

**M00F02**  
**Community and Family Health Administrations**  
 Department of Health and Mental Hygiene

***Operating Budget Data***

(\$ in Thousands)

	<u>FY 02</u>	<u>FY 03</u>	<u>FY 04</u>	<u>FY 02-04</u> <u>Change</u>	<u>FY 05</u>	<u>FY 04-05</u> <u>Change</u>
Operations	\$24,855	\$26,335	\$25,809	\$954	\$26,992	\$1,183
Contractual Services	144,886	159,883	143,022	-1,864	147,601	4,579
Grants	94,050	99,864	91,719	-2,331	95,715	3,996
FY 2004 Deficiencies	0	0	2,000	2,000	0	-2,000
Contingent & Back of Bill Reductions	0	0	0	0	-108	-108
<b>Adjusted Grand Total</b>	<b>\$263,791</b>	<b>\$286,082</b>	<b>\$262,550</b>	<b>-\$1,241</b>	<b>\$270,200</b>	<b>\$7,650</b>
General Funds	117,349	115,962	112,294	-5,055	112,979	685
Contingent & Back of Bill Reductions	0	0	0	0	-54	-54
<b>Adjusted General Funds</b>	<b>\$117,349</b>	<b>\$115,962</b>	<b>\$112,294</b>	<b>-\$5,055</b>	<b>\$112,925</b>	<b>\$630</b>
Special Funds	52,767	63,329	47,190	-5,577	40,750	-6,440
FY 2004 Deficiencies	0	0	2,000	2,000	0	-2,000
Contingent & Back of Bill Reductions	0	0	0	0	-10	-10
<b>Adjusted Special Funds</b>	<b>\$52,767</b>	<b>\$63,329</b>	<b>\$49,190</b>	<b>-\$3,577</b>	<b>\$40,739</b>	<b>-\$8,451</b>
Federal Funds	92,916	106,487	100,848	7,933	116,362	15,513
Contingent & Back of Bill Reductions	0	0	0	0	-43	-43
<b>Adjusted Federal Funds</b>	<b>\$92,916</b>	<b>\$106,487</b>	<b>\$100,848</b>	<b>\$7,933</b>	<b>\$116,318</b>	<b>\$15,470</b>
Reimbursable Funds	759	304	218	-541	218	0
<b>Adjusted Grand Total</b>	<b>\$263,791</b>	<b>\$286,082</b>	<b>\$262,550</b>	<b>-\$1,241</b>	<b>\$270,200</b>	<b>\$7,650</b>
<b>Annual % Change</b>		<b>8.5%</b>	<b>-8.2%</b>		<b>2.9%</b>	

- Cost containment has reduced the amount of general funds available to each administration since fiscal 2002, though increased availability of federal funds has offset the reductions in many instances. Fiscal 2004 cost containment actions further reduced funding for the local health departments by \$1.5 million and funding for the Cigarette Restitution Fund Program by \$3.9 million.
- A fiscal 2004 special fund deficiency appropriation offsets an anticipated deficit in the Family Health Administration's Breast and Cervical Cancer Program. Funds for the deficiency appropriation were made available by fiscal 2004 cost containment reductions made to the Cigarette Restitution Fund Program.

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

For further information contact: Suzanne M. Owen

Phone: (410) 946-5530

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- The fiscal 2005 allowance includes an additional \$11 million from the Centers for Disease Control and Prevention to enhance emergency preparedness activities coordinated by the Community Health Administration.

***Personnel Data***

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	<u>FY 02</u>	<u>FY 03</u>	<u>FY 04</u>	<b>FY 02-04</b> <u>Change</u>	<u>FY 05</u>	<b>FY 04-05</b> <u>Change</u>
Regular Positions	382.4	390.9	341.4	-41.0	339.4	-2.0
Contractual FTEs	15.4	12.5	20.2	4.8	20.2	0.0
<b>Total Personnel</b>	<b>397.8</b>	<b>403.4</b>	<b>361.6</b>	<b>-36.2</b>	<b>359.6</b>	<b>-2.0</b>

***Vacancy Data: Regular Positions***

Turnover Expectancy	13.37	3.94%
Positions Vacant as of 12/31/03	27.70	8.11%

- The administrations have lost 41 positions since fiscal 2002 as part of the effort to contain the growth in the size of the State workforce. The administrations also remain subject to the hiring freeze for the majority of non-direct care positions.
- The allowance includes a new position in the Community Health Administration's Office of Local Health. The allowance also provides for a new position to administer the Family Health Administration's initiative to establish regional resource centers for child abuse and neglect. The addition of these positions is offset by the abolition of four positions in the Family Health Administration, primarily in the Women, Infants, and Children program.

## ***Analysis in Brief***

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### **Major Trends**

***Administrations Responsible for Breadth of Public Health Functions:*** Data reported by the Community Health Administration and Family Health Administration reflect the diversity of functions performed by the administrations.

### **Issues**

***Emergency Preparedness Efforts Continue:*** The Community Health Administration has strengthened its capacity to respond to bioterrorism, other outbreaks of infectious disease, and emergency public health threats with financial and programmatic support from the Centers for Disease Control and Prevention.

***Breast and Cervical Cancer Programs Remain Unable to Contain Costs:*** General fund expenditures for breast and cervical cancer screening and treatment programs continue to exceed budgeted resources.

### **Recommended Actions**

	<u><b>Funds</b></u>	<u><b>Positions</b></u>
1. Add language to delete one new position from the Office of Local Health.		
2. Delete new position in the Office of Local Health as the Board of Public Works has already created a position to assume this function.		1.0
3. Delete funding to establish regional resource centers for child abuse and neglect.	407,941	1.0
<b>Total Reductions</b>	<b>\$ 407,941</b>	<b>2.0</b>

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***Operating Budget Analysis***

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**Program Description**

As of July 1, 2001, the Community and Public Health Administration was divided into two separate administrations: the Community Health Administration and the Family Health Administration.

The Community Health Administration seeks to protect the health of the community by preventing and controlling infectious diseases, investigating disease outbreaks and environmental health issues, and protecting the health and general welfare of the public from foods, substances, and consumer products which may cause injury or illness.

The Family Health Administration promotes public health by ensuring the availability of quality primary, preventive, and specialty health care services, with special attention to at-risk and vulnerable populations. Charges include control of chronic diseases, injury prevention, public health education, and promotion of healthy behaviors.

**Performance Analysis: Managing for Results**

Managing for Results (MFR) data for the Community Health Administration and Family Health Administration reflect the diversity of functions performed by the administrations.

The Community Health Administration, in its charge to protect the public health, monitors public health data and conducts programs to reduce the incidence of illness and disease. The administration's MFR data reflect both functions. According to data reflected in **Exhibit 1**, immunization rates are expected to remain fairly constant. Maryland's immunization rates reflect national trends, according to data reported by the Centers for Disease Control and Prevention (CDC), with State immunization rates approximately two points above national averages since 1995. The Community Health Administration works to increase the rate of childhood immunizations by tracking immunization rates through local health departments, reducing vaccine costs for needy families, and educating health providers on opportunities to immunize children.

Syphilis rates continue to exceed national averages, with the State infection rate for primary and secondary infections nearly twice national rates. Data reported by CDC indicate a disproportionate impact among men living in Baltimore City, whose infection rate of 29 per 100,000 is three times the rate of infection for Baltimore City women and twelve times the national average. The administration is responding to the increase with development of materials appropriate to the cultural groups most affected, but efforts are compromised by lack of resources. CDC staff are currently

**Exhibit 1  
Program Measurement Data  
Community and Family Health Administrations  
Fiscal 2001 – 2005**

	<u>Actual 2001</u>	<u>Actual 2002</u>	<u>Actual 2003</u>	<u>Est. 2004</u>	<u>Est. 2005</u>
<b><u>Community Health Administration</u></b>					
Percent of two-year olds with current immunizations*	80%	82%	80%	80%	n/a
Primary/secondary syphilis infection rate per 100,000 residents*	5.0	4.3	4.9	4.4	n/a
Percent change in syphilis rate	-9%	-12%	14%	-10%	n/a
<b><u>Family Health Administration</u></b>					
Percent of at-risk children tested for blood lead poisoning at age one*	38%	40%	n/a	50%	n/a
Percent of at-risk children tested for blood lead poisoning at age two*	24%	35%	n/a	45%	n/a
CRF tobacco use prevention spending (\$ in Thousands)	\$7,321	\$16,914	\$19,606	\$14,296	\$9,486
CRF tobacco use prevention spending as percentage of CDC guidelines	24%	56%	65%	47%	31%

\* Reported on a calendar year basis

CRF = Cigarette Restitution Fund

Source: Department of Health and Mental Hygiene

assisting State and local officials in maximizing existing resources to improve case detection and management activities.

Family Health Administration MFR data also reflect the breadth of the agency’s mission. Areas of responsibility include infant mortality, blood lead poisoning, chronic disease control, and cancer incidence. Data in Exhibit 1 detail the effects of the administration’s blood lead poisoning reduction program. Interagency efforts have been successful in reaching a greater portion of at-risk children and reducing the incidence of blood lead poisoning statewide. The administration estimates that 95% of at-risk one-year olds and 90% of at-risk two-year olds will be tested for blood lead poisoning by 2010.

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Another of the Family Health Administration's functions is oversight of the Cigarette Restitution Fund (CRF) Program. Funding for the program's tobacco prevention and cancer control initiatives has been dependent on the availability of funds, the State's settlement with independent counsel, and funding needs for the Maryland Medical Assistance Program. As a result of these considerations, funding for tobacco prevention activities has not reached the levels recommended by the CDC. The fiscal 2004 working appropriation, though it does not meet recommended levels of funding, still places the State thirteenth in rankings of per capita State funding for tobacco prevention.

### **Fiscal 2004 Actions**

The administrations' fiscal 2004 working appropriations were reduced \$6.0 million by the Board of Public Works (BPW) in July 2003. A portion of the funds were redirected to the Family Health Administration's Breast and Cervical Cancer Program to offset an anticipated fiscal 2004 deficit of \$2.0 million.

### **Proposed Deficiency**

The Governor's proposed budget includes a \$2.0 million fiscal 2004 deficiency appropriation to the Family Health Administration's Breast and Cervical Cancer Program. The fiscal 2004 allowance assumed reductions in expenditures despite several years of increasing hospital and pharmaceutical costs. As eligibility for the program is fixed at 250% of the federal poverty level, the administration has limited options to contain screening and treatment costs. Funds for the deficiency appropriation were made available by cost containment reductions made to the CRF Program by BPW in July 2003.

### **Impact of Cost Containment**

The general fund appropriation for the Community Health Administration was reduced \$1.7 million in fiscal 2004, primarily due to reductions at the local health departments. Reductions included deletion of \$0.8 million in deferred compensation for employees of local health departments, consistent with the elimination of matching deferred compensation funds for State employees. BPW also reduced funds for the local health departments by \$0.5 million, anticipating additional federal fund attainment for Medicaid services. Attainment of these funds was dependent on individual health departments' pursuing matching funds for enrolling people in federal programs; to date, only Montgomery County has collected any of the Medicaid matching funds. An additional reduction of \$0.2 million was distributed among local health departments to reflect efforts to contain growth in general fund expenditures. Community Health Administration operating expenses were further reduced \$0.15 million to reflect changes in policy related to West Nile Virus dead bird pick-up. Funds were also reduced for purchase of anti-tuberculosis drugs, consistent with new treatment guidelines issued by the CDC.

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Cost containment reduced funds in the Family Health Administration by \$4.3 million. General funds were reduced \$0.4 million due to anticipated surpluses in federal Maternal and Child Health and Preventive Health and Health Services block grant funds. The remainder of reductions, \$3.9 million, were made to CRF programs, including:

- a \$1.9 million reduction in the tobacco countermarketing contract, reducing the amount of the contract from \$6.0 million to \$4.0 million. Reductions affect the amount of media purchases.
- a \$1.2 million reduction for cancer prevention, screening, education, and treatment in Baltimore City as provided by the University of Maryland Medical Group and the Johns Hopkins Institutions. Funding for this program had increased from fiscal 2003 to 2004, reducing the impact of cost containment. The net reduction to this program between fiscal 2003 and 2004 was \$60,000, less than the amount reduced for these activities in other jurisdictions over the same time period.
- elimination of \$0.6 million in contingency funding for jurisdictions unable to pay for cancer treatment for cases found as part of the Cancer Prevention, Education, Screening, and Treatment program. This program was never funded due to cost containment. Treatment will continue to be provided at the jurisdictional level as resources allow.
- reduction of \$0.2 million for a cancer database, development of which will continue on a limited basis.

Funds reduced by BPW revert to the CRF for future use. The majority of funds, \$2.0 million, are redirected to the Family Health Administration's Breast and Cervical Cancer Program in a proposed fiscal 2004 deficiency appropriation to offset the cost of screening and treatment services.

### **Governor's Proposed Budget**

The allowance for the Community and Family Health Administrations increases \$7.7 million in fiscal 2005, detailed in **Exhibits 2 and 3**. Growth is the result of a \$12.8 million increase in the appropriation for the Community Health Administration, primarily due to expansion of emergency preparedness programs. The increase is offset by a \$5.1 million reduction in funds for the Family Health Administration, driven by reductions in CRF appropriations for tobacco and cancer programs.

**Exhibit 2**  
**Distribution of Funding by Administration**  
**Fiscal 2003 – 2005**

	<b>FY 03 <u>Actual</u></b>	<b>FY 04 Working <u>Appropriation</u></b>	<b>FY 05 <u>Allowance</u></b>	<b>FY 04 - 05 <u>Difference</u></b>	<b><u>% Change</u></b>
<b><u>Community Health Administration</u></b>					
Administration	\$1,415,688	\$1,706,730	\$1,992,352	\$285,622	17%
Community Health Services	26,573,219	25,304,696	37,346,580	12,041,884	48%
Core Public Health	66,407,289	64,928,704	65,370,984	442,280	1%
<b>Subtotal</b>	<b>\$94,396,196</b>	<b>\$91,940,130</b>	<b>\$104,709,916</b>	<b>\$12,769,786</b>	<b>14%</b>
<b><u>Family Health Administration</u></b>					
Administration	\$1,943,500	\$1,918,180	\$1,698,568	-\$219,612	-11%
Family Health Services	96,492,721	89,334,025	92,578,457	3,244,432	4%
Prevention and Disease Control	35,031,610	31,623,404	30,869,577	-753,827	-2%
Cigarette Restitution Funds	58,218,026	47,734,448	40,343,538	-7,390,910	-15%
<b>Subtotal</b>	<b>\$191,685,857</b>	<b>\$170,610,057</b>	<b>\$165,490,140</b>	<b>-\$5,119,917</b>	<b>-3%</b>
<b>Total</b>	<b>\$286,082,053</b>	<b>\$262,550,187</b>	<b>\$270,200,056</b>	<b>\$7,649,869</b>	<b>3%</b>

Source: Maryland Operating Budget; Department of Legislative Services

**Exhibit 3**  
**Governor's Proposed Budget**  
**Community and Family Health Administrations**  
**(\$ in Thousands)**

	<u>FY 03</u> <u>Actual</u>	<u>FY 04</u> <u>Approp.</u>	<u>FY 05</u> <u>Allowance</u>	<u>FY 04-05</u> <u>Change</u>	<u>FY 04-05</u> <u>% Change</u>
General Funds	\$115,962	\$112,294	\$112,979	\$685	0.6%
Contingent & Back of Bill Reductions	0	0	-54	-54	
<b>Adjusted General Funds</b>	<b>\$115,962</b>	<b>\$112,294</b>	<b>\$112,925</b>	<b>\$630</b>	<b>0.6%</b>
Special Funds	\$63,329	\$47,190	\$40,750	-\$6,440	-13.6%
FY 2004 Deficiencies	0	2,000	0	-2,000	
Contingent & Back of Bill Reductions	0	0	-10	-10	
<b>Adjusted Special Funds</b>	<b>\$63,329</b>	<b>\$49,190</b>	<b>\$40,739</b>	<b>-\$8,451</b>	<b>-17.2%</b>
Federal Funds	\$106,487	\$100,848	\$116,362	\$15,513	15.4%
Contingent & Back of Bill Reductions	0	0	-43	-43	
<b>Adjusted Federal Funds</b>	<b>\$106,487</b>	<b>\$100,848</b>	<b>\$116,318</b>	<b>\$15,470</b>	<b>15.3%</b>
Reimbursable Funds	\$304	\$218	\$218	\$0	0.0%
<b>Adjusted Grand Total</b>	<b>\$286,082</b>	<b>\$262,550</b>	<b>\$270,200</b>	<b>\$7,650</b>	<b>2.9%</b>

**Where It Goes:**

**Personnel Expenses**

Increments and other compensation .....	\$325
Net fiscal 2004 cost containment and turnover adjustments .....	239
Other adjustments to salary .....	173
Addition of two new positions .....	99
Employee and retiree health insurance .....	64
Increase in unemployment compensation surcharge .....	36
Abolition of four vacant positions .....	-273
Other fringe benefit adjustments .....	11

**Other Community Health Administration Changes**

Federal funds for Maryland Bioterrorism Hospital Preparedness Program .....	5,804
Federal funds for preparedness planning at local health departments .....	5,334
Cost-of-living adjustments for employees of local health departments .....	442
Federal funds for emerging infection research at academic health centers .....	323

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**Where It Goes:**

Federal funds for software conversions related to emergency preparedness.....	273
Sexually transmitted disease case intervention by local health departments.....	182
Federal funds for environmental public health surveillance.....	160
Federal funds for immunization activities at nursing homes.....	103
Federal funds for study of tuberculosis control and prevention.....	-254
Transfer HIV partner counseling program to AIDS Administration.....	-422

**Other Family Health Administration Changes**

Women, Infants, and Children Supplemental Nutrition Program.....	3,141
Federal funds for development of health plan to reduce obesity.....	399
New regional resource centers to reduce child abuse and neglect.....	366
Federal funds for Maryland Violent Death Reporting System.....	209
Federal funds for health and safety services in local health departments.....	123
Federal planning funds for State Early Childhood Comprehensive System.....	100
Reduction in dental health contracts.....	-132
Reduction in evidence collection costs.....	-148
Screening and treatment as part of the Breast and Cervical Cancer Program.....	-248
Elimination of Rat Rubout program.....	-257
Delay in upgrading maternal-child health management information systems.....	-500
Elimination of Spinal Cord Injury Trust Fund grants.....	-1,000

**Other Cigarette Restitution Fund Program Changes**

Elimination of program to improve Maryland Cancer Registry data.....	-130
Reduction in statewide tobacco use cessation activities.....	-662
Reduction in grants to the academic health centers for research and related programs.....	-1,299
Reduction in grants to local health departments for cancer and tobacco programs...	-2,515
Reduction in tobacco countermarketing program.....	-3,000

**Other Operating Changes**

Telecommunications expenses.....	186
Pharmaceutical expenses.....	99
Other operating changes.....	299

**Total** **\$7,650**

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

## **Personnel Expenses**

Personnel expenses at the Community and Family Health Administrations are expected to increase \$0.7 million in fiscal 2005. The growth is partially attributable to the inclusion of increments in the Governor's proposed budget, an increase of \$0.3 million. An additional \$0.2 million provides for reductions in cost containment and turnover expectancy relative to fiscal 2004 levels. The allowance also includes \$0.1 million for two new positions, one in the Community Health Administration to oversee local emergency preparedness efforts and one in the Family Health Administration to administer a new child abuse and neglect initiative. Increases in personnel are offset by the abolition of four vacant positions in the Family Health Administration. Three of four positions were abolished from the Women, Infants, and Children (WIC) Supplemental Nutrition Program as the new information management system automated several administrative functions. Smaller changes to the personnel budget include increases in health insurance costs and unemployment compensation premiums.

## **Emergency Response**

The Community Health Administration has served as an intermediary in increasing the State's emergency response capabilities. Federal funds for bioterrorism and emergency response have been primarily directed to the administration, which in turn has redistributed funds to local health departments and the State's hospital network. The largest and most comprehensive of these programs, funded by the CDC, provides funds to improve local and regional preparedness for bioterrorism and other outbreaks of infectious disease. Funds for this purpose are expected to increase \$5.3 million in fiscal 2005. The increase will be awarded to the 24 local health departments in part to improve local coordination, expand epidemiological capacity, and train public health professionals for potential disease outbreaks.

The allowance also includes an additional \$5.8 million from the Health Resources and Services Administration for the Maryland Bioterrorism Hospital Preparedness Program. The majority of the increase in funds, \$4.6 million, will be provided to the Maryland Hospital Association to improve training, communications, and equipment. Much of the remainder will be provided to the Maryland Institute for Emergency Medical Services Systems to conduct a needs assessment and develop plans related to a potential weapons of mass destruction incident.

## **Other Community Health Administration Initiatives**

Independent of the core public health program, the Community Health Administration derives 80% of its budget from federal contracts and grant programs. Among these programs are several changes in fiscal 2005:

- Federal funds for research relating to foodborne illness and invasive bacterial diseases, provided by the University of Maryland Medical System and Johns Hopkins Bloomberg School of Public

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Health, are expected to increase \$0.3 million. The amount of increase is overstated, as a budget amendment to increase the fiscal 2004 working appropriation has not yet been processed.

- CDC emergency preparedness funds increase \$0.3 million to upgrade local health department surveillance software to ensure compatibility with the National Electronic Disease Surveillance System. Funds also provide for improvements to animal health surveillance, implemented in cooperation with the Maryland Department of Agriculture.
- Funds from the CDC also support environmental public health surveillance efforts. Increases in funding for this program, administered in conjunction with the Maryland Department of the Environment, are overstated as a budget amendment to increase the fiscal 2004 working appropriation has not yet been processed.
- Funds for the Maryland Partnership for Prevention, a program to promote immunization against influenza and pneumococcal disease among nursing home residents and employees, increase \$0.1 million in fiscal 2005.
- Funds for study of tuberculosis prevention and control issues are anticipated to decrease \$0.3 million. The amount of this funding is dependent on the number of research requests and may be increased should additional funding be required.

Other changes to the Community Health Administration allowance include the addition of \$0.4 million in general funds for a 1.6% cost-of-living adjustment for employees of local health departments, consistent with anticipated salary increases for other State employees. The allowance also includes a \$0.2 million increase for sexually transmitted disease case intervention by local health departments. The increase is primarily supported by federal funds, though a certain amount of general funds will be redirected to this purpose to satisfy federal maintenance of effort requirements. These increases are offset by the transfer of the \$0.4 million HIV partner counseling program to the AIDS Administration, as suggested during the 2003 legislative session.

### **Women, Infants, and Children Supplemental Nutrition Program**

Funding for the WIC Supplemental Nutrition Program increases \$3.1 million in the fiscal 2005 allowance. The program, which is almost entirely federally funded, provides nutrition and education services to low-income women, pregnant and postpartum, and their young children. The increase in funds will allow the program to continue to serve approximately 105,000 individuals. Funds provide for purchase of WIC-approved foods and administrative funding for the 19 local agencies that administer the program. The increase also supports maintenance of the WIC WINS system, a data management system. The new automated system has created efficiencies that have allowed the administration to abolish three administrative positions.

### **Regional Resource Centers for Child Abuse and Neglect**

The fiscal 2005 allowance includes \$0.4 million to establish three regional resource centers to provide community-based training, forensic evaluation, consultation, and treatment services related to child abuse and neglect. The network would be modeled after similar centers operating in Florida and North Carolina with best practices recommended by the Advisory Board on Child Abuse and Neglect. The allowance includes \$0.1 million for each of three regional centers as well as a central administrator to implement and coordinate activities. The Family Health Administration hopes to replicate results exhibited in other states with similar resource centers: improved documentation of abuse and neglect, improved access to services by victims of abuse, improved confirmation rates of abuse, and reduction in unnecessary or duplicative victim interviews.

### **Breast and Cervical Cancer Programs**

Breast and cervical cancer programs, provided by local health departments and supported by a combination of general and federal funds, provide cancer screening and treatment services to underinsured women with incomes at or below 250% of the federal poverty level. The fiscal 2005 allowance include \$20.4 million for these screening and treatment services, provided with a combination of general, special, and federal funds. Beginning with the fiscal 2004 deficiency appropriation, this program has partially been supported with CRF, including \$2.5 million in the allowance. In fiscal 2005 diagnosis and treatment funds increase \$0.7 million due to increases in hospitalization and pharmaceutical costs; however, federal screening funds are expected to decline \$0.9 million. The number of women screened for breast and cervical cancer will be reduced proportionate to the reduction in funding.

### **Spinal Cord Injury Trust Fund**

Chapter 513, Acts of 2000 established the State Board of Spinal Cord Injury Research, funded by the insurance premium tax. The fund supports basic, preclinical, and clinical spinal cord research with a long-term goal of restoring neurological function in individuals with spinal cord injuries. The Spinal Cord Injury Trust Fund receives \$1 million annually from the tax. The board was appointed and criteria developed for award of grant funds in fiscal 2002; however, no research grants were awarded until fiscal 2003, the first full year of operation. In fiscal 2003 the board awarded \$0.45 million from the fund with an additional \$0.1 million dedicated to administrative expenses, as allowed by law. The Department of Health and Mental Hygiene, anticipating future cost containment actions, awarded only \$0.4 million from the fund during fiscal 2004, leaving a projected \$2 million balance at the end of fiscal 2004. Although the fund is expected to generate another \$1 million in fiscal 2005, no funds are appropriated for spinal cord injury research. Language in the Fund Transfers Act of 2004 (SB 509/HB 870) would transfer the \$3 million balance to the general fund at the end of the fiscal year.

### **Other Family Health Administration Initiatives**

The majority of growth in the Family Health Administration is the result of increases in federal grants and contracts. Among these programs are several changes in fiscal 2005:

- CDC will provide \$0.4 million in fiscal 2005 to implement a five-year Nutrition and Physical Activity Project. The project will provide funds to form a statewide coalition of health partners to develop and implement a plan to reduce State obesity rates. The majority of project funds will be directed to the University of Maryland, Baltimore to provide staff support and data analysis services. Although this program began in fiscal 2004, a budget amendment to appropriate the funds has not yet been processed, overstating the amount of increase in the program.
- The fiscal 2005 allowance includes \$0.3 million to continue development of the Maryland Violent Death Reporting System. The reporting system will include data from the medical examiner, police, crime laboratory, and death certificate records to provide a comprehensive source of data related to incidence and characteristics of violent death in the State. A budget amendment to appropriate fiscal 2004 funds for the program has not been processed, overstating the amount of increase in the program.
- The State-federal partnership to develop programs to improve health care in rural communities increases \$0.1 million in the fiscal 2005 allowance. Funding supports programs to increase access to health care services, provide technical assistance to local health departments in rural areas, and identify sources of federal funding for community initiatives. The fiscal 2004 budget for this program is understated, inflating the amount of the fiscal 2005 increase.
- A \$0.1 million Health Resources and Services Administration grant provides for development of a State Early Childhood Comprehensive System to increase local training related to early childhood development. Based on the plan developed by the workgroup, the administration may be eligible for funds to implement the program beginning in fiscal 2006. Although this program began in fiscal 2004, a budget amendment to appropriate the funds has not yet been processed, overstating the amount of increase in the program.

Other changes to the Family Health Administration allowance include a \$0.1 million general fund reduction in dental health grants, as certain programs were duplicative of already existing programs. General funds for evidence collection in the case of rape and abuse were also reduced \$0.1 million, based on fiscal 2004 projections which indicated a surplus in the program. Funds were also eliminated for the \$0.3 million Rat Rubout program, which provided funds to the Baltimore City Health Department for rodent control. A further reduction of \$0.5 million in the Maternal and Perinatal Health Program will delay the planned upgrade of data management systems in that program.

**Cigarette Restitution Funds**

Reductions to the Family Health Administration’s CRF Program are detailed in **Exhibit 4**. The balance at the beginning of fiscal 2005 is anticipated to be \$58 million less than the year prior, resulting in significant reductions to programs supported by the CRF. The most significant reduction was in funding for the Maryland Medical Assistance Program, through reductions were also made to the Cancer Prevention, Education, Screening, and Treatment Program and the Tobacco Use Prevention and Cessation Program. Reductions to the cancer and tobacco programs will result in incremental service reductions but are not anticipated to completely eliminate any of the currently-funded programs. Greater detail on the effect of these reductions will be available in the Department of Legislative Services’ analysis of the CRF.

**Exhibit 4**  
**Change in Cigarette Restitution Fund Appropriations**  
**Fiscal 2003 – 2005**

	<u>FY 03</u> <u>Actual</u>	<u>FY 04 Working</u> <u>Appropriation</u>	<u>FY 05</u> <u>Allowance</u>	<u>FY 04 - 05</u> <u>Difference</u>	<u>% Change</u>
<b>Cancer Prevention, Education, Screening, and Treatment</b>					
Statewide academic health centers	\$19,000,000	\$16,648,000	\$15,349,000	-\$1,299,000	-8%
Local public health	12,169,048	8,625,390	7,504,090	-1,121,300	-13%
Baltimore City public health	2,850,952	2,800,000	2,446,000	-354,000	-13%
Surveillance	1,553,607	1,418,411	1,226,306	-192,105	-14%
Administration	1,018,729	976,766	986,700	9,934	1%
Database development	575,000	385,000	385,000	0	0%
<b>Subtotal</b>	<b>\$37,167,336</b>	<b>\$30,853,567</b>	<b>\$27,897,096</b>	<b>-\$2,956,471</b>	<b>-10%</b>
<b>Tobacco Use Prevention and Cessation</b>					
Administration	\$553,472	\$546,162	\$438,808	-\$107,354	-20%
Surveillance and evaluation	2,481,808	0	0	0	0%
Countermarketing	5,679,329	4,000,000	1,000,000	-3,000,000	-75%
Local public health	9,139,016	8,000,000	6,960,000	-1,040,000	-13%
Statewide public health	1,752,034	1,749,755	1,087,500	-662,255	-38%
<b>Subtotal</b>	<b>\$19,605,659</b>	<b>\$14,295,917</b>	<b>\$9,486,308</b>	<b>-\$4,809,609</b>	<b>-34%</b>
Management	445,031	584,964	435,981	-148,983	-25%
Breast and Cervical Cancer Program	0	2,000,000	2,524,153	524,153	26%
Maryland Health Care Foundation	1,000,000	0	0	0	0%
<b>Total</b>	<b>\$58,218,026</b>	<b>\$47,734,448</b>	<b>\$40,343,538</b>	<b>-\$7,390,910</b>	<b>-15%</b>

Source: Maryland Operating Budget

**Impact of Cost Containment**

The fiscal 2005 allowance reflects the elimination of \$108,121, the appropriation for matching employee deferred compensation contributions up to \$600, contingent upon enactment of a provision in budget reconciliation legislation.

## *Issues*

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### **1. Emergency Preparedness Efforts Continue**

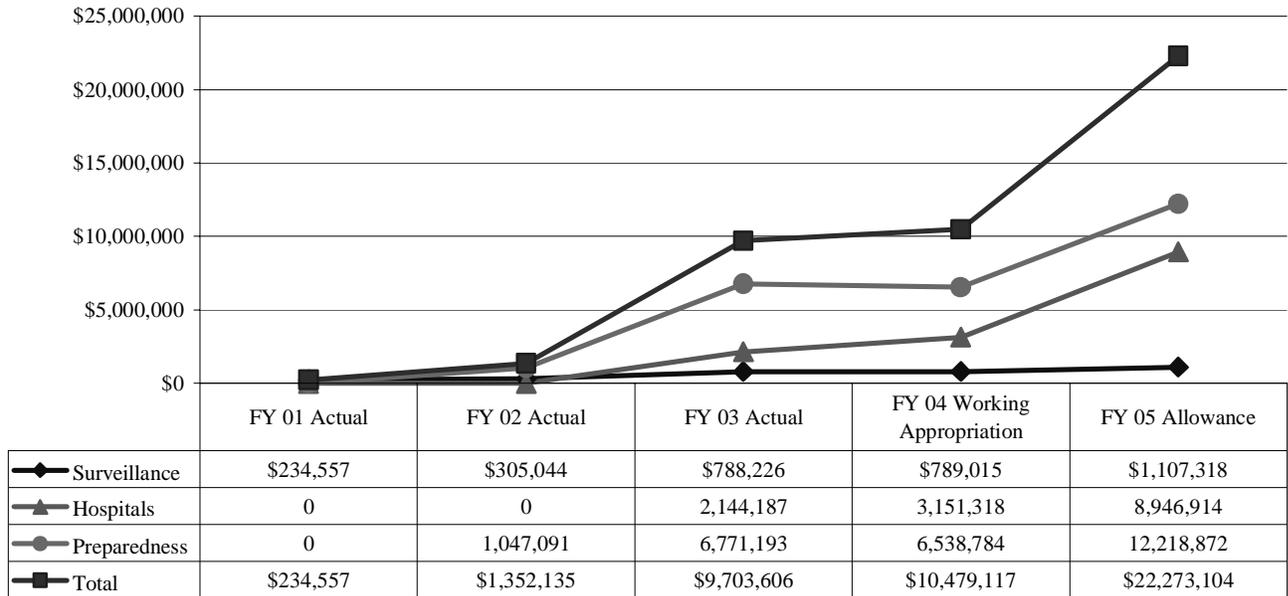
One of the responsibilities of the Community Health Administration is to protect the health of the public by investigating disease outbreaks and controlling their spread. The administration also serves a role as the primary link between the Department of Health and Mental Hygiene and local health departments, agencies responsible for many critical first response activities. Since 2001 the administration, in conjunction with the local health departments, has strengthened its capacity to respond to bioterrorism, other outbreaks of infectious disease, and emergency public health threats with financial and programmatic support from the CDC.

The CDC are expected to provide approximately \$20 million to the Community Health Administration in fiscal 2005 to continue to strengthen the administration's emergency response capacity. Funding is concentrated in three areas:

- ***Surveillance and Epidemiology Capacity:*** This project provides support for State and local development and enhancement of systems to detect unusual outbreaks of illness related to bioterrorism and other infectious disease. In addition to centralized surveillance programs, the administration has coordinated regional syndromic surveillance to identify possible patterns of infectious disease. The administration has received \$1.9 million for this purpose since fiscal 2002; another \$1.1 million is expected in fiscal 2005.
- ***Hospital Preparedness:*** Funds for this project are distributed to the State's 50 acute care hospitals by a formula developed by the Maryland Hospital Association with the input of its members. Funds are directed to providing training to hospital personnel, purchasing communications equipment, and building isolation and decontamination capacity. The administration has received \$5.3 million for this project in fiscal 2003 and 2004; an additional \$8.9 million is expected in fiscal 2005.
- ***Preparedness Planning and Readiness Assessment:*** This project establishes State leadership and coordination of activities among State and local agencies. Funds are primarily distributed among the local health departments to build public infrastructure necessary to respond to an emergency situation. The administration has already received \$14 million for this purpose; another \$12 million is expected in fiscal 2005.

The fiscal 2005 allowance provides nearly twice the amount budgeted for these purposes in fiscal 2004. Growth in federal emergency preparedness funding is detailed in **Exhibit 5**. Of the increase, \$5.3 million will be awarded to the 24 local health departments in part to improve local coordination, expand epidemiological capacity, and train public health professionals for potential disease outbreaks. Another \$5.8 million increase is expected in the Maryland Bioterrorism Hospital Preparedness Program to increase funds to the Maryland Hospital Association and the Maryland Institute for Emergency Medical Services Systems to improve training, communications, and equipment.

**Exhibit 5  
Federal Funding for Emergency Preparedness  
Fiscal 2001 – 2005**



Source: Department of Health and Mental Hygiene; Maryland Operating Budget

**Administration Has Made Improvements**

The Community Health Administration’s Office of Public Health Preparedness and Response has coordinated efforts within the administration and among public health partners to improve statewide emergency response. The administration continues to develop plans to improve the public health infrastructure sufficient to provide needed surge capacity in the event of a large-scale terrorist act. Through partnerships with the Laboratories Administration, local health departments, private health care providers, and the law enforcement community, the administration has made emergency response services more easily accessible and readily available. Examples of these efforts include development of a smallpox preparedness program that included development of an epidemiological investigation protocol, inoculation of 750 health care providers, and development of plans to quarantine victims in the event of an attack. The office also coordinates investigation of possible bioterrorist events such as reports of an unidentified white powder.

Certain improvements made possible with the increases in federal funding fortify existing programs and activities. The Office of Public Health Preparedness and Response maintains the lead on continual syndromic surveillance to promote early detection of a potential outbreak. The office

also maintains a continuously staffed emergency bioterrorism hotline. The administration is also an established source of training and educational materials for public health professionals and maintains relationships with other first response agencies. These activities are expected to continue as long as funding is available.

### **Public Health Preparedness Needs Remain Nationwide**

The General Accounting Office (GAO), in a series of 2003 studies relating to national preparedness efforts, found that significant public health concerns have not yet been adequately addressed. Deficiencies in capacity, communication, and coordination were frequently cited as barriers to outbreak prevention and containment efforts. Reports issued by the GAO cited the lack of regional planning among state health departments as compromising effective dissemination of medical supplies and vaccinations. Reports noted varying levels of preparedness among states and localities, with regions with more experience in public health emergencies generally faring better in their assessments. In response to GAO queries, many jurisdictions reported a lack of federal guidance as a barrier to bioterrorism preparedness and a contributor to variations among jurisdictions.

Reports issued by the GAO noted that hospitals, among the first responders to an intentional or unintentional incident, are also understaffed and under-equipped for a large-scale event. Fewer than half of hospitals surveyed have conducted simulated bioterrorist drills or exercises and many do not have the surveillance capabilities or staff training to appropriately identify and respond to an infectious disease outbreak. Reports also noted that existing overcrowding in hospital emergency rooms could further compromise the hospital system's ability to respond. Given the uncertainty of future funding, GAO has suggested that the federal government target future homeland security funds to areas with the greatest need by developing focused categorical programs to streamline planning and administrative requirements.

**The administration should comment on the current status of emergency preparedness measures, including coordination of efforts among local, regional, and private agencies.**

## **2. Breast and Cervical Cancer Programs Remain Unable to Contain Costs**

The Family Health Administration, with support from the CDC, provides breast and cervical cancer screening and treatment services to Maryland residents with family incomes less than 250% of the federal poverty level. The administration contracts with each of the 24 local health departments to provide outreach, screening, and referral services to eligible women. Through a variety of complementary programs, detailed in **Exhibit 6**, the administration provided for nearly 30,000 mammograms, clinical breast exams, and Pap smears in fiscal 2003 at a cost of \$6.5 million. The Family Health Administration estimates between 9,000 and 12,000 women are served annually by these programs.

**Exhibit 6**  
**Family Health Administration Breast and Cervical Cancer Programs**

<u>Program</u>	<u>Eligibility</u>	<u>Description</u>
Breast and Cervical Cancer Screening Program	Screening provided to low-income, uninsured women 40-64 years of age. Seventy-five percent of participants must be age 50 or older.	Federal funds provided by the Centers for Disease Control and Prevention. The majority of women diagnosed under this program are eligible for the Women's Breast and Cervical Cancer Health Program.
Breast Cancer Program	Screening provided to low-income, uninsured women 40-49 years of age at or below 250% of the federal poverty level.	General fund program administered by local health departments. The majority of women diagnosed under this program are eligible for the Women's Breast and Cervical Cancer Health Program.
Women's Breast and Cervical Cancer Health Program	Treatment available through Medical Assistance to women diagnosed with breast or cervical cancer through the State's Breast Cancer Program or Breast and Cervical Cancer Screening Program.	Federal government provides 65% match to State funds through Medical Assistance program. Requires participants to have been screened through a state breast and cervical cancer screening program.
Breast and Cervical Cancer Diagnosis and Treatment Program	Treatment provided to Maryland residents with a family income below 250% of the federal poverty level with a documented breast or cervical abnormal finding.	General fund program administered by DHMH. The majority of participants are referred from private providers and therefore ineligible for the Women's Breast and Cervical Cancer Health Program.

Source: Department of Health and Mental Hygiene

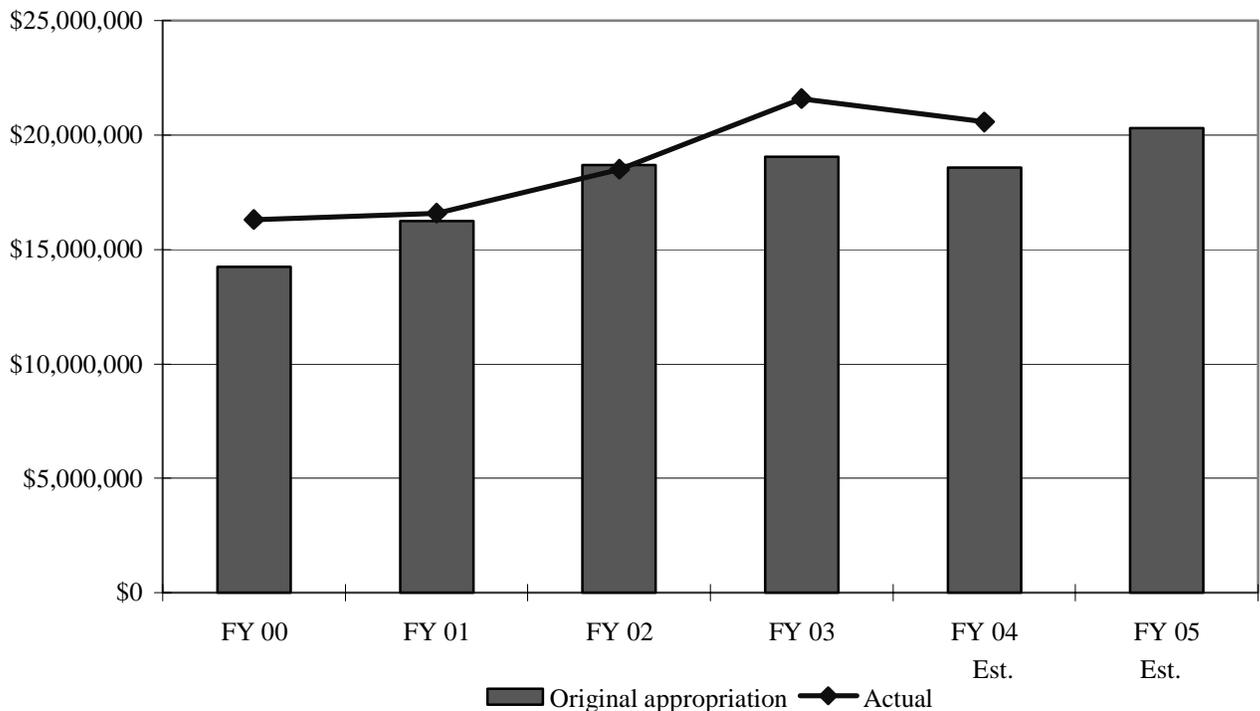
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An estimated 4,000 to 5,000 women annually require State diagnosis and treatment services. These services include diagnostic procedures, such as ultrasound, biopsy, and colposcopy, and treatment procedures, including physical therapy, medical equipment, and pharmaceuticals. The federal Breast and Cervical Cancer Prevention and Treatment Act of 2000 gave states the option to extend Medicaid to women found to have breast or cervical cancer or pre-cancerous conditions as part of the National Breast and Cervical Cancer Early Detection Program. The Family Health Administration submitted the required revisions to the Maryland State Medicaid plan and received approval from the Center for Medicare and Medicaid Services to expand coverage to include treatment. This program, the Women's Breast and Cervical Cancer Health Program, has provided diagnosis and treatment services to many of the women screened through the State's breast and cervical screening programs since April 2002.

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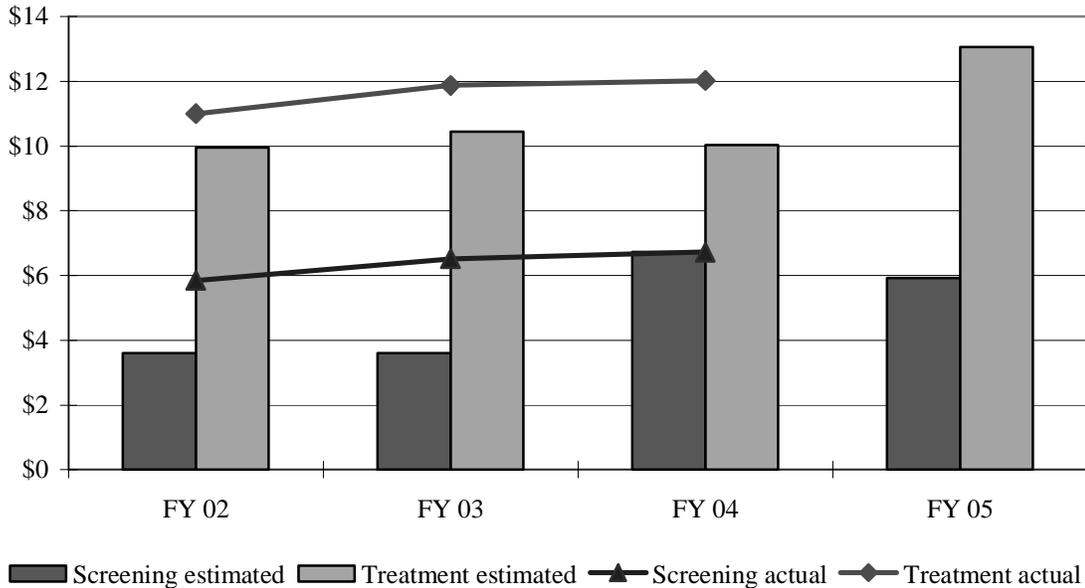
In three of the past five years, additional funds have been necessary to resolve the difference between funds appropriated and actual expenses in the Breast and Cervical Cancer Program, detailed in **Exhibit 7**. A fiscal 2000 deficit was resolved with a \$2.6 million deficiency appropriation. In fiscal 2003, the deficit was offset by a one-time attainment of more than \$2 million in federal funds for the program. The administration, projecting a similar deficit in fiscal 2004, has been granted a \$2 million deficiency appropriation with monies from the CRF. Even with these additional funds, the fiscal 2004 appropriation remains below fiscal 2003 actual expenditures, making it possible that further increases will be necessary if the department does not develop strategies to contain fiscal 2004 costs. **As the allowance provides \$1.3 million less for the program than fiscal 2003 actual expenses, the program will run deficits in fiscal 2005 if cost containment actions are not implemented.** Exhibit 8 shows the difference between budgeted and actual expenditures for screening and treatment since fiscal 2002.

**Exhibit 7**  
**Breast and Cervical Cancer Spending**  
**Fiscal 2000 – 2005**



Source: Maryland Operating Budget

**Exhibit 8**  
**Breast and Cervical Cancer Screening and Treatment Costs**  
**Fiscal 2002 – 2005**  
**(\$ in Millions)**



Note: Exhibit reflects only the cost of screening, diagnosis, and treatment services and does not include associated personnel and operating expenses.

Source: Maryland Operating Budget

Deficits have arisen for several reasons, including:

- **Fixed eligibility for program services:** The administration is not able to sufficiently contain costs through restrictions on eligibility, as State law fixes eligibility at 250% of the federal poverty level.
- **Inflation in medical costs:** The annual budget for this program has not provided adequate funds to compensate for inflation in pharmaceutical and hospitalization costs. Despite rising costs, the fiscal 2004 budget was predicated on decreases in the cost of diagnosis and treatment.
- **Reluctance to impose cost sharing measures:** Several measures have been considered to defray the cost of providing program services, including altering eligibility criteria, revising reimbursement rates for providers, and imposing copayments for certain services. None of the proposed measures has been adopted by the department.

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The department has not sufficiently addressed the causes of the structural deficit in this program. With total screening and treatment funds declining \$0.2 million in the Governor's proposed budget, it is likely that deficits will recur in fiscal 2005 if the department does not make substantive changes to contain costs. **The Family Health Administration should comment on measures to contain costs, including an estimate of the impact of changes to eligibility criteria or reimbursement rates. The administration should specifically comment on the feasibility of implementing copayments on a sliding scale in fiscal 2005.**

## ***Recommended Actions***

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1. Add the following language:

Provided that one position is deleted from this program.

**Explanation:** This language would delete one new position from the Office of Local Health as the Board of Public Works has already created a position to assume this function.

	<b><u>Amount Reduction</u></b>		<b><u>Position Reduction</u></b>
2. Delete new position in the Office of Local Health as the Board of Public Works has already created a position to assume this function.			1.0
3. Delete funding to establish regional resource centers for child abuse and neglect, consistent with efforts to contain the growth in State expenditures. This initiative should be deferred until the State's fiscal condition improves.	407,941	GF	1.0
<b>Total General Fund Reductions</b>	<b>\$ 407,941</b>		<b>2.0</b>

## *Current and Prior Year Budgets*

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### Current and Prior Year Budgets Community and Family Health Administrations (\$ in Thousands)

	<u>General Fund</u>	<u>Special Fund</u>	<u>Federal Fund</u>	<u>Reimb. Fund</u>	<u>Total</u>
<b>Fiscal 2003</b>					
Legislative Appropriation	\$118,468	\$58,958	\$88,756	\$742	\$266,924
Deficiency Appropriation	0	0	0	0	0
Budget Amendments	-525	25,418	21,070	107	46,070
Cost Containment	-1,980	0	0	0	-1,980
Reversions and Cancellations	-1	-21,047	-3,339	-546	-24,933
<b>Actual Expenditures</b>	<b>\$115,962</b>	<b>\$63,329</b>	<b>\$106,487</b>	<b>\$304</b>	<b>\$286,082</b>
<b>Fiscal 2004</b>					
Legislative Appropriation	\$114,399	\$50,099	\$100,448	\$218	\$265,164
Cost Containment	-2,105	-3,909	0	0	-6,014
Budget Amendments	0	1,000	400	0	1,400
<b>Working Appropriation</b>	<b>\$112,294</b>	<b>\$47,190</b>	<b>\$100,848</b>	<b>\$218</b>	<b>\$260,550</b>

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

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## **Fiscal 2003**

The general fund appropriation decreased \$0.5 million as a result of budget amendments that realigned expenditures among departmental units. Funds are available due to surpluses in health insurance expenditures, increased turnover, local contracts, and the ability to charge certain expenses to federal funding sources. The reduction also includes a transfer of position and funds to the newly created Office of Contract Policy, Management, and Procurement. Cost containment further reduced the appropriation by \$2 million, primarily due to a reduction in funding for human service contracts and spend down of a surplus in the federal Maternal and Child Health block grant.

The special fund appropriation increased \$25.4 million as the result of actions effected by the Budget Reconciliation and Financing Act of 2002. The largest portion, \$20 million, was made available from escrow after the settlement of tobacco settlement litigation with the State's independent counsel. These funds were not distributed in fiscal 2003 and reverted to the CRF for use in fiscal 2004. Another \$4.1 million was transferred from the State Reserve Fund to increase the amount available for the Maryland Primary Care Program and the University of Maryland Medical Systems urban primary care clinics. The budget was further amended to recognize \$1.3 million in special fund revenue from the Spinal Cord Injury Trust Fund and the American Legacy Foundation. Limitations in the award of Spinal Cord Injury Trust Fund grants resulted in cancellations.

The federal fund appropriation increased \$21.1 million as a result of higher-than-anticipated federal fund attainment. Significant increases were made in the following areas:

- \$8.0 million for contracts with local health departments administered by the Community Health Administration;
- \$2.3 million for the Maryland Bioterrorism Hospital Preparedness Program was distributed to the Maryland Hospital Association to develop and enhance emergency response capabilities;
- \$2.0 million for six new positions, surveillance equipment, and miscellaneous expenses for operations related to bioterrorism in the Community Health Administration;
- \$2.0 million for the Breast and Cervical Cancer Program to conduct additional breast and cervical cancer screenings and provide follow-up training for physicians participating in the program;
- \$1.7 million for breast and cervical cancer screenings, cancer surveillance and data collection, and various asthma initiatives;
- \$1.4 million for the Women, Infants, and Children Supplemental Nutrition Program;

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- \$1.0 million for public health preparedness and response to bioterrorism supported salaries in the Office of Local Health, technology improvements, and an independent needs assessment of the Statewide Health Alert Network;
- \$1.0 million in block grant funding for maternal and child health services, including clinics and services for children with special health care needs, genetic services for children and adults with hereditary disorders, and specialized day care services for medically fragile infants and toddlers;
- \$1.0 million for HIV/AIDS prevention and family planning services to local health departments; and
- \$0.8 million for preventive health services, including a health policy and planning position as well as funding for epidemiological services, injury prevention activities, emergency preparedness equipment, and local oral health contracts.

Federal funds, primarily emergency response funds, were cancelled at the end of fiscal 2003 and carried over to the next fiscal year.

The reimbursable fund appropriation for the Community Health Administration was increased \$0.1 million to recognize funds for refugee health screenings. Funds were available from the Department of Human Resources' Office for New Americans.

### **Fiscal 2004**

Cost containment reduced the general fund appropriation by \$2.1 million and the special fund appropriation by \$3.9 million. The majority of general fund cost saving, \$1.5 million, was borne by the local health departments. Reductions were made in anticipation of greater federal fund attainment; reductions were also made consistent with reductions made in other State units. Additional federal funds for maternal and child health further allowed for a reduction in general funds. CRFs were reduced by \$3.9 million in the areas of countermarketing and cancer screening and treatment funding. Funds reverted to the CRF for use in future years.

The federal fund appropriation increased \$0.4 million to recognize the availability of funds for maternal and child health and dental health services. The special fund appropriation increased \$1 million, consistent with budget language to transfer funds to the Family Health Administration for minority outreach and technical assistance related to smoking prevention efforts.

**Object/Fund Difference Report  
DHMH - Community and Family Health Administrations**

<u>Object/Fund</u>	<u>FY03 Actual</u>	<u>FY04 Working Appropriation</u>	<u>FY05 Allowance</u>	<u>FY04 - FY05 Amount Change</u>	<u>Percent Change</u>
<b>Positions</b>					
01 Regular	390.90	341.40	339.40	-2.00	-0.6%
02 Contractual	12.47	20.18	20.18	0	0%
<b>Total Positions</b>	<b>403.37</b>	<b>361.58</b>	<b>359.58</b>	<b>-2.00</b>	<b>-0.6%</b>
<b>Objects</b>					
01 Salaries and Wages	\$ 20,810,051	\$ 21,726,607	\$ 22,509,209	\$ 782,602	3.6%
02 Technical & Spec Fees	576,189	776,677	762,486	-14,191	-1.8%
03 Communication	563,633	317,820	504,171	186,351	58.6%
04 Travel	420,739	499,928	519,223	19,295	3.9%
07 Motor Vehicles	92,107	111,084	114,678	3,594	3.2%
08 Contractual Services	159,883,057	143,022,032	147,601,316	4,579,284	3.2%
09 Supplies & Materials	2,630,354	2,191,307	2,331,617	140,310	6.4%
10 Equip - Replacement	216,554	700	0	-700	-100.0%
11 Equip - Additional	970,675	104,746	196,711	91,965	87.8%
12 Grants, Subsidies, Contracts	99,863,554	91,719,119	95,715,130	3,996,011	4.4%
13 Fixed Charges	55,140	80,167	53,636	-26,531	-33.1%
<b>Total Objects</b>	<b>\$ 286,082,053</b>	<b>\$ 260,550,187</b>	<b>\$ 270,308,177</b>	<b>\$ 9,757,990</b>	<b>3.7%</b>
<b>Funds</b>					
01 General Fund	\$ 115,962,190	\$ 112,294,304	\$ 112,979,008	\$ 684,704	0.6%
03 Special Fund	63,329,131	47,189,814	40,749,700	-6,440,114	-13.6%
05 Federal Fund	106,486,833	100,848,369	116,361,769	15,513,400	15.4%
09 Reimbursable Fund	303,899	217,700	217,700	0	0%
<b>Total Funds</b>	<b>\$ 286,082,053</b>	<b>\$ 260,550,187</b>	<b>\$ 270,308,177</b>	<b>\$ 9,757,990</b>	<b>3.7%</b>

Note: The fiscal 2004 appropriation does not include deficiencies, and the fiscal 2005 allowance does not reflect contingent reductions.

**Fiscal Summary  
DHMH - Community and Family Health Administrations**

<u>Unit/Program</u>	<u>FY03 Actual</u>	<u>FY04 Legislative Appropriation</u>	<u>FY04 Working Appropriation</u>	<u>FY03 - FY04 % Change</u>	<u>FY05 Allowance</u>	<u>FY04 - FY05 % Change</u>
01 Administrative, Policy, and Management Support	\$ 1,415,688	\$ 1,394,025	\$ 1,706,730	20.6%	\$ 1,998,796	17.1%
03 Consumer Health and Facility Services	26,573,219	25,509,696	25,304,696	-4.8%	37,387,787	47.8%
07 Core Services	66,407,289	66,428,704	64,928,704	-2.2%	65,370,984	0.7%
01 Administrative, Policy, and Management Systems	1,943,500	1,918,180	1,918,180	-1.3%	1,703,392	-11.2%
02 Family Health Services and Primary Care	96,492,721	89,334,025	89,334,025	-7.4%	92,606,965	3.7%
06 Prevention and Disease Control	93,249,636	80,579,557	77,357,852	-17.0%	71,240,253	-7.9%
<b>Total Expenditures</b>	<b>\$ 286,082,053</b>	<b>\$ 265,164,187</b>	<b>\$ 260,550,187</b>	<b>-8.9%</b>	<b>\$ 270,308,177</b>	<b>3.7%</b>
General Fund	\$ 115,962,190	\$ 114,399,303	\$ 112,294,304	-3.2%	\$ 112,979,008	0.6%
Special Fund	63,329,131	50,098,813	47,189,814	-25.5%	40,749,700	-13.6%
Federal Fund	106,486,833	100,448,368	100,848,369	-5.3%	116,361,769	15.4%
<b>Total Appropriations</b>	<b>\$ 285,778,154</b>	<b>\$ 264,946,487</b>	<b>\$ 260,332,487</b>	<b>-8.9%</b>	<b>\$ 270,090,477</b>	<b>3.7%</b>
Reimbursable Fund	\$ 303,899	\$ 217,700	\$ 217,700	-28.4%	\$ 217,700	0%
<b>Total Funds</b>	<b>\$ 286,082,053</b>	<b>\$ 265,164,187</b>	<b>\$ 260,550,187</b>	<b>-8.9%</b>	<b>\$ 270,308,177</b>	<b>3.7%</b>

Note: The fiscal 2004 appropriation does not include deficiencies, and the fiscal 2005 allowance does not reflect contingent reductions.