



Maryland Department of Budget & Management

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Office of Budget Analysis

PARRIS N. GLENDENING
Governor

KATHLEEN KENNEDY TOWNSEND
Lieutenant Governor

Received

2002

T. ELOISE FOSTER
Secretary

THOMAS K. LEE
Deputy Secretary

October 10, 2002

The Honorable Thomas V. Mike Miller, Jr.
President of the Senate
H-107 State House
State Circle
Annapolis, Maryland 21401-1991

The Honorable Casper R. Taylor, Jr.
Speaker of the House
H-101 State House
Annapolis, Maryland 21401-1991

Dear President Miller and Speaker Taylor:

Pursuant to Section 7-317(h)(2) of State Finance and Procurement, we are forwarding reports on certain funds expended in the prior fiscal year from the Cigarette Restitution Fund and the related outcomes or public benefits, prepared by the Department of Health and Mental Hygiene and the Department of Agriculture.

A summary of fiscal year 2002 appropriations and expenditures (including encumbrances) follows. Please note that the expenditures represent State expenditures, and not expenditures by the grantees. To the extent that the grantees do not spend the grants, the funds may be returned to the Department of Mental Health and Hygiene as part of the grant reconciliation process conducted by the Department. That process is not complete until several months after the end of the State's fiscal year. Funds were returned to the Department in fiscal year 2002 relating to unspent fiscal year 2001 grants in the amount of \$7,470,911 (not reflected in the fiscal year 2002 activity).

Cancer Prevention, Education, Screening, and Treatment

M00F 02 06 Prevention and Disease Control – Community and Public Health Admin.

Appropriation (unrestricted):	\$36,467,116
Expended/encumbered:	\$34,577,438
Reverted:	\$1,889,678

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Family Health Administration

CIGARETTE RESTITUTION FUND PROGRAM

FUND EXPENDITURES AND ACCOMPLISHMENTS

FISCAL YEAR 2002

October 2002

Georges C. Benjamin, M.D.
Secretary

Carlessia A. Hussein, R.N., Dr. P.H.
CRFP, Director

**Department of Health and Mental Hygiene
Family Health Administration
Cigarette Restitution Fund Program
Fiscal Year 2002 Fiscal
Report**

(July 1, 2001 - June 30, 2002)

1) Cancer Prevention, Education, Screening and Treatment Program

		(Budget) Available Funding	Through 06/30/2002 Expenditures	Obligations	Unobligated
Components:					
Administration	X671	\$ 1,018,179	\$ 961,990	\$ 30,040	\$ 26,149
Surveillance and Evaluation	X672	\$ 1,428,937	\$ 1,222,106	\$ 38,359	\$ 168,472
Statewide Academic Health Center	X673	\$ 23,000,000	\$ 1,571,667	\$ 19,838,224	\$ 1,590,109
Local Public Health *	X674	\$ 11,020,000	\$ 7,457,047	\$ 3,458,005	\$ 104,948
Total		\$ 36,467,116	\$ 11,212,810	\$ 23,364,628	\$ 1,889,678

* Distribution by Jurisdiction is provided below

Local Public Health Component - Distribution by Jurisdiction - **CANCER**

Subdivision	(Budget) Available Funding	Expenditures	Obligations	Unobligated
ALLEGANY	307,031	261,787	0	45,244
ANNE ARUNDEL	1,318,828	1,318,828	0	0
BALTIMORE COUNTY	2,599,833	351,576	1,916,158	332,099
CALVERT	184,653	112,299	0	72,354
CAROLINE	85,658	79,215	0	6,443
CARROLL	374,643	220,013	0	154,630
CECIL	250,292	140,302	0	109,990
CHARLES	296,160	188,724	0	107,436
DORCHESTER	138,125	125,912	0	12,213
FREDERICK	448,681	448,681	0	0
GARRETT	84,928	40,145	0	44,783
HARFORD	551,899	373,503	0	178,396
HOWARD	451,751	451,751	0	0
KENT	80,662	60,313	0	20,349
MONTGOMERY	1,848,703	306,856	1,541,847	0
PRINCE GEORGE'S	1,734,585	1,734,585	0	0
QUEEN ANNE'S	119,705	106,944	0	12,761
ST. MARYS	184,337	137,200	0	47,137
SOMERSET	83,907	69,563	0	14,344
TALBOT	135,743	116,697	0	19,046
WASHINGTON	420,029	420,029	0	0
WICOMICO	235,658	188,285	0	47,373
WORCESTER	220,886	203,839	0	17,047
BALTIMORE CITY **	2,860,952	2,860,952	0	0
TOTAL	15,017,649	10,317,999	3,458,005	1,241,645

** The budget and expenditure for Baltimore City are in The Statewide Academic Health Component (X673).

**Department of Health and Mental Hygiene
Family Health Administration
Cigarette Restitution Fund Program
Fiscal Year 2002 Fiscal
Report**

(July 1, 2001 - June 30, 2002)

2) Tobacco Use Prevention and Cessation Program		(Budget) Available Funding	Expenditures	Obligations	Unobligated
Components:					
Administration	X681	\$ 884,224	\$ 822,715	\$ 13,422	\$ 48,087
Surveillance and Evaluation	X682	\$ 1,538,323	\$ 223,510	\$ 1,137,037	\$ 177,776
Countermarketing and Media	X683	\$ 4,300,000	\$ 2,439,559	\$ 1,860,441	\$ -
Local Public Health *	X684	\$ 9,225,000	\$ 6,301,115	\$ 2,525,766	\$ 398,119
Statewide Public Health	X686	\$ 1,661,045	\$ 1,247,698	\$ 342,955	\$ 70,392
Total		\$ 17,608,592	\$ 11,034,597	\$ 5,879,621	\$ 694,374

* Distribution by Jurisdiction is provided below

Local Public Health Component - Distribution by Jurisdictions - TOBACCO

Subdivision	(Budget) Available Funding	Expenditures	Obligations	Unobligated
ALLEGANY	175,086	161,049	0	14,037
ANNE ARUNDEL	942,200	942,200	0	0
BALTIMORE COUNTY	1,268,791	656,823	611,968	0
CALVERT	179,651	130,462	0	49,189
CAROLINE	80,156	71,558	0	8,598
CARROLL	311,183	227,916	0	83,267
CECIL	197,377	187,589	0	9,788
CHARLES	276,979	271,918	0	5,061
DORCHESTER	64,984	64,833	0	151
FREDERICK	419,518	419,518	0	0
GARRETT	64,625	64,156	0	469
HARFORD	473,754	443,165	0	30,589
HOWARD	367,554	367,554	0	0
KENT	42,689	20,533	0	22,156
MONTGOMERY	1,067,275	380,663	686,612	0
PRINCE GEORGE'S	1,095,403	966,111	0	129,292
QUEEN ANNE'S	91,137	70,451	0	20,686
ST. MARYS	188,664	180,197	0	8,467
SOMERSET	53,604	51,993	0	1,611
TALBOT	60,063	45,484	0	14,579
WASHINGTON	286,720	286,720	0	0
WICOMICO	176,551	176,372	0	179
WORCESTER	95,203	95,203	0	0
BALTIMORE CITY	1,245,833	18,647	1,227,186	0
TOTAL	9,225,000	6,301,115	2,525,766	398,119

**Department of Health and Mental Hygiene
Family Health Administration
Cigarette Restitution Fund Program
Fiscal Year 2002 Fiscal
Report**

(July 1, 2001 - June 30, 2002)

		(Budget) Available Funding	Expenditures	Obligations	Unobligated
3) Maryland Healthcare Foundation	X692	\$ 1,000,000	\$ 636,228	\$ 363,772	\$ -

Source: Financial reports of the State's Financial Management Information System (FMIS) and the local health departments

Footnotes / Definitions

- 1) Budget: funds allocated to each component and distributed to each county.
- 2) Expenditures: items reflected in the State's financial management system (FMIS) or on the County's financial reports.
- 3) Obligations: funds reflective of an executed signed agreement or contract.
- 4) Unobligated: budget minus expenditures and obligations.
- 5) Expenditures from all jurisdictions have not yet been reconciled.

CANCER PREVENTION, EDUCATION, SCREENING AND TREATMENT PROGRAM

FISCAL YEAR 2002 ACCOMPLISHMENTS

LOCAL PUBLIC HEALTH

Overall

- The allocation of funding for cancer prevention, education, screening and treatment was determined for each jurisdiction, based on the formula specified in the statute for the CRF.
- Community health cancer coalitions continued in 23 jurisdictions. Each coalition is comprised of representatives that reflect the demographics of each jurisdiction and includes membership of minority, rural, and medically underserved populations that are familiar with the different culture and communities in the jurisdiction. The majority of the community health coalitions met four or more times during the fiscal year.
- Comprehensive cancer plans addressing prevention, education, screening, and treatment for one or more of the targeted cancers were updated in 23 jurisdictions.
- 23 jurisdictions are addressing colorectal cancer, five jurisdictions are addressing oral cancer, two jurisdictions are addressing prostate cancer, four jurisdictions are addressing breast and cervical cancer, and five jurisdictions are addressing skin cancer.
- Contracts have been entered into and/or renewed between local health departments and local medical providers (e.g., gastroenterologists, medical laboratories, primary care physicians, hospitals, surgeons, etc.). These providers deliver clinical services for screening, diagnosis, and treatment.

Public Education and Outreach

- The local health departments awarded at least 58 subcontracts and/or mini-grants to local vendors to promote screening by doing outreach and education to the minority, underserved, and/or uninsured residents of their jurisdictions. Examples of these types of services included:
 - Anne Arundel County Health Department utilized seven education subcontractors to provide 67 educational presentations to the community, including nursing homes, nutritional sites, community associations, assisted living facilities, and community agencies. During these presentations, over 1,100 individuals were educated about colorectal cancer and the need for screening.

- Charles County Health Department utilized four education subcontractors and provided 48 educational presentations to the community, including prayer breakfasts, local ethnic festivals, and community meetings. During these presentations, over 2,143 individuals were educated about colorectal cancer and the need for screening.
- Montgomery County Health Department utilized nine education subcontractors to provide 319 educational presentations to the community, including health fairs, libraries, employee health programs, community agencies, and cancer survivors and their families.
- Local programs conducted a variety of public education and specific outreach activities. Twenty three local health departments reported the following activities to DHMH which were entered into a data base:
 - Public education: reached a total of 81,061 Maryland residents.
 - Individual outreach was performed to 9,900 Maryland residents.
- Cancer education and outreach has been conducted through community sites, churches, senior centers, housing units, businesses, health fairs, mass mailings, radio, newspaper, television, and provider sites.
- Media events included public service announcements on television and radio, talk shows, and newspaper stories and local newsletters.
- Local programs have designed videos, brochures, flyers, posters, paycheck inserts, pencils, and magnets and have distributed these at health fairs, door-to-door, at libraries, pharmacies, senior centers, housing units, etc. Local programs have developed and maintained web sites informing the public about the need for colorectal cancer screening, educational messages about prostate, oral, and skin cancer prevention and the availability of services through the CRF program.

Minority Outreach

- Each of the 23 jurisdictions planned specific activities that focused on ensuring that there was minority outreach within their communities. Examples of these types of services included:
 - Queen Anne's County Health Department met with two local ministers and their staff. They then sponsored a Women's Health Conference with the local minority church at which presentations about colorectal cancer and screening information on local available services was provided.
 - Frederick County Health Department reached 3,122 minorities with educational messages about colorectal cancer (CRC) and the need for screening. Nearly 50% of the individuals receiving CRC screening services through their program were minorities.

Professional Education and Outreach

- Local health departments or their subcontractors educated health care professionals and providers about colorectal cancer, other cancers and screening guidelines.
 - 1,783 providers were educated through visits to office staff, breakfasts or lunch educational sessions, and presentations at County Medical Society or hospital staff meetings.
 - 19 educational activities were provided for Trainers or Educators.
- Local programs mailed medical providers the Minimal Elements for Screening, Diagnosis, and Treatment that were developed by DHMH for Oral Cancer and Prostate Cancer and notified them about the availability of the local CRF program.

Screening, Diagnosis, and Treatment

- In FY 2002, 23 programs selected colorectal cancer as the focus of their screening efforts.
 - 15 local programs provided colorectal cancer screening through colonoscopy for those with average risk.
 - 7 local programs provided colorectal cancer screening with FOBT followed by sigmoidoscopy for those with average risk.
 - 1 local program uses FOBT alone for screening because of a limited budget.
- 23 local programs have provided DHMH with data on individual patients who began colorectal cancer screening in FY 2002. Following are preliminary cumulative numbers of persons who began colorectal cancer screening since the beginning of the program in FY01:
 - 1,788 individuals completed and returned a blood stool kit to the local program; of them 201 were positive.
 - 90 sigmoidoscopies were performed; of these 30 were negative with other findings, and no cancers were diagnosed.
 - 1,037 colonoscopies were performed; of these 230 had adenomatous polyps.

- 12 individuals were diagnosed with colorectal cancer.
- In addition, some counties provided additional cancer screening as follows:
 - 1,043 individuals completed prostate cancer screening (PSA and DRE); of these 3 individuals were diagnosed with prostate cancer. Two of these men had private health insurance.
 - 2,002 individuals completed oral cancer screening with an oral examination and 18 brush biopsies were completed; of these one individual was diagnosed with oral cancer. This individual had private health insurance.
 - 290 individuals completed skin cancer screening; of these, 1 individual was diagnosed with skin cancer.
 - 419 individuals completed breast cancer screening (mammogram) and 413 individuals completed breast cancer screening (clinical breast examination); of these, 3 individuals were diagnosed with breast cancer.
 - 442 individuals completed cervical cancer screening (pap smear) of these, 8 completed colposcopies; of these, no cervical cancer was diagnosed.

STATEWIDE PUBLIC HEALTH

- Monthly teleconferences were provided by DHMH Cancer staff in which representatives from the 23 local jurisdictions, the two academic centers and their vendors participated in a two way exchange of information and guidance regarding clinical, surveillance, evaluation, and administrative issues in the cancer programs.
- Site visits of the CRFP Cancer grants were conducted by the DHMH Cancer staff at 22 of the 23 local jurisdictions. During these site visits, consultation and guidance was provided regarding clinical, administrative and program evaluation issues.
- Nine regional meetings (October, February, and June) were held throughout the state. Each of these daylong meetings provided instruction and guidance in clinical, administrative and program evaluation/data collection areas. There were a total of 217 individuals (local health departments with their subcontractors, academic centers, MOTA, Maryland Statewide Health network, and DHMH staff) in attendance at these meetings.
- Three regional Outreach Worker Training programs were provided. There were a total of 83 individuals (local health departments with their subcontractors, academic centers and DHMH staff) in attendance at these meetings.

- The Cancer Treatment Task Force was formed in August, 2001 to come up with recommendations regarding cancer treatment under the CRFP. The Task Force was comprised of representatives from local health departments, hospitals, Statewide academic health centers, provider groups and community groups. The Task Force issued its report in September, 2001. The Report was subsequently sent to the Maryland General Assembly.
- Detailed cost analyses were performed for cancer screening, diagnosis, and treatment for the targeted cancers, including variables related to age, insurance status, and stage of cancer for targeted populations, as recommended by the Cancer Treatment Task Force.
- Meetings were held with the Treatment Implementation Team to discuss the findings of the cancer cost analyses and the discuss the various options for cancer treatment under the CRFP. A decision was made to continue to keep cancer treatment under the CRFP at the local level.
- A Prostate Cancer Medical Advisory Committee was established with representation from various medical disciplines in Maryland. This Advisory Committee developed "Prostate Cancer Minimal Elements for Screening, Diagnosis, and Treatment, Follow-up and Education" for use by the local jurisdictions.
- An Oral Cancer Medical Advisory Committee was established with representation from various medical disciplines in Maryland. This Advisory Committee developed "Oral Cancer Minimal Elements for Screening, Diagnosis, and Treatment, Follow-up and Education" for use by the local jurisdictions.
- Informed consent forms for prostate cancer screening were developed for use by local jurisdictions funded under the CRFP.
- Written guidance continued to be provided to the local jurisdictions. The DHMH website for the Cancer CRFP was continually updated with written guidance for local jurisdictions.
- Monthly discussions were held with the Local Health Officers at the DHMH Roundtable.
- CRFP Cancer staff have participated in the development of the Maryland Comprehensive Cancer Control Plan through membership on the Core Planning Team, participation at the public Town Hall meetings, and participation as staff and/or chairpersons for the subcommittees that are making cancer control recommendations for Maryland.

SURVEILLANCE AND EVALUATION

- In September, 2001, the Annual Cancer Report was published outlining cancer incidence, mortality, stage of disease, and statewide screening levels for cancer overall and for the seven targeted cancers (lung and bronchus, colon and rectum, breast, prostate, cervical, breast and oral) statewide and in each jurisdiction in the state. The Annual Cancer Report was distributed to the General Assembly, local health departments, and community health coalitions.
- Standardized data collection forms were developed for *oral cancer* and *prostate cancer* education, screening, diagnosis, and treatment services conducted by local jurisdictions.
- A standardized data system has been developed for documenting outreach and educational activities.
- A Memorandum of Understanding was awarded to the University of Maryland for the development and implementation of a statewide cancer survey. The cancer survey instrument has been developed and validated. The Cancer Telephone Surveys is currently being conducted to assess knowledge and practice of selected health behaviors for the seven targeted cancers.
- A Memorandum of Understanding was awarded to the University of Maryland for epidemiological support and for the development and implementation of a computerized statewide cancer database system. The University will assist in development and implementation of a database for local jurisdictions to collect and analyze CPEST education, screening and treatment information.

STATEWIDE ACADEMIC HEALTH CENTERS

Maryland Statewide Health Network Grant

- A grant application for the Maryland Statewide Health Network was developed and submitted to the DHMH. DHMH reviewed the grant and subsequently awarded a standard grant agreement to UMMG to implement the Maryland Statewide Health Network.
- One additional regional office and two satellite offices were established.
- Six telemedicine/videoconference linkages were established.
- 38 videoconference and telemedicine sessions were provided reaching 1,200 participants.
- Videoconference meetings between the Departments of Thoracic Surgery and Radiology were facilitated weekly.

- 70 public and community education programs were provided reaching 13,268 individuals.
- A Colorectal Cancer PSA campaign was implemented reaching 23,000 homes in Western Maryland.
- Educational messages on radio and television were coordinated reaching potential audiences of 149,000 and 184,000 respectively.
- A community education videoconference program was held in May, 2002 reaching 55 representatives of the Ministerial Alliance Against Cancer.
- Computer Assisted Telephone Interviews were conducted to assess knowledge, attitudes, and practices about health behaviors and clinical trials.
- Six Research Projects were awarded by the Network in the following areas:
 - Econometric Modeling-Disparities in Cancer Treatment
 - Oral Cancer
 - Cervical Cancer
 - Racial Disparities in Tamoxifen Metabolism
 - Feasibility of Cervical Cancer Screenings in Emergency Departments
 - Obesity Prevention Education Program
- Two telemedicine projects were initiated in teleophthalmology and Intensity Modulated Radiation Therapy.

University of Maryland Cancer Research Grant

- A grant application for the cancer research grant was developed by the UMMG and submitted to DHMH. DHMH reviewed the grant application and subsequently awarded a standard grant agreement to the UMMG for the cancer research grant.
- The Advisory Committee on Intellectual Properties under the UMMG Cancer Research grant (comprised of representatives of DHMH, DBED, and TEDCO) met three times in FY02 and heard presentations on the priorities and infrastructure of the cancer program and on esophageal cancer research.
- 90 new clinical trials were initiated by the University of Maryland Medical Group.
- 165 additional patients were entered into clinical trials at the University of Maryland Medical Group.

- 10 peer-reviewed articles were accepted for publication.
- 13 faculty and support staff were assigned new or expanded roles in strengthening key aspects of clinical and translational research programs including new clinical trials developments in breast, oral, head and neck, gastrointestinal, and prostate cancers.
- 18 research and clinical support staff were assigned new or expanded responsibilities supporting Cigarette Restitution Fund research programs including eight Clinical Trials/Data Management staff.
- A shared service core laboratory for Proteomics was created. This state-of-the-art laboratory service center with equipment available for protein analysis provides specialized and routine analysis of proteins and peptides whose structure holds clues to possible diagnostic and therapeutic applications.
- Clinical research shared service activities were expanded related to scientific review and development of proposed research projects, patient registration and conduct of clinical trials, monitoring patient data, and preparing reports.
- Staff for the Genomics Facility were expanded in response to increased demand for genetic, biomarker, and bioinformatics analysis.
- Support for the Biostatistics Core was increased, creating a central resource for all researchers to provide them with biostatistics support for Phase I, II, and III clinical trials, laboratory studies, and population and epidemiological investigations.
- Flow Cytometry Core Services were enhanced, including advanced cell sorting equipment and increased data acquisition and analysis.
- The Biopolymer Core was strengthened through the addition of equipment for DNA sequencing, oligonucleotide and peptide synthesis, and mass spectrometry.
- The Specimen Repository for providing banked tissue and blood for cancer centers was expanded, as was the Transgenic/Targeted Mutagenesis Core, which provides design and production of standardized and transgenic materials and animals for cancer research.
- Space for the Proteomics Core Laboratory was renovated. In addition, UMMG began renovation of other laboratory space to facilitate advances in technology and equipment, and began renovation of outpatient clinical areas to accommodate treatment of patients enrolled in clinical research protocols.

Johns Hopkins Institutions' Cancer Research Grant

- A grant application for the cancer research grant was developed by JHI and submitted to DHMH. DHMH reviewed the grant application and subsequently awarded a standard grant agreement to the JHI to implement the cancer research grant.
- A written agreement regarding review of CRFP funded cancer research by DHMH and/or JHI Institutional Review Boards was developed and signed by JHI and DHMH.
- The Advisory Committee on Intellectual Properties under the JHI Cancer Research grant (comprised of representatives from DHMH, DBED, and TEDCO) met three times in FY02 and heard presentations on licensing and development for new inventions, head and neck cancer research, the epidemiology of colorectal cancer, and health behaviors among Korean Americans.
- One peer reviewed article was accepted for publication and four presentations were made at national meetings.
- Two new faculty were recruited and three research proposals were funded for current faculty in a community-focused cancer research and prevention research program.
- The External Advisory Committee (EAC), an independent peer review group, met on October 15, 2001. They reviewed and approved the cancer research grant plan for the FY02 funds. The EAC will meet again in October, 2002.
- Planning began for a Prostate Cancer Demonstration Project. Fifteen investigators are writing proposals and 40 investigators are meeting monthly to explore and coordinate the development of this Demonstration Project.
- JHI and UMMG jointly sponsored and implemented the first annual "Research Matters" conference on November 17, 2001. This conference offered investigators from both institutions a venue for sharing information regarding research initiatives in the targeted cancers. More than 120 participants attended.
- Twenty-five grants were competitively awarded for cancer research in FY02. Of these, there were 12 Translational Research Grants, 8 Faculty Recruitment Grants, and 5 Faculty Retention Grants.

Translational Research grants were awarded in the following areas:

- Studies of risk assessment for, and the prevention of, lung cancer.

- Inflammation and the risk of colon cancer.
- The head and neck cancer resource: A joint resource for head and neck research at the University of Maryland and Johns Hopkins Medical Institutions.
- Cigarette Smoking and Cell Cycle Control in Relation to Colorectal Adenoma.
- Prostate Cancer Demonstration Program
- Simian virus 40 (SV40) and human pleural malignant mesothelioma.
- Environmental risk of colorectal cancer in Maryland - a GIS based approach.
- Impact of Environmental Cadmium Exposure on Prostate Cancer Risk in the Baltimore Metro Area.
- Center for Cervical Studies
- Timed sequential therapy with cyclophosphamide, doxorubicin, and a breast cancer vaccine.
- Developing and testing a multi-level community-based smoking cessation intervention program for the Korean American Community in Maryland.
- Association between growth factor levels, ornithine decarboxylase expression and the risk of proliferative and noninvasive breast disease.

Faculty Recruitment grants were awarded in the following areas:

- Adolescents, anti-smoking messages, and the Internet.
- Gene expression analysis.
- Immunological intervention for prostate cancer.
- Novel drug development for solid tumors.
- Mutational analysis of breast cancer drug sensitivity using somatic cell gene replacement technology.
- Therapeutic applications of targeting retinoic acid receptors in prostate cancer.

- Analysis of SNP microarray data using logic regression.
- Mutational Analysis of the Colorectal Cancer Genome.

Faculty Retention grants were awarded in the following areas:

- Promoting cancer prevention & control in Baltimore's African American faith-based community.
- Drug development strategies facilitating the initiation and continuation of chemoprotection trials for solid tumor malignancies.
- Human Papillomavirus and Risk of Oropharyngeal Cancer: A Case Control Study.
- Bioinformatics of genetic responsibility to colorectal cancer: linking a risk prediction algorithm to a functional genomic database.
- Development of a preventative and therapeutic vaccine against a broad range of human papillomavirus types.

Baltimore City Public Health Grants

- The Baltimore City Comprehensive Cancer Plan was developed and submitted to DHMH for review and approval. DHMH subsequently awarded standard grant agreements to Johns Hopkins Institutions and the UMMG to implement the Baltimore City Comprehensive Cancer Plan. Johns Hopkins' component focused on prostate cancer and the University of Maryland's component focused on breast, cervical and oral cancer.
- The Baltimore City Cancer Coalition met twice.
- Seven community-based Cancer Prevention and Education Centers were established, with five in predominantly African American communities (Bea Gaddy, Garden of Prayer Baptist Church, Park Heights Community Center, Bon Secours UMI, Morgan State University); one serving in the Latino community (Hispanic Apostolate), and one serving the Asian American community (Korean Resource Center).
- JHI and UMMG partnered with the Baltimore City Health Department and Sinai Hospital (the major community hospital), to sponsor numerous community outreach, screening, and media events to build awareness and promote cancer screening in target populations in Baltimore City. 18,000 persons were reached through educational programs.

- JHI screened a total of 648 men for prostate cancer between March 1, 2001 and June 30, 2002. Three men were diagnosed with prostate cancer. Two of these had private health insurance.
- UMMG screened a total of 370 women for breast cancer between July 1, 2001 and June 30, 2002. Three women were diagnosed with breast cancer.
- UMMG screened a total of 307 women for cervical cancer. There were no cervical cancers diagnosed in FY02.
- UMMG screened 1,301 individuals screened for oral cancer. One individual was diagnosed with oral cancer. This individual had private health insurance.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

M.F0206 CIGARETTE RESTITUTION FUND – CANCER PREVENTION, EDUCATION, SCREENING AND TREATMENT PROGRAM – FAMILY HEALTH ADMINISTRATION

PROGRAM DESCRIPTION

The Cancer Prevention, Education, Screening and Treatment Program was created under the Cigarette Restitution Fund and seeks to reduce death and disability due to cancer in Maryland through implementation of local public health and statewide academic health center initiatives.

MISSION

The mission of the Cancer Prevention, Education, Screening and Treatment Program is to reduce the burden of cancer among Maryland residents through enhancement of cancer surveillance, implementation of community-based programs to prevent and/or detect and treat cancer early, enhancement of cancer research, and translation of cancer research into community-based clinical care.

VISION

The Cancer Prevention, Education, Screening and Treatment Program envisions a future in which all residents of Maryland can lead healthy, productive lives free from cancer or disability due to cancer.

GOALS AND OBJECTIVES

Goal 1. To reduce overall cancer mortality in Maryland.

Objective 1.1 By CY 2004, reduce overall cancer mortality to a rate of no more than 202.8 per 100,000 persons. (Age-adjusted to the 2000 U.S. standard population.)

Performance Measures	FY 2001 Actual	FY 2002 Actual	FY 2003 Estimated	FY 2004 Estimated
Output: # individual reached with educational messages	16,779	52,722	74,900	74,900
	CY 2000 Actual	CY 2001 Estimated	CY 2002 Estimated	CY 2003 Estimated
Outcome: Overall cancer mortality rate	209.1	208.1	206.3	204.5

Goal 2. To reduce disparities in cancer mortality between ethnic minorities and whites.

Objective 2.1 By CY 2004, reduce disparities in overall cancer mortality between minorities and whites to a rate of no more than 1.11. (Age-adjusted to the 2000 U.S. standard population.)

Performance Measures	CY 2000 Actual	CY 2001 Estimated	CY 2002 Estimated	CY 2003 Estimated
Outcome: Cancer death rate ratio between nonwhites/whites	1.13	1.14	1.13	1.12

Goal 3. To reduce mortality due to each of the targeted cancers under the local public health component of the CRFP.

Objective 3.1 By CY 2004, reduce colorectal cancer mortality to a rate of no more than 20.5 per 100,000 persons in Maryland. (Age-adjusted to the 2000 U.S. standard population.)

Performance Measures	FY 2001 Actual	FY 2002 Actual	FY 2003 Estimated	FY 2004 Estimated
Output: # screening tests for colorectal cancer with CRF funds	789	1,246	2,490	2,490
# minorities screened for colon cancer with CRF funds	112	269	530	530
	CY 2000 Actual	CY 2001 Estimated	CY 2002 Estimated	CY 2003 Estimated
Outcome: Colorectal cancer mortality rate	23.9	21.7	21.2	20.8

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

M.F0206 CIGARETTE RESTITUTION FUND – CANCER PREVENTION, EDUCATION SCREENING AND TREATMENT PROGRAM - COMMUNITY AND PUBLIC HEALTH ADMINISTRATION (Continued)

Objective 3.2 By CY 2004, reduce breast cancer mortality to a rate of no more than 25.7 per 100,000 persons in Maryland. (Age-adjusted to the 2000 U.S. standard population.)

Performance Measures	FY 2001 Actual	FY 2002 Actual	FY 2003 Estimated	FY 2004 Estimated
Output: # screening tests for breast cancer with CRF funds	0	342	500	550
# minorities screened for breast cancer with CRF funds	0	274	400	440
	CY 2000 Actual	CY 2001 Estimated	CY 2002 Estimated	CY 2003 Estimated
Outcome: Breast cancer mortality rate	27.7	27.4	26.8	26.3

Objective 3.3 By CY 2004, reduce prostate cancer mortality to a rate of no more than 29.3 per 100,000 persons in Maryland. (Age-adjusted to the 2000 U.S. standard population.)

Performance Measures	FY 2001 Actual	FY 2002 Actual	FY 2003 Estimated	FY 2004 Estimated
Output: # screened for prostate cancer with CRF funds	0	922	2,000	2,000
# minorities screened for prostate cancer with CRF funds	0	904	1,960	1,960
	CY 2000 Actual	CY 2001 Estimated	CY 2002 Estimated	CY 2003 Estimated
Outcome: Prostate cancer mortality rate	31.9	32.1	31.1	30.2

Objective 3.4 By CY 2004, reduce oral cancer mortality to a rate of no more than 2.7 per 100,000 persons in Maryland. (Age-adjusted to the 2000 U.S. standard population.)

Performance Measures	FY 2001 Actual	FY 2002 Actual	FY 2003 Estimated	FY 2004 Estimated
Output: # screened for oral cancer with CRF funds	80	1,500	1,900	2,200
# minorities screened for oral cancer with CRF funds	13	1,202	1,500	1,600
	CY 2000 Actual	CY 2001 Estimated	CY 2002 Estimated	CY 2003 Estimated
Outcome: Oral cancer mortality rate	3.0	2.9	2.8	2.7

Objective 3.5 By CY 2004, reduce cervical cancer mortality to a rate of no more than 2.5 per 100,000 persons in Maryland. (Age-adjusted to the 2000 U.S. standard population.)

Performance Measures	FY 2001 Actual	FY 2002 Actual	FY 2003 Estimated	FY 2004 Estimated
Output: # screened for cervical cancer with CRF funds	0	272	500	550
# minorities screened for cervical cancer with CRF funds	0	218	400	440
	CY 2000 Actual	CY 2001 Estimated	CY 2002 Estimated	CY 2003 Estimated
Outcome: Cervical cancer mortality rate	2.3	2.7	2.6	2.6

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

M.F0206 CIGARETTE RESTITUTION FUND – CANCER PREVENTION, EDUCATION, SCREENING AND TREATMENT PROGRAM - COMMUNITY AND PUBLIC HEALTH ADMINISTRATION (Continued)

Objective 3.6 By CY 2004, reduce mortality due to melanoma of the skin to a rate of no more than 2.4 per 100,000 persons in Maryland. (Age-adjusted to the 2000 U.S. standard population.)

Performance Measures	FY 2001 Actual	FY 2002 Actual	FY 2003 Estimated	FY 2004 Estimated
Output: # persons reached with skin cancer prevention messages with CRF funds	47	5,526	11,000	11,000
	CY 2000 Actual	CY 2001 Estimated	CY 2002 Estimated	CY 2003 Estimated
Outcome: Melanoma of the skin mortality rate	2.7	2.3	2.4	2.4

Goal 4. To increase access to cancer care for uninsured persons in Maryland.

Objective 4.1 By FY 2004, to provide treatment or linkages to treatment for uninsured persons screened for cancer under the Cancer Prevention, Education, Screening and Treatment Program.

Performance Measures	FY 2001 Actual	FY 2002 Actual	FY 2003 Estimated	FY 2004 Estimated
Output: # persons diagnosed and linked or provided treatment.	1	15	18	18

Goal 5. To enhance cancer research and increase translation of cancer research into the clinical setting in order to reduce the burden of cancer in Maryland through the Johns Hopkins Institution's Cancer Research Grant under the Cigarette Restitution Fund.

Objective 5.1 By FY 2004, successfully complete the recruitment of high-quality faculty in a number of the following fields, depending on the quality of the applicant and the amount of funds provided under the CRF: behavioral sciences, genetic epidemiology, cancer epidemiology, molecular genetics of cancer, and viral vaccine development.

Performance Measures	FY 2001 Actual	FY 2001 Actual	FY 2003 Estimated	FY 2004 Estimated
Output: # of successfully completed recruitments of high quality faculty.	6	2	2	2

Objective 5.2 By FY 2004, retain high-quality faculty, including clinicians and researchers, by implementing a community-focused cancer research and prevention research program for existing faculty at the Johns Hopkins Institutions.

Performance Measures	FY 2001 Actual	FY 2002 Actual	FY 2003 Estimated	FY 2004 Estimated
Output: # of research proposals funded.	6	3	4	4

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

M.F0206 CIGARETTE RESTITUTION FUND – CANCER PREVENTION, EDUCATION SCREENING AND TREATMENT PROGRAM - COMMUNITY AND PUBLIC HEALTH ADMINISTRATION (Continued)

Objective 5.3 By FY 2004, implement a competitive-funding program within Johns Hopkins for faculty to target any of the following: assessing exposure to environmental carcinogens and other cancer-causing agents in Maryland; mapping sources of exposure and cancer incidence in Maryland; developing multi-disciplinary projects focused on targeted cancers that will address the unique cultural and other factors related to the delay in treatment and access to care and treatment in underserved communities; and expanding population-based studies for cancer etiology and interventions among priority cancers in Maryland.

Performance Measures	FY 2001 Actual	FY 2002 Actual	FY 2003 Estimated	FY 2004 Estimated
Output: # of research proposals funded.	6	6	9	9
Outcome: # of new grants received from outside funding sources	0	1	1	3
# of peer-reviewed reports in scientific literature.	0	1	1	3
# of presentations (oral or poster) at national meetings	0	4	6	10

Goal 6. To expand the scope of the University of Maryland Greenebaum Cancer Center's translational research efforts.

Objective 6.1 By FY 2004, increase the number of research activities that translate into clinical applications for patient benefit by five.

Performance Measures	FY 2001 Actual	FY 2002 Actual	FY 2003 Estimated	FY 2004 Estimated
Output: # of research activities that are translated into clinical applications. (FY 00 Baseline = 2)	0	2	4	5

Objective 6.2 By FY 2004, increase the number of new University of Maryland clinical trials by 70%.

Performance Measures	FY 2001 Actual	FY 2002 Actual	FY 2003 Estimated	FY 2004 Estimated
Outcome: % increase in clinical trials (FY 00 Baseline = 180 protocols)	41%	50%	60%	70%

Objective 6.3 By FY 2004, increase the number of patients entered onto University of Maryland clinical trials by 40%.

Performance Measures	FY 2001 Actual	FY 2002 Actual	FY 2003 Estimated	FY 2004 Estimated
Outcome: % increase in clinical trials (FY 00 Baseline = 661 patients)	18%	25%	30%	40%

Objective 6.4 By FY 2004, increase the number of faculty in targeted areas by 30%.

Performance Measures	FY 2001 Actual	FY 2002 Actual	FY 2003 Estimated	FY 2004 Estimated
Outcome: % increase in faculty. (FY 00 Baseline = 127 faculty)	17%	20%	25%	30%

Objective 6.5 By FY 2004, increase the number of peer-reviewed publications by 25%.

Performance Measures	FY 2001 Actual	FY 2002 Actual	FY 2003 Estimated	FY 2004 Estimated
Outcome: % increase in peer-reviewed publications (FY 00 Baseline = 100 publications)	0	10%	20%	25%

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

M.F0206 CIGARETTE RESTITUTION FUND - CANCER PREVENTION, EDUCATION, SCREENING AND TREATMENT PROGRAM - COMMUNITY AND PUBLIC HEALTH ADMINISTRATION (Continued)

Goal 7. To build critical infrastructure and Core Shared Services Facilities to support the University of Maryland Greenebaum Cancer Center's clinical and translational research activities.

Objective 7.1 By FY 2004, establish a Biomarker/GeneDiscovery Facility and expand current shared service facilities in: biostatistics/informatics, specimen repository, preclinical models of cancer, flow cytometry, and biopolymer.

Performance Measures	FY 2001 Actual	FY 2002 Actual	FY 2003 Estimated	FY 2004 Estimated
Output: # fully operational shared service facilities supporting cancer investigators (FY 00 Baseline = 6 shared services)	7	7	8	8

Objective 7.2 By FY 2004, increase the number of translational and clinical investigators that are users of the Core Shared Service Facility by 70%.

Performance Measures	FY 2001 Actual	FY 2002 Actual	FY 2003 Estimated	FY 2004 Estimated
Outcome: % increase in the number of investigators. (FY 00 Baseline = 45 investigators)	53%	60%	65%	70%

Goal 8. To reduce the burden of cancer and tobacco-related diseases through the Maryland Statewide Health Network (MSHN) by: conducting prevention, education and control activities; promoting increased participation of diverse populations in clinical trials; developing best practice models; coordinating with local hospitals, health care providers and local health departments; and expanding telemedicine linkages.

Objective 8.1 By FY 2004, to establish one statewide, three regional and two satellite offices in Baltimore City, the Eastern Shore, and Western Maryland.

Performance Measures	FY 2001 Actual	FY 2002 Actual	FY 2003 Estimated	FY 2004 Estimated
Output: # of fully operational central, regional and satellite Offices established.	4	5	6	6

Objective 8.2 By FY 2004, to increase by 25% the number of individuals participating in prevention clinical trials through University of Maryland Greenebaum Cancer Center (UMGCC) and by 12% the number of diverse populations participating in prevention clinical trials through UMGCC.

Performance Measures	FY 2001 Actual	FY 2002 Actual	FY 2003 Estimated	FY 2004 Estimated
Outcome:				
% increase in the number of individuals participating in prevention clinical trials through UMGCC.	0	10%	20%	25%
% increase in the number of diverse populations participating in prevention clinical trials through UMGCC.	0	5%	10%	12%

Objective 8.3 By FY 2004, identify and implement at least three Best Practice Models related to cancer and tobacco-related diseases intervention strategies.

Performance Measures	FY 2001 Actual	FY 2002 Actual	FY 2003 Estimated	FY 2004 Estimated
Output: # of fully implemented "Best Practice Models"	0	0	1	3

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

**M.F0206 CIGARETTE RESTITUTION FUND - CANCER PREVENTION, EDUCATION
SCREENING AND TREATMENT PROGRAM - COMMUNITY AND PUBLIC
HEALTH ADMINISTRATION (Continued)**

Objective 8.4 By FY 2004, establish clinical telemedicine or distance learning (videoconferencing) linkages in seven sites to improve access to quality care.

Performance Measures	FY 2001 Actual	FY 2002 Actual	FY 2003 Estimated	FY 2004 Estimated
Output: # of telemedicine/videoconference linkages established.	4	6	7	1
# of fully operational telemedicine/videoconference sites	2	4	6	8
# of sites with established clinical telemedicine or distance learning (videoconference) activities.	1	2	4	7

Objective 8.5 By FY 2004, conduct educational presentations related to the targeted cancers and other tobacco-related diseases in collaboration with local health organizations to reach at least 10,500 individuals in the regions served by the Network.

Performance Measures	FY 2001 Actual	FY 2002 Actual	FY 2003 Estimated	FY 2004 Estimated
Output: # of educational programs on targeted cancers and other tobacco-related diseases.	17	35	55	65
# of individuals reached through MSHN's educational programs.	4,450	7,500	9,550	10,500

TOBACCO USE PREVENTION AND CESSATION PROGRAM

FISCAL YEAR 2002 ACCOMPLISHMENTS

Local Public Health Component

Overall

- Worked with county health departments to develop county specific tobacco control action plans that address CRFP long-term and short-term goals and objectives.
- Conducted three regional training sessions on "Best Practices" for Comprehensive Tobacco Control Programs.
- Hired and trained staff to develop educational and outreach strategies, monitor county level projects and facilitate "Best Practice" training sessions.
- Hired a Hispanic/Latino health educator to coordinate outreach and program development for the Hispanic/Latino population.

Community

- 269 training sessions were conducted for health care providers, advocates, organizations and parents to educate them about various community-based tobacco use prevention programs and strategies.
- 403 smoke free zone signs were produced and installed at local ball fields and parks to enhance voluntary compliance.
- 27 community churches were funded to incorporate tobacco prevention and cessation messages into various church programs. 25 of these churches had minority congregations.
- 31,056 people were educated at health fairs, community gatherings and presentations.

School based

- 225 training sessions were conducted for teachers, nurses, daycare providers, and school administrators to orient them to available tobacco use prevention and cessation curricula, programs and strategies.
- 81 tobacco curricula were purchased to support the infusion of "Best Practices" into school-based health education.
- 71,218 Pre-K – 12 students received tobacco use prevention education.
- 11,139 college students received tobacco use prevention education on campus.

- 592 students received smoking cessation counseling and support at school.

Smoking Cessation

- 418 training sessions were conducted for nurses, health care providers, advocates and community leaders on the various cessation models.
- 3,288 adults participated in smoking cessation classes, 477 received nicotine patches or Zyban.

Enforcement

- 4,455 tobacco retailers (stores) were visited for compliance checks.
- 354 tobacco retailers (stores) were issued citations for sales to minors.
- 899 youth were cited for illegal possession of tobacco products.
- 91 citations were issued for MOSH violations.

Minority Outreach

- 3 community forums were held that addressed tobacco control and health in minority populations.
- 20 minority organizations were funded.

Statewide Public Health Component

Legal Resource Center

- Completed statewide needs assessment to determine the needs of the local governments throughout the State. The needs assessment involved interviewing representatives of each of the 24 local health departments in the state.
- Established a listserv for community health coalitions throughout the state. The purpose of the listserv is to facilitate communication, idea sharing and problem solving among the various jurisdictions statewide.
- Published and distributed quarterly newsletters, entitled "Tobacco Regulation Review", which was mailed to over 1,000 organizations nationwide.
- Presented at ten local community coalition meetings throughout the state to discuss the resource center services.
- Trained 10 middle and high school students to assist in tobacco control enforcement efforts through the Law School's Community Law in Action (CLIA) Initiative. These students conduct compliance checks, or 'stings', of convenience stores to observe whether or not they were selling tobacco products to minors. Over 100 citations were written in Baltimore City as a result of the stings with the CLIA students.

- Worked with 7 local jurisdictions to develop local ordinances to enhance current youth access laws.

Surveillance and Evaluation Component

Completed the First Annual Tobacco Study which included

- Surveying 1,286 private middle and high school youth and 953 public alternative middle and high school youth to complete the baseline on youth smoking behaviors.
- Surveying 4,000 adults in Baltimore City and Montgomery County to pilot ways to enhance the statewide database on smoking behaviors and attitudes among targeted minority populations.
- Entered into research partnerships with Morgan State and University of Maryland Baltimore County to focus on tobacco use by minority populations and develop indices of susceptibility of youth for the initiation of tobacco use in each county and readiness to quit of adults in each county.

Counter-Marketing/Media Component

Mass Media and Public Relations Campaigns

- Produced five television spots (30 and 60 seconds) that launched the "Smoking Stops Here" campaign and targeted youth and second-hand smoke, and smoking cessation. The spots began airing statewide in June 2002 and will continue into fiscal 2003.
- Produced "HERE" teaser billboards, placed strategically statewide, to prime the public for the campaign launch.
- Launched the "Smoking Stops Here" web site – www.smokingstopshere.com - to support campaign activities including resources for mobilization and support for local agencies and coalitions.
- Developed a community mobilization plan that included a photomontage of local health departments, coalition members and program participants incorporating the "Stop Smoking Here" campaign into local programs.
- Representatives from DHMH and the Maryland Action Partnership visited local health departments to present an in-depth overview of the campaign, discuss collaborations as well as answer questions regarding technical assistance.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MF03.06 CIGARETTE RESTITUTION FUND – TOBACCO USE PREVENTION AND CESSATION PROGRAM - FAMILY HEALTH ADMINISTRATION

PROGRAM DESCRIPTION

The Tobacco Use Prevention, and Cessation Program seeks to reduce the use of tobacco products in Maryland through implementation of local and statewide public health initiatives, an aggressive counter-marketing and media campaign, surveillance of tobacco use as a risk behavior, and evaluation. The Program's structure, content, and activities are governed by Subtitle 10, Sections 13-1001 through 13-1014 of the Health-General Article. Program funding is through the Cigarette Restitution Fund, established under Section 7-317 of the Finance and Procurement Article.

MISSION

The mission of the Tobacco Use Prevention and Cessation Program is to reduce the use of tobacco products in Maryland, thereby reducing the burden of tobacco related morbidity and mortality on the population.

VISION

The Cancer Prevention, Education, Screening and Treatment Program envisions a future in which all residents of Maryland can lead healthy, productive lives free from cancer or disability due to cancer.

GOALS AND OBJECTIVES

Goal 1. To reduce the proportion of Maryland youth who initiated the use of tobacco products.

Objective 1.1 By the end of CY 2004, reduce by 8% from the CY 2000 Baseline Rate, the proportion of Maryland middle school students that have smoked at least one whole cigarette.

- Strategy 1.1.1** Financial and technical support for comprehensive community designed plans and programs through grant awards made under the Local Public Health Component of the Department's Cigarette Restitution Fund Program.
- Strategy 1.1.2** Allocation of Local Public Health Tobacco Grants between the elements of the Local Public Health Component (School-Based Programs, Community-Based Programs, Youth Access Enforcement Programs, and Tobacco Use Cessation Programs) to ensure implementation of a comprehensive tobacco use prevention and cessation program in every community.
- Strategy 1.1.3** Develop and implement an aggressive and sustainable counter-marketing and media campaign to prevent the initiation of tobacco use, reduce exposure to second hand smoke, and change the environmental context from one which promotes or is neutral towards tobacco use to one which strongly discourages tobacco use.
- Strategy 1.1.4** Promote greater involvement of minority groups and coalitions in comprehensive tobacco control programs through the Department's statewide Minority Outreach and Technical Assistance Program.

Program Performance: Implementation of locally developed tobacco control initiatives with the financial and technical support from the Department, complemented by a statewide counter-marketing and media campaign, supported by enhanced public policies discouraging tobacco use, will reduce the proportion of middle school youth who initiate cigarette use.

Performance Measures	CY2000 Actual	CY2002 Estimated	CY2003 Estimated	CY2004 Estimated
Input: Proportion smoked whole cigarette	16.9%	16.4%	16.1%	15.5%
Outcome: Cumulative percentage reduction	Base Rate	3%	5%	8%

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MF03.06 CIGARETTE RESTITUTION FUND – TOBACCO USE PREVENTION AND CESSATION PROGRAM - FAMILY HEALTH ADMINISTRATION

Objective 1.2 By the end of CY 2004, reduce by 8% from the CY 2000 Baseline Rate, the proportion of Maryland high school students that have smoked at least one whole cigarette.

Strategy 1.2.1 Financial and technical support for comprehensive community designed plans and programs through grant awards made under the Local Public Health Component of the Department's Cigarette Restitution Fund Program.

Strategy 1.2.2 Allocation of Local Public Health Tobacco Grants between the elements of the Local Public Health Component (School-Based Programs, Community-Based Programs, Youth Access Enforcement Programs, and Tobacco Use Cessation Programs) to ensure implementation of a comprehensive tobacco use prevention and cessation program in every community.

Strategy 1.2.3 Develop and implement an aggressive and sustainable counter-marketing and media campaign to prevent the initiation of tobacco use, reduce exposure to second hand smoke, and change the environmental context from one which promotes or is neutral towards tobacco use to one which strongly discourages tobacco use.

Strategy 1.2.4 Promote greater involvement of minority groups and coalitions in comprehensive tobacco control programs through the Department's statewide Minority Outreach and Technical Assistance Program.

Program Performance: Implementation of locally developed tobacco control initiatives with the financial and technical support from the Department, complemented by a statewide counter-marketing and media campaign, supported by enhanced public policies discouraging tobacco use, will reduce the proportion of high school youth who initiate cigarette use.

Performance Measures	CY2000	CY2002	CY2003	CY2004
	Actual	Estimated	Estimated	Estimated
Input: Proportion smoked whole cigarette	44.1%	42.8%	41.9%	40.6%
Outcome: Cumulative percentage reduction	Base Rate	3%	5%	8%

Objective 1.3 By the end of CY 2004, reduce by 8% from the CY 2000 Baseline Rate, the proportion of Maryland middle school students that have ever used smokeless tobacco.

Strategy 1.3.1 Financial and technical support for comprehensive community designed plans and programs through grant awards made under the Local Public Health Component of the Department's Cigarette Restitution Fund Program.

Strategy 1.3.2 Allocation of Local Public Health Tobacco Grants between the elements of the Local Public Health Component (School-Based Programs, Community-Based Programs, Youth Access Enforcement Programs, and Tobacco Use Cessation Programs) to ensure implementation of a comprehensive tobacco use prevention and cessation program in every community.

Strategy 1.3.3 Develop and implement an aggressive and sustainable counter-marketing and media campaign to prevent the initiation of tobacco use, reduce exposure to second hand smoke, and change the environmental context from one which promotes or is neutral towards tobacco use to one which strongly discourages tobacco use.

Strategy 1.3.4 Promote greater involvement of minority groups and coalitions in comprehensive tobacco control programs through the Department's statewide Minority Outreach and Technical Assistance Program.

Program Performance: Implementation of locally developed tobacco control initiatives with the financial and technical support from the Department, complemented by a statewide counter-marketing and media campaign, supported by enhanced public policies discouraging tobacco use, will reduce the proportion of middle school youth who initiate the use of smokeless tobacco products.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MF03.06 CIGARETTE RESTITUTION FUND – TOBACCO USE PREVENTION AND CESSATION PROGRAM - FAMILY HEALTH ADMINISTRATION

Performance Measures	CY2000 Actual	CY2002 Estimated	CY2003 Estimated	CY2004 Estimated
Input: Proportion ever used smokeless tobacco	3.9%	3.8%	3.7%	3.6%
Outcome: Cumulative percentage reduction	Base Rate	3%	5%	8%

Objective 1.4 By the end of CY 2004, reduce by 8% from the CY 2000 Baseline Rate, the proportion of Maryland high school students that have ever used smokeless tobacco.

Strategy 1.4.1 Financial and technical support for comprehensive community designed plans and programs through grant awards made under the Local Public Health Component of the Department's Cigarette Restitution Fund Program.

Strategy 1.4.2 Allocation of Local Public Health Tobacco Grants between the elements of the Local Public Health Component (School-Based Programs, Community-Based Programs, Youth Access Enforcement Programs, and Tobacco Use Cessation Programs) to ensure implementation of a comprehensive tobacco use prevention and cessation program in every community.

Strategy 1.4.3 Develop and implement an aggressive and sustainable counter-marketing and media campaign to prevent the initiation of tobacco use, reduce exposure to second hand smoke, and change the environmental context from one which promotes or is neutral towards tobacco use to one which strongly discourages tobacco use.

Strategy 1.4.4 Promote greater involvement of minority groups and coalitions in comprehensive tobacco control programs through the Department's statewide Minority Outreach and Technical Assistance Program.

Program Performance: Implementation of locally developed tobacco control initiatives with the financial and technical support from the Department, complemented by a statewide counter-marketing and media campaign, supported by enhanced public policies discouraging tobacco use, will reduce the proportion of high school youth who the use of smokeless tobacco products.

Performance Measures	CY2000 Actual	CY2002 Estimated	CY2003 Estimated	CY2004 Estimated
Input: Proportion ever used smokeless tobacco	10.3%	10.0%	9.8%	9.5%
Outcome: Cumulative percentage reduction	Base Rate	3%	5%	8%

Goal 2. To reduce the proportion of Maryland residents currently engaged in tobacco-related risk behaviors detrimental to their health and the health of others.

Objective 2.1 By the end of CY 2004, reduce by 8% from the CY 2000 Baseline Rate, the proportion of Maryland middle school youth that currently smoke cigarettes.

Strategy 2.1.1 Financial and technical support for comprehensive community designed plans and programs through grant awards made under the Local Public Health Component of the Department's Cigarette Restitution Fund Program.

Strategy 2.1.2 Allocation of Local Public Health Tobacco Grants between the elements of the Local Public Health Component (School-Based Programs, Community-Based Programs, Youth Access Enforcement Programs, and Tobacco Use Cessation Programs) to ensure implementation of a comprehensive tobacco use prevention and cessation program in every community.

Strategy 2.1.3 Develop and implement an aggressive and sustainable counter-marketing and media campaign to prevent the initiation of tobacco use, reduce exposure to second hand smoke, and change the environmental context from one which promotes or is neutral towards tobacco use to one which strongly discourages tobacco use.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MF03.06 CIGARETTE RESTITUTION FUND – TOBACCO USE PREVENTION AND CESSATION PROGRAM - FAMILY HEALTH ADMINISTRATION

Strategy 2.1.4 Promote greater involvement of minority groups and coalitions in comprehensive tobacco control programs through the Department's statewide Minority Outreach and Technical Assistance Program.

Strategy 2.1.5 Enhancement of policies regarding youth access to tobacco products, product placement, youth access to tobacco products, and exposure to second-hand smoke.

Program Performance: Implementation of locally developed tobacco control initiatives with the financial and technical support from the Department, complemented by a statewide counter-marketing and media campaign, supported by enhanced public policies discouraging tobacco use, will reduce the proportion of middle school youth that currently smoke cigarettes.

Performance Measures	CY2000 Actual	CY2002 Estimated	CY2003 Estimated	CY2004 Estimated
Input: Proportion currently smoking cigarettes	7.3%	7.1%	6.9%	6.7%
Outcome: Cumulative percentage reduction	Base Rate	3%	5%	8%

Objective 2.2 By the end of CY 2004, reduce by 8% from the CY 2000 Baseline Rate, the proportion of Maryland high school youth that currently smoke cigarettes.

Strategy 2.2.1 Financial and technical support for comprehensive community designed plans and programs through grant awards made under the Local Public Health Component of the Department's Cigarette Restitution Fund Program.

Strategy 2.2.2 Allocation of Local Public Health Tobacco Grants between the elements of the Local Public Health Component (School-Based Programs, Community-Based Programs, Youth Access Enforcement Programs, and Tobacco Use Cessation Programs) to ensure implementation of a comprehensive tobacco use prevention and cessation program in every community.

Strategy 2.2.3 Develop and implement an aggressive and sustainable counter-marketing and media campaign to prevent the initiation of tobacco use, reduce exposure to second hand smoke, and change the environmental context from one which promotes or is neutral towards tobacco use to one which strongly discourages tobacco use.

Strategy 2.2.4 Promote greater involvement of minority groups and coalitions in comprehensive tobacco control programs through the Department's statewide Minority Outreach and Technical Assistance Program.

Strategy 2.2.5 Enhancement of policies regarding youth access to tobacco products, product placement, youth access to tobacco products, and exposure to second-hand smoke.

Program Performance: Implementation of locally developed tobacco control initiatives with the financial and technical support from the Department, complemented by a statewide counter-marketing and media campaign, supported by enhanced public policies discouraging tobacco use, will reduce the proportion of middle school youth that currently smoke cigarettes.

Performance Measures	CY2000 Actual	CY2002 Estimated	CY2003 Estimated	CY2004 Estimated
Input: Proportion currently smoking cigarettes	23.7%	23.0%	22.5%	21.8%
Outcome: Cumulative percentage reduction	Base Rate	3%	5%	8%

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MF03.06 CIGARETTE RESTITUTION FUND – TOBACCO USE PREVENTION AND CESSATION PROGRAM - FAMILY HEALTH ADMINISTRATION

Objective 2.3 By the end of CY 2004, reduce by 8% from the CY 2000 Baseline Rate, the proportion of Maryland adults that currently smoke cigarettes.

- Strategy 2.3.1 Financial and technical support for comprehensive community designed plans and programs through grant awards made under the Local Public Health Component of the Department's Cigarette Restitution Fund Program.
- Strategy 2.3.2 Allocation of Local Public Health Tobacco Grants between the elements of the Local Public Health Component (School-Based Programs, Community-Based Programs, Youth Access Enforcement Programs, and Tobacco Use Cessation Programs) to ensure implementation of a comprehensive tobacco use prevention and cessation program in every community.
- Strategy 2.3.3 Develop and implement an aggressive and sustainable counter-marketing and media campaign to prevent the initiation of tobacco use, reduce exposure to second hand smoke, and change the environmental context from one which promotes or is neutral towards tobacco use to one which strongly discourages tobacco use.
- Strategy 2.3.4 Promote greater involvement of minority groups and coalitions in comprehensive tobacco control programs through the Department's statewide Minority Outreach and Technical Assistance Program.
- Strategy 2.3.5 Enhancement of policies regarding youth access to tobacco products, product placement, youth access to tobacco products, and exposure to second-hand smoke.

Program Performance: Implementation of locally developed tobacco control initiatives with the financial and technical support from the Department, complemented by a statewide counter-marketing and media campaign, supported by enhanced public policies discouraging tobacco use, will reduce the proportion of adults that currently smoke cigarettes.

Performance Measures	CY2000 Actual	CY2002 Estimated	CY2003 Estimated	CY2004 Estimated
Input: Proportion currently smoking cigarettes	17.5%	17.0%	16.6%	16.1%
Outcome: Cumulative percentage reduction	Base Rate	3%	5%	8%

Objective 2.4 By the end of CY 2004, reduce by 8% from the CY 2000 Baseline Rate, the proportion of Maryland middle school youth that currently use smokeless tobacco.

- Strategy 2.4.1 Financial and technical support for comprehensive community designed plans and programs through grant awards made under the Local Public Health Component of the Department's Cigarette Restitution Fund Program.
- Strategy 2.4.2 Allocation of Local Public Health Tobacco Grants between the elements of the Local Public Health Component (School-Based Programs, Community-Based Programs, Youth Access Enforcement Programs, and Tobacco Use Cessation Programs) to ensure implementation of a comprehensive tobacco use prevention and cessation program in every community.
- Strategy 2.4.3 Develop and implement an aggressive and sustainable counter-marketing and media campaign to prevent the initiation of tobacco use, reduce exposure to second hand smoke, and change the environmental context from one which promotes or is neutral towards tobacco use to one which strongly discourages tobacco use.
- Strategy 2.4.4 Promote greater involvement of minority groups and coalitions in comprehensive tobacco control programs through the Department's statewide Minority Outreach and Technical Assistance Program.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MF03.06 CIGARETTE RESTITUTION FUND – TOBACCO USE PREVENTION AND CESSATION PROGRAM - FAMILY HEALTH ADMINISTRATION

Strategy 2.4.5 Enhancement of policies regarding youth access to tobacco products, product placement, youth access to tobacco products, and exposure to second-hand smoke.

Program Performance: Implementation of locally developed tobacco control initiatives with the financial and technical support from the Department, complemented by a statewide counter-marketing and media campaign, supported by enhanced public policies discouraging tobacco use, will reduce the proportion of middle school youth that currently use smokeless tobacco products.

Performance Measures	CY2000 Actual	CY2002 Estimated	CY2003 Estimated	CY2004 Estimated
Input: Proportion currently using smokeless tobacco	2.2%	2.1%	2.1%	2.0%
Outcome: Cumulative percentage reduction	Base Rate	3%	5%	8%

Objective 2.5 By the end of CY 2004, reduce by 8% from the CY 2000 Baseline Rate, the proportion of Maryland high school youth that currently use smokeless tobacco.

Strategy 2.5.1 Financial and technical support for comprehensive community designed plans and programs through grant awards made under the Local Public Health Component of the Department's Cigarette Restitution Fund Program.

Strategy 2.5.2 Allocation of Local Public Health Tobacco Grants between the elements of the Local Public Health Component (School-Based Programs, Community-Based Programs, Youth Access Enforcement Programs, and Tobacco Use Cessation Programs) to ensure implementation of a comprehensive tobacco use prevention and cessation program in every community.

Strategy 2.5.3 Develop and implement an aggressive and sustainable counter-marketing and media campaign to prevent the initiation of tobacco use, reduce exposure to second hand smoke, and change the environmental context from one which promotes or is neutral towards tobacco use to one which strongly discourages tobacco use.

Strategy 2.5.4 Promote greater involvement of minority groups and coalitions in comprehensive tobacco control programs through the Department's statewide Minority Outreach and Technical Assistance Program.

Strategy 2.5.5 Enhancement of policies regarding youth access to tobacco products, product placement, youth access to tobacco products, and exposure to second-hand smoke.

Program Performance: Implementation of locally developed tobacco control initiatives with the financial and technical support from the Department, complemented by a statewide counter-marketing and media campaign, supported by enhanced public policies discouraging tobacco use, will reduce the proportion of high school youth that currently use smokeless tobacco products.

Performance Measures	CY2000 Actual	CY2002 Estimated	CY2003 Estimated	CY2004 Estimated
Input: Proportion currently using smokeless tobacco	5.0%	4.9%	4.8%	4.6%
Outcome: Cumulative percentage reduction	Base Rate	3%	5%	8%

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MF03.06 CIGARETTE RESTITUTION FUND – TOBACCO USE PREVENTION AND CESSATION PROGRAM - FAMILY HEALTH ADMINISTRATION

Objective 2.6 By the end of CY 2004, reduce by 8% from the CY 2000 Baseline Rate, the proportion of Maryland adults that currently use smokeless tobacco.

Strategy 2.6.1 Financial and technical support for comprehensive community designed plans and programs through grant awards made under the Local Public Health Component of the Department's Cigarette Restitution Fund Program.

Strategy 2.6.2 Allocation of Local Public Health Tobacco Grants between the elements of the Local Public Health Component (School-Based Programs, Community-Based Programs, Youth Access Enforcement Programs, and Tobacco Use Cessation Programs) to ensure implementation of a comprehensive tobacco use prevention and cessation program in every community.

Strategy 2.6.3 Develop and implement an aggressive and sustainable counter-marketing and media campaign to prevent the initiation of tobacco use, reduce exposure to second hand smoke, and change the environmental context from one which promotes or is neutral towards tobacco use to one which strongly discourages tobacco use.

Strategy 2.6.4 Promote greater involvement of minority groups and coalitions in comprehensive tobacco control programs through the Department's statewide Minority Outreach and Technical Assistance Program.

Strategy 2.6.5 Enhancement of policies regarding youth access to tobacco products, product placement, youth access to tobacco products, and exposure to second-hand smoke.

Program Performance: Implementation of locally developed tobacco control initiatives with the financial and technical support from the Department, complemented by a statewide counter-marketing and media campaign, supported by enhanced public policies discouraging tobacco use, will reduce the proportion of adults that currently use smokeless tobacco products.

Performance Measures	CY2000 Actual	CY2002 Estimated	CY2003 Estimated	CY2004 Estimated
Input: Proportion currently using smokeless tobacco	1.1%	1.1%	1.0%	1.0%
Outcome: Cumulative percentage reduction	Base Rate	3%	5%	8%

Goal 3. To reduce negative disparities in the prevalence of tobacco-related risk behaviors between population groups, especially targeted minorities.

Objective 3.1 By the end of CY 2004 reduce the negative disparity in current tobacco use between White adults (high) and Asian adults (low), by 8% from the CY 2000 Baseline Rate.

Strategy 3.1.1 Financial and technical support for comprehensive community designed plans and programs through grant awards made under the Local Public Health Component of the Department's Cigarette Restitution Fund Program.

Strategy 3.1.2 Develop and implement an aggressive and sustainable counter-marketing and media campaign to prevent the initiation of tobacco use, reduce exposure to second hand smoke, and change the environmental context from one which promotes or is neutral towards tobacco use to one which strongly discourages tobacco use.

Strategy 3.1.3 Promote greater involvement of minority groups and coalitions in comprehensive tobacco control programs through the Department's statewide Minority Outreach and Technical Assistance Program.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MF03.06 CIGARETTE RESTITUTION FUND – TOBACCO USE PREVENTION AND CESSATION PROGRAM - FAMILY HEALTH ADMINISTRATION

Program Performance: Implementation of locally developed tobacco control initiatives with the financial and technical support from the Department, complemented by a statewide counter-marketing and media campaign, supported by enhanced public policies discouraging tobacco use, will reduce the proportion of White adults that currently use tobacco products.

	CY2000	CY2002	CY2003	CY2004
Performance Measures	Actual	Actual	Estimated	Estimated
Input: Percentage higher tobacco use	212.5%	206.1%	201.9%	195.5%
Outcome: Cumulative percentage reduction	Base Rate	3%	5%	8%

Objective 3.2 By the end of CY 2004, reduce the negative disparity in current tobacco use between African-American adults (high) and Asian adults (low), by 8% from the CY 2000 Baseline Rate.

Strategy 3.2.1 Financial and technical support for comprehensive community designed plans and programs through grant awards made under the Local Public Health Component of the Department's Cigarette Restitution Fund Program.

Strategy 3.2.2 Develop and implement an aggressive and sustainable counter-marketing and media campaign to prevent the initiation of tobacco use, reduce exposure to second hand smoke, and change the environmental context from one which promotes or is neutral towards tobacco use to one which strongly discourages tobacco use.

Strategy 3.2.3 Promote greater involvement of minority groups and coalitions in comprehensive tobacco control programs through the Department's statewide Minority Outreach and Technical Assistance Program.

Program Performance: Implementation of locally developed tobacco control initiatives with the financial and technical support from the Department, complemented by a statewide counter-marketing and media campaign, supported by enhanced public policies discouraging tobacco use, will reduce the proportion of African-American adults that currently use tobacco products.

	CY2000	CY2002	CY2003	CY2004
Performance Measures	Actual	Estimated	Estimated	Estimated
Input: Percentage higher tobacco use	205.6%	199.4%	195.3%	189.1%
Outcome: Cumulative percentage reduction	Base Rate	3%	5%	8%

Objective 3.3 By the end of CY 2004, reduce the negative disparity in current tobacco use between Hispanic adults (high) and Asian adults (low), by 8% from the CY 2000 Baseline Rate.

Strategy 3.3.1 Financial and technical support for comprehensive community designed plans and programs through grant awards made under the Local Public Health Component of the Department's Cigarette Restitution Fund Program.

Strategy 3.3.2 Develop and implement an aggressive and sustainable counter-marketing and media campaign to prevent the initiation of tobacco use, reduce exposure to second hand smoke, and change the environmental context from one which promotes or is neutral towards tobacco use to one which strongly discourages tobacco use.

Strategy 3.3.3 Promote greater involvement of minority groups and coalitions in comprehensive tobacco control programs through the Department's statewide Minority Outreach and Technical Assistance Program.

Program Performance: Implementation of locally developed tobacco control initiatives with the financial and technical support from the Department, complemented by a statewide counter-marketing and media campaign, supported by enhanced public policies discouraging tobacco use, will reduce the proportion of Hispanic adults that currently use tobacco products.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MF03.06 CIGARETTE RESTITUTION FUND – TOBACCO USE PREVENTION AND CESSATION PROGRAM - FAMILY HEALTH ADMINISTRATION

	CY2000	CY2002	CY2003	CY2004
Performance Measures	Actual	Estimated	Estimated	Estimated
Input: Percentage higher tobacco use	194.4%	188.6%	184.7%	178.8%
Outcome: Cumulative percentage reduction	Base Rate	3%	5%	8%

Objective 3.4 By the end of CY 2004, reduce the negative disparity in current tobacco use between adult Males (high) and adult Females (low), by 8% from the CY 2000 Baseline Rate.

Strategy 3.4.1 Financial and technical support for comprehensive community designed plans and programs through grant awards made under the Local Public Health Component of the Department's Cigarette Restitution Fund Program.

Strategy 3.4.2 Develop and implement an aggressive and sustainable counter-marketing and media campaign to prevent the initiation of tobacco use, reduce exposure to second hand smoke, and change the environmental context from one which promotes or is neutral towards tobacco use to one which strongly discourages tobacco use.

Program Performance: Implementation of locally developed tobacco control initiatives with the financial and technical support from the Department, complemented by a statewide counter-marketing and media campaign, supported by enhanced public policies discouraging tobacco use, will reduce the proportion of adult males that currently use tobacco products.

	CY2000	CY2002	CY2003	CY2004
Performance Measures	Actual	Estimated	Estimated	Estimated
Input: Percentage higher tobacco use	67.9%	65.9%	64.5%	62.5%
Outcome: Cumulative percentage reduction	Base Rate	3%	5%	8%

Goal 4. To sustain community-based comprehensive tobacco control strategies through the Local Public Health Component of the Tobacco Use Prevention and Cessation Program.

Objective 4.1 For FY 2004, review, approve, and fund school-based tobacco use prevention efforts in all 24 local jurisdictions.

Strategy 4.1.1 Financial and technical support for comprehensive community designed plans and programs through grant awards made under the Local Public Health Component of the Department's Cigarette Restitution Fund Program.

Strategy 4.1.2 Allocation of Local Public Health Tobacco Grants between the elements of the Local Public Health Component (School-Based Programs, Community-Based Programs, Youth Access Enforcement Programs, and Tobacco Use Cessation Programs) to ensure implementation of a comprehensive tobacco use prevention and cessation program in every community.

Program Performance: Implementation of local school-based tobacco use prevention activities and curricula will reduce the use and initiation of tobacco by school-age youth.

	FY2001	FY2002	FY2003	FY2004
Performance Measures	Actual	Actual	Estimated	Estimated
Outcome: Tobacco Grant and approved plan	24	24	24	24

Objective 4.2 For FY 2004, review, approve, and fund community-based efforts in all 24 local jurisdictions.

Strategy 4.2.1 Financial and technical support for comprehensive community designed plans and programs through grant awards made under the Local Public Health Component of the Department's Cigarette Restitution Fund Program.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MF03.06 CIGARETTE RESTITUTION FUND – TOBACCO USE PREVENTION AND CESSATION PROGRAM - FAMILY HEALTH ADMINISTRATION

Strategy 4.2.2 Allocation of Local Public Health Tobacco Grants between the elements of the Local Public Health Component (School-Based Programs, Community-Based Programs, Youth Access Enforcement Programs, and Tobacco Use Cessation Programs) to ensure implementation of a comprehensive tobacco use prevention and cessation program in every community.

Program Performance: Implementation of community-based tobacco use prevention activities and curricula will reduce the use and initiation of tobacco use by school-age youth and adults.

	FY2001	FY2002	FY2003	FY2004
Performance Measures	Actual	Actual	Estimated	Estimated
Outcome: Tobacco Grant and approved plan	24	24	24	24

Objective 4.3 For FY 2004, review, approve, and fund local programs for enforcement of Maryland's youth access law in all 24 local jurisdictions.

Strategy 4.3.1 Financial and technical support for comprehensive community designed plans and programs through grant awards made under the Local Public Health Component of the Department's Cigarette Restitution Fund Program.

Strategy 4.3.2 Allocation of Local Public Health Tobacco Grants between the elements of the Local Public Health Component (School-Based Programs, Community-Based Programs, Youth Access Enforcement Programs, and Tobacco Use Cessation Programs) to ensure implementation of a comprehensive tobacco use prevention and cessation program in every community.

Program Performance: Implementation of effective activities to reduce youth access to tobacco products will reduce the use of tobacco products by under-age youth.

	FY2001	FY2002	FY2003	FY2004
Performance Measures	Actual	Actual	Estimated	Estimated
Outcome: Tobacco Grant and approved plan	24	24	24	24

Objective 4.4 For FY 2004, review, approve, and fund local tobacco use cessation programs in all 24 local jurisdictions.

Strategy 4.4.1 Financial and technical support for comprehensive community designed plans and programs through grant awards made under the Local Public Health Component of the Department's Cigarette Restitution Fund Program.

Strategy 4.4.2 Allocation of Local Public Health Tobacco Grants between the elements of the Local Public Health Component (School-Based Programs, Community-Based Programs, Youth Access Enforcement Programs, and Tobacco Use Cessation Programs) to ensure implementation of a comprehensive tobacco use prevention and cessation program in every community.

Program Performance: Implementation of effective tobacco use cessation activities will reduce youth and adult use of tobacco products.

	FY2001	FY2002	FY2003	FY2004
Performance Measures	Actual	Actual	Estimated	Estimated
Outcome: Tobacco Grant and approved plan	24	24	24	24

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MF03.06 CIGARETTE RESTITUTION FUND – TOBACCO USE PREVENTION AND CESSATION PROGRAM - FAMILY HEALTH ADMINISTRATION

Goal 5. To counteract tobacco industry marketing and advertising efforts by exposing target audiences to sustained counter-marketing and media campaigns.

Objective 5.1 By the end of CY 2003, deliver DHMH CRF Tobacco Program counter-marketing and media messages to 40% of the general population.

Strategy 5.1.1 Develop and implement an aggressive and sustainable counter-marketing and media campaign to prevent the initiation of tobacco use, reduce exposure to second hand smoke, and change the environmental context from one which promotes or is neutral towards tobacco use to one which strongly discourages tobacco use.

Program Performance: Implementation of an effective counter-marketing campaign will reduce the initiation of tobacco use by youth and reduce exposure to second hand smoke.

Performance Measures	CY2000 Actual	CY2001 Actual	CY2002 Estimated	CY2003 Estimated
Outcome: Proportion of population seeing messages	0	NYA	25%	40%

Objective 5.2 By the end of CY 2003, deliver DHMH CRF Tobacco Program counter-marketing and media messages to 40% of targeted minority populations.

Strategy 5.2.1 Develop and implement an aggressive and sustainable counter-marketing and media campaign to prevent the initiation of tobacco use, reduce exposure to second hand smoke, and change the environmental context from one which promotes or is neutral towards tobacco use to one which strongly discourages tobacco use.

Program Performance: Implementation of an effective counter-marketing campaign targeting minority populations will reduce the initiation of tobacco use by youth and reduce exposure to second hand smoke within those populations.

Performance Measures	CY2000 Actual	CY2001 Estimated	CY2002 Estimated	CY2003 Estimated
Outcome: Proportion of population seeing messages	0	NYA	25%	40%

Goal 6. To change the existing environmental context in Maryland communities from toleration or promotion of tobacco use to a context which does not condone the use of tobacco products.

Objective 6.1 By the end of CY 2004, increase by 8% from the CY 2000 Baseline Rate, the proportion of Maryland adults who would support a proposal to make all restaurants in their community smoke-free.

Strategy 6.1.1 Financial and technical support for comprehensive community designed plans and programs through grant awards made under the Local Public Health Component of the Department's Cigarette Restitution Fund Program.

Strategy 6.1.2 Allocation of Local Public Health Tobacco Grants between the elements of the Local Public Health Component (School-Based Programs, Community-Based Programs, Youth Access Enforcement Programs, and Tobacco Use Cessation Programs) to ensure implementation of a comprehensive tobacco use prevention and cessation program in every community.

Strategy 6.1.3 Develop and implement an aggressive and sustainable counter-marketing and media campaign to prevent the initiation of tobacco use, reduce exposure to second hand smoke, and change the environmental context from one which promotes or is neutral towards tobacco use to one which strongly discourages tobacco use.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MF03.06 CIGARETTE RESTITUTION FUND – TOBACCO USE PREVENTION AND CESSATION PROGRAM - FAMILY HEALTH ADMINISTRATION

Strategy 6.1.4 Promote greater involvement of minority groups and coalitions in comprehensive tobacco control programs through the Department's statewide Minority Outreach and Technical Assistance Program.

Strategy 6.1.5 Enhancement of policies regarding youth access to tobacco products, product placement, youth access to tobacco products, and exposure to second-hand smoke.

Program Performance: Implementation of effective community based activities promoting tobacco free lifestyle supported by an aggressive counter-marketing campaign will reduce the use of tobacco products and also reduce exposure to second hand smoke.

Performance Measures	CY2000 Actual	CY2002 Estimated	CY2003 Estimated	CY2004 Estimated
Input: Proportion supporting smoke-free restaurants	63.0%	64.9%	59.9%	58.0%
Outcome: Cumulative percentage increase	Base Rate	3%	5%	8%

Objective 6.2 By the end of CY 2004, increase by 8% from the CY 2000 Baseline Rate, the proportion of Maryland adults who strongly agree that cigarette smoke is harmful to children.

Strategy 6.2.1 Financial and technical support for comprehensive community designed plans and programs through grant awards made under the Local Public Health Component of the Department's Cigarette Restitution Fund Program.

Strategy 6.2.2 Allocation of Local Public Health Tobacco Grants between the elements of the Local Public Health Component (School-Based Programs, Community-Based Programs, Youth Access Enforcement Programs, and Tobacco Use Cessation Programs) to ensure implementation of a comprehensive tobacco use prevention and cessation program in every community.

Strategy 6.2.3 Develop and implement an aggressive and sustainable counter-marketing and media campaign to prevent the initiation of tobacco use, reduce exposure to second hand smoke, and change the environmental context from one which promotes or is neutral towards tobacco use to one which strongly discourages tobacco use.

Strategy 6.2.4 Promote greater involvement of minority groups and coalitions in comprehensive tobacco control programs through the Department's statewide Minority Outreach and Technical Assistance Program.

Strategy 6.2.5 Enhancement of policies regarding youth access to tobacco products, product placement, youth access to tobacco products, and exposure to second-hand smoke.

Program Performance: Implementation of effective community based health education activities supported by an aggressive counter-marketing campaign will reduce the use of tobacco products and reduce exposure to second hand smoke.

Performance Measures	CY2000 Actual	CY2002 Estimated	CY2003 Estimated	CY2004 Estimated
Input: Proportion strongly agree	76.3%	78.6%	80.1%	82.4%
Outcome: Cumulative percentage increase	Base Rate	3%	5%	8%

Objective 6.3 By the end of CY 2004, increase by 8% from the CY 2000 Baseline Rate, the proportion of Maryland households with minor children that are smoke-free.

Strategy 6.3.1 Financial and technical support for comprehensive community designed plans and programs through grant awards made under the Local Public Health Component of the Department's Cigarette Restitution Fund Program.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MF03.06 CIGARETTE RESTITUTION FUND – TOBACCO USE PREVENTION AND CESSATION PROGRAM - FAMILY HEALTH ADMINISTRATION

- Strategy 6.3.2 Allocation of Local Public Health Tobacco Grants between the elements of the Local Public Health Component (School-Based Programs, Community-Based Programs, Youth Access Enforcement Programs, and Tobacco Use Cessation Programs) to ensure implementation of a comprehensive tobacco use prevention and cessation program in every community.
- Strategy 6.3.3 Develop and implement an aggressive and sustainable counter-marketing and media campaign to prevent the initiation of tobacco use, reduce exposure to second hand smoke, and change the environmental context from one which promotes or is neutral towards tobacco use to one which strongly discourages tobacco use.
- Strategy 6.3.4 Promote greater involvement of minority groups and coalitions in comprehensive tobacco control programs through the Department's statewide Minority Outreach and Technical Assistance Program.
- Strategy 6.3.5 Enhancement of policies regarding youth access to tobacco products, product placement, youth access to tobacco products, and exposure to second-hand smoke.

Program Performance: Implementation of locally developed tobacco cessation initiatives with the financial and technical support from the Department, programs to discourage tobacco use around minor children, a statewide counter-marketing and media campaign, all supported by enhanced public policies discouraging tobacco use, will reduce cigarettes smoking in households with children.

Performance Measures	CY2000	CY2002	CY2003	CY2004
	Actual	Estimated	Estimated	Estimated
Input: Proportion youth living in smoke-free homes	82.0%	84.5%	86.1%	88.9%
Outcome: Cumulative percentage increase	Base Rate	3%	5%	8%

Objective 6.4 By the end of CY 2004, decrease by 8% from the CY 2000 Baseline Rate, the proportion of Maryland middle and high school youth who live in households with cigarette smokers.

- Strategy 6.4.1 Financial and technical support for comprehensive community designed plans and programs through grant awards made under the Local Public Health Component of the Department's Cigarette Restitution Fund Program.
- Strategy 6.4.2 Allocation of Local Public Health Tobacco Grants between the elements of the Local Public Health Component (School-Based Programs, Community-Based Programs, Youth Access Enforcement Programs, and Tobacco Use Cessation Programs) to ensure implementation of a comprehensive tobacco use prevention and cessation program in every community.
- Strategy 6.4.3 Develop and implement an aggressive and sustainable counter-marketing and media campaign to prevent the initiation of tobacco use, reduce exposure to second hand smoke, and change the environmental context from one which promotes or is neutral towards tobacco use to one which strongly discourages tobacco use.
- Strategy 6.4.4 Promote greater involvement of minority groups and coalitions in comprehensive tobacco control programs through the Department's statewide Minority Outreach and Technical Assistance Program.
- Strategy 6.4.5 Enhancement of policies regarding youth access to tobacco products, product placement, youth access to tobacco products, and exposure to second-hand smoke.

Program Performance: Implementation of locally developed tobacco cessation initiatives with the financial and technical support from the Department, programs to discourage tobacco use around minor children, a statewide counter-marketing and media campaign, all supported by enhanced public policies discouraging tobacco use, will reduce cigarettes smoking in households with children.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MF03.06 CIGARETTE RESTITUTION FUND – TOBACCO USE PREVENTION AND CESSATION PROGRAM - FAMILY HEALTH ADMINISTRATION

Performance Measures	CY2000	CY2002	CY2003	CY2004
	Actual	Estimated	Estimated	Estimated
Input: Proportion youth living in smoke-free homes	42.0%	40.7%	39.9%	38.1%
Outcome: Cumulative percentage decrease	Base Rate	3%	5%	8%

Objective 6.5 By the end of CY 2004, increase by 8% from the CY 2000 Baseline Rate, the proportion of tobacco retail establishments complying with Maryland's youth access laws.

Strategy 6.5.1 Financial and technical support for comprehensive community designed plans and programs through grant awards made under the Local Public Health Component of the Department's Cigarette Restitution Fund Program.

Strategy 6.5.2 Allocation of Local Public Health Tobacco Grants between the elements of the Local Public Health Component (School-Based Programs, Community-Based Programs, Youth Access Enforcement Programs, and Tobacco Use Cessation Programs) to ensure implementation of a comprehensive tobacco use prevention and cessation program in every community.

Strategy 6.5.3 Develop and implement an aggressive and sustainable counter-marketing and media campaign to prevent the initiation of tobacco use, reduce exposure to second hand smoke, and change the environmental context from one which promotes or is neutral towards tobacco use to one which strongly discourages tobacco use.

Strategy 6.5.4 Promote greater involvement of minority groups and coalitions in comprehensive tobacco control programs through the Department's statewide Minority Outreach and Technical Assistance Program.

Strategy 6.5.5 Enhancement of policies regarding youth access to tobacco products, product placement, youth access to tobacco products, and exposure to second-hand smoke.

Program Performance: Implementation of locally developed enforcement initiatives with the financial and technical support from the Department, coupled with new policy initiatives, will reduce youth access to tobacco products.

Performance Measures	CY2000	CY2002	CY2003	CY2004
	Actual	Estimated	Estimated	Estimated
Input: Proportion complying with access laws	74.3%	76.5%	78.0%	80.2%
Outcome: Cumulative percentage increase	Base Rate	3%	5%	8%

Symbols used: NYA – Not Yet Available

TBD – The Baseline Rate is not yet available, the Department cannot yet make an estimate

Notes: In FY 2002, the Department is conducting the first Annual Tobacco Study. The purpose of the first annual study is twofold. First, to pilot a sampling strategy intended to increase minority representation in adult survey data from what occurred in the Baseline Study. Second, to gain the participation of alternative public schools and Maryland's private schools in the Department's tobacco surveillance efforts. Thereafter, beginning in Fiscal Year 2003, the Department will conduct annual tobacco studies that essentially replicate the Baseline Study, with appropriate enhancements as determined by the results of the first annual study. To ensure that the data from the annual studies are comparable to the Baseline Study, the Department will conduct its annual surveys during the same period of time as when the vast majority of the baseline data was collected, September through December of each year.

Calendar years were used for goals and objectives whose data source are the baseline and annual studies. The majority of data collection will occur during the fourth quarter of each calendar year (the second quarter of the fiscal year). Thus, objectives more closely relate to what has occurred by then end of any particular calendar year than they would to a fiscal year which ends 6 months after the last data is collected.

MARYLAND HEALTHCARE FOUNDATION
FISCAL YEAR 2002 ACCOMPLISHMENTS

GRANTEE CONTRACTS AND FUNDED PROGRAMS

- ❖ Projects were awarded to twelve vendors including ten (10) Grantees and two (2) consultants in six principal areas: *dental health care, rural health care, case management, volunteerism, a special study of unmet health care needs, and models that work (evaluations).*
- ❖ DENTAL: People's Community Health Center, funded at \$75,000; 857 persons were served: South Baltimore Family Health Center, funded at \$69,000, 722 persons were served: The Choptank Dental Health program, funded at \$65,000; 646 persons were served: Dental Share of Calvert County, funded at \$25,000: 406 persons were served.
- ❖ RURAL HEALTH- Mission of Mercy was second year funded at \$21,250 and approximately 300 persons were served. Twin Beach received \$21,443 of a total grant of \$61,785. The remainder will be distributed in FY2003. Approximately 78 persons were served. Greater Baden received \$98,768; 107 people were served.
- ❖ CASE MANAGEMENT- University of Maryland, School of Pharmacy's, REACH OUT Baltimore Project received \$25,000; 154 people were served. The Anne Arundel Medical Center's Diabetes and Hypertension Case Management Program was funded at \$50,000; 103 people were served. Proyecto Salud's Diabetes Case Management Program was funded at \$25,000; 315 people were served.
- ❖ UNMET HEALTH CARE NEEDS STUDY- The report from this study ("Meeting Unmet Health Care Needs in Maryland: Priority Issues and Investments") was distributed to the CRFP as well to the Governor and members of the Maryland General Assembly and made available to the public on December 1, 2001. The report includes six key recommendations for addressing Maryland's unmet health care needs.
- ❖ MODELS THAT WORK (EVALUATIONS)—DENTAL HEALTH, RURAL HEALTH, AND MEDICINES PROGRAMS Evaluation of the dental and rural health programs was begun in FY2002 after the release of a Request for Proposals by the Foundation. The Institute for Community Health was selected to evaluate the dental and rural health projects. The contracts were initiated in FY02 and will end in FY03. The contract for evaluation of the dental projects is for \$20,079. The contract for evaluation of the rural health projects is for \$30,000.

GRANTEE ANNUAL MEETING

- ❖ On June 7, 2002, the Foundation convened its annual meeting of Grantees. Representatives from each of the Grantees funded under the CRFP were in attendance and reported on the successes and barriers to success of their programs. The Foundation will be using recommendations from its Grantees in its planning for future initiatives and report to policy makers on lessons learned. Dr. Carlessia Hussein was the guest speaker for the annual meeting.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

M. X692 CIGARETTE RESTITUTION FUND- MARYLAND HEALTH CARE FOUNDATION MFRs for FY 2002

PROGRAM DESCRIPTION

The Cigarette Restitution Fund Program builds upon the work of the Maryland Health Care Foundation, by expanding the Foundation's Grants Program, its activities in community health promotion and education, and its data collection and policy development capabilities.

MISSION

The mission of the Maryland Health Care Foundation through funding provided by the Cigarette Restitution Fund Program is to support efforts that will increase and improve access to quality health care for uninsured, underinsured and medically underserved residents of Maryland.

VISION

The Maryland Health Care Foundation, through funding provided by the Cigarette Restitution Fund Program, envisions a future where there is universal access to health care and consistent and stable funding for preventive and primary health care for the uninsured and underinsured; and where all stakeholders (individuals, community organizations, providers, insurers, government, regulators, and businesses) are actively involved in efforts to support and improve the capacity of a cost- effective and efficient health care delivery and financing system for the uninsured and underinsured in Maryland.

GOALS AND OBJECTIVES

Goal 1: To improve access to dental health care for the uninsured and underinsured especially low-income children.

Objective 1.1: By September 2002, to fund at least five dental programs geographically located around the State serving uninsured and underinsured children. (One program in Carroll County, two in Baltimore City, one in Caroline County, and one in Southern Maryland (combined project of Charles, St. Mary's and Calvert Counties).
Programs

Performance Measures	2001 Actual	2002 Actual
1. Output: number of preventive dental programs in Maryland, funded by the Foundation by geographic area	5	5
2. Output: total number of patients receiving direct dental care	1,500	3,086
3. Output: total number of children receiving dental care by Foundation funded programs	1,085	2,500

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

M. X692 CIGARETTE RESTITUTION FUND- MARYLAND HEALTH CARE FOUNDATION MFRs for FY 2002

4. Output: percentage of patients receiving dental care by payor	50%-78.9% Medicaid 9% sliding fee 9.3% uninsured 8% commercial 3.2% Medicaid/ Non MCO	50%-78.9% Medicaid 9% sliding fee 9.3% uninsured 8% commercial 3.2% Medicaid/ Non MCO
5. Output: types of treatment provided by programs	Periodontal scaling and root planing Amalgam 1 surface Amalgam 2 surface Sedative filling Therapeutic pulpotomy Palliative treatment Removal of impacted tooth Comprehensive exam Child prophylaxis Fluoride treatment Sealant applications Panorex Bitewing X2 Single tooth extractions	Periodontal scaling and root planing Amalgam 1 surface Amalgam 2 surface Sedative filling Therapeutic pulpotomy Palliative treatment Removal of impacted tooth Comprehensive exam Child prophylaxis Fluoride treatment Sealant application Panorex Bitewing X2 Single tooth Extractions
6. Output: average number of visits per patient by program	5	5
7. Efficiency: number of volunteer dentists in all programs	50	11
8. Efficiency: average number of paid dentists by program	1	1
9. Efficiency: average number of hours donated by volunteer dental practitioners by all programs month	16-20 hours per month	16-20 hours per
10. Efficiency: actual cost to operate program	Not available	Evaluation started; report available 10/21/02

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

M. X692 CIGARETTE RESTITUTION FUND- MARYLAND HEALTH CARE FOUNDATION MFRs for FY 2002

Goal 2: To increase access to preventive and primary health care in Maryland's rural counties.

Objective 2.1: By July 2001, to second year fund 5 rural health programs providing preventive and primary care in Maryland's rural counties. (18 eligible counties are: Allegany, Calvert, Caroline, Carroll, Cecil, Charles, Dorchester, Frederick, Garrett, Harford, Kent, Queen Anne's, Somerset, St. Mary's, Talbot, Washington, Wicomico, and Worcester.)

Performance Measures	2001 Actual	2002 Actual
1. Input: number of new Foundation funded programs providing primary care services in rural MD counties	7	7
2. Output: number of individuals treated by all programs	1,339	1,155
3. Input: number of second year Foundation funded programs	0	1
3. Efficiency: actual cost to operate programs	Not available	Not available

Goal 3: To evaluate the two medbank programs initially funded by The Maryland Health Care Foundation

Objective 3.1: By September 30, 2001 to have evaluated the first year progress of the two medbank programs initially funded by the Foundation.

Objective 3.2: By June 15, 2002 to have evaluated the second year progress of the medbank programs initially funded by the Foundation.

Objective 3.3: By September 1, 2002, to have released the results of the case study of the two medbank programs initially funded by the Foundation.

Performance Measures	2001 Actual	2002 Actual
1. Input: number of people served	3,500	8,291
2. Output: 1 case study	0	0
3. Output: number of studies released	Not applicable	0

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

M. X692 CIGARETTE RESTITUTION FUND- MARYLAND HEALTH CARE FOUNDATION MFRs for FY 2002

Goal 4: To provide case management opportunities for individuals to maximize the use of available preventive and primary health care services and other support services.

Objective 4.1: By May 2002, to develop a health education and case management grant program targeting the uninsured and underinsured, including low-income seniors. Cancer prevention, chronic disease management and other health prevention and promotion projects may be targeted.

Performance Measures	2001 Actual	2002 Actual
1. Input number of Foundation funded projects providing case management and health education/prevention services	3	3
2. Output: number of adult participants in health education/prevention programs	0	542
3. Output number of adults case managed	0	542

Goal 5: To evaluate and identify for replication, cost-effective and cost-efficient programs that will improve access to health care for the uninsured and underinsured.

Objective 5.1: By June 30, 2002 and annually thereafter, to evaluate and publish results of Foundation funded projects, which expand and improve access to preventive and primary health care to the uninsured and underinsured. Publications will be released to the public by December 1 of each year.

Objective 5.2: By June 30, 2002 to have begun a study of the first year rural health projects and the first year and first six months of the second year funded dental projects with a focus on the dental projects at the South Baltimore Family Health Center and People's Community Health Center. Final reports will be completed by September 30, 2002. Publications will be released to the public by December 1, 2002.

Performance Measures	2001 Actual	2002 Actual
1. Input: a study on the first year rural projects	0	1
2. Input: a study on the first year and first six months of two second year dental projects	0	1
3. Output: number of projects replicated	2	2

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

M. X692 CIGARETTE RESTITUTION FUND- MARYLAND HEALTH CARE FOUNDATION MFRs for FY 2002

Goal 6: To assess the current use of licensed volunteer health care providers providing health care to uninsured and underinsured populations in Maryland.

Objective 6.1: By June 2002 to have released a Request for Proposals for and identified programs to be funded that provide health care to the uninsured and underinsured through the use of licensed volunteer health care providers.

Objective 6.2: By September 30, 2003 to have the results of an evaluation of the programs utilizing services of licensed volunteer health care providers and to release the results to the public December 1, 2003.

Performance Measures	2001 Actual	2002 Actual
1. Input: number of programs funded	0	0
2. Input: 1 comprehensive study	0	0
3. Output: number of persons treated by volunteer providers	0	0
4. Efficiency: number of volunteer hours used.	0	0
5. Quality: value of services provided	0	Not applicable

Goal 7: To identify five to six priority areas of unmet health care needs for Marylanders and provide recommendations to public policy makers.

Objective 7.1 By November 15, 2001 to complete the study on unmet health care needs in Maryland.

Objective 7.2 By December 1, 2001, to release to the Governor, to members of the Maryland General Assembly, to DHMH, and to the public, the study on unmet health care needs in Maryland.

Performance Measures	2001 Actual	2002 Actual
1. Input: 1 comprehensive study	0	1

**MINORITY OUTREACH AND TECHNICAL ASSISTANCE
FISCAL YEAR 2002 ACCOMPLISHMENTS**

COMMUNITY PROFILES

- ❖ Community profiles were conducted with representation in the following regions: Central, Eastern Shore, National Capital, Southern, and Western Maryland. The total of community profiles for fiscal year 2002 exceeded the estimated nine (9) by two (2).
- ❖ Minority representation was enhanced in all twenty-four jurisdictions in the tobacco and cancer coalition plans. Representation noted from eight (8) counties was comparable or greater than the minority population in their communities.
- ❖ There was also a recognizable increase amongst Community Based Organizations. Examples of such CBOs are: Western Maryland AHEC through Maryland Center at Bowie State University, Associated Black Charities, Times Community Services, Union Bethel AME Church, Black Leadership Council for Excellence, Concerned Black Men of Calvert County, NAACP of Calvert County, Ministers Alliance of Charles County, Telamon Corporation, Waugh United Methodist Church, Jesus' Stop, Asian American Anti-Smoking Association, Korean Resource Center, Kitzmiller Empowerment Group, Bethel AME Church, Mount Enoch Church, and B.R.A.V.E.

COMMUNITY PARTNERS

- ❖ There are four (4) primary vendors and over forty-six (46) sub-vendors for fiscal year 2002. This provides representation from various community-based organizations throughout the African American, Native American, Asian, and Hispanic along with underserved communities.
- ❖ MOTA presence in cancer control teleconferences occurring monthly helps to inform county health officers, staff, coalition members and others of MOTA activities.
- ❖ In fiscal year 2002 primary vendors along with their sub-vendors conducted over ten (10) training workshops, twelve (12) educational workshops and seven (7) other types of workshops within the twenty-four (24) various jurisdictions providing individuals of various ethnic backgrounds critical information in areas such as: Building and Mobilizing the Fund Raising Campaign, and The Fundamentals of Grant Writing, to name a few.

TECHNICAL ASSISTANCE AND TRAINING

- ❖ There were five (5) regional workshops held including local health departments, tobacco and cancer coalition members, minority organizations and academic institutions to build effective partnerships in the fight against tobacco use and cancer.
- ❖ The 2002 statewide workshop was attended by over 200 people focusing on the continued development of a "Learning Community" among stakeholders in Maryland's Cigarette Restitution Fund Program (CRFP) to increase program effectiveness through shared learning, strategies, tools, techniques and lessons. Stakeholders in attendance were community-based organizations, health department staff, faith based organizations and others.
- ❖ The Morgan State University Memorandum of Understanding (MOU) served as a major facilitator in the regional and statewide workshops.

MOTA MATERIALS AND PRODUCTS

- ❖ There was the creation of the MOTA Fusion newsletter focusing on the "Bringing Together of Diverse Entities for the Empowerment of the Whole" working to impact healthcare decisions of the minority communities.
- ❖ MOTA fans for distribution amongst faith based organizations.
- ❖ MOTA mouse pads for distribution amongst the community enhancing the presence of CRFP/MOTA.
- ❖ Booklets, Pamphlets and Brochures, were created by MOTA primary vendors as a tool to increase cultural awareness.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

M.F0206 CIGARETTE RESTITUTION FUND- MINORITY OUTREACH AND TECHNICAL ASSISTANCE MFRs for FY 2003

PROGRAM DESCRIPTION

The Cigarette Restitution Fund/MOTA Program provides outreach and technical assistance to African-Americans and other targeted minority communities to enable those minorities, who have been targeted by the tobacco industry, to effectively participate on the State's network of community health coalitions established in each county.

MISSION

The mission of the Minority Outreach and Technical Assistance (MOTA) program is to facilitate the development of the CRFP in ways that ensure reduction in smoking and control of cancer among minorities in Maryland.

VISION

CRFP/MOTA envisions a future in which minority participation in decision-making, planning and programming designed to reduce smoking and control of cancer will reflect their proportions in each jurisdiction.

GOALS AND OBJECTIVES

Goal 1. To assure that the needs, issues and concerns of minority populations are appropriately reflected in the planning and implementation of tobacco and cancer plans throughout Maryland

Objective 1.1 By the end of FY 2003, there will be accurate profiles of minority tobacco and cancer needs for at least 16 of the 24 jurisdictions in the State.

Performance Measures	2002	2003	2004	2010
	Actual	Estimated	Estimated	Estimated
Outcome: Number of jurisdictions with minority community profiles	9	16	24	24

Objective 1.2 By the end of FY 2003 minority profiles will be explicitly reflected in the tobacco and cancer plans submitted by at least 15 of the 24 jurisdictions in the State.

Performance Measures	2002	2003	2004	2010
	Actual	Estimated	Estimated	Estimated
Outcome: Number of jurisdictions with profiling incorporated in their plans	5	15	24	24

Objective 1.3 By the end of FY 2003, minority participation in local coalitions, at a minimum, will reflect 47% or more of the proportionate minority representation in the population of each of the jurisdictions.

Performance Measures	2002	2003	2004	2010
	Actual	Estimated	Estimated	Estimated
Outcome: Percent of minorities represented in local coalitions relative to their proportion in the population	24%	47%	88%	100%

* Weighted averages based on population size

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

M.F0206 CIGARETTE RESTITUTION FUND- MINORITY OUTREACH AND TECHNICAL ASSISTANCE MFRs for FY 2003 (Continued)

Objective 1.4: By the end of 2010, the proportion of expenditures to reduce cancer and control smoking will be equal to or greater than the relative burden of morbidity or mortality (wherever is higher) borne by minorities in comparison to Whites in each of Maryland's 24 jurisdictions.

Performance Measures	2002*	2003*	2004*	2010*
* Data collection system to be developed				
Outcome: Proportion of total expenditures allocated to services/programs specifically targeted to minorities				

Objective 1.5: By 2003, at least 72 minority CBOs will be regularly participating for the full year in the Community Health Coalitions for Tobacco and for Cancer throughout the 24 jurisdictions.

Performance Measures	2002	2003	2004	2010
	Actual	Estimated	Estimated	Estimated
Outcome: Number of minority CBO's (cumulative) with representatives on local health coalitions that regularly participate the entire year	34	72	122	410

Goal 2. Facilitate the development of sustainable, infrastructures for the reduction of smoking, along with control of cancer, in minority communities throughout the State.

Objective 2.1: By the end of FY 2003, training in resource development will be provided to a minimum of 36 minority CBOs across Maryland's 24 jurisdictions.

Performance Measures	2002	2003	2004	2010
	Actual	Estimated	Estimated	Estimated
Outcome: Total number of (cumulative) minority CBO's trained in resource development (minimum of 2 trainings totaling 12 hours or more)	18	36	68	264

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

**CIGARETTE RESTITUTION FUND – OTHER TOBACCO – RELATED DISEASES
RESEARCH GRANT – FAMILY HEALTH ADMINISTRATION**

Goal I. To expand the University of Maryland' research efforts through increased faculty recruits in health services, clinical, and translational research in the targeted disease areas. This includes, assembly of a core group of investigators who will lead the University of Maryland's School of Medicine's growth in the designated areas.

Objective 1.1A By FY 2006 increase the number of faculty recruits in Health Services Research from FY 2001 by 5.

Performance Measures		FY 2002	FY 2003	FY 2004	FY 2005
	Actual Estimated	Estimated	Estimated		
Outcome: # of faculty recruits in Health Services Research		1	2	5	0

Objective.1.1B By FY 2006, increase the number of faculty recruits in Clinical and Translational Research from FY 2001 by 3.

Performance Measures		FY 2002	FY 2003	FY 2004	FY 2005
	Actual	Estimated	Estimated	Estimated	Estimated
Outcome: # of faculty recruits in clinical and translational Research		2	3	0	-

Objective 1.2.A By FY 2006, increase health services research in targeted disease areas from FY 2001 by 8.

Performance Measures		FY 2002	FY 2003	FY 2004	FY 2005
	Actual	Estimated	Estimated	Estimated	Estimated
Outcome: # of health services research in the targeted disease areas		6	8	0	0

Objective 1.2.B By FY 2006, increase # of clinical presentations at scientific meetings with joint authorship (current and new faculty) in clinical and translational research from FY 2001 by 10.

Performance Measures		FY 2002	FY 2003	FY 2004	FY 2005
	Actual	Estimated	Estimated	Estimated	Estimated
Outcome: # of presentations at scientific meetings with Joint authorship (current and new faculty) in clinical and translational research		7	10	0	0

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Objective 1.3. By FY 2006, develop 7 collaborative research projects with other departments and centers in the School of Medicine and in the Schools of Dentistry, Pharmacy, Nursing and Social Work.

Performance Measures	FY 2002 Actual	FY 2003 Estimated	FY 2004 Estimated	FY 2005 Estimated
Outcome: # of collaborative research projects with other departments and centers	1	2	5	

Objective 1.4. By FY 2006, increase health services research capacity at UMSOM through supporting post-doctoral trainees (Research Associates) from FY 2001 by 5.

Performance Measures	FY 2002 Actual	FY 2003 Estimated	FY 2004 Estimated	FY 2005 Estimated
Outcome: # of post-doctoral trainees (Research Associates)	0	1	2	

Goal 2. To expand the scope of the University of Maryland' clinical research efforts in targeted disease areas.

Objective 2.1. By FY 2006, increase the number of sponsored clinical trials in the targeted diseases by 50%.

Performance Measures	FY 2002 Actual	FY 2003 Estimated	FY 2004 Estimated	FY 2005 Estimated
Outcome: % increase in the number of sponsored clinical trials in the targeted diseases	0%	0%	50%	

Objective 2.2A. By FY 2006, increase the number of studies on clinical trials recruitment methods and barriers over FY 2001 by 4.

Performance Measures	FY 2002 Actual	FY 2003 Estimated	FY 2004 Estimated	FY 2005 Estimated
Outcome: # of completed studies on clinical trials recruitment and methods and barriers	0	1	2	3

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Objective 2.2B. By FY 2006, increase the percent of patients from diverse backgrounds enrolled in University of Maryland clinical trials relating to the targeted diseases from FY 2001, by 50%.

Performance Measures	FY 2002 Actual	FY 2003 Estimated	FY 2004 Estimated	FY 2005 Estimated
Outcome: % increase in the number of sponsored clinical trials in the targeted diseases		0%	20%	30%
			30%	40%

Goal 3. To expand the scope of the University of Maryland' health services and translational research efforts in targeted disease areas.

Objective 3.1 By FY 2006, increase the number of publications in first-rank scientific and medical journals by faculty engaged in health services and translational research efforts in the targeted disease areas over from FY 2001, by 100%.

Performance Measures	FY 2002 Actual	FY 2003 Actual	FY 2004 Estimated	FY 2005 Estimated
Output: % increase of the # of publications in first-rank Scientific and medical journals	0%	20%	40%	70%

Objective 3.2 By FY 2006, increase the number of NIH funded center-grants and program projects in the targeted disease areas by 100% in clinical and translational research.

Performance Measures	FY 2002 Actual	FY 2003 Actual	FY 2004 Estimated	FY 2005 Estimated
Output: % increase in the number of NIH funded center Grants and program projects in the targeted disease Areas	0%	0%	20%	50%

Objective 3.3 By FY 2006, increase the number of peer reviewed publications, over FY 2001, by 09.

Performance Measures	FY 2002 Actual	FY 2003 Actual	FY 2004 Estimated	FY 2005 Estimated
Output: # increase of peer reviewed publications in Health Services Research	0	3	5	7

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Alcohol and Drug Abuse Administration

CIGARETTE RESTITUTION FUND PROGRAM

FUND EXPENDITURES AND ACCOMPLISHMENTS

FISCAL YEAR 2002

October 2002

Georges C. Benjamin, M.D.
Secretary

Carlessia A. Hussein, R.N., Dr. P.H.
CRFP, Director

**Cigarette Restitution Fund
Alcohol and Drug Abuse Administration
Fiscal Year 2002 Fiscal Report (July 1, 2001 - June 30, 2002)**

		As of June 30, 2002		
	Budget	Expenditures	Obligations	Unobligated
Administrative Support	K204	188,406	1,591	
Infrastructure	K204	1,125,973		
Treatment	K204	14,502,373	1,038,658	
	16,857,000	15,816,752	1,040,248	0

Distribution by Subdivision

		As of June 30, 2002		
Subdivision	Budget	Expenditures	Obligations	Unobligated
ALLEGANY	259,349	259,349		0
ANNE ARUNDEL	1,000,000	1,000,000		0
BALTIMORE COUNTY	1,000,000	377,263	622,737	0
CALVERT	124,424	124,424		0
CAROLINE	32,654	32,654		0
CARROLL	173,512	173,512		0
CECIL	91,841	91,841		0
CHARLES	124,425	124,425		0
DORCHESTER	143,843	143,843		0
FREDERICK	198,002	198,002		0
GARRETT	40,000	40,000		0
HARFORD	300,000	300,000		0
HOWARD	138,002	138,002		0
KENT	295,909	295,909		0
MONTGOMERY	1,000,000	411,570	588,430	0
PRINCE GEORGE'S	2,698,000	3,000,000	(302,000)	0
QUEEN ANNE'S	42,859	42,859		0
ST. MARY'S	215,285	206,343	8,942	0
SOMERSET	111,517	111,517		0
TALBOT	36,736	36,736		0
WASHINGTON	98,002	98,002		0
WICOMICO	434,160	434,160		0
WORCESTER	268,035	268,035		0
BALTIMORE CITY	8,000,000	6,686,966	1,313,034	0
ADJUSTMENTS *	0	(93,039)	(1,192,485)	0
TOTAL	16,826,555	14,502,373	1,038,658	0

* Represents monies to be returned based on historical 440 Reports.

**DEPARTMENT OF HEALTH AND MENTAL HYGIENE
ALCOHOL AND DRUG ABUSE ADMINISTRATION**

**Cigarette Restitution Fund Program – Fiscal Year 2002
Progress Toward Meeting Goals for Drug Treatment Funds**

I. Use of Funds to Fill Treatment System Gaps - \$15,541,031

Anne Arundel

The Anne Arundel County Health Department continues to support a contract with Hope House to provide for two (2) detoxification beds and four (4) short-term residential beds. Since inception the beds have been 100% occupied.

The county provided treatment to 998 county residents, of which 920 were criminal justice offenders and 78 were non-criminal justice participants

Baltimore City

The following are services that were purchased through CRF funding:

Methadone Maintenance 645 slots
Methadone Detox 100 slots
Halfway House 5 slots
Outpatient Detox 220 slots
Inpatient Detox 13 slots
Adult Intensive Outpatient 50 slots
Transitional Living 61 slots
Adolescent Outpatient 40 slots

One time only awards were made to providers to cover data collection, additional equipment and Residential services.

Funds were provided to enhance services in four existing programs:

ECS Technologies Inc.
Johns Hopkins University – Bayview
Johns Hopkins University – BPRU
Universal Counseling Services, Inc.

All BSAS providers are meeting or exceeding the established DrugStat benchmarks, and all are at 95-100% program capacity.

Baltimore County

Residential Rehabilitation and Inpatient Detox

Baltimore County Bureau of Substance Abuse along with Right Turn of Maryland is in the process of applying for a Certificate of Need (CON) for an ICF in Baltimore County for 50 beds. Treatment slots for residential rehabilitation is 115 and inpatient detoxification is 114.

Outpatient Detox and Intensive Outpatient

There are a total of 48 outpatient detox slots and 27 intensive outpatient treatment slots.

Halfway House Services

Using \$60,000 from FY 2001, renovations were made to convert one of the transitional living houses on the grounds of Rosewood into a Halfway House run by Right Turn of Maryland. The total number of Halfway House slots is 10.

Criminal Justice Residential Services

Fifty (50) potential placements in residential substance abuse treatment under the criminal justice initiative will be operated by Right Turn of Maryland.

Treatment Readiness Program

The total number of treatment slots under the "Treatment Readiness" Program is 200. The total number of treatment slots for this project in FY 2001 was 575. The FY 2002 number is 564. There was a decrease in treatment slots so that the funding for the "Treatment Readiness" program could be increased.

Harford County

Harford County provided the following services for FY 2002: Rapid Assessment and Referral to Treatment; intensive outpatient services for dual-diagnosed clients; provided additional individual and group counseling; 35 additional medication assisted treatment slots have been added; a counselor was employed for relapse avoidance, case management and client monitoring; follow-up reporting; and contract with Whitsitt Center for inpatient detoxification beds.

Prince George's County

P.G. County Addictions Services provided the following: 40 Transitional Housing Units; Even Start GED Program; 3 Medical Detoxification Beds at Dimensions, Inc.; 10 Residential Treatment beds at Calvert County Treatment Facility; 4 Therapeutic Community (men) beds at Second Genesis; 225 Bi-lingual Counseling units at

Counseling Plus; Substance Abuse Prevention-Community Based Organizations; Added Positions for CAP Expansion; Added positions for Mental Health Expansion (Co-occurring); Added a position for Adolescent Expansion; Women's Health Consultant, Computer consultant.

Montgomery County

For FY 2002, Montgomery County contracted for the following services: Outpatient services (200 clients served), dual-diagnosed clients treated by psychiatrists in outpatient setting (50 clients); 8 beds for adolescent halfway house; 40 residential beds for adults; and to provide for urinalysis costs. One position was also funded to provide program monitoring and quality assurance.

Southern Maryland Region

Calvert County

Calvert County Health Department contracted with Calvert Treatment Facility to provide short-term residential treatment for 36 clients.

Calvert County Health Department hired an addictions counselor to provide intensive outpatient services.

Charles County

Charles County Health Department contracted with Calvert Treatment Facility to provide short-term residential treatment for 24 clients.

Charles County Health Department hired an addictions counselor to provide intensive outpatient services.

St. Mary's County

Walden/Sierra, Inc. has hired a detention-center-based addictions treatment specialist to establish a jail-based treatment program at the St. Mary's County Detention Center.

Walden/Sierra, Inc. has hired an addictions counselor to provide intensive outpatient treatment services.

Anchor, ICF has hired a part-time registered nurse, a full time counselor and a part-time family therapist to enhance existing detoxification services for the region.

Since Walden Sierra, Inc was omitted from the process of receiving additional funds to achieve parity with the State Salary Level in FY2000, funds continue to be provided to maintain parity.

Western Region

Allegany

The YMCA is expecting to build a new facility for the halfway house. Phase I provides 9 beds for male substance abusers with an average length of stay of four (4) months. In Phase II, it is anticipated that there will be a provision of 12 beds for both males and females, with at least two (2) beds designated as handicapped accessible.

Carroll County

Carroll County has employed two additional staff positions to work in ambulatory detoxification. Funds were also provided to Junction, Inc. for counselor salary parity.

Frederick County

Frederick County has begun to staff the ambulatory detoxification program. The nurse position is vacant; however, the county has been able to hire a Physician Clinical Specialist for 25.6 hours per week.

Garrett County

An Addictions Counselor to assist in the development of the drug-testing component has been hired. The Substance Abuse Program is now located in the newly constructed Health Center. For FY 2002, a goal was to expand drug-testing capabilities by establishing a valid drug-testing site to be promoted as a component of the Garrett County Addictions Services. Two (2) counselors have been certified as Professional Collectors. In FY 2002, 105 laboratory urinalysis tests were done. The County is participating in an Employee Assistance Program and is currently striving for DOT certification.

Howard County

In FY 2002, Howard County provided an outpatient detoxification program for adult alcohol and opiate addicted clients. These services included assessment, psychiatric evaluation, medication, counseling services, acupuncture, case management and referral.

Washington County

Two Addictions Counselors are currently providing group and individual counseling services in the jail program 96-week intensive program for up to 24 inmates every 6 weeks. The medical department at the Detention Center continues to provide medical screenings for all inmates including JSAP consumers.

The Family Program is currently provided at the Department of Health, Division of Addictions and Mental Health.

Upper Shore Region

Caroline County

Caroline County continues to contract with local vendors to provide residential services. The County would like to hire an Addictions Counselor III at 50%.

Kent County

All staff have been hired at the A.F. Whitsitt Center. Supplies and equipment have been purchased for four (4) detoxification beds at an average stay of three (3) days.

Queen Anne's County

100% of all patients discharged from a detox or ICF program were referred to a lower level of care and were referred to an outpatient treatment program within ten (10) days.

Talbot County

An additional Supervised Counselor was hired for detox and residential treatment.

Cecil

Cecil County purchased non-hospital and ambulatory detoxification services during FY 2002.

Lower Shore Region

Dorchester County

Funds were utilized to purchase detoxification services. The remainders of the funds were used to enhance the delivery of treatment services.

Somerset County

Continuation of the Dual Diagnosed treatment Program within the Somerset County Detention Center.

Purchase detox services for 12 clients

A psychiatrist and nurse practitioner positions were funded.

Wicomico County.

Purchased Detox Services for 11 clients.

The remainders of the funds were used to enhance the delivery of treatment services.

Worcester County

Inpatient detoxification funding for 11+ people, for a total of 53 days.

5 staff members were hired/transferred to open and Adolescent Intensive Outpatient Program

The Atlantic Club was funded for \$60,000, which allowed the club to extend their hours to 16 hours per day, 7 days per week. They hired 3 staff members to keep the building open.

The remainders of the funds were used to enhance the delivery of treatment services.

II. Investing in Infrastructure –\$1,125,973

Implementation of Performance Measures and Systems Accountability

ESAMIS FY 2002

The Maryland Drug Treatment Task Force recommended the implementation of the statewide performance measurement system over a 5-year period. It further recommended that the State conduct a Pilot implementation of this system. The purpose of the eSAMIS Pilot was to discover and solve problems associated with converting to an electronic management information system, implementing a performance measurement system, training providers to use this system, and using performance measures to strengthen and improve program outcomes. The funding for eSAMIS covered the full FY2002 fiscal year and will continue for an additional 2 years.

The Pilot implementation began in September 2001, with the selection of 30 of Maryland's public treatment providers to test the new electronic Substance Abuse Management Information System (eSAMIS). The 30 Pilot providers received the special training, technical assistance, and other help in meeting the technical requirements for reporting electronically to the Alcohol and Drug Abuse Administration.

The conversion of the existing database platform to a web-based data collection system began in FY2002 and is ongoing.

Status of the Pilot

The eSAMIS pilot data entry by the participants began on February 1, 2002. The pilot project officially ended on August 30th, but programs are continuing to enter the back data.

Performance Measurement Development

The Center for Substance Abuse Research (CESAR) completed a pilot process implementation questionnaire and provided pilot data to ADAA during the 4th quarter FY2002.

Web-Based Activities

In FY 2002, The Bureau of Governmental Research (BGR) produced a prototype eSAMIS web based product for review and testing. Training for the pilot programs and any program wishing to join the eSAMIS data reporting via HATS will continue. ADAA Information Services Division activities in the fourth quarter continued to support programs in the pilot program and troubleshoot the data collection issues that occurred.

FY 2003 Activities

In FY 2003, CESAR will begin analyzing the eSAMIS data and will start selection of 300 clients for a post discharge study of treatment effectiveness. CESAR will begin the development of data outcome reports resulting from the pilot. Based on findings from the analysis of the pilot program data, CESAR and ADAA will finalize the new performance measurement data elements and incorporate these measures into the eSAMIS data collection program.

In FY 2003, BGR will continue to transition programs to e reporting. This will require continued installation, implementation and training efforts. BGR programmers will revise and refine the eSAMIS web interface, test the product and prepare it for full rollout in FY 2004. All new performance measurement data elements will be incorporated.

The Web eSAMIS prototype will include the following functions:

- Intake/Initial Contact
- Admission
- Discharge
- Monthly reporting of SAMIS data
- Reports related to monthly download

The web interface promises to be a significant cost savings because the participating programs will only need a standard web browser and Internet service to access the HATS system. When system changes occur, such as the need to collect data on a new or emerging drug use trend, the programmers will make a change at the HATS server level and no changes will be necessary at the program provider level. ADAA will not be responsible for providing a new version of the software to the programs; the Internet browser will provide the new version for them to use.

III. Administrative Support

\$189,997

e-SAMIS -\$114,158

The ADAA provided technical assistance to providers participating on the project. The Project Coordinator for ADAA assisted programs by providing procedural assistance for data acquisition. The Training and Validation staff provided educational and technical service during the pilot and will continue to provide these needed services on an ongoing basis during the life of the project.

CRF Administrative Support \$75,839

ADAA provided infrastructure support with a Grants Specialist II and a Coordinator Special Programs V to provide additional technical and programmatic support to the treatment programs that had new or enhanced service delivery as a result of Cigarette Restitution Funds.

Conclusion

The Department of Health and Mental Hygiene is pleased to report that the substantial budgetary increase to the Alcohol and Drug Abuse Administration resulting from the Cigarette Restitution Funds has made a significant impact upon Maryland's substance abuse treatment system. These additional funds have created expansion of treatment slots in all levels of care. Much of the treatment expansion provides services to criminal justice clients, as well as women, women with children, adolescents and persons with co-occurring disorders.

Significant residential treatment expansion has occurred as a result of the cigarette restitution funds initiatives. The ADAA fully expects that significant residential treatment expansion will continue to occur during the next year as renovations in facilities are being completed and zoning and procurement issues are resolved. ADAA staff will continue to meet with the addictions county coordinators and providers on a regular basis to monitor progress in these areas.

Tobacco Conversion Program

**TOBACCO CONVERSION PROGRAM
FY02 FINANCIAL REPORT**

FY02 REVENUES / EXPENDITURES BY THE DEPARTMENT OF AGRICULTURE

FY01 Ending Balance at MDA		\$ 4,391,500
FY02 CRF Appropriation to MDA	6,291,592	10,683,092
FY02 Allocations to Tri-County Council	7,917,057	
FY02 Balance at MDA (encumbered for FY03)		<u>\$ 2,766,035</u>

FY02 Activities by the TCC

Administration		326,998
“Buyout” Contracts		6,412,023
Anne Arundel	716,140	
Calvert	1,172,221	
Charles	1,477,102	
St. Mary’s	2,359,818	
Prince George’s	679,472	
Queen Anne’s	7,270	
Ag Land Preservation		1,994,481
Anne Arundel	160,926	
Calvert	375,831	
Charles	327,502	
St. Mary’s	1,130,222	
Prince George’s	0	
Queen Anne’s	0	
Grants / Infrastructure (statewide)		471,647
TCC “unobligated” balance 6/30/02		<u>0</u>
Total FY02 Expenditures by TCC		\$9,205,149 *

*estimates, actual TCC closing figures not finalized as of 9/20/02

prepared by: D. Wilson 9/25/02
410-841-5845

KEY ACCOMPLISHMENTS - FY 2002 (July 2001-June 2002)

Goal 1. Transition Maryland growers away from tobacco production for human consumption

- 79% eligible tobacco taken out of production forever (6.412 million pounds).
- 654 growers (66%) have signed contracts.
- Covenants placed on land prohibition tobacco production for human consumption for 10 years.
- As of January '03: 6.8 million pounds (83%) and 711 growers (71%).

Goal 2. Assist farmers and businesses to diversify and develop market-driven agricultural enterprises

Farmers and agri-businesses diversified and on-farm and related income increased

- SMD Farm Viability Enhancement Grant Program underway.
 - Provides expert outside business and agricultural planning assistance to farmers on strategies to diversify operations, add value to farm products and/or services, gain better market access.
 - 4 farms developing plans currently.
 - 5 additional tornado victim farms through special session matched by Charles County Commissioners.
 - Partnership with the Southern Maryland Small Business Development Center.
- Agricultural business / kitchen incubator concept underway.
 - Large enough to attract businesses that could underwrite the costs of operation.
 - Space for small / mid-scale producers to add value (e.g.: fresh pack, salsa).
 - Co-packer to develop a line of SMD products using SMD produce, raw goods.
 - Business planning and technical assistance for producers.
 - Test marketing, and initial marketing distribution.
 - Partnership with the Maryland Food Center Authority.
- Fifteen grants have been awarded since FY'01.
 - Innovative, state-of-the-art hydroponic system enabling top dollar for early season raspberries (Trade Fair).
 - Cut flower processing / storage space from converted tobacco stripping room enhanced market sales by storing flowers for as much as two weeks (farm tour, Trade Fair).
 - Grape production and financing opportunities (research, seminars, field tours, workshops, Trade fair).
 - Ethnic vegetable production and marketing for SMD (research, farm tours, Trade Fair).
 - Northern Neck of Virginia educational farmer trip to visit model produce wholesale produce distribution center operated by a farmers' association, observe a successful agrotourism and produce operation, a successful beef operation, and a large vineyard and nursery.
- Trade Fair and Educational Showcase entitled "Opportunities for Profit" provided information on farm diversification and successful examples of marketing niches, attracted over 320 farmers.
 - Several enterprises evolved (e.g.: grower interest supporting a soy-processing value-added /Heartland Fields).
 - Participants and exhibitors gave considerable positive feedback. Many asked that it be repeated in the future.
- Agrotourism introductory seminar held.

Targeted marketing programs

- Everything Southern Maryland combined market, kitchen, restaurant feasibility study conducted.
- SMD Farm Product and Service Directory developed.
 - Targeted for consumers and farm community.
 - Based on voluntary responses to a survey sent 5000 farmers.
 - Lists products offered and array of services offered by farms and business community.
 - E.g.: agrotourism, holiday events, cancer respite, sample list of restaurants.
 - Maps of each county, descriptions of farms and markets, contact information.
 - Printed Fall 2002, hard copies to be distributed, also available at website: www.tccsmd.org
- Southern Maryland Harvest Fresh Produce marketing program.
 - Facilitates farmers selling directly to grocery stores in SMD.
 - 60 farmers and 46 stores participating in pilot phase.
- Promotional advertising for 15 Farmers' Markets in SMD in five counties (over 221 SMD growers).
- Supported revitalization of SMD wholesale produce and plant auction market (Cheltenham).
 - Over 200 SMD farmers and buyers.

Information and education to enable the agricultural community to diversify farm and related operations

- See above.
- Financial Fair held to provide information to growers on investment opportunities, tax responsibilities pertaining to the Buyout, and estate planning.
- Farmers were also invited to attend the Mid-Atlantic Direct Marketing Association meeting in Pennsylvania.
- State agricultural leaders educated on ag. issues in SMD (LEAD Ag, MD- co-sponsored 3-day symposium).
- Scholarships for two SMD agricultural leaders, and partial funds for a third participant in LEAD Ag, MD.
- Support 4-H clubs in four counties in traditional agricultural activities.
 - Hands-on educational learning through agriculturally related learning laboratory kits.
 - Develop career awareness for older 4-H teens about careers in agricultural industry.
- "Transitions" newsletter directly mailed to over 1500 farmers in SMD.
 - Features articles on alternative to tobacco (e.g.: grapes, medicinal herbs, nurseries, berries), program updates and opportunities, and upcoming events of interest.
- Mapping of the tobacco lands underway.
- A small resource library is beginning to be compiled with information on marketing and alternatives to tobacco production.

Goal 3. To promote and support agricultural land preservation in Southern Maryland.

Agricultural Land Preservation

- Over 2,209 acres have been directly preserved.

Acquisition of land for Farmers' Market (either the purchase or long-term lease agreement)

- No county elected to have agricultural land preservation funds used to acquire land for farmers' markets.

SOUTHERN MARYLAND REGIONAL STRATEGY – ACTION PLAN FOR AGRICULTURE

TOBACCO CROP CONVERSION PROGRAM

2002 End of Year Report

Ten-Year Strategic Plan and Five-Year Action Strategies: 2002-2012

Southern Maryland: Transitioning away from a Tobacco Heritage

Agricultural trends in Southern Maryland (SMD) reveal a major social, cultural, and economic shift as the region transitions away from its 300-year-old tradition of tobacco production. Southern Maryland was home to the original settlement and has been the least changed in terms of its agricultural economy. Settled in 1632, the region quickly established its economy and its currency as one backed by tobacco. Until the later half of the 20th century, tobacco remained the economic keystone of the region and the primary economic engine. In the latter portion of the 1900's, the region became economically dependent on several military bases, while agriculture continued to be dominated by tobacco. In 1992, tobacco accounted for two-thirds of the total value of all agricultural commodities produced in the region and provided the mainstay for over 900 full/part time growers. In 2000, the state of Maryland instituted a voluntary tobacco buy-out program to transition farmers out of tobacco production forever, to be administered by the Tri-County Council for Southern Maryland. The result of the Buyout has been an unprecedented and significant cultural and economic shift as has not been experienced since the advent of European settlers.

According to a recent study (1), the region's heavy dependence on tobacco has left other agricultural sectors poorly developed. Little non-tobacco agricultural infrastructure is currently in place in Southern Maryland. Agricultural innovation and entrepreneurship are severely lacking. Economic indicators show that agriculture in SMD does worse than in other parts of the state as well as elsewhere in the nation. The lowest net returns per acre (price per unit) are in SMD, and very little of those returns circulate through the rest of the SMD economy. With the exception of hay, all agricultural sectors are down in SMD and there is no critical mass in any one sector. The average age of the tobacco farmer is 62, and many taking the Buyout view it as a part of a retirement package. New scales of production may be limited, and willingness to invest in new enterprises appears also to be limited. Farmers say the traditional agricultural forms of assistance have failed them. These factors make it difficult for younger farmers to see a bright future. All of this is coupled with statistics that show urban sprawl and land development are occurring faster on Southern Maryland's remaining 244,000 acres of farmland than anywhere else in the state. In short, agriculture and the natural resource base in Southern Maryland are in need of major help.

To address these tremendous needs, the Tri-County Council for Southern Maryland, a non-profit, quasi-governmental body, convened the SMD Agricultural Development Commission to develop a program to stabilize the region's agricultural economy as farmers convert from tobacco to alternative crop and other agricultural enterprises. The Commission represents a cross-section of the region's community, from elected officials and local government, to representatives from higher education centers and traditional agricultural sectors, to private sector, business and finance representatives, and farmers. Together with the Council, the Commission has revised the Tri-County Council for Southern Maryland Strategic Plan for Agriculture.

Southern Maryland Strategic Plan for Agriculture

MISSION

To promote diverse, market-driven agricultural enterprises*, which coupled with agricultural land preservation, will preserve Southern Maryland's environmental resources and rural character while keeping the region's farmland productive and the agricultural economy vibrant.

*"Agricultural enterprises" and "natural resource based enterprises" are used interchangeably and are broadly defined as tobacco-free sustainable agriculture, and includes forestry and aquatic resources and agriculturally related activities such as agri-tourism and value-added processing.

VISION

A diversified, profitable Southern Maryland agricultural industry thereby enhancing the quality of life for all citizens.

The Tobacco Crop Conversion Program consists of three main components—Tobacco Buyout, Infrastructure / Agricultural Development, and Agricultural Land Preservation as follows:

OVERARCHING GOALS

- (1) The **Tobacco Buyout** component is a voluntary program which provides funds to a) support all eligible Maryland tobacco growers who choose to give up tobacco production forever while remaining in agricultural production and b) restrict the land from tobacco production for 10 years should the land transfer into new ownership.
- (2) The **Infrastructure / Agricultural Development Program** will foster profitable natural resource based enterprises and regional economic development for Southern Maryland by assisting farmers and related businesses to diversify and develop and/or expand market-driven agricultural enterprises in the region through a) economic development and b) education.
- (3) The **Agricultural Land Preservation** component seeks to provide an incentive for Southern Maryland tobacco farmers to place land in agricultural preservation, and to enhance participation in existing Southern Maryland agricultural land preservation programs.

KEY ACCOMPLISHMENTS - FY 2002 (July 2001-June 2002)

Tobacco Buyout: Seventy nine percent of the 1998 eligible tobacco has been taken out of production forever as 654 growers have taken Maryland's Tobacco Buyout. This represents 6.412 million pounds of tobacco and 66% of the producers.

Agricultural Land Preservation: Over 2,209 acres have been directly preserved by the program in four counties of Southern Maryland. These direct funds enabled the four counties to make additional offers for agricultural land preservation and has resulted in supporting over 2,425 acres placed under agricultural land preservation.

Infrastructure / Agricultural Development Program:

A revised strategy for the Agricultural Development Program was completed.

An exciting new grant program was developed that is intended to provide expert outside assistance to farmers to increase farm income as they transition away from tobacco. The program, Southern Maryland Farm Viability Enhancement Program, provides business planning assistance to farmers on strategies to diversify operations, add value to farm products and/or services, and gain better market access. It is run in partnership with the Southern Maryland Small Business Development Center. Four farmers are underway developing plans. Additionally, the Program offered a special session of the grant program for victims of the 2002 Spring tornado that damaged farms in Charles and Calvert County. Charles County Commissioners offered to fully match the funds provided, thus enabling five additional farmers to come into the program.

A Trade Fair and Educational Showcase entitled "Opportunities for Profit", intended to provide information on farm diversification and successful examples of marketing niches, attracted over 320 farmers. Several enterprises have evolved as a result of the Trade Fair, including grower interest in supporting a soy-processing value-added business (Heartland Fields). Over 70 exhibitors participated, including each grower that had received previous grant funds from the program to share information with the community that was learned as a result of the grant. Many positive reports told us that both participants and exhibitors learned a great deal from the trade fair, and many asked that it be repeated in the future. A Financial Fair was

held to provide information to growers on investment opportunities, tax responsibilities pertaining to the Buyout, and estate planning. The first seminar exploring opportunities for Agri-tourism was also held.

A Farm Product and Service Directory has been developed for Southern Maryland that is targeted for consumers as well as the farm community. The directory was developed based on voluntary responses to a survey sent to the more than 5000 farmers registered with the US Department of Agriculture National Agricultural Statistics. The directory consists of a voluntary listing of all products offered by the farm community in the five counties, and an array of services offered by the farms, including agrotourism, holiday events, and even cancer respite. The directory will include maps of each county, descriptions of the farms and markets where products can be found as well as contact information. The Directory also provides a sample list of restaurants that buy and promote local products, as well as farm service businesses and agencies. 5000 copies of the Directory will be printed. The Directory will also be available on the internet (tccsmd.org).

Fifteen grants have been awarded since FY'01, and almost all have been completed. One farmer grantee has been able to gain top dollar for early season raspberries through an innovative and state-of-the-art combination of field and greenhouse hydroponic system. One farmer used the funds to help build a holding and feeding facility for cattle for Kosher beef. Another farmer grantee used funds to successfully convert a tobacco stripping room into a conditioned space for cut flower processing and storage. This has greatly enhanced their capacity to expand their market sales by storing flowers for as much as two weeks. A third grantee, Maryland Department of Agriculture, has conducted research and held seminars on grape production and financing opportunities. Outreach has taken place through seminars, multiple field tours, workshops and dinners. Yet another grantee (UMD Cooperative Extension) has conducted research on the potential of ethnic vegetable production and marketing for Southern Maryland. This research was showcased during two farmer tours, and at the Trade Fair, and is still on-going. Grant funds also supported an educational farmer trip to the Northern Neck of Virginia to visit a model produce wholesale produce distribution center operated by a farmers' association, observe a successful agrotourism and produce operation, a successful beef operation, and a large vineyard and nursery. Thirty-five participants on the tour all had the opportunity to learn from Virginia and Maryland Agricultural Extension.

Promotional advertising for 15 Farmers' Markets in Southern Maryland has increased market sales for over 221 Southern Maryland growers in five counties. Additionally, considerable effort has been exercised to help reestablish a wholesale produce and plant auction market for Southern Maryland (Cheltenham). This wholesale market supports over 200 Southern Maryland farmers and buyers.

With the assistance of a grant and guidance from MDA, a new program, Southern Maryland Harvest Fresh Produce has gotten underway to help farmers sell directly to stores in Southern Maryland. Directories of sixty farmers and 46 stores were compiled and exchanged to facilitate buying and selling.

The program co-sponsored a three-day symposium for agricultural leaders across the state on agricultural issues in Southern Maryland (LEAD, Maryland). Additionally, the program fully sponsored scholarships for two agricultural leaders in Southern Maryland, and fully funded another for the LEAD program.

The program helped support the traditional agricultural activities of the 4-H clubs in four counties, enabling the education of our youths in new agricultural technologies. Specifically, the funds are being used to provide hands-on educational learning opportunities such as agriculturally related learning laboratory kits to teach youths about animals, agriculture, and farming. Additionally, funds will be used to develop career awareness for older 4-H teens about careers in agricultural industry.

Two feasibility studies were undertaken. The first was to investigate the concept of a combined regional retail market, processing kitchen, and restaurant (Everything Southern Maryland). The study indicated that although a combined effort of all three of these components might not be feasible at this time, it did suggest the possibility of separating some or all of the components. A second study investigated the feasibility of a Southern Maryland regional mobile processing kitchen in support of an MDA grant to St. Mary's County. The results of this study indicated that Federal Health regulations through FDA would render the use of a shared mobile kitchen impractical. Following on from these two studies, however, the program is pursuing a "bricks and mortar" processing kitchen that would be large enough to attract businesses that could underwrite the costs of operation, while including space for small and mid-scale producers who would like to add value to their product (eg: turn tomatoes into salsa). Ideally the kitchen will also include a co-packer who can purchase Southern Maryland (SMD) produce and develop a line of SMD products. It is envisioned that the kitchen will also provide education for producers, test marketing, and initial marketing distribution. This is being considered in partnership with the Maryland Food Center Authority.

Finally, "Transitions", the program newsletter continues to be published on a quarterly basis and is directly mailed to over 1500 farmers in the region. The Newsletter features articles on alternative crops to tobacco (eg: grapes, medicinal herbs, nurseries, berries), program updates and opportunities, and upcoming events of interest. Mapping of the tobacco land has begun, and a small resource library is beginning to be compiled with information on marketing and alternatives to tobacco cropping.

For more information regarding this program, please contact the following:

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**TRI-COUNTY COUNCIL for SOUTHERN MARYLAND
SOUTHERN MARYLAND AGRICULTURAL DEVELOPMENT COMMISSION**

Southern Maryland Regional Strategy – Action Plan for Agriculture

**KEY ACCOMPLISHMENTS BY OBJECTIVES, STRATEGIES, ACTION PLANS and MFRs
FY 2002 (July 2001-June 2002)**

Goal 1. Transition Maryland growers away from tobacco production for human consumption

<i>Objective 1.1</i>	<i>By the year 2005, 85-90% of the eligible tobacco growers in Maryland will no longer produce tobacco in Maryland for human consumption</i>
Strategy 1.1.1	Administer the Tobacco Buyout Program for the State of Maryland which offers a monetary incentive for growers who produced tobacco in 1998 to forever cease tobacco production for human consumption
Action Plan	Tobacco Buyout

KEY ACCOMPLISHMENTS - FY 2002 (July 2001-June 2002)

Tobacco Buyout: Seventy nine percent of the 1998 eligible tobacco has been taken out of production forever as 654 grow have taken Maryland's Tobacco Buyout. This represents 6.412 million pounds of tobacco and 66% of the producers.

- FY'02 Buyout Signup completed (654 contracts, cumulative)
- Annual Buyout renewal completed (559 renewal contracts)
- FY'03 Buyout Signup complete (95 new applicants)
- In 2002, an additional 10% growers applied for the Buyout, resulting in 66% (654 growers)
- In 2002, an additional 13% of all known eligible pounds will be removed, resulting in 78% of eligible pounds (6.412 million pounds)
- All appeals heard and resolved
- Majority of FY'02 deeds and covenants searched and recorded
- Statistic surveys by County provided for property and non-property owners
- Automated database modified and underway
- GIS assisted mapping begun

Managing for Results

Tobacco Buyout Budget (*as forecast by MDA July 2001)

Year	Buyout Budget		Year	Buyout Budget
FY 2001	\$5,435,576		FY 2010	\$7,700,000
FY 2002	\$6,412,023		FY 2011	\$7,700,000
FY 2003	\$6,808,000		FY 2012	\$7,700,000
FY 2004	\$7,330,000		FY 2013	\$7,700,000
FY 2005	\$7,700,000		FY 2014	\$7,700,000
FY 2006	\$7,700,000		FY 2015	\$7,700,000
FY 2007	\$7,700,000			
FY 2008	\$7,700,000			
FY 2009	\$7,700,000			

	Actual	Actual	Goal	Goal	Goal
Performance Measures	2001	2002	2003	2004	2005
Inputs:					
Number farmers applying for the program per year	649	100	69	85	90
Output:					
Total number of applying farmers who have contractually agreed to cease tobacco production	559	96	57	80	80
Efficiency:					
Applications and contracts processed in timely manner	na	100%	100%	100%	100%
Payment checks issued in timely manner	na	100%	100%	100%	100%
Outcomes:					
Cumulative number of growers out of tobacco	559	655	712	825	895
Cumulative pounds of eligible tobacco out of production (millions)	5.44	6.41	6.81	7.33	7.7
Quality:					
Percent of tobacco farmers who cease tobacco production via the program (cumulative)	57%	66%	71%	83%	90%
Percent of tobacco pounds that are out of production via the program (cumulative)	66%	78%	83%	90%	95%
Payments issued in timely manner	na	100%	100%	100%	100%

Goal 2. Assist farmers and businesses to diversify and develop market-driven agricultural enterprises

KEY ACCOMPLISHMENTS - FY 2002 (July 2001-June 2002)

Objective 2.1	Targeted marketing programs for Southern Maryland developed
Strategy 2.1.1	Develop and support programs for retail and/or wholesale markets for Southern Maryland agricultural products
Action Plan/Step	<p><u>Everything Southern Maryland Marketplace and Restaurant</u></p> <ul style="list-style-type: none"> • Develop a Southern Maryland retail storefront and restaurant and processing kitchen that promotes tourism and showcases products grown and processed in Southern Maryland ("Everything Southern Maryland Project")
Action Plan/Step	<p><u>Southern Maryland Harvest Direct</u></p> <ul style="list-style-type: none"> • Develop a targeted marketing Project for growers to direct market Southern Maryland fresh produce
Action Plan/Step	<p><u>Southern Maryland Regional Farm Product and Services Directories</u></p> <ul style="list-style-type: none"> • Update and develop Farm Product and Services Directories to promote Southern Maryland farm, store, and restaurant retail and wholesale products and services
Action Plan/Step	<p><u>Farmer's Market Promotion and Development</u></p> <ul style="list-style-type: none"> • Assist counties and producers in the promotion and development of farmers' markets for local products

KEY ACCOMPLISHMENTS - FY 2002 (July 2001-June 2002)

- Two feasibility studies were undertaken. The first was to investigate the concept of a combined regional retail market, processing kitchen, and restaurant (Everything Southern Maryland). The study indicated that although a combined effort of all three of these components might not be feasible at this time, it did suggest the possibility of separating some or all of the components. A second study investigated the feasibility of a Southern Maryland regional mobile processing kitchen in support of an MDA grant to St. Mary's County. The results of this study indicated that Federal Health regulations through FDA would render the use of a shared mobile kitchen impractical. Following on from these two studies, however, the program is pursuing a "bricks and mortar" processing kitchen that would be large enough to attract businesses that could underwrite the costs of operation, while including space for small and mid-scale producers who would like to add value to their product (eg: turn tomatoes into salsa). Ideally the kitchen will also include a co-packer who can purchase Southern Maryland (SMD) produce and develop a line of SMD products. It is envisioned that the kitchen will also provide education for producers, test marketing, and initial marketing distribution. This is being considered in partnership with the Maryland Food Center Authority.
- With the assistance of a grant and guidance from MDA, a new program, Southern Maryland Harvest Fresh Produce, has gotten underway to help farmers sell directly to stores in Southern Maryland. Directories of sixty farmers and 4 stores were compiled and exchanged to facilitate buying and selling.
- A Farm Product and Service Directory has been developed for Southern Maryland that is targeted for consumers as well as the farm community. The directory was developed based on voluntary responses to a survey sent to the more than 5000 farmers registered with the US Department of Agriculture National Agricultural Statistics. The directory consists of a voluntary listing of all products offered by the farm community in the five counties, and an array of services offered by the farms, including agrotourism, holiday events, and even cancer respite. The directory will include maps of each county, descriptions of the farms and markets where products can be found as well as contact information. The Directory also provides a sample list of restaurants that buy and promote local products, as well as farm service businesses and agencies. 5000 copies of the Directory will be printed and will also be available on the internet (tccsmd.org).
- Promotional advertising for 15 Farmers' Markets in Southern Maryland has increased market sales for over 221 Southern Maryland growers in five counties.

- Additionally, considerable effort has been exercised to help reestablish a wholesale produce and plant auction for Southern Maryland (Cheltenham). This wholesale market supports over 200 Southern Maryland farmers and buyers.

Managing for Results

Agricultural Development / Infrastructure Budget (*as forecast by MDA July 2001)

Year	Infrastructure Budget			
FY 2001	\$250,000			
FY 2002	\$250,000			
FY 2003	\$710,000			
FY 2004	\$710,000			
FY 2005	\$710,000			
FY 2006	\$710,000			
FY 2007	\$710,000			
FY 2008	\$710,000			
FY 2009	\$710,000			

	Actual 2001	Goal 2002	Actual 2002	Goal 2003	Go: 200
Performance Measures					
Inputs:					
Funds available for programs *	250	250	400	500	500
Meetings with growers to assess interests and/or options	40	100	na	na	na
Number of applications for SMD Harvest Program and Directory	na	100	60	na	300
Number of Farmers Market applications	10	12	15	14	14
Output:					
Market trends, loan, and feasibility studies assessed	2	3	2	1	1
Directories published	na	1000	na	5000	na
Efficiency:					
Directories published in timely manner	na	3	2	1	2
Farmer market applications and contracts processed timely	na	100%	100%	100%	100%
Outcomes:					
Retail store-front and restaurant program design underway	na	1	na	na	na
Number of farmers selling through retail/restaurant	na	na	na	na	na
Number of agribusinesses engaged in value-added processing	na	na	na	5	10
Number of growers / businesses advertising in Directory	na	100	143	na	300
Number of produce growers / businesses direct marketing through program (SMD Harvest)	na	50	60	100	150
Number of Farmers Markets supported/promoted	12	12	15	13	14
Quality:					
Advertising campaign – number of direct mailings, media ads	na	2000	2000	1500	1500

(*as forecast for entire Infrastructure Program by MDA July 2001)

Objective 2.2	<i>Farmers and agri-businesses diversified and on-farm and related income increased</i>
Strategy 2.2.1	Develop and implement a grant Program to provide incentives and professional support for farmers to increase on-farm income and preserve the farm's environmental resources
Action Plan/Step	<u>Southern Maryland Farm Viability Program</u> <ul style="list-style-type: none"> • Develop and implement a grant Program to provide incentives and professional support for farmers to increase on-farm income and preserve the farm's environmental resources
Strategy 2.2.2	Develop opportunities for value-added processing
Action Plan/Step	<u>Processing Kitchen / Livestock Processing</u> <ul style="list-style-type: none"> • Studies will be undertaken to assess the feasibility and management of a mobile regional processing kitchen and a regional livestock processing facility.
Strategy 2.2.3	Develop and support a regional agri-tourism program
Action Plan/Step	<u>Southern Maryland Agritourism</u> <ul style="list-style-type: none"> • Develop and implement an Agritourism program.
Strategy 2.2.4	Promote, advertise and recruit agri-businesses into and from Southern Maryland
Action Plan/Step	<u>Business Recruitment and Promotion</u> <ul style="list-style-type: none"> • Businesses will be actively recruited and promoted into Southern Maryland to build the agricultural economic base.
Strategy 2.2.5	Provide matching grant support for targeted local, state and federal agricultural grant Projects
Action Plan/Step	<u>Matching Grant Support</u> <ul style="list-style-type: none"> • Funds will be available to match select, relevant, local, state, and federal grant agricultural projects that will help the Tobacco Crop Conversion Program attain its stated goals.

KEY ACCOMPLISHMENTS - FY 2002 (July 2001-June 2002)

- An exciting new grant program was developed that is intended to provide expert outside assistance to farmers to increase farm income as they transition away from tobacco. The program, Southern Maryland Farm Viability Enhancement Program, provides business and agricultural planning assistance to farmers on strategies to diversify operations, add value to farm products and/or services, and gain better market access. In return for grant funds, farmers agree to an agricultural covenant for 5 or 10 years, and to place the land under agricultural preservation if 50 acres or more. The program is run in partnership with the Southern Maryland Small Business Development Center. Four farmers are underway developing plans. Additionally, the Program offered a special session of the grant program for victims of the 2002 Spring tornado that damaged farms in Charles and Calvert County. Charles County Commissioners offered to fully match the funds provided, thus enabling five additional farmers to come into the program.
- Fifteen grants have been awarded since FY'01, and almost all have been completed. One farmer grantee has been able gain top dollar for early season raspberries through an innovative and state-of-the-art combination of field and greenhouse hydroponic system. One farmer used the funds to help build an isolation holding facility for cattle for Kosher beef. Another farmer grantee used funds to successfully convert a tobacco stripping room into a conditioned space for cut flower processing and storage. This has greatly enhanced their capacity to expand their market sales by storing flowers for as much as two weeks. A third grantee, Maryland Department of Agriculture, has conducted research and held seminars on grape production and financing opportunities. Outreach has taken place through

seminars, multiple field tours, workshops and dinners. Yet another grantee (UMD Cooperative Extension) has conducted research on the potential of ethnic vegetable production and marketing for Southern Maryland. This research was showcased during two farmer tours, and at the Trade Fair, and is still on-going. Grant funds also supported an educational farmer trip to the Northern Neck of Virginia to visit a model produce wholesale produce distribution center operated by a farmers' association, observe a successful agrotourism and produce operation, a successful beef operation, and a large vineyard and nursery. Thirty-five participants on the tour also had the opportunity to learn from producers and extension agents from Virginia and Maryland.

- Two feasibility studies were undertaken that address value added processing and matching grants (see Strategy 2 results). Following on from these two studies, however, the program is pursuing a "bricks and mortar" processing kitchen that is being considered in partnership with the Maryland Food Center Authority.
- Although the agrotourism program is envisioned to take hold in 2003, a preliminary seminar exploring opportunities for Agrotourism was held.

	Actual	Goal	Actual	Goal	Goal
Performance Measures	2001	2002	2002	2003	2004
Inputs:					
Funds available for Infrastructure programs *	250	250	400	500	500
Meetings with growers to assess interests and/or options	40	100	na	na	na
Number of applications for SMD Farm Viability	na	10	9	20	30
Number of relevant local, state and/or federal grants	na	2	2		
Output:					
Cumulative number of Farm Viability Plans developed	na	3	4*	10	20
Value-added opportunities studies assessed	na	2	2	na	na
Agri-tourism Brochures published	na	na	na	1	3
Number of advertisements recruiting/promoting agri-businesses	na	1	70	1	2
Number of applications for relevant matching grants	na	1	1	3	5
Efficiency:					
Applications and contracts processed timely	na	100%	100%	100%	100%
Grant funds processed in timely manner	90%	100%	100%	100%	100%
Outcomes:					
Number of farms with viable business plans	na	20	4*		
Number of producers / businesses involved in value-added processing as result of program	na	50	na		
Number of producers/business participating in agri-tourism as result of program	12	12	na		
Retail store-front and restaurant program design underway	na	na	na		
Matching grants awarded	na	1	1		
Quality:					
Advertising campaign – number of direct mailings, media ads	na	2000	2000	1500	1500

(*as forecast for entire Infrastructure Program by MDA July 2001)

Objective 2.3	<i>Information and education to enable the agricultural community to diversify farm and related operations provided</i>
Strategy 2.3.1	Develop and/or support relevant trade fairs, conferences, workshops and seminars on select related topics
Action Plan/Step	<u>Trade Fairs, conferences, workshops, seminars</u> <ul style="list-style-type: none"> • Relevant trade fairs, conferences, workshops and seminars will be developed on select related topics.
Strategy 2.3.2	Support and develop education and training opportunities in agriculture, leadership and business management
Action Plan/Step	<u>Educational Tours</u> <ul style="list-style-type: none"> • Organize and Support Educational Tours
Action Plan/Step	<u>Curriculum Development</u> <ul style="list-style-type: none"> • Support development of agricultural and related curriculum for K-12 children's education programs and/or other agricultural education programs in Southern Maryland
Action Plan/Step	<u>Scholarship funds</u> <ul style="list-style-type: none"> • Scholarship funds will be available for growers and agricultural professionals to participate in advanced level courses such as LEAD, Maryland and other relevant courses.
Strategy 2.3.3	Provide information through diverse media (eg: newsletter, website, resource library)
Action Plan/Step	<u>"Transitions" Newsletter</u> <ul style="list-style-type: none"> • A periodic newsletter will be directly mailed directly to over 1000 tobacco farmers, as well as interested others, in Southern Maryland to provide current information on the status and outcomes of the program, the studies and grants above as well as information promoting local farm and natural resource based operations and other relevant information.
Action Plan/Step	<u>Tobacco / Agricultural Land Maps</u> <ul style="list-style-type: none"> • Maps will be developed and updated using GIS capability to overlay Tobacco Buyout lands with land preservation programs (MALPH, GreenPrint, Rural Legacy, etc.), infrastructure, economic features (eg: market, milling, and processing centers), wetlands and critical areas, cultural and heritage features (eg: St Mary's City), etc.
Action Plan/Step	<u>Website / Resource Library</u> <ul style="list-style-type: none"> • A website will be periodically updated with relevant program information, grant opportunities, market potentials, etc. The site will be linked to other relevant websites. A Resource library will continue to be developed to provide targeted information to the agricultural community.

KEY ACCOMPLISHMENTS - FY 2002 (July 2001-June 2002)

- A Trade Fair and Educational Showcase entitled "Opportunities for Profit", intended to provide information on farm diversification and successful examples of marketing niches, attracted over 320 farmers. Several enterprises have evolved as a result of the Trade Fair, including grower interest in supporting a soy-processing value-added business (Heartland Fields). Over 70 exhibitors participated, including growers that had received previous grant funds from the program to share information with the community that was learned as a result of the grant. Many positive reports

told us that both participants and exhibitors learned a great deal from the trade fair, and many asked that it be repeated in the future.

- A Financial Fair was held to provide information to growers on investment opportunities, tax responsibilities pertaining to the Buyout, and estate planning.
- A preliminary seminar exploring opportunities for Agrotourism was also held.
- Grant funds also supported an educational farmer trip to the Northern Neck of Virginia enabled 35 participants to visit a model produce wholesale produce distribution center operated by a farmers' association, observe a successful agrotourism and produce operation, a successful beef operation, and a large vineyard and nursery (see above).
- Farmers were also invited to attend the Mid-Atlantic Direct Marketing Association meeting in Pennsylvania.
- The program co-sponsored a three-day symposium for agricultural leaders across the state on agricultural issues in Southern Maryland (LEAD, Maryland).
- Additionally, the program fully sponsored scholarships for two agricultural leaders in Southern Maryland, and funded another for the LEAD program.
- The program helped support the traditional agricultural activities of the 4-H clubs in four counties, enabling the education of our youths in new agricultural technologies. Specifically, the funds are being used to provide hands-educational learning opportunities such as agriculturally related learning laboratory kits to teach youths about animals, agriculture, and farming. Additionally, funds will be used to develop career awareness for older 4-H teens about careers in agricultural industry.
- Finally, "Transitions", the program newsletter continues to be published and is directly mailed to over 1500 farms in the region. The Newsletter features articles on alternative crops to tobacco (eg: grapes, medicinal herbs, nurser berries), program updates and opportunities, and upcoming events of interest.
- Mapping of the tobacco lands is underway.
- A small resource library is beginning to be compiled with information on marketing and alternatives to tobacco production.

	Actual	Goal	Actual	Goal	Goal
Performance Measures	2001	2002	2002	2003	2004
Inputs:					
Funds available for Infrastructure programs *	250	250	400	500	500
Meetings with growers to assess interests and/or options	40	100	60	100	100
Output:					
Number of Educational Tours developed	1	2	2	2	2
Educational opportunities (fairs, conferences, courses, seminars, etc.) sponsored through program	2	5	7	5	5
Number of producers participating in educational opportunities	320	400	400	400	400
Number of scholarships awarded	3	6	na	3	4
Number of farmers / businesses directly receiving information	1000	1500	1500	1500	1500
Efficiency:					
Applications and contracts processed timely	na	100%	100%	100%	100%
Grant funds processed in timely manner	90%	100%	100%	100%	100%
Outcomes:					
Number of agri-businesses enhanced/developed as a result of tours, education, trade fairs, grants, etc.	1	20	12	40	40
Quality:					
Advertising awareness campaign – number of direct mailings, media ads, etc.	na	2000	2000	1500	1500

(*as forecast for entire Infrastructure Program by MDA July 2001)

Goal 3. To promote and support agricultural land preservation in Southern Maryland.

Objective 3.1	<i>Incentives for landowners to put land under state and/or local agricultural land preservation programs and to support the counties' agricultural land preservation programs provided</i>
Strategy 3.1.1	Provide an incentive for landowners who take the Tobacco Buyout to place their land under agricultural preservation as specified in the Tobacco Buyout Contract by receiving an additional 10% of the easement price, pending availability of funds
Strategy 3.1.2	Match State / County Easements for agricultural land easement on a one-to-one basis. First priority will be given to landowners who have committed to the Tobacco Buyout and received their first payment. Remaining funds may be used for agricultural land easements of other agricultural landowners
Objective 3.2	<i>Acquisition of County land for Farmers' markets on a one-to-one match from the County</i>
Strategy 3.2.1	Provide support and funds upon request for acquisition of land for a Farmers' Market. Acquisition may include either the purchase of land or a long-term lease agreement

KEY ACCOMPLISHMENTS - FY 2002 (July 2001-June 2002)

- **Agricultural Land Preservation:** Over 2,209 acres have been directly preserved by the program in four counties Southern Maryland. These direct funds enabled the four counties to make additional offers for agricultural land preservation and has resulted in supporting over 2,425 acres placed under agricultural land preservation.
- No county has yet elected to have its agricultural land preservation funds used to promote, purchase, or otherwise acquire land for farmers' markets.

Agricultural Land Preservation Budget

Year	Infrastructure Budget
FY 2001	\$0
FY 2002	\$1,500,000
FY 2003	\$1,500,000
FY 2004	\$1,500,000
FY 2005	\$1,500,000
FY 2006	\$1,500,000
FY 2007	\$1,500,000
FY 2008	\$1,500,000
FY 2009	\$1,500,000

	Actual 2001	Goal 2002	Actual 2002	Goal 2003	Goal 2004
FY'02 Performance Measures					
Inputs:					
Funds made available to support existing county preservation program (thousands)	0	1,200		1,200	1,200
Funds available to support incentive for tobacco farmers (thousands)	300	300 (carry over)		300	300
Output:					
County programs strengthened	1	4	4	5	5
Number of eligible Growers who place land under agricultural preservation (cumulative, inc. matching)	1	20	23	40	60
Outcomes:					

Cumulative acres permanently preserved (inc. matching)	31	1000	2209	3500	4500
Counties participating	1	4	4	5	5
Quality:					
Payments issued in a timely manner	na	100%	100%	100%	100%

For more information regarding this program, please contact the following:

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