M00F0201
Health Systems and Infrastructure Administration
Department of Health and Mental Hygiene

Operating Budget Data

($ in Thousands)

	FY 14 Actual	FY 15 Working	FY 16 Allowance	FY 15-16 Change	% Change Prior Year
General Fund	$86,051	$92,786	$97,060	$4,274	4.6%
Deficiencies and Reductions	0	-5,924	-9,064	-3,141	
Adjusted General Fund	**$86,051**	**$86,863**	**$87,996**	**$1,133**	**1.3%**
Special Fund	4,243	4,457	4,151	-307	-6.9%
Deficiencies and Reductions	0	0	-39	-39	
Adjusted Special Fund	**$4,243**	**$4,457**	**$4,111**	**-$346**	**-7.8%**
Federal Fund	6,641	8,750	13,543	4,793	54.8%
Deficiencies and Reductions	0	0	-28	-28	
Adjusted Federal Fund	**$6,641**	**$8,750**	**$13,515**	**$4,765**	**54.5%**
Reimbursable Fund	861	779	940	161	20.7%
Adjusted Reimbursable Fund	**$861**	**$779**	**$940**	**$161**	**20.7%**
Adjusted Grand Total	**$97,796**	**$100,848**	**$106,562**	**$5,714**	**5.7%**

Note: The fiscal 2015 working appropriation reflects deficiencies and the Board of Public Works reductions to the extent that they can be identified by program. The fiscal 2016 allowance reflects back of the bill and contingent reductions to the extent that they can be identified by program.

- The fiscal 2016 allowance increases by $5.7 million, or 5.7%, above the fiscal 2015 working appropriation. Of this amount, $4.8 million is in federal funds mainly related to the State Innovation Models (SIM) grant. However, only about $1.0 million of this amount is expected to be realized in fiscal 2016.

- General fund increases are almost exclusively tied to increases in personnel spending, especially contributions for retiree health insurance and retirement contributions.

Note: Numbers may not sum to total due to rounding.

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Personnel Data

	FY 14 Actual	FY 15 Working	FY 16 Allowance	FY 15-16 Change
Regular Positions	532.05	526.80	531.80	5.00
Contractual FTEs	22.98	20.32	18.90	-1.42
Total Personnel	**555.03**	**547.12**	**550.70**	**3.58**

Vacancy Data: Regular Positions

Turnover and Necessary Vacancies, Excluding New Positions	38.98	7.40%
Positions and Percentage Vacant as of 12/31/14	54.80	10.40%

- Regular positions increase by 5.0, all of which are connected to the SIM grant.

- Turnover expectancy is increased in the fiscal 2016 allowance, from 6.0% to 7.4%. However, the agency currently has more than enough vacancies to meet turnover with a vacancy rate of 10.4%.

Analysis in Brief

Major Trends

Measuring Progress on the State Health Improvement Process: In September 2011, the Department of Health and Mental Hygiene launched the State Health Improvement Process to improve accountability and reduce health disparities in Maryland by 2014 through implementing local action and engaging the public. Only 16 of the 41 measures (39.0%) met the goal set for 2014, while 31 of the 41 measures showed improvement since 2011 (75.6%), including all measures in the Access to Health Care category.

Number of Providers Accepting a State Loan Repayment Program Obligation Remains Static: In fiscal 2014, the number of health care providers accepting a practice obligation in Maryland under the State Loan Repayment Program remained static.

Average Length of Stay Continues to Decline in State Chronic Disease Hospital Centers: Due to changes in federal reimbursement rates for patient days, the State chronic disease hospital centers are working to efficiently treat patients so that they can be moved to a setting that requires a lower level of care.

Recommended Actions

		Funds	Positions
1.	Reduce positions and federal funds for the State Innovation Models grant.	$ 7,022,750	9.0
2.	Strike the contingent language for Core Public Health Services.		
3.	Reduce general funds for Core Public Health Services.	7,841,378	
	Total Reductions	**$ 14,864,128**	**9.0**

M00F0201
Health Systems and Infrastructure Administration
Department of Health and Mental Hygiene

Operating Budget Analysis

Program Description

The Health Systems and Infrastructure Administration (HSIA) contains offices that maintain and improve the health of Marylanders by assuring access to primary care services and school health programs, by assuring the quality of health services, and by supporting local health systems' alignment to improve population health. HSIA offices define and measure Maryland's health status, access, and quality indicators for use in planning and determining public health policy. The agency improves access to quality health services in Maryland by developing partnerships with agencies, coalitions, and councils; funding and supporting local public health departments through the Core Funding Program; collaborating with the Maryland State Department of Education to assure the physical and psychological health of school-aged children through adequate school health services and a healthy school environment; seeking public health accreditation of State and local health departments; identifying areas where there are insufficient numbers of providers (primary care, dental, and mental health) to care for the general, rural, Medical Assistance, low-income, and Health Enterprise Zone (HEZ) populations in Maryland; working to recruit and retain health professionals through loan repayment programs and access to J-1 Visa waivers; and creating and promoting relevant State and national health policies.

HSIA also oversees the State's two chronic disease hospital centers – Western Maryland Hospital Center and Deer's Head Center – which provide specialized services for those in need of complex medical management, comprehensive rehabilitation, long-term care, or dialysis. Specifically, both centers provide:

- chronic care and treatment to patients requiring acute rehabilitation (at a level greater than that available at a nursing home) for management of complex medical issues such as respiratory, coma, traumatic brain injury, spinal cord injury, wound management, dementia, cancer care, and quarantined tuberculosis;

- long-term nursing care for patients who do not need hospital-level care but are unable to function in traditional nursing homes; and

- inpatient and outpatient renal dialysis services.

Performance Analysis: Managing for Results

1. Measuring Progress on the State Health Improvement Process

The Maryland Health Care Reform Coordinating Council (HCRCC), established by executive order in March 2010, has advised that Maryland's public health infrastructure – including local health departments as well as population-based programs – serves unique functions that will not be supplanted by the health insurance coverage aspects of federal health care reform. Among other recommendations, HCRCC recommended that Maryland develop State and local strategic plans to improve health outcomes.

The Department of Health and Mental Hygiene (DHMH) developed a State Health Improvement Process (SHIP) that includes a health needs assessment to identify priorities and set goals for health status, access, provider capacity, consumer concerns, and health equity within the State. Through SHIP, the department has highlighted a need for public- and private-sector partners to work with local health departments and the State to monitor a number of performance metrics. HCRCC has further recommended that local implementation processes be developed which involve local health department-led collaborations to identify systemic issues that must be addressed to achieve SHIP goals.

In September 2011, DHMH launched SHIP to improve accountability and reduce health disparities in Maryland by 2014 through implementing local action and engaging the public. As shown in **Appendix 2**, SHIP includes 41 measures of health in five vision areas: Healthy Beginnings, Healthy Living, Healthy Communities, Access to Health Care, and Quality Preventive Care. **Exhibit 1** contains information on the number of measures in each vision area, how many of these measures met or exceeded the goal for performance by 2014, and how many measures showed improvement over the timeframe. As shown in Exhibit 1, only 16 of the 41 measures (39.0%) met the goal set for 2014, with success varied across the different vision areas. On a more positive note, 31 of the 41 measures showed improvement since 2011 (75.6%), including all measures in the Access to Health Care category.

Exhibit 1
Maryland's State Health Improvement Process
Metrics on Goals and Improvement
SHIP Years 2011-2014*

	Number of Measures	Number of Goals Met by 2014	% of Goals Met	Number Improved Since 2011	% Improved
Vision 1: Healthy Beginnings	8	3	37.5%	7	87.5%
Vision 2: Healthy Living	9	5	55.6%	8	88.9%
Vision 3: Health Communities	9	3	33.3%	7	77.8%
Vision 4: Access to Health Care	4	2	50.0%	4	100.0%
Vision 5: Quality Preventive Care	11	3	27.3%	5	45.5%
Total	**41**	**16**	**39.0%**	**31**	**75.6%**

SHIP: State Health Improvement Process

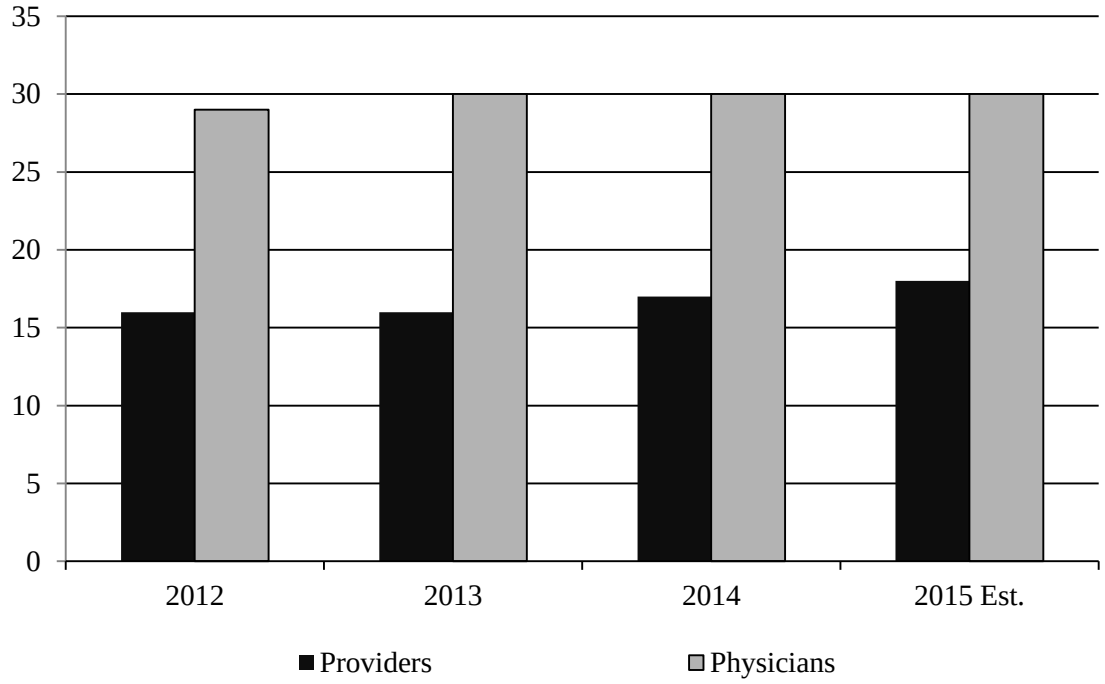
*SHIP years may not necessarily line up with the calendar or fiscal year.

Source: Department of Health and Mental Hygiene

2. Number of Providers Accepting a State Loan Repayment Program Obligation Remains Static

HSIA aims to maximize the number of health care providers accepting a practice obligation in Maryland under the State Loan Repayment Program (SLRP) and the number of physicians accepting a practice obligation under the J-1 Visa Waiver Program. SLRP offers providers an opportunity to practice their profession in a community that lacks adequate primary and/or mental health services, while also receiving funds to pay their educational loans. An eligible practice site is a clinic that is public or nonprofit that treats all persons regardless of their ability to pay and is located in a geographic region of Maryland that has been designated as a health professional shortage area. A provider accepting a new SLRP practice obligation is defined as a health care provider who signs the Maryland Higher Education Commission Promissory Note and Obligation Agreement that obligates the provider to serve under SLRP. Similarly, physicians can accept a practice obligation under the J-1 Visa Waiver Program, which enables foreign physicians to improve access to health care in federally designated shortage areas. As shown in **Exhibit 2**, in fiscal 2014, the number of health care providers and physicians accepting a practice obligation in Maryland remained static. (As of September 2012, providers include nurse practitioners, physician assistants, dentists, and social workers.) The number of providers accepting a practice obligation is expected to increase slightly in fiscal 2015.

Exhibit 2
Health Care Providers and Physicians Accepting a Practice Obligation
Fiscal 2012-2015 Est.

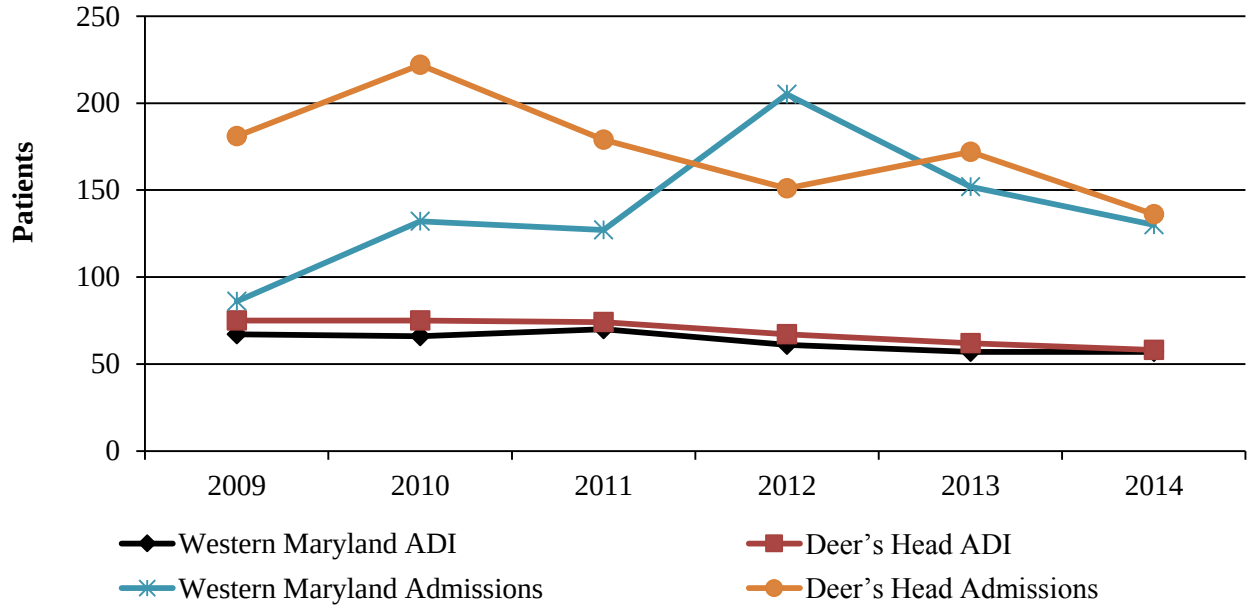


Source: Department of Health and Mental Hygiene

3. Average Length of Stay Continues to Decline in State Chronic Disease Hospital Centers

Due to changes in reimbursements for patient days, the State chronic disease hospitals are working to efficiently treat patients and allow them to move on to a lower level of care as soon as is medically possible. **Exhibit 3** shows that while admissions have fluctuated year to year at both State chronic disease hospitals, the average daily number of patients has declined since fiscal 2009 at both facilities.

Exhibit 3
Average Daily Inpatients and Admissions
Fiscal 2009-2014



ADI: Average Daily Inpatients

Source: Department of Health and Mental Hygiene

Fiscal 2015 Actions

Cost Containment

On January 7, 2015, the Board of Public Works (BPW) withdrew $205.3 million in appropriations as fiscal 2015 cost containment. The largest of these reductions for HSIA is level funding for Core Public Health Services through the targeted local health formula. This action reduced funding for the formula to the fiscal 2014 level of $41,743,209, reducing the appropriation by $5,923,665.

The same January 2015 BPW action also included a 0.6% across-the-board general fund reduction to DHMH totaling $25,448,100. If allocated proportionally, it would equal $577,111 in this program. These reductions are summarized in **Exhibit 4**.

Exhibit 4
Fiscal 2015 Reconciliation
($ in Thousands)

Action	Description	General Fund	Special Fund	Federal Fund	Reimb. Fund	Total
Legislative Appropriation with Budget Amendments		**$92,786**	**$4,457**	**$8,750**	**$779**	**$106,772**
Working Appropriation		**$92,786**	**$4,457**	**$8,750**	**$779**	**$106,772**
January BPW	Reduce funding for Core Public Health Services to fiscal 2014 level.	-5,924	0	0	0	-5,924
January BPW Across the Board	This unit is part of the Department of Health and Mental Hygiene, which received a 0.6% across-the-board general fund reduction totaling $25,448,100. If allocated proportionally, it would equal $577,111 in this program.					
Total Actions Since January 2015		***-$5,924***	***$0***	***$0***	***$0***	***-$5,924***
Adjusted Working Appropriation		**$86,863**	**$4,457**	**$8,750**	**$779**	**$100,848**

BPW: Board of Public Works

Proposed Budget

As shown in **Exhibit 5**, the Governor's fiscal 2016 allowance increases by $5.7 million (5.7%) over the fiscal 2015 working appropriation net of contingent and across-the-board reductions, primarily due to an increase in federal funding for the State Innovation Models (SIM) grant.

Exhibit 5
Proposed Budget
DHMH – Health Systems and Infrastructure Administration
($ in Thousands)

How Much It Grows:	General Fund	Special Fund	Federal Fund	Reimb. Fund	Total
Fiscal 2014 Actual	$86,051	$4,243	$6,641	$861	$97,796
Fiscal 2015 Working Appropriation	86,863	4,457	8,750	779	100,848
Fiscal 2016 Allowance	87,996	4,111	13,515	940	106,562
Fiscal 2015-2016 Amt. Change	$1,133	-$346	$4,765	$161	$5,714
Fiscal 2015-2016 Percent Change	1.3%	-7.8%	54.5%	20.7%	5.7%

Where It Goes:

Personnel Expenses	
Employee and retiree health insurance	$1,067
Increments and other compensation (prior to cost containment)	910
New positions (associated with the SIM grant)	684
Retirement contributions	472
Other fringe benefit adjustments	-5
Turnover adjustments	-409
Section 20: 2% salary reduction	-598
Section 21: Elimination of employee increments	-693
Other Changes	
State Innovation Models grant operating costs	7,337
Other	-51
Expiration of the Health Care Innovation Challenge grant	-3,000
Total	**$5,714**

Note: Numbers may not sum to total due to rounding. The fiscal 2015 working appropriation reflects deficiencies and the Board of Public Works reductions to the extent that they can be identified by program. The fiscal 2016 allowance reflects back of the bill and contingent reductions to the extent that they can be identified by program.

Cost Containment

The largest cost containment item for HSIA is the continued level funding for Core Public Health Services. Contingent language in the budget bill, as well as a provision in the

Budget Reconciliation and Financing Act of 2015, would again limit funding in fiscal 2016 to the 2014 level of $41.7 million, resulting in a reduction of $7,841,378 below what the formula under current law would provide.

The fiscal 2016 allowance also contains back of the bill reductions for a 2% pay reduction as well as removing increments from agency allowances. These reductions equal $1.3 million for HSIA.

Further, there is a 2% across-the-board general reduction in the fiscal 2016 allowance, which included a 0.6% across-the-board reduction to DHMH totaling $27,215,000. If allocated proportionally, it would equal $622,483 in this program.

Personnel

Personnel expenditures for HSIA increase by $2.7 million prior to cost containment reductions. The largest increase is for employee and retiree health insurance payments, which increase by $1.1 million. Other large personnel increases include increments and other compensation adjustments prior to cost containment ($910,000), new positions related to the SIM grant ($684,000), and retirement contributions ($472,000). These increases are partially offset by an increase in the turnover expectancy from 6.0% to 7.4%, resulting in a $409,000 reduction.

Other Changes

The largest change for operating costs concerns the SIM grant, as well as the Health Care Innovation Challenge grant. The SIM grant is a planning grant from the federal Centers for Medicare and Medicaid Services that would fund development of the new community-integrated medical home initiative. This award was originally hoped to be $60.0 million over a 42-month period, and $8.0 million is included in the fiscal 2016 allowance. However, Maryland was awarded only a smaller SIM grant, $2.5 million, of which only $1.0 million will be retained in HSIA with the rest spent in the Medical Care Programs Administration (Medicaid). The money retained is HSIA will be used for grants to various projects. However, it will no longer require any of the originally budget positions or the funding level set in the allowance. **Accordingly, the Department of Legislative Services recommends that the committees reduce the federal funding to an appropriate level and remove the positions associated with this program.**

The Health Care Innovation Challenge grant was expected to be a $10 million award over three years to fund three new HEZs and to develop a payment model and continuous quality improvement infrastructure for these as well as the five existing HEZs. There is $3 million in the fiscal 2015 working appropriation for this grant program. However, this grant was not awarded, and thus there is no spending included in the fiscal 2016 allowance.

Recommended Actions

		Amount Reduction		Position Reduction
1.	Reduce 9.0 positions and reduce federal funds for the State Innovation Models grant down to the appropriate level.	$ 7,022,750	FF	9.0

2. Strike the following language to the general fund appropriation:

~~, provided that this appropriation shall be reduced by $7,841,378 contingent upon the enactment of legislation reducing the required appropriation for Core Public Health Services~~

Explanation: This action strikes the contingent language in the budget bill for the appropriation for Core Public Health Services.

		Amount Reduction		Position Reduction
3.	Reduce general funds for Core Public Health Services to the fiscal 2014 level as provided in the Governor's budget.	7,841,378	GF	
	Total Reductions	**$ 14,864,128**		**9.0**
	Total General Fund Reductions	**$ 7,841,378**		
	Total Federal Fund Reductions	**$ 7,022,750**		

Appendix 1

Current and Prior Year Budgets

Current and Prior Year Budgets
DHMH – Health Systems and Infrastructure Administration
($ in Thousands)

	General Fund	Special Fund	Federal Fund	Reimb. Fund	Total
Fiscal 2014					
Legislative Appropriation	$84,508	$4,448	$5,567	$799	$95,323
Deficiency Appropriation	-1,766	320	-6	0	-1,451
Budget Amendments	3,309	60	1,191	62	4,621
Reversions and Cancellations	0	-586	-112	0	-698
Actual Expenditures	**$86,051**	**$4,243**	**$6,641**	**$861**	**$97,796**
Fiscal 2015					
Legislative Appropriation	$91,372	$4,444	$8,747	$779	$105,342
Cost Containment	0	0	0	0	0
Budget Amendments	1,414	13	2	0	1,430
Working Appropriation	**$92,786**	**$4,457**	**$8,750**	**$779**	**$106,772**

Note: Numbers may not sum to total due to rounding. The fiscal 2015 working appropriation does not include January 2015 Board of Public Works reductions and deficiencies.

Fiscal 2014

Actual expenditures for HSIA were $2,472,830 above the legislative appropriation. This was derived as follows.

Deficiency appropriations reduced the appropriation by $1,451,109. Of this amount, general funds were reduced by $1,765,618, special funds were increased by $320,478, and federal funds were decreased by $5,969. Lower payments for health insurance and retirement contributions reduced general funds by $1,308,028, special funds by $37,112, and federal funds by $5,969. Other deficiencies included cost containment reductions totaling $100,000 in general funds, as well as a fund swap, which removed $357,590 in general funds and increased special funds by the same amount.

Budget amendments added $4,621,493, including $3,308,841 in general funds, $59,874 in special funds, $1,191,223 in federal funds, and $61,555 in reimbursable funds. Increases related to the fiscal 2014 COLA, salary increments, and annual salary review (ASR) totaled $2,248,164 in general funds, $20,431 in special funds, and $4,515 in federal funds. Further, federal funds increased by $1,108,882 for the SIM design grant, as well as $605 to realign the State Retirement Agency administrative and Department of Information Technology services allocation fees. Special funds increased by $39,443 for a contract to staff a Women, Infants, and Children Quality Improvement Initiative. Reimbursable funds increased by $44,650 for the Maryland Living Well Project and by $16,905 for the dietary services of Potomac Center patients. Finally, closeout amendments added $1,060,677 in general funds and $77,221 in federal funds due to higher than anticipated expenditures.

Cancellations totaled $697,554, including $586,045 in special funds and $111,509 in federal funds, due to lower than anticipated expenditures for various programs.

Fiscal 2015

To date, $1,429,878 has been added to the legislative appropriation, including $1,414,335 in general funds, $13,287 in special funds, and $2,256 in federal funds. General fund increases were split between the 2015 COLA ($1,054,000) and the 2015 ASR ($360,335). Both of the special fund and federal fund increases were also related to the 2015 COLA.

Appendix 2

Maryland's State Health Improvement Process

	SHIP Measurement	Current Maryland Baseline	Maryland 2014 Target
Vision Area 1: Healthy Beginnings			
1.	Reduce infant deaths	6.3 infant deaths per 1,000 live births.	6.6 infant deaths per 1,000 live births.
2.	Reduce low birth weight	8.8% of live births were low birth weight.	8.5% of live births are low birth weight.
3.	Reduce sudden unexpected infant deaths	0.93 sudden unexpected infant deaths per 1,000 live births.	0.89 sudden unexpected infant deaths per 1,000 live births.
4.	Reduce rate of births to teens (ages 15-19)	22.1 per 1,000 births.	29.6 per 1,000 births.
5.	Increase the proportion of pregnant women starting prenatal care in the first trimester	65.7% received prenatal care beginning in the first trimester.	62.6% will receive prenatal care beginning in the first trimester.
6.	Increase the proportion of students who enter kindergarten ready to learn	83.0% of students entered kindergarten fully ready to learn.	85.0% of students enter kindergarten fully ready to learn.
7.	Increase proportion of students who graduate from high school	83.6% students graduate from high school in four years after entering grade 9.	86.1% students graduate high school in four years after entering grade 9.
8.	Increase the amount of children receiving blood lead screening	66.2% of children enrolled in Medicaid.	69.5% of children enrolled in Medicaid.
Vision Area 2: Healthy Living			
9.	Increase proportion of adults who are at a healthy weight	35.9% of Maryland adults are at a healthy weight.	35.7% of Maryland adults will be at a healthy weight.
10.	Reduce the proportion of children and adolescents who are considered obese	11.0% of children ages 12 to 19 are considered obese.	11.3% of children ages 12 to 19 will be considered obese.

	SHIP Measurement	Current Maryland Baseline	Maryland 2014 Target
11.	Reduce cigarette smoking among adults	16.3% of adults reported currently smoking cigarettes.	14.4% of adults report that they are currently smoking cigarettes.
12.	Reduce tobacco use among adolescents	16.9% of adolescents used tobacco in the last 30 days.	22.3% of adolescents will use tobacco in the last 30 days.
13.	Decrease the rate of alcohol-impaired driving fatalities	0.15 driving fatalities per 100,000 vehicle miles traveled.	0.27 driving fatalities per 100,000 vehicle miles traveled.
14.	Reduce HIV infections among adults and adolescents	28.7 newly diagnosed HIV cases per 100,000 population.	30.4 newly diagnosed HIV cases per 100,000 population.
15.	Reduce Chlamydia trachomatis infections among young people	450.7 Chlamydia cases per 100,000 15 to 24 years old.	431 Chlamydia cases per 100,000 15 to 24 years old.
16.	Increase life expectancy	79.7 years.	82.5 years.
17.	Increase the number of persons who reported at least 150 minutes of moderate physical activity or as least 75 minutes of vigorous physical activity per week	48 per 100 persons.	49.8 per 100 persons.
Vision Area 3: Health Communities			
18.	Reduce child maltreatment	9.2 victims of nonfatal child maltreatment per 1,000 children.	4.8 victims of nonfatal child maltreatment per 1,000 children.
19.	Reduce the suicide rate	9.5 suicides per 100,000 population.	9.1 suicides per 100,000 population.
20.	Reduce domestic violence	53.6 emergency department visits for domestic violence per 100,000 population.	59.2 emergency department visits for domestic violence per 100,000 population.
21.	Reduce number of children with elevated blood lead levels	0.329% of all children tested.	0.177 of all children tested.
22.	Decrease fall-related deaths	8.6 fall-related deaths per 100,000 population.	6.9 fall-related deaths per 100,000 population.

	SHIP Measurement	Current Maryland Baseline	Maryland 2014 Target
23.	Reduce pedestrian injuries on public roads	41.2 pedestrian injuries per 100,000 population.	29.7 pedestrian injuries per 100,000 population.
24.	Reduce salmonella infections transmitted through food	14.5 salmonella infections per 100,000 population.	12.7 salmonella infections per 100,000 population.
25.	Reduce the number of days the Air Quality Index exceeds 100	1.7 days that the air quality index exceeded 100.	8.8 days that the air quality index exceeds 100.
26.	Increase the percentage of housing units sold that are affordable on the median teacher's salary	53.1%.	42.2%.
Vision Area 4: Access to Health Care			
27.	Increase the proportion of adolescents (ages 13 to 20) enrolled in Medicaid who have an annual wellness checkup	54.7% had a wellness checkup in the past year.	54.3% will have a wellness checkup in the next year.
28.	Increase the proportion of low-income children and adolescents who receive dental care	63.6% of low-income children and adolescents received preventative dental services in the past year.	55.4% of low-income children and adolescents will receive preventative dental services in the next year.
29.	Reduce the proportion of individuals who are unable to afford to see a doctor	12.9% reported that they were unable to afford to see a doctor.	11.4% report that they were unable to afford to see a doctor.
30.	Increase the proportion of persons with health insurance	88.2% of nonelderly had health insurance.	93.6% of nonelderly will have health insurance.
Vision Area 5: Quality Preventive Care			
31.	Reduce the overall cancer death rate	163.7 cancer deaths per 100,000 population.	169.2 cancer deaths per 100,000 population.
32.	Reduce diabetes-related emergency department visits	205 emergency department visits for diabetes per 100,000 population.	174.4 emergency department visits for diabetes per 100,000 population.

	SHIP Measurement	Current Maryland Baseline	Maryland 2014 Target
33.	Reduce hypertension-related emergency department visits	264.8 emergency department visits for hypertension per 100,000 population.	205.4 emergency department visits for hypertension per 100,000 population.
34.	Reduce drug-induced deaths	12.7 drug-induced deaths per 100,000 population.	12.4 drug-induced deaths per 100,000 population.
35.	Reduce the number of emergency department visits related to mental health conditions	3,375.1 emergency department visits for behavioral health conditions per 100,000 population.	2,652.6 emergency department visits for behavioral health conditions per 100,000 population.
36.	Reduce the proportion of hospitalizations related to Alzheimer's disease and other dementias	232.2 hospitalizations for Alzheimer's disease and other dementias per 100,000 population.	274.6 hospitalizations for Alzheimer's disease and other dementias per 100,000 population.
37.	Increase vaccination coverage for recommended vaccines among young children	67% of children ages 19 to 35 months received recommended vaccine doses.	80% of children ages 19 to 35 months will receive recommended vaccine doses.
38.	Increase the percentage of people vaccinated annually against seasonal influenza	53.1% of adults received an influenza shot last year.	65.6% of adults will receive an influenza shot.
39.	Reduce hospital emergency department visits from asthma	66.2 emergency department visits for asthma per 100,000 population.	52.4 emergency department visits for asthma per 100,000 population.
40.	Reduce deaths from heart disease	171.9 heart disease deaths per 100,000 population.	173.3 heart disease deaths per 100,000 population.
41.	Reduce the number of emergency department visits related to substance use disorders	1521.8 emergency department visits for behavioral health conditions per 100,000 population.	1092.3 emergency department visits for behavioral health conditions per 100,000 population.

HIV: human immunodeficiency virus
SHIP: State Health Improvement Process

Source: Department of Health and Mental Hygiene

Object/Fund Difference Report
DHMH – Health Systems and Infrastructure Administration

Object/Fund	FY 14 Actual	FY 15 Working Appropriation	FY 16 Allowance	FY 15 - FY 16 Amount Change	Percent Change
Positions					
01 Regular	532.05	526.80	531.80	5.00	0.9%
02 Contractual	22.98	20.32	18.90	-1.42	-7.0%
Total Positions	**555.03**	**547.12**	**550.70**	**3.58**	**0.7%**
Objects					
01 Salaries and Wages	$ 34,984,624	$ 37,787,818	$ 40,506,469	$ 2,718,651	7.2%
02 Technical and Spec. Fees	1,502,797	1,260,474	1,235,970	-24,504	-1.9%
03 Communication	104,557	93,204	103,811	10,607	11.4%
04 Travel	48,533	33,595	50,812	17,217	51.2%
06 Fuel and Utilities	1,456,982	1,232,891	1,358,267	125,376	10.2%
07 Motor Vehicles	107,085	56,949	105,076	48,127	84.5%
08 Contractual Services	7,147,344	8,399,340	12,446,176	4,046,836	48.2%
09 Supplies and Materials	5,541,837	5,495,044	5,505,335	10,291	0.2%
10 Equipment – Replacement	211,797	53,000	48,926	-4,074	-7.7%
11 Equipment – Additional	159,138	24,997	75,000	50,003	200.0%
12 Grants, Subsidies, and Contributions	46,236,823	52,184,874	54,102,587	1,917,713	3.7%
13 Fixed Charges	186,342	149,842	155,214	5,372	3.6%
14 Land and Structures	107,801	0	0	0	0.0%
Total Objects	**$ 97,795,660**	**$ 106,772,028**	**$ 115,693,643**	**$ 8,921,615**	**8.4%**
Funds					
01 General Fund	$ 86,051,340	$ 92,786,275	$ 97,060,261	$ 4,273,986	4.6%
03 Special Fund	4,242,623	4,457,314	4,150,615	-306,699	-6.9%
05 Federal Fund	6,641,191	8,749,610	13,542,950	4,793,340	54.8%
09 Reimbursable Fund	860,506	778,829	939,817	160,988	20.7%
Total Funds	**$ 97,795,660**	**$ 106,772,028**	**$ 115,693,643**	**$ 8,921,615**	**8.4%**

Note: The fiscal 2015 working appropriation does not include January 2015 Board of Public Works reductions and deficiencies. The fiscal 2016 allowance does not reflect contingent or across-the-board reductions.

Fiscal Summary
DHMH – Health Systems and Infrastructure Administration

Program/Unit	FY 14 Actual	FY 15 Wrk Approp	FY 16 Allowance	Change	FY 15 - FY 16 % Change
01 Health Systems and Infrastructure Administration	$ 3,724,741	$ 5,827,839	$ 10,747,016	$ 4,919,177	84.4%
07 Core Public Health Services	46,236,209	52,159,874	54,077,587	1,917,713	3.7%
01 Services and Institutional Operations	24,936,004	25,193,795	26,185,673	991,878	3.9%
01 Services and Institutional Operations	22,898,706	23,590,520	24,683,367	1,092,847	4.6%
Total Expenditures	**$ 97,795,660**	**$ 106,772,028**	**$ 115,693,643**	**$ 8,921,615**	**8.4%**
General Fund	$ 86,051,340	$ 92,786,275	$ 97,060,261	$ 4,273,986	4.6%
Special Fund	4,242,623	4,457,314	4,150,615	-306,699	-6.9%
Federal Fund	6,641,191	8,749,610	13,542,950	4,793,340	54.8%
Total Appropriations	**$ 96,935,154**	**$ 105,993,199**	**$ 114,753,826**	**$ 8,760,627**	**8.3%**
Reimbursable Fund	$ 860,506	$ 778,829	$ 939,817	$ 160,988	20.7%
Total Funds	**$ 97,795,660**	**$ 106,772,028**	**$ 115,693,643**	**$ 8,921,615**	**8.4%**

Note: The fiscal 2015 working appropriation does not include January 2015 Board of Public Works reductions and deficiencies. The fiscal 2016 allowance does not reflect contingent or across-the-board reductions.