

**M00A01**  
**Administration**  
Department of Health and Mental Hygiene

***Operating Budget Data***

(\$ in Thousands)

	<u>FY 16</u> <u>Actual</u>	<u>FY 17</u> <u>Working</u>	<u>FY 18</u> <u>Allowance</u>	<u>FY 17-18</u> <u>Change</u>	<u>% Change</u> <u>Prior Year</u>
General Fund	\$23,170	\$25,042	\$23,604	-\$1,438	-5.7%
Adjustments	0	0	-94	-94	
<b>Adjusted General Fund</b>	<b>\$23,170</b>	<b>\$25,042</b>	<b>\$23,510</b>	<b>-\$1,532</b>	<b>-6.1%</b>
Special Fund	285	274	1,409	1,136	415.1%
Adjustments	0	0	0	0	
<b>Adjusted Special Fund</b>	<b>\$285</b>	<b>\$274</b>	<b>\$1,409</b>	<b>\$1,136</b>	<b>415.1%</b>
Federal Fund	15,594	16,512	16,107	-406	-2.5%
Adjustments	0	0	-10	-10	
<b>Adjusted Federal Fund</b>	<b>\$15,594</b>	<b>\$16,512</b>	<b>\$16,097</b>	<b>-\$415</b>	<b>-2.5%</b>
Reimbursable Fund	8,363	8,060	9,724	1,663	20.6%
Adjustments	0	0	0	0	
<b>Adjusted Reimbursable Fund</b>	<b>\$8,363</b>	<b>\$8,060</b>	<b>\$9,724</b>	<b>\$1,663</b>	<b>20.6%</b>
<b>Adjusted Grand Total</b>	<b>\$47,412</b>	<b>\$49,888</b>	<b>\$50,740</b>	<b>\$852</b>	<b>1.7%</b>

Note: Includes targeted reversions, deficiencies, and contingent reductions.

- The fiscal 2018 allowance for the Department of Health and Mental Hygiene (DHMH) Administration increases by approximately \$852,000 net of back of the bill reductions.
- Large increases include \$1.6 million for contractual employee health insurance premiums at local health departments as well as \$1.1 million for the Board of Physicians major information technology project. However, these large increases are offset by large decreases in assigned costs, particularly for the Department of Budget and Management budget system (\$1.3 million) and personnel system (\$0.8 million).

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

For further information contact: Jordan D. More

Phone: (410) 946-5530

***Personnel Data***

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	<b><u>FY 16 Actual</u></b>	<b><u>FY 17 Working</u></b>	<b><u>FY 18 Allowance</u></b>	<b><u>FY 17-18 Change</u></b>
Regular Positions	345.60	336.00	336.00	0.00
Contractual FTEs	<u>6.04</u>	<u>7.53</u>	<u>8.31</u>	<u>0.78</u>
<b>Total Personnel</b>	<b>351.64</b>	<b>343.53</b>	<b>344.31</b>	<b>0.78</b>

***Vacancy Data: Regular Positions***

Turnover and Necessary Vacancies, Excluding New Positions	23.55	7.01%
Positions and Percentage Vacant as of 12/31/16	26.50	7.89%

- There are no reductions in the number of regular positions, while contractual full-time equivalents increase only slightly.
- Budgeted turnover is 7.0%, which would require the department to maintain an average of 23.5 vacant positions throughout the year. Currently, there are 26.5 vacancies, or 7.9%.

## *Analysis in Brief*

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### Major Trends

**Repeat Audit Findings Increase:** After declining to 18% in fiscal 2015, the percentage of repeat audit findings across the department increased to 27% in fiscal 2016.

**Workforce:** The retention rate for workers within 20 key employment categories declined to a low of 81% in fiscal 2016, which is the lowest mark since fiscal 2002. This included a vacancy rate among skilled direct care workers of 23%.

### Issues

**Delayed Report on Sexual Assault Forensic Exam Teams:** Committee narrative in the 2016 *Joint Chairmen’s Report* requested a report from DHMH on the establishment of mobile sexual assault forensic exam teams. The report was due on December 15, 2016, however, DHMH has yet to submit the report. **DHMH should comment on the status of this report.**

### Recommended Actions

	<u>Funds</u>
1. Reduce funds for local health department contractual health insurance.	\$ 1,594,466
<b>Total Reductions</b>	<b>\$ 1,594,466</b>

*M00A01 – DHMH – Administration*

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**Administration**  
**Department of Health and Mental Hygiene**

## ***Operating Budget Analysis***

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### **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 Increase**

The DHMH Administration Managing for Results measures are administrative in nature. Two selected measures are included in **Exhibit 1**. One measure that has been consistently tracked over the last few years is the number of repeat audit findings in audits conducted by the Office of Legislative Audits. In recent years, there have been some extensive fluctuations in the percentage of previous audit findings that are repeated in the most recent fiscal compliance audit. 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 percentage of findings has increased again in fiscal 2016 to 27%. However, it should be noted that the number of repeat audit findings in fiscal 2016 only totaled 3 out of a possible 11.

#### **2. Workforce**

Another measure that is consistently tracked is the department's ability to attract and retain a skilled workforce, which is measured by 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 2016 is the lowest retention rate since fiscal 2002, at 81%.

**Exhibit 1**  
**Department of Health and Mental Hygiene – Administration**  
**Selected Program Measurement Data**  
**Fiscal 2012-2016**

	<b>Actual</b> <b><u>2012</u></b>	<b>Actual</b> <b><u>2013</u></b>	<b>Actual</b> <b><u>2014</u></b>	<b>Actual</b> <b><u>2015</u></b>	<b>Actual</b> <b><u>2016</u></b>
Repeat OLA audit comments	18%	11%	30%	18%	27%
Filled position rate within 20 key classifications	88%	86%	88%	84%	81%

OLA: Office of Legislative Audits

Note: 35% is standard for audits repeat findings.

Source: Department of Health and Mental Hygiene

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**Exhibit 2**  
**DHMH MFR Filled Position 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

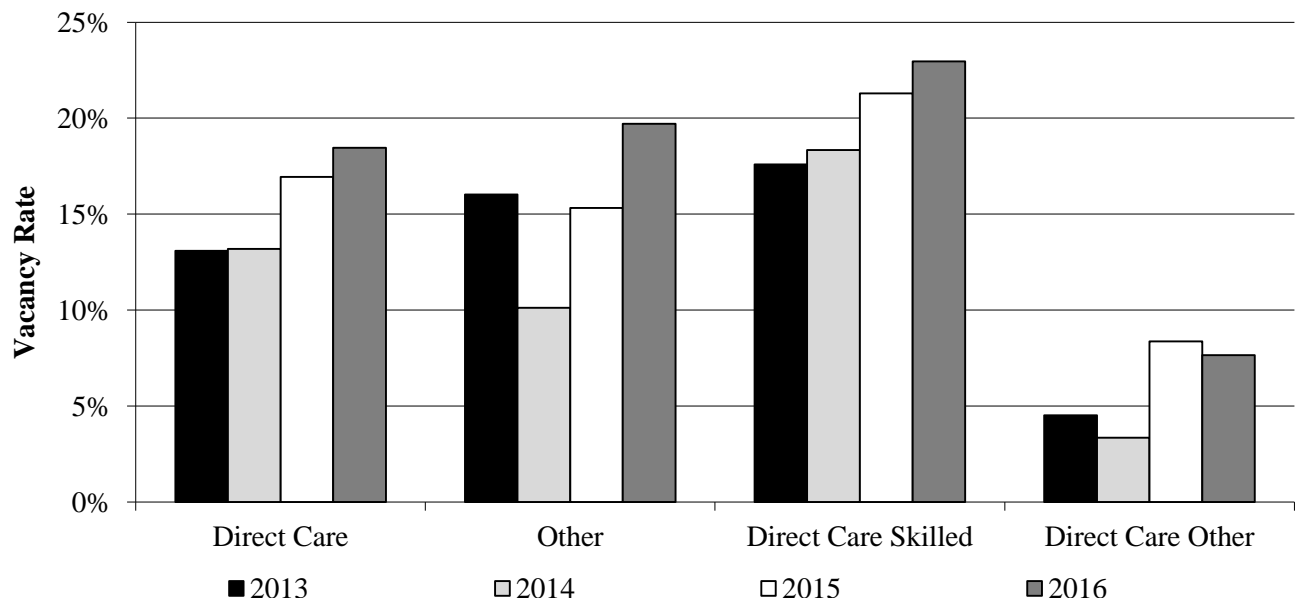
Source: Department of Health and Mental Hygiene

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

- The vacancy rate among the direct care categories has grown, from 13% to 18%, between fiscal 2013 and 2016. However, there has been a significant increase in the number of direct care positions over the same timeframe, from 1,301 to 1,543, due to the reclassification of other vacant positions to direct care positions.
- In contrast, vacancies in nondirect care categories have been relatively volatile, with a low of 10% in fiscal 2014, but a high of 20% in fiscal 2016.
- 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 23% in fiscal 2016, compared to 8% for other direct care workers. The disparity grew between fiscal 2013 and 2016, driven mostly by the increasing vacancy rate among the skilled workers. Part of the reason for this increase is also the increase in the number of skilled direct care workers, from 852 to 1,090, from fiscal 2013 to 2018. However, the persistence of this gap illustrates the difficulty that the State has in hiring skilled direct care positions.

**Exhibit 3**  
**DHMH – 20 Key Classification Levels Vacancy Data**  
**Fiscal 2013-2016**



DHMH: Department of Health and Mental Hygiene

Source: Department of Health and Mental Hygiene

**Fiscal 2017 Actions**

**Section 20 Position Abolitions**

The fiscal 2017 budget bill contained a section which directed the Executive Branch to abolish 657 positions and achieve a savings of \$25 million, including \$20 million in general funds and \$5 million in special funds. This agency’s share of the reduction is 8.0 positions and \$241,030 in general funds.

**Proposed Budget**

As shown in **Exhibit 4**, the fiscal 2018 budget for DHMH Administration grows by approximately \$852,000 over fiscal 2017 after back of the bill reductions. The majority of this increase is due to increases for the cost of health insurance for contractual employees at local health departments as well as for the Board of Physicians major IT project.

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

<b>How Much It Grows:</b>	<b><u>General Fund</u></b>	<b><u>Special Fund</u></b>	<b><u>Federal Fund</u></b>	<b><u>Reimb. Fund</u></b>	<b><u>Total</u></b>
Fiscal 2016 Actual	\$23,170	\$285	\$15,594	\$8,363	\$47,412
Fiscal 2017 Working Appropriation	25,042	274	16,512	8,060	49,888
Fiscal 2018 Allowance	<u>23,510</u>	<u>1,409</u>	<u>16,097</u>	<u>9,724</u>	<u>50,740</u>
Fiscal 2017-2018 Amount Change	-\$1,532	\$1,136	-\$415	\$1,663	\$852
Fiscal 2017-2018 Percent Change	-6.1%	415.1%	-2.5%	20.6%	1.7%

**Where It Goes:**

**Personnel Expenses**

Workers’ Compensation adjustments .....	\$147
Other fringe benefit adjustments.....	-11
Increments and other compensation.....	-68
Employee and retiree health insurance .....	-218
Retirement contributions.....	-230



*M00A01 – DHMH – Administration*

**Other Changes**

Local health department contractual health insurance.....	1,594
Board of Physicians major IT project .....	1,136
DBM communications.....	314
NICS Act Record Improvement Program grant.....	200
Replacement computers (32 computers, 2 iPads).....	37
Personnel system allocation.....	-762
DBM budget system allocation.....	-1,323
Other .....	36
<b>Total</b>	<b>\$852</b>

DBM: Department of Budget and Management  
DHMH: Department of Health and Mental Hygiene  
IT: Information Technology  
NICS: National Instant Criminal Background Check System

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

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**Across-the-board Reductions**

The fiscal 2018 budget bill includes a \$54.5 million (all funds) across-the-board contingent reduction for a supplemental pension payment. Annual payments are mandated for fiscal 2017 through 2020 if the Unassigned General Fund balance exceeds a certain amount at the close of the fiscal year. This agency’s share of these reductions is \$93,879 in general funds and \$9,674 in federal funds. This action is tied to a provision in the Budget Reconciliation and Financing Act of 2017.

**Personnel**

Personnel expenditures decrease the fiscal 2018 allowance by approximately \$380,000. The largest decreases are for retirement contributions, which decline by approximately \$230,000 including the back of the bill reduction, and for health insurance contributions, which decline by \$218,000. These are partially offset by a \$147,000 increase in Workers’ Compensation payments.

**Other Changes**

There are two large increases within the DHMH Administration allowance for fiscal 2018. The first is an increase of \$1.6 million to cover the cost of health insurance premiums for contractual employees at local health departments. However, this increase is entirely different from how DHMH and the local health departments cover the cost of health insurance premiums for the regular employees at the local health departments. Normally, these costs would be billed to the local health departments through the budget, and it would be up to each local health department to determine how they would come up with the funds to cover these costs, whether through the funds that they receive through the

*M00A01 – DHMH – Administration*

Core Local Health formula or through any other State or local funds that they receive. **The Department of Legislative Services recommends that this cost be covered using the same budgeting methodology as for regular local health department employees, and thus recommends reducing these funds.**

The second large increase is \$1.1 million for the cost of the Board of Physicians major IT project. While budgeted within the administration's allowance, this project will be discussed further under the budget analysis for the Health Occupational Boards and Commissions.

The remainder of the major changes are mostly fees and other payments that are assigned costs for the entire department. This includes large decreases, such as \$1.3 million for the Department of Budget and Management budget system as well as \$762,000 for the personnel system.

It should be noted that additional IT funding is included in the fiscal 2018 allowance for another major IT project, the Computerized Hospital Record and Information System (see **Appendix 2** for details). This project began last year but has now been expanded to be a larger enterprise system that would replace the electronic health records systems for all health care services statewide, most notably within the Department of Public Safety and Correctional Services. Fiscal 2018 funding for the project is budgeted with the Department of Information Technology.

An additional issue is that there is an increase of \$1.1 million in reimbursable funds for indirect cost allocations from the Maryland Health Care Commission (MHCC) and the Health Services Cost Review Commission (HSCRC). The fiscal 2018 allowance assumes an indirect cost allocation rate of 30.5% for each commission. Both HSCRC and MHCC have an indirect cost allocation cap at 18.0% of salaries in statute. In addition, MHCC is also already over budgeted for the special funds that it is allowed to raise in a given year. Thus, unless there is a change in statute to increase the amount allowed for indirect cost recovery from HSCRC and MHCC and to increase the assessment cap for MHCC, these revenues will not be realized in the DHMH Administration budget. If these reimbursable funds are not collected, general funds may have to be used instead.

## ***Issues***

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### **1. Delayed Report on Sexual Assault Forensic Exam Teams**

Committee narrative in the 2016 *Joint Chairmen's Report* requested a report from DHMH on the establishment of mobile sexual assault forensic exam (SAFE) teams. This report was to include information on the department's efforts to establish such teams or efforts to ensure that all hospitals with emergency departments have a plan so that sexual assault victims have access to SAFE teams at hospital facilities. This report was due on December 15, 2016. However, DHMH has yet to submit the report. **DHMH should comment on the status of this report.**

***Recommended Actions***

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	<b><u>Amount Reduction</u></b>	
1. Reduce funds for the cost of health insurance premiums for contractual employees at local health departments. These costs should be billed to the local health departments in the same manner that regular employee premiums are billed.	\$ 1,594,466	GF
<b>Total General Fund Reductions</b>	<b>\$ 1,594,466</b>	

**Appendix 1**  
**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>
<b>Fiscal 2016</b>					
Legislative Appropriation	\$23,941	\$684	\$16,056	\$7,966	\$48,647
Deficiency Appropriation	0	0	0	0	0
Budget Amendments	-542	0	149	485	92
Reversions and Cancellations	-229	-399	-612	-87	-1,327
<b>Actual Expenditures</b>	<b>\$23,170</b>	<b>\$285</b>	<b>\$15,594</b>	<b>\$8,363</b>	<b>\$47,412</b>
<b>Fiscal 2017</b>					
Legislative Appropriation	\$24,605	\$274	\$16,474	\$8,060	\$49,413
Cost Containment	0	0	0	0	0
Budget Amendments	437	0	39	0	476
<b>Working Appropriation</b>	<b>\$25,042</b>	<b>\$274</b>	<b>\$16,512</b>	<b>\$8,060</b>	<b>\$49,888</b>

DHMH: Department of Health and Mental Hygiene

Note: Does not include targeted reversions, deficiencies, and contingent reductions. Numbers may not sum to total due to rounding.

## **Fiscal 2016**

Actual spending in fiscal 2016 for the Department of Health and Mental Hygiene (DHMH) Administration was \$1,235,033 below the legislative appropriation.

General fund spending decreased by \$771,316 from the legislative appropriation in fiscal 2016. The largest increase is for the restoration of the 2% salary reduction, which increased the appropriation by \$416,421. General funds were also increased by \$44,106 due to position transfers within the department. These increases were more than offset by reductions at closeout due to higher than usual vacancies (\$807,828), reversions totaling \$229,248, and fund realignments to correctly portray the 2% across-the-board various end-of-year reductions (\$194,767).

Special fund spending decreased by \$398,930 from the legislative appropriation, mainly due to delays in the Board of Physicians major information technology project.

Federal fund spending decreased by \$462,414 from the legislative appropriation. Budget amendments added a total of \$149,196, which included \$104,000 due to increased federal cost recoveries as well as \$45,196 for the restoration of the 2% salary reduction. These increases were more than offset by cancellations totaling \$611,610, which were mostly due to vacancies within the Office of the Inspector General, the Program Integrity Division, and Medicaid Internal Audits Division.

Reimbursable fund spending increased by \$397,627 over the legislative appropriation. Budget amendments added a total of \$485,117, which included \$308,603 for the Maryland FiRST radio project as well as \$176,514 from the Department of Public Safety and Correctional Services for an automated data reporting system. These increases were partially offset by a cancellation totaling \$87,490.

## **Fiscal 2017**

To date, the working appropriation for DHMH Administration has been increased by \$475,583, including \$437,028 in general funds and \$38,555 in federal funds. The largest increase is for the transfer of increment funding from the Department of Budget and Management to DHMH with \$372,876 in general funds and \$38,555 in federal funds. A budget amendment added \$64,152 in general funds to realign funding reductions made as a result of Section 20 of the budget bill within DHMH.

**Appendix 2**  
**Major Information Technology Projects**  
**Department of Health and Mental Hygiene – Administration**  
**Maryland Board of Physicians Integrated Software System**

<b>Project Status</b>	Planning.	<b>New/Ongoing Project:</b>	New.					
<b>Project Description:</b>	Development of a new, more fully integrated medical licensure and investigation software system to replace the board's existing system.							
<b>Project Business Goals:</b>	Correction of deficiencies in the board's existing software system and improvement of board's efficiency.							
<b>Estimated Total Project Cost:</b>	\$1,999,675			<b>Estimated Planning Project Cost:</b>	\$770,256			
<b>Project Start Date:</b>	November 2014.			<b>Projected Completion Date:</b>	June 2018.			
<b>Schedule Status:</b>	A project manager has been hired and system concept development and planning are underway. Fiscal 2017 funding reflects general delays in the project.							
<b>Cost Status:</b>	Fiscal 2018 funding included in the Department of Health and Mental Hygiene Administration budget.							
<b>Scope Status:</b>	n/a.							
<b>Project Management Oversight Status:</b>	Department of Information Technology project oversight is now in place.							
<b>Identifiable Risks:</b>	Moderate identifiable risks are the large scale of the project and the need to familiarize staff with a new system.							
<b>Additional Comments:</b>	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, which pointed to the need for the replacement of the board's existing systems.							
<b>Fiscal Year Funding (\$ in Thousands)</b>	<b>Prior Years</b>	<b>FY 2018</b>	<b>FY 2019</b>	<b>FY 2020</b>	<b>FY 2021</b>	<b>FY 2022</b>	<b>Balance to Complete</b>	<b>Total</b>
Personnel Services	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0
Professional and Outside Services	590.2	1,409.5	0.0	0.0	0.0	0.0	0.0	1,999.7
Other Expenditures	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
<b>Total Funding</b>	<b>\$590.2</b>	<b>\$1,409.5</b>	<b>\$0.0</b>	<b>\$0.0</b>	<b>\$0.0</b>	<b>\$0.0</b>	<b>\$0.0</b>	<b>\$1,999.7</b>

**Appendix 2 (Cont.)  
Major Information Technology Projects  
Department of Health and Mental Hygiene – Administration  
Computerized Hospital Record & Information System**

<b>Project Status</b>	Planning.	<b>New/Ongoing Project:</b>	New.					
<b>Project Description:</b>	Replacement of the current hospital management information system (HMIS) with a new commercial off-the-shelf (COTS) electronic health record (EHR) HMIS for State agencies that operate facilities delivering health care services.							
<b>Project Business Goals:</b>	Re-design the system to accommodate new EHR technologies that foster better patient safety and patient care and reduce the potential for medical errors. In addition, the software currently in use for the pharmacy system has been sunset by the vendor, and they have indicated that they will not continue to support it indefinitely. Also, this system will replace the problematic and costly Next Generation EHR system installed at the Department of Public Safety and Correctional Services (DPSCS).							
<b>Estimated Total Project Cost:</b>	n/a.	<b>Estimated Planning Project Cost:</b>	\$650,000					
<b>Project Start Date:</b>	December 2013.	<b>Projected Completion Date:</b>	July 2017.					
<b>Schedule Status:</b>	The Department of Health and Mental Hygiene (DHMH) has received funding for the planning of an EHR for the 11 hospitals that it operates. Since July 1, 2016, DHMH has joined with DPSCS and the Department of Information Technology (DoIT) to pursue a statewide EHR solution and is expanding the scope to encompass the planning of a business intelligence component to the statewide EHR solution.							
<b>Cost Status:</b>	Fiscal 2018 funding included in the DoIT budget.							
<b>Scope Status:</b>	n/a.							
<b>Project Management Oversight Status:</b>	DoIT project oversight is now in place.							
<b>Identifiable Risks:</b>	High risks include unknown costs and funding availability beyond fiscal 2018 as well as limited direct interdependencies, achieving user acceptance, and maintaining flexibility for the COTS system to achieve compatibility with DHMH requirements.							
<b>Additional Comments:</b>	n/a.							
<b>Fiscal Year Funding (\$ in Thousands)</b>	<b>Prior Years</b>	<b>FY 2018</b>	<b>FY 2019</b>	<b>FY 2020</b>	<b>FY 2021</b>	<b>FY 2022</b>	<b>Balance to Complete</b>	<b>Total</b>
Personnel Services	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0
Professional and Outside Services	550.0	100.0	0.0	0.0	0.0	0.0	0.0	650.0
Other Expenditures	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
<b>Total Funding</b>	<b>\$550.0</b>	<b>\$100.0</b>	<b>\$0.0</b>	<b>\$0.0</b>	<b>\$0.0</b>	<b>\$0.0</b>	<b>\$0.0</b>	<b>\$650.0</b>



**Appendix 3  
Object/Fund Difference Report  
DHMH – Administration**

<u>Object/Fund</u>	<u>FY 16 Actual</u>	<u>FY 17 Working Appropriation</u>	<u>FY 18 Allowance</u>	<u>FY 17 - FY 18 Amount Change</u>	<u>Percent Change</u>
<b>Positions</b>					
01 Regular	345.60	336.00	336.00	0.00	0%
02 Contractual	6.04	7.53	8.31	0.78	10.4%
<b>Total Positions</b>	<b>351.64</b>	<b>343.53</b>	<b>344.31</b>	<b>0.78</b>	<b>0.2%</b>
<b>Objects</b>					
01 Salaries and Wages	\$ 29,230,286	\$ 30,933,986	\$ 30,656,982	-\$ 277,004	-0.9%
02 Technical and Spec. Fees	398,734	485,653	2,110,554	1,624,901	334.6%
03 Communication	1,571,075	1,180,783	1,470,906	290,123	24.6%
04 Travel	110,754	132,794	150,151	17,357	13.1%
06 Fuel and Utilities	174,063	184,563	254,270	69,707	37.8%
07 Motor Vehicles	53,275	62,654	55,701	-6,953	-11.1%
08 Contractual Services	11,224,100	12,817,793	12,101,589	-716,204	-5.6%
09 Supplies and Materials	618,359	553,527	566,880	13,353	2.4%
10 Equipment – Replacement	998,652	335,449	369,546	34,097	10.2%
11 Equipment – Additional	157,945	320,177	315,177	-5,000	-1.6%
12 Grants, Subsidies, and Contributions	696,500	712,953	707,296	-5,657	-0.8%
13 Fixed Charges	2,178,214	2,168,131	2,084,921	-83,210	-3.8%
<b>Total Objects</b>	<b>\$ 47,411,957</b>	<b>\$ 49,888,463</b>	<b>\$ 50,843,973</b>	<b>\$ 955,510</b>	<b>1.9%</b>
<b>Funds</b>					
01 General Fund	\$ 23,169,799	\$ 25,042,156	\$ 23,604,146	-\$ 1,438,010	-5.7%
03 Special Fund	285,070	273,648	1,409,463	1,135,815	415.1%
05 Federal Fund	15,593,729	16,512,414	16,106,648	-405,766	-2.5%
09 Reimbursable Fund	8,363,359	8,060,245	9,723,716	1,663,471	20.6%
<b>Total Funds</b>	<b>\$ 47,411,957</b>	<b>\$ 49,888,463</b>	<b>\$ 50,843,973</b>	<b>\$ 955,510</b>	<b>1.9%</b>

DHMH: Department of Health and Mental Hygiene

Note: Does not include targeted reversions, deficiencies, and contingent reductions.

**Appendix 4  
Fiscal Summary  
DHMH – Administration**

<u>Program/Unit</u>	<u>FY 16 Actual</u>	<u>FY 17 Wrk Approp</u>	<u>FY 18 Allowance</u>	<u>Change</u>	<u>FY 17 - FY 18 % Change</u>
01 Executive Direction	\$ 12,649,434	\$ 14,357,088	\$ 14,248,001	-\$ 109,087	-0.8%
02 Financial Management Administration	34,168,850	35,257,727	35,186,509	-71,218	-0.2%
08 Major IT Projects	593,673	273,648	1,409,463	1,135,815	415.1%
<b>Total Expenditures</b>	<b>\$ 47,411,957</b>	<b>\$ 49,888,463</b>	<b>\$ 50,843,973</b>	<b>\$ 955,510</b>	<b>1.9%</b>
General Fund	\$ 23,169,799	\$ 25,042,156	\$ 23,604,146	-\$ 1,438,010	-5.7%
Special Fund	285,070	273,648	1,409,463	1,135,815	415.1%
Federal Fund	15,593,729	16,512,414	16,106,648	-405,766	-2.5%
<b>Total Appropriations</b>	<b>\$ 39,048,598</b>	<b>\$ 41,828,218</b>	<b>\$ 41,120,257</b>	<b>-\$ 707,961</b>	<b>-1.7%</b>
Reimbursable Fund	\$ 8,363,359	\$ 8,060,245	\$ 9,723,716	\$ 1,663,471	20.6%
<b>Total Funds</b>	<b>\$ 47,411,957</b>	<b>\$ 49,888,463</b>	<b>\$ 50,843,973</b>	<b>\$ 955,510</b>	<b>1.9%</b>

DHMH: Department of Health and Mental Hygiene  
IT: Information Technology

Note: Does not include targeted reversions, deficiencies, and contingent reductions.