large employers, public housing, the education sector, health insurers, and large health systems).

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

FY15 (actual)
\$ 1,168,273

Program Supported / Population Served: The Prevention and Health Promotion Administration's Center for Chronic Disease Prevention and Control leads this grant to implement cross-cutting approaches to promote health and prevent and control chronic diseases and their risk factors. The grant is a combination of four CDC chronic disease programs- Diabetes Prevention and Control; Heart Disease and Stroke Prevention; Nutrition, Physical Activity, Obesity; and School Health. Collectively, these programs represent activities and intervention strategies that draw from each of the four chronic disease domains: 1.) *epidemiology and surveillance*; 2.) *environmental approaches that promote health and support and reinforce healthful behaviors*; 3.) *health system interventions* to improve the effective delivery and use of clinical and other preventive services; and 4.) *clinical-community linkages* to support cardiovascular disease and diabetes and control efforts and management of chronic disease.

93.946 COOPERATIVE AGREEMENTS TO SUPPORT STATE-BASED SAFE MOTHERHOOD & INFANT HEALTH INITIATIVE PROGRAMS (Safe Motherhood and Infant Health Reproductive Health)

Program Description: Promotes optimal and equitable health in women and infants through public health surveillance, research, leadership, and partnership to move science to practice. In carrying out this mission, the Division of Reproductive Health: 1) enhances the ability of others to identify and address male and female reproductive issues and infant health issues by providing technical assistance, consultation, and training worldwide; 2) supports national and state-based surveillance systems to monitor trends and investigate health issues; 3) conducts epidemiologic, behavioral, demographic and health services research; and 4) works with partners to translate research findings into health care practice, public health policy, and health promotion strategies.

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

FY15 (actual)
\$ 126,783

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. Maryland joined PRAMS in calendar year 2000 and continues to survey 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.

93.958 BLOCK GRANTS FOR COMMUNITY MENTAL HEALTH SERVICES (Mental Health 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: PHS Act, Title XIX, Part B, Subpart I and III, 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 42 USC, 300x-4(b), 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.

FY15 (actual))
\$ 7,508,188

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 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 and III, 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 42 USC 300x-30, 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.

FY15 (actual))
\$ 31,607,547

Program Supported / Population Served: The Substance Abuse Prevention and Treatment Block Grant provides federal funds supporting grants and human service contracts for substance abuse disorder prevention, intervention, treatment and recovery support services throughout the State.

93.977 PREVENTIVE HEALTH SERVICES – SEXUALLY TRANSMITTED DISEASES CONTROL GRANTS (STD Prevention 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 which focus 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 authorized 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.

FY15 (actual)
\$ 1,335,649

Program Supported / Population Served: Maryland's Center for Sexually Transmitted Infection 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 meetings, training and cross-agency coordination. The STI program also targets higher risk populations through corrections-based screening, collaboration with community-based organizations, and guidance to local health departments. Surveillance data, technical consultation and training regarding screening and treatment are provided for both public and private sector providers. Awards to local health departments support local staff for partner services to notify contacts of identified cases of syphilis and HIV.

93.988 COOPERATIVE AGREEMENTS FOR STATE-BASED DIABETES CONTROL PROGRAMS & EVALUATION OF SURVEILLANCE SYSTEMS (DPCPs Behavioral Risk Factor Surveillance System BRFSS)

Program Description: Diabetes Prevention and Control Programs (DPCPs) are funded by the CDC's Division of Diabetes Translation to address the following national level goals:

- 1) Prevent diabetes;
- 2) Prevent the complications, disabilities, and burden associated with diabetes;
- 3) Eliminate diabetes-related health disparities; and
- 4) Maximize organizational capacity to achieve the National Diabetes Program goals.

DPCPs aim to achieve system and population-level change and, ultimately, to improve health outcomes by coordinating and leveraging the efforts of the statewide diabetes community. They are responsible for establishing partnerships with key organizations in support of the national goals stated above, and for implementing and evaluating evidence-based interventions in three main areas:

Intervention #1: improve quality of clinical care for populations with greatest diabetes burden and risk to improve control of A1c, blood pressure, and cholesterol and to promote tobacco cessation.

Intervention #2: increase access to sustainable self-management education and support services for populations with greatest diabetes burden and risk to improve control of A1c, blood pressure, and cholesterol and to promote tobacco cessation.

Intervention #3: increase use of lifestyle change programs that have achieved CDC recognition (or pending recognition) to prevent or delay onset of type 2 diabetes among people at high risk.

Assist State and local health authorities and other health related organizations in controlling communicable diseases, chronic diseases and disorders and other preventable health conditions. Provide specific health surveillance using telephone and multi-mode survey methodologies for the behaviors of the general population that contribute to the occurrences and prevention of chronic diseases, injuries and other public health threats. The collection, analysis and dissemination of BRFSS data to state and territorial health department categorical programs is used for assessing trends, directing program planning, evaluating program priorities, developing policies and targeting relevant population groups.

Formula Description: This program has no statutory formula. Matching funds of 25% are required from non-federal sources in the amount of not less than \$1 for each \$4 federal funds awarded to grantees. No matching funds are required for the Health Surveillance BRFSS program. Maintenance of effort requirements are not applicable to this program.

FY15 (actual))
\$ 18,460

Program Supported / Population Served: Funds are used to provide the SAS license to analyze data in the Behavioral Risk Factor Surveillance System (BRFSS), which is an ongoing telephone surveillance program designed to collect data on the behaviors and conditions that place Marylanders at risk for chronic diseases, injuries, and preventable infectious diseases. These data collected are used to characterize health behaviors, ascertain the prevalence of risk factors, and target demographic groups with increased needs. Knowing the type and frequency of health issues and risky behaviors enables the public health professionals to devise and implement programs geared toward the prevention of chronic diseases, injury, and disability. This system has been collecting information on residents 18 years of age and older since 1986. BRFSS data from 1995 to the present are available on our website: www.marylandbrfss.org. These are non-Prevention and Public Health Funds.

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 most current Healthy People 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.

FY15 (actual)

\$ 445,267

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, including Maryland's Million Hearts initiative. These activities occur in collaboration with local health departments and community based organizations. Programmatic efforts focus on making policy and systems and environmental change, which impact the entire population, rather than individual behavioral changes.

The Evidence Collection program of the Center for Injury and Sexual Assault Prevention pays physicians, hospitals and laboratories for evidence collection in cases of alleged rape, sexual offense and child sexual abuse.

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, for each quarter, an amount equal to 4/7 of the total of the sums expended by the state during that quarter. This program has maintenance of effort requirements; see funding agency (Department of Health and Human Services, Health Resources and Services Administration) for further details.

FY15 (actual)
\$ 11,371,739

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.

97.091 HOMELAND SECURITY BIOWATCH PROGRAM

Program Description: The BioWatch Program is a federally managed, locally operated early warning system designed to detect the intentional release of select aerosolized biological agents. The BioWatch Program's mission is to deploy, sustain, and maintain a national 24/7/365 operational ability to detect, and respond to a bioterrorist event in metropolitan areas across the country. The DHS Office of Health Affairs administers the BioWatch program and is currently engaged in advanced development, test, evaluation and operations to improve sampling technologies, collection procedures, sample analysis, and develop and implement a next generation BioWatch system.

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

FY15 (actual)
\$ 50,000

Program Supported / Population Served: The BioWatch program is a critical part of an ongoing national effort to build and sustain preparedness which helps the United States maintain momentum through targeted jurisdictional planning that highlights preventative actions necessary to allow for proper and timely response and begin the process to recover from a biological agent release.

BA.M00 HEALTH STATISTICS CONTRACTS

Program Description: Contracts with the National Center for Health Statistics, Centers for Disease Control and Prevention 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 are also provided to the Social Security Administration and other federal agencies, for public health and administrative purposes.

FY15 (actual)
\$ 924,105

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 & 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.

FY15 (actual)
\$ 172,809

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 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.

FY15 (actual)
\$ 484,730

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 c) evaluate new approaches for screening and treating high risk individuals for latent TB infection. All monies appropriated are invoiced and received when the work/task is completed.

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 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.

FY15 (actual)
\$ 19,938

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 Behavioral Health Administration.

BX.M00 TOBACCO RETAIL INSPECTION ENFORCEMENT SERVICES

Program Description: The Food and Drug Administration (FDA) has awarded the Behavioral Health Administration (BHA) 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 BHA's Tobacco Retail Inspections and Enforcement Services 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.

FY15 (actual)
\$ 653,353

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

- end of DHMH report -