

M00A01
Administration
Department of Health and Mental Hygiene

Operating Budget Data

(\$ in Thousands)

	<u>FY 15</u> <u>Actual</u>	<u>FY 16</u> <u>Working</u>	<u>FY 17</u> <u>Allowance</u>	<u>FY 16-17</u> <u>Change</u>	<u>% Change</u> <u>Prior Year</u>
General Fund	\$24,462	\$24,207	\$25,057	\$850	3.5%
Deficiencies and Reductions	0	0	-81	-81	
Adjusted General Fund	\$24,462	\$24,207	\$24,976	\$769	3.2%
Special Fund	33	684	274	-410	-60.0%
Deficiencies and Reductions	0	0	0	0	
Adjusted Special Fund	\$33	\$684	\$274	-\$410	-60.0%
Federal Fund	15,533	16,101	16,483	381	2.4%
Deficiencies and Reductions	0	0	-8	-8	
Adjusted Federal Fund	\$15,533	\$16,101	\$16,474	\$373	2.3%
Reimbursable Fund	8,622	7,966	8,060	95	1.2%
Deficiencies and Reductions	0	0	0	0	
Adjusted Reimbursable Fund	\$8,622	\$7,966	\$8,060	\$95	1.2%
Adjusted Grand Total	\$48,650	\$48,958	\$49,784	\$826	1.7%

- The fiscal 2017 allowance for the Department of Health and Mental Hygiene (DHMH) Administration increases by approximately \$826,000 net of back of the bill reductions, primarily due to increases in assigned costs such as the Statewide Personnel System, the Office of Administrative Hearings fee, and the new Enterprise Budget System fee.

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

For further information contact: Jordan D. More

Phone: (410) 946-5530

Personnel Data

	<u>FY 15</u> <u>Actual</u>	<u>FY 16</u> <u>Working</u>	<u>FY 17</u> <u>Allowance</u>	<u>FY 16-17</u> <u>Change</u>
Regular Positions	344.60	345.60	344.00	-1.60
Contractual FTEs	<u>5.77</u>	<u>7.55</u>	<u>7.56</u>	<u>0.01</u>
Total Personnel	350.37	353.15	351.56	-1.59

Vacancy Data: Regular Positions

Turnover and Necessary Vacancies, Excluding New Positions	24.11	7.01%
Positions and Percentage Vacant as of 12/31/15	37.60	10.88%

- There is a reduction of 1.6 regular positions for DHMH Administration. Of this amount, 0.6 positions are being transferred to the Department of Information Technology, while 1.0 position is being abolished.

Analysis in Brief

Major Trends

Repeat Audit Findings Decrease: After a high mark of 30% in fiscal 2014, the percentage of repeat audit findings across the department declined to 18% in fiscal 2015.

Facility Infrastructure: While the condition of facility infrastructure systems in good/excellent condition remained the same in fiscal 2015 at 91%, the percentage of residential and program buildings meeting appropriate standards, codes, and client needs improved greatly from 40% to 54% in fiscal 2015. However, any further improvements will require significant capital spending, and last year's *Joint Chairmen's Report* requested information on how DHMH plans to address these needs. **The department should comment on the status of this report, and what plans they have to address the significant capital backlog that the DHMH-owned facilities face within the current capital budget environment.**

Workforce: The retention rate for workers within 20 key employment categories declined to a low of 84% in fiscal 2015, which is the lowest mark since fiscal 2002. This included a vacancy rate among skilled direct care workers of 21%.

Recommended Actions

1. Concur with Governor's allowance.

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M00A01
Administration
Department of Health and Mental Hygiene

Operating Budget Analysis

Program Description

The Department of Health and Mental Hygiene (DHMH) Administration budget analysis focuses on the Office of the Secretary, which is divided into the Executive Direction and Operations functions. These offices establish policies regarding health services and supervise the administration of the health laws of the State and its subdivisions, while also providing for the main operations components of the entire department, including administrative, financial, information technology (IT), and general services (such as central warehouse management, inventory control, fleet management, space management, and management of engineering/construction projects). Other components of the Office of the Secretary include the Office of Minority Health and Health Disparities as well as special and federal fund major IT spending for the entire department excluding Medicaid.

Performance Analysis: Managing for Results

1. Repeat Audit Findings Decrease

The DHMH Administration Managing for Results (MFR) measures are administrative in nature. Selected measures are included in **Exhibit 1**. Reported MFR measures in this agency typically vary little from year to year. However, one measure that has seen significant variation is the number of repeat audit findings in audits conducted by the Office of Legislative Audits. After a steady decline to 11% in fiscal 2013, fiscal 2014 repeat findings increased to 30%, while in fiscal 2015, repeat findings declined again to 18%. The largest number of repeat findings were in the audit of DHMH Administration, which contained 3 repeat findings out of a total of 15.

2. Facility Infrastructure

In terms of facilities, as further shown in Exhibit 1, there continues to be some improvement in the condition of facility infrastructure systems and the number of residential and program buildings meeting licensing requirements, current building standards, and patient/client needs. As noted in prior analyses, new standards for patient safety goals for psychiatric hospitals established in 2008 by the Joint Commission resulted in a significant downgrading of the percentage of buildings in compliance with requirements, standards, and needs. Capital and operating funding was provided in fiscal 2010 to make some of the necessary improvements.

Exhibit 1
DHMH Administration Selected Program Measurement Data
Fiscal 2011-2015

	<u>Actual 2011</u>	<u>Actual 2012</u>	<u>Actual 2013</u>	<u>Actual 2014</u>	<u>Actual 2015</u>
Repeat OLA audit comments (%)	12	18	11	30	18
Condition of facility infrastructure systems (% in good/excellent condition)	89	89	89	91	91
Residential and program buildings meeting licensing standards, current building codes, and patient/client needs (%)	34	34	39	40	54
Retention rate within 20 key classifications (%)	88	88	86	88	84

DHMH: Department of Health and Mental Hygiene

OLA: Office of Legislative Audits

Note: OLA audit comments are based on the fiscal year within which the audit is published. OLA audits agencies on a three-year cycle.

Source: Department of Health and Mental Hygiene

However, as also noted in prior analyses, the department's goal for the percentage of residential and program buildings meeting licensing requirements, current building standards, and patient/client needs is still remarkably low – 65% by the end of fiscal 2017 – and will remain so until significant capital projects are completed. These projects include replacing Spring Grove Hospital Center, the renovation of the north wing at Clifton T. Perkins Hospital Center, the construction of the new Secure Evaluation and Therapeutic Treatment (SETT) Center, as well as significant improvements to buildings at the Holly Center, Potomac Center, and Western Maryland Hospital Center. However, the fiscal 2017 *Capital Improvement Program* (CIP) shows construction funding for the SETT deferred again from fiscal 2017 to 2018, while maintaining the scope of the project as a renovation of a building at Springfield Hospital Center rather than the construction of a new facility at Jessup. The CIP also includes the Clifton T. Perkins north wing renovation, but no funding is planned until fiscal 2019. There is no funding for other projects in the CIP, which begs the question on how DHMH will improve these facilities and bring them up to standard. The 2015 *Joint Chairmen's Report* requested from DHMH a plan to update these facilities and bring them up to appropriate standards. However, DHMH has yet to submit this report to the budget committees. **DHMH should comment on the status of this report, and what plans they have to address the significant capital backlog that the DHMH-owned facilities face within the current capital budget environment.**

3. Workforce

One measure of the department's ability to attract and retain a skilled workforce is the employment rate within 20 key classifications (see **Exhibit 2**). These 20 classifications are taken from over 750 classification levels used by DHMH and are considered by the department to be a representative sample of those classifications key to fulfilling the mission of the department. The employment rate is calculated by dividing the number of filled positions versus total positions on a monthly basis and then averaging for the year. This particular measure had essentially been flat since fiscal 2010 at 88%. However, fiscal 2015 is the lowest retention rate since fiscal 2002 at 84%.

Exhibit 2 **DHMH MFR Retention Goal: 20 Key Classification Levels**

Sanitarian IV/Environmental Sanitarian II	Direct Care Assistant II
Coordinator Special Programs Health Services/Developmental Disabilities	Community Health Nurse II
Medical Care Program Specialist II	Health Facility Surveyor Nurse I
Agency Procurement Specialist II	Registered Nurse
Office Secretary III	Computer Network Specialist II
Public Health Lab Scientist General and Lead	Fiscal Accounts Clerk II
Social Worker II, Health Services	Accountant II
Program Administrator II, Health Services	Physician Clinical Specialist
Alcohol and Drug Counselors	Physician Program Manager
Epidemiologist III	Health Policy Analyst, Advanced

DHMH: Department of Health and Mental Hygiene
MFR: Managing for Results

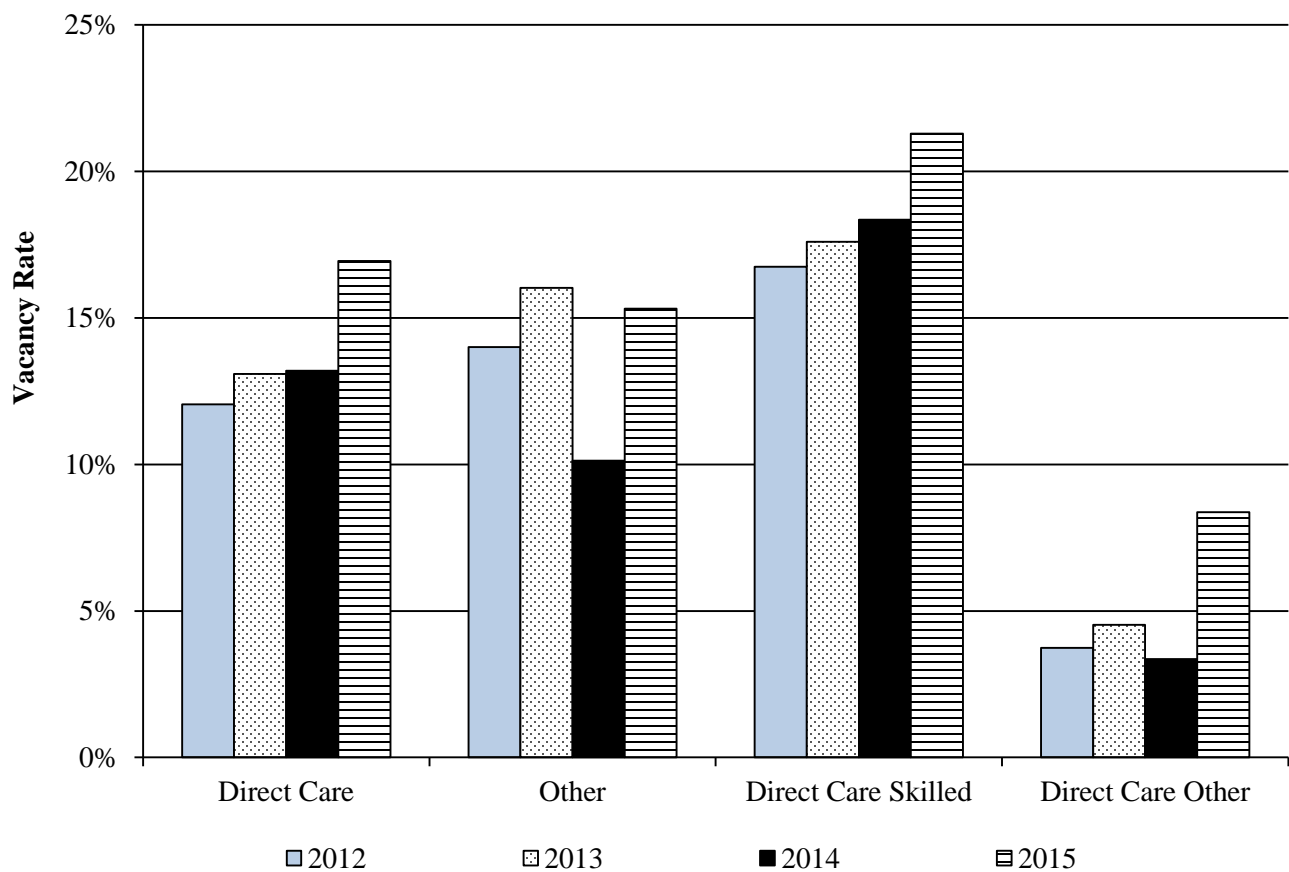
Source: Department of Health and Mental Hygiene

Exhibit 3 presents more detailed information from the same data and shows:

- The vacancy rate among the direct care categories has grown, from 12% to 17% between fiscal 2012 and 2015. This is despite a drop in the total number of positions in these categories from 1,336 to 1,199.
- Vacancies in nondirect care categories have remained relatively stationary, with a low of 10% in fiscal 2014, but a high of 15% in fiscal 2015.

- There continues to be a striking difference in terms of vacancy rates within the direct care category between skilled direct care workers (for example, nurses and physicians) and other direct care workers (in this instance, direct care assistants). The vacancy rate among skilled direct care workers is 21% in fiscal 2015, compared to 8% for other direct care workers. The disparity grew between fiscal 2013 and 2014, but growth in the vacancy rate in both categories for fiscal 2015 has maintained this difference. There does not appear to be any explanation for this difference other than the simple difficulty that the State has in hiring skilled direct care positions.

Exhibit 3
DHMH – 20 Key Classification Levels Vacancy Data
Fiscal 2012-2015



DHMH: Department of Health and Mental Hygiene

Source: Department of Health and Mental Hygiene

Fiscal 2016 Actions

Cost Containment

The fiscal 2016 budget contained an across-the-board general reduction for all State agencies, which resulted in a 0.6% across-the-board general fund reduction for DHMH totaling \$27,215,000. Of this total amount, DHMH Administration was assigned a cost containment decrease of \$723,402 in general funds. Actions undertaken to make up this cut include ending a demonstration grant through the Office of Minority Health and Health Disparities (\$500,000); ending the subsidy to the Medical Marijuana Commission (\$125,000); reducing the value of various IT contracts (\$69,681); and reducing personnel by holding 1.0 position vacant for the year and reducing another contractual position to 50.0% (\$28,721).

Proposed Budget

As shown in **Exhibit 4**, the budget for DHMH Administration grows by approximately \$826,000 after back of the bill reductions. The majority of this increase is due to increases in assigned costs for the whole department.

Exhibit 4
Proposed Budget
DHMH – Administration
(\$ in Thousands)

How Much It Grows:	<u>General Fund</u>	<u>Special Fund</u>	<u>Federal Fund</u>	<u>Reimb. Fund</u>	<u>Total</u>
Fiscal 2015 Actual	\$24,462	\$33	\$15,533	\$8,622	\$48,650
Fiscal 2016 Working Appropriation	24,207	684	16,101	7,966	48,958
Fiscal 2017 Allowance	<u>24,976</u>	<u>274</u>	<u>16,474</u>	<u>8,060</u>	<u>49,784</u>
Fiscal 2016-2017 Amount Change	\$769	-\$410	\$373	\$95	\$826
Fiscal 2016-2017 Percent Change	3.2%	-60.0%	2.3%	1.2%	1.7%

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Where It Goes:

Personnel Expenses

Employee and retiree health insurance	\$492
Retirement contributions.....	442
Turnover adjustments	101
Abolished/transferred positions (1.6 full-time equivalent positions).....	-136
Other fringe benefit adjustments.....	-258
Increments and other compensation	-318

Other Changes

Statewide personnel system allocation	396
Office of Administrative Hearings fee.....	219
Enterprise budget system.....	194
Software licenses (Microsoft Office).....	186
Department of Information Technology allocation fee	139
State Treasurer's Office insurance payment	109
Minority Health and Health Disparities grant.....	72
Contractual employee health insurance	44
Travel	-14
Office supplies	-59
Department of Budget and Management communications	-336
Board of Physicians major information technology project	-410
Other	-37

Total	\$826
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DHMH: Department of Health and Mental Hygiene

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

Across-the-board Reductions

The fiscal 2017 budget bill includes an across-the-board reduction for employee health insurance, based on a revised estimate of the amount of funding needed. For DHMH, the amount of these reductions is \$1,424,451 in general funds, \$132,440 in special funds, and \$251,138 in federal funds across the entire department, of which \$89,000 is in DHMH Administration (\$81,000 general funds, \$8,000 federal funds). There is an additional across-the-board reduction to abolish positions statewide, but the amounts have not been allocated by agency.

Personnel

Personnel expenditures increase the fiscal 2017 allowance by approximately \$323,000. The largest increases are for health insurance costs (\$492,000) and retirement contributions (\$442,000).

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There are also 1.6 positions being abolished in the allowance, 1.0 position is a long-term vacancy, and 0.6 positions are transferred to the Department of Information Technology (DoIT), resulting in a decrease of approximately \$136,000. Other regular earnings are the largest decrease in personnel costs (\$318,000), mainly due to positions being reduced back to base salaries after being vacated.

Other Changes

Most of the other major budget changes in fiscal 2017 are fees and other payments that are assigned costs to the department. Major increases in assigned costs include the Statewide Personnel System (\$396,000), the Office of Administrative Hearings fee (\$219,000) and the new Enterprise Budget System fee (\$194,000). There are some notable increases that are not assigned costs including \$186,000 for Microsoft Office software licenses as well as \$72,000 for a new grant program for the Office of Minority Health and Health Disparities. Specifically, the grant is for a local nonprofit to work with Morgan State University and the Prince George's County Health Department along with other providers, to educate newly insured individuals, improve access to primary care providers for preventative care, and reduce the use of emergency rooms for preventative care services.

The largest decrease is \$410,000 due to delays in the Board of Physicians major IT project, which is budgeted within DHMH Administration (see **Appendix 2** for additional details). There is also one major decrease in assigned costs for communications paid for by the Department of Budget and Management (\$336,000).

It should be noted that new funding is made available in fiscal 2017 for another major IT project, the Computerized Hospital Record and Information System, (see Appendix 2 for details). This project was proposed some years ago but never went beyond the planning phase. Fiscal 2017 funding for the project is budgeted with DoIT.

Recommended Actions

1. Concur with Governor's allowance.

Current and Prior Year Budgets

Current and Prior Year Budgets DHMH – Administration (\$ in Thousands)

	<u>General Fund</u>	<u>Special Fund</u>	<u>Federal Fund</u>	<u>Reimb. Fund</u>	<u>Total</u>
Fiscal 2015					
Legislative Appropriation	\$23,802	\$575	\$16,081	\$8,273	\$48,730
Deficiency Appropriation	0	0	0	0	0
Cost Containment	-508	0	0	0	-508
Budget Amendments	1,169	0	386	736	2,291
Reversions and Cancellations	0	-542	-934	-387	-1,863
Actual Expenditures	\$24,462	\$33	\$15,533	\$8,622	\$48,650
Fiscal 2016					
Legislative Appropriation	\$23,941	\$684	\$16,056	\$7,966	\$48,647
Budget Amendments	266	0	45	0	311
Working Appropriation	\$24,207	\$684	\$16,101	\$7,966	\$48,958

Note: The fiscal 2016 working appropriation does not include deficiencies or reversions. Numbers may not sum to total due to rounding.

Fiscal 2015

Actual spending in fiscal 2015 for DHMH Administration was \$79,895 below the legislative appropriation.

General fund spending increased by \$660,660 over the legislative appropriation in fiscal 2015. Increases for general funds were provided to cover lower than expected indirect cost recovery revenue (\$1,159,162), the 2015 cost-of-living adjustment (COLA) and annual salary review (\$202,007), health insurance realignment (\$134,497), and lower than expected employee turnover (\$129,676). These increases were offset by fiscal 2015 cost containment measures (\$507,838), which for DHMH Administration were mainly achieved through increased turnover as well as some contractual employment and supplies reductions. Other offsets also included a telecommunications expenditure realignment (\$426,844), and a decrease in minority health grants (\$30,000).

Special fund spending decreased by \$541,844 from the legislative appropriation, mainly due to delays in the Board of Physicians major IT project.

Federal fund spending decreased by \$547,888 from the legislative appropriation. Budget amendments added a total of \$386,093, which included \$312,540 for new recovery systems and software upgrades, \$50,728 for the Developmental Disabilities Administration (DDA) major IT project, and \$22,825 for the 2015 COLA. These increases were more than offset, however, by cancellations totaling \$933,981 which were mostly due to lower than expected indirect cost recovery on federal grants throughout the department.

Reimbursable fund spending increased by \$349,177 over the legislative appropriation. Budget amendments added a total of \$736,167, which included \$361,950 for the DDA major IT project and \$81,611 for the Maryland FiRST radio project, both of which came from DoIT, as well as \$276,443 from the Department of Public Safety and Correctional Services, and \$16,163 from the Health Professional Boards and Commissions. These increases were partially offset by a cancellation totaling \$386,990.

Fiscal 2016

To date, the working appropriation for DHMH Administration has been increased by \$310,956, including \$265,760 in general funds and \$45,196 in federal funds. The largest increase is to offset the proposed 2% salary reduction, which increased the appropriation by \$416,421 in general funds and \$45,196 in federal funds. Reallocation of funds both from and to the administration budget from other parts of DHMH added \$44,106 in general funds as well. However, the implementation of the cost containment strategy, which was previously discussed, resulted in a decrease of general funds totaling \$194,767.

Major Information Technology Projects

Department of Health and Mental Hygiene – Administration Maryland Board of Physicians Integrated Software System

Project Status¹	Planning.			New/Ongoing Project:	New.			
Project Description:	Development of a new, more fully integrated medical licensure and investigation software system to replace the board’s existing system.							
Project Business Goals:	Correction of deficiencies in the board’s existing software system and improvement of board’s efficiency.							
Estimated Total Project Cost¹:	\$2,124,224			Estimated Planning Project Cost¹:	\$223,648			
Project Start Date:	November 2014.			Projected Completion Date:	April 2017.			
Schedule Status:	A project manager has been hired and system concept development and planning are underway. Fiscal 2017 funding reflects general delays in the project.							
Cost Status:	Fiscal 2017 funding included in the Department of Health and Mental Hygiene administration budget.							
Scope Status:	n/a.							
Project Management Oversight Status:	Department of Information Technology project oversight is now in place.							
Identifiable Risks:	Moderate identifiable risks are the large scale of the project and the need to familiarize staff with a new system.							
Additional Comments:	Shortcomings of the board’s outdated software systems were noted in the 2011 Sunset Evaluation of the board, as well as in a report prepared by an independent consultant, pointing to the need for the replacement of the board’s existing systems.							
Fiscal Year Funding (\$ in Thousands)	Prior Years	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	Balance to Complete	Total
Personnel Services	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0
Professional and Outside Services	684.0	273.6	1,105.8	0.0	0.0	0.0	0.0	2,124.2
Other Expenditures	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total Funding	\$684.0	\$273.6	\$1,105.8	\$0.0	\$0.0	\$0.0	\$0.0	\$2,124.2

¹ Initially, an agency submits a Project Planning Request. After the requirements analysis has been completed and a project has completed all of the planning required through Phase Four of the Systems Development Lifecycle (Requirements Analysis), including a baseline budget and schedule, the agency may submit a Project Implementation Request and begin designing and developing the project when the request is approved. For planning projects, costs are estimated through planning phases. Implementation projects are required to have total development costs.

Department of Health and Mental Hygiene – Administration Computerized Hospital Record & Information System (CHRIS)

Project Status¹	Planning.			New/Ongoing Project:	New.			
Project Description:	Replacement of the current hospital management information system (HMIS) with a new commercial off-the-shelf (COTS) electronic health record (EHR) HMIS.							
Project Business Goals:	Re-design the system to accommodate new EHR technologies that foster better patient safety and patient care and reduce the potential for medical errors.							
Estimated Total Project Cost¹:	n/a.			Estimated Planning Project Cost¹:		\$550,000		
Project Start Date:	December 2013.			Projected Completion Date:		June 2017.		
Schedule Status:	New funding will allow the project to get underway once again. Prior to funding cuts in prior years, a Request for Proposals had started to be developed.							
Cost Status:	Fiscal 2017 funding included in the Department of Information Technology (DoIT) budget.							
Scope Status:	n/a.							
Project Management Oversight Status:	DoIT project oversight is now in place.							
Identifiable Risks:	High risks include unknown costs and funding availability beyond fiscal 2017 as well as limited direct interdependencies, achieving user acceptance, and maintaining flexibility for the COTS system to achieve compatibility with Department of Health and Mental Hygiene requirements.							
Additional Comments:	n/a.							
Fiscal Year Funding (\$ in Thousands)	Prior Years	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	Balance to Complete	Total
Personnel Services	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0
Professional and Outside Services	0.0	550.0	0.0	0.0	0.0	0.0	0.0	550.0
Other Expenditures	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total Funding	\$0.0	\$550.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$550.0

¹ Initially, an agency submits a Project Planning Request. After the requirements analysis has been completed and a project has completed all of the planning required through Phase Four of the Systems Development Lifecycle (Requirements Analysis), including a baseline budget and schedule, the agency may submit a Project Implementation Request and begin designing and developing the project when the request is approved. For planning projects, costs are estimated through planning phases. Implementation projects are required to have total development costs.

**Object/Fund Difference Report
DHMH – Administration**

<u>Object/Fund</u>	<u>FY 15 Actual</u>	<u>FY 16 Working Appropriation</u>	<u>FY 17 Allowance</u>	<u>FY 16 - FY 17 Amount Change</u>	<u>Percent Change</u>
Positions					
01 Regular	344.60	345.60	344.00	-1.60	-0.5%
02 Contractual	5.77	7.55	7.56	0.01	0.1%
Total Positions	350.37	353.15	351.56	-1.59	-0.5%
Objects					
01 Salaries and Wages	\$ 30,265,020	\$ 30,507,269	\$ 30,919,055	\$ 411,786	1.3%
02 Technical and Spec. Fees	355,311	446,229	485,653	39,424	8.8%
03 Communication	1,305,587	1,679,311	1,180,783	-498,528	-29.7%
04 Travel	139,215	136,694	122,745	-13,949	-10.2%
06 Fuel and Utilities	179,187	196,641	184,563	-12,078	-6.1%
07 Motor Vehicles	58,134	65,811	62,654	-3,157	-4.8%
08 Contractual Services	11,913,661	11,963,788	12,820,928	857,140	7.2%
09 Supplies and Materials	668,011	621,476	563,527	-57,949	-9.3%
10 Equipment – Replacement	487,718	338,030	336,639	-1,391	-0.4%
11 Equipment – Additional	261,493	280,591	315,177	34,586	12.3%
12 Grants, Subsidies, and Contributions	1,078,040	649,161	712,953	63,792	9.8%
13 Fixed Charges	1,938,680	2,072,945	2,168,855	95,910	4.6%
Total Objects	\$ 48,650,057	\$ 48,957,946	\$ 49,873,532	\$ 915,586	1.9%
Funds					
01 General Fund	\$ 24,462,432	\$ 24,206,875	\$ 25,056,872	\$ 849,997	3.5%
03 Special Fund	33,156	684,000	273,648	-410,352	-60.0%
05 Federal Fund	15,532,706	16,101,340	16,482,767	381,427	2.4%
09 Reimbursable Fund	8,621,763	7,965,731	8,060,245	94,514	1.2%
Total Funds	\$ 48,650,057	\$ 48,957,946	\$ 49,873,532	\$ 915,586	1.9%

Note: The fiscal 2016 working appropriation does not include deficiencies or reversions. The fiscal 2017 allowance does not include contingent reductions.

**Fiscal Summary
DHMH – Administration**

<u>Program/Unit</u>	<u>FY 15 Actual</u>	<u>FY 16 Wrk Approp</u>	<u>FY 17 Allowance</u>	<u>Change</u>	<u>FY 16 - FY 17 % Change</u>
01 Executive Direction	\$ 13,898,598	\$ 14,025,193	\$ 14,262,529	\$ 237,336	1.7%
02 Financial Management Administration	34,007,214	34,248,753	35,337,355	1,088,602	3.2%
08 Major IT Projects	744,245	684,000	273,648	-410,352	-60.0%
Total Expenditures	\$ 48,650,057	\$ 48,957,946	\$ 49,873,532	\$ 915,586	1.9%
General Fund	\$ 24,462,432	\$ 24,206,875	\$ 25,056,872	\$ 849,997	3.5%
Special Fund	33,156	684,000	273,648	-410,352	-60.0%
Federal Fund	15,532,706	16,101,340	16,482,767	381,427	2.4%
Total Appropriations	\$ 40,028,294	\$ 40,992,215	\$ 41,813,287	\$ 821,072	2.0%
Reimbursable Fund	\$ 8,621,763	\$ 7,965,731	\$ 8,060,245	\$ 94,514	1.2%
Total Funds	\$ 48,650,057	\$ 48,957,946	\$ 49,873,532	\$ 915,586	1.9%

Note: The fiscal 2016 working appropriation does not include deficiencies or reversions. The fiscal 2017 allowance does not include contingent reductions.