# Administration
Maryland Department of Health

Executive Summary

The Maryland Department of Health (MDH) Administration establishes policies regarding health services and supervises the administration of the health laws of the State while also providing for the main operations components of the entire department, including administrative, financial, information technology (IT), and general services. All of the State's hospital facilities are also included in the MDH Administration budget.

Operating Budget Summary

Fiscal 2023 Budget Decreases by $2.2 Million, or 0.4%, to $568.7 Million
($ in Millions)
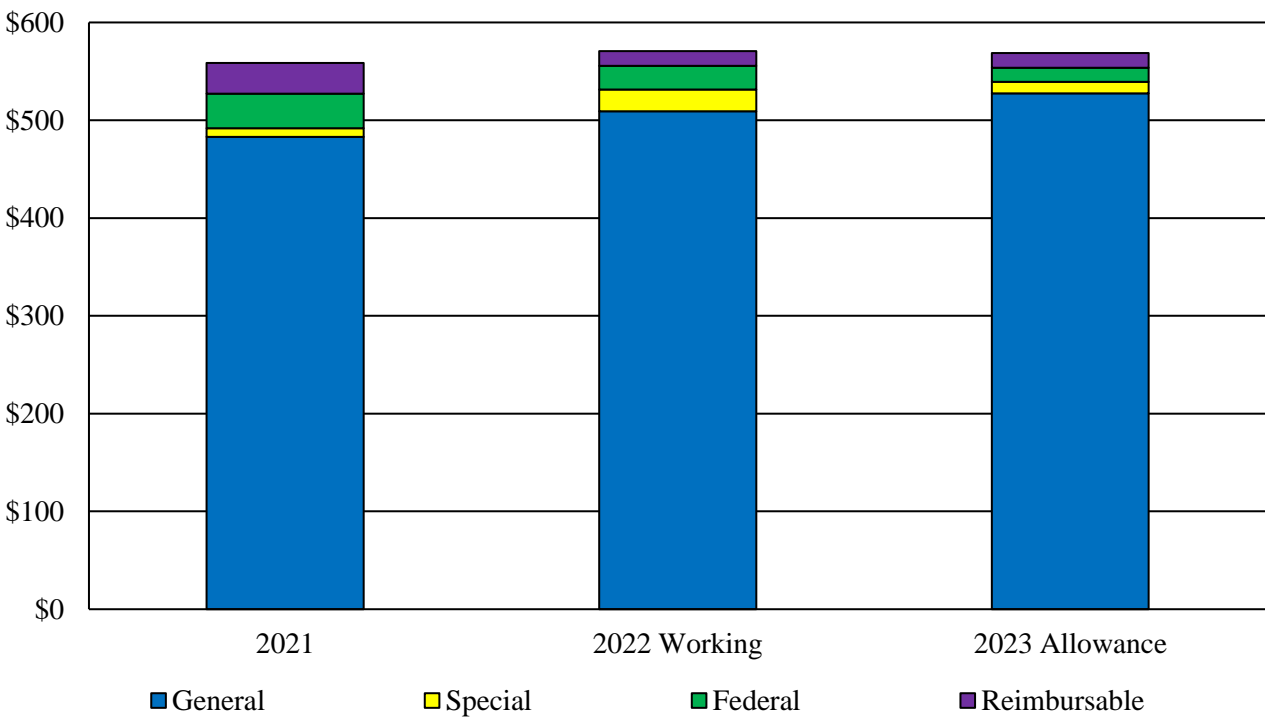
Note: Numbers may not sum due to rounding. The fiscal 2022 working appropriation includes deficiency appropriations. The fiscal 2022 working appropriation and fiscal 2023 allowance do not reflect funding for statewide personnel actions budgeted in the Department of Budget and Management, which include cost-of-living adjustments, increments, bonuses, and may include annual salary review adjustments.

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Analysis of the FY 2023 Maryland Executive Budget, 2022

- The primary driver of the increase in general funds totaling $18.4 million in MDH Administration, after accounting for proposed deficiency appropriations, relates to ongoing increases in salary adjustments for MDH personnel, including those statutory enhancements for State hospital employees from Chapters 572 and 576 of 2020.

- Special fund decreases totaling $10.5 million, a driver of the overall budget decrease, are attributed to a lower spending authority for the Opioid Restitution Fund budgeted for fiscal 2023. MDH reports overbudgeting spending authority for this fund in prior years, and the fiscal 2023 allowance more closely reflects anticipated expenditures.

Key Observations

- ***MDH Personnel, Retention Across Job Categories and Impact of the Pandemic on Staffing and Operations:*** Based on a review of MDH personnel cohorts from calendar 2020 to 2022 to identify those who have left MDH during the pandemic, the Department of Legislative Services (DLS) found trends in various workplaces suggesting challenges with the retention of the State's health workforce, including the plurality of the current workforce having been with the department for four years or fewer.

- ***MDH Experiences Challenges Related to IT:*** MDH's Major Information Technology Development Projects (MITDP) have experienced delays and cost increases over prior year projected expenditures. Further, a network security incident has subjected MDH staff to various workarounds and restrictions.

- ***Declining Enrollment at Chronic Care Hospitals:*** After several years of downturn in enrollment at the State's chronic care hospitals, the department's new Facilities Master Plan (FMP) recommends transitioning services away from these facilities entirely.

Operating Budget Recommended Actions

1. Add language restricting funds pending a report on Maryland Department of Health salaries, recruitment, and retention.

2. Add language restricting funds pending a report on timely placement of court-involved patients.

3. Adopt committee narrative requestion uniformed reporting on patient and staff safety.

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Administration
Maryland Department of Health

Operating Budget Analysis

Program Description

The MDH Administration budget analysis includes 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, IT, and general services (such as central warehouse management, inventory control, fleet management, space management, and management of engineering/construction projects).

The Operations function also oversees the State-run facilities: four regional adult psychiatric hospitals (Thomas B. Finan Hospital Center, Eastern Shore Hospital Center, Springfield Hospital Center (SHC), and Spring Grove Hospital Center (SGHC)); two Regional Institutes for Children and Adolescents (RICA) in Baltimore City and Rockville (RICA – Baltimore City and RICA – John L. Gildner, respectively); two chronic and long-term care hospitals (Western Maryland Hospital Center and Deer's Head Hospital Center (DHHC)); as well as one maximum security forensic psychiatric hospital (Clifton T. Perkins Hospital Center (Perkins)). In fiscal 2023, the Developmental Disabilities Administration (DDA) facilities are also included in this analysis (Potomac Center and Holly Center) as well as the Secure Evaluation and Therapeutic Treatment (SETT) unit currently housed at the Potomac Center.

Other components of the Office of the Secretary include the Office of Minority Health and Health Disparities (OMHHD) as well as special and federal fund major IT spending for the entire department, excluding Medicaid.

Performance Analysis: Managing for Results

1.   Resident and Staff Safety Across MDH Facilities

The safety of the staff and residents at the State's facilities has been focus of the performance measures tracked by MDH for the various facilities. However, the specific tracking of resident-on-staff assaults was a new measure included in the fiscal 2022 Managing for Results (MFR) submission. With all the facilities now being under the Administration and Operations budget, a more global look at the working environment in State-run facilities can be conducted. **Exhibit 1** uses MFR data submitted by the department to compare the number of resident-on-staff assaults that occur within either the Behavioral Health Administration (BHA) or DDA facilities. These numbers are then compared to the number of patient days for each facility. With BHA facilities, the department has set a goal of fewer than 1 resident on staff assault per 1,000 bed hours. DLS applied that same standard to DDA facilities, where rather than a rate-basis, resident-on-staff assaults are presented as a raw total. As shown, DDA

facilities are generally smaller, with fewer bed hours than the larger BHA facilities, and all three DDA facilities are under the department's stated goal of fewer than 1 resident-on-staff assault per 1,000 bed hours. Perkins, the State's maximum security facility, has the highest number of resident-on-staff assaults.

Exhibit 1
Resident-on-staff Assaults
Fiscal 2021
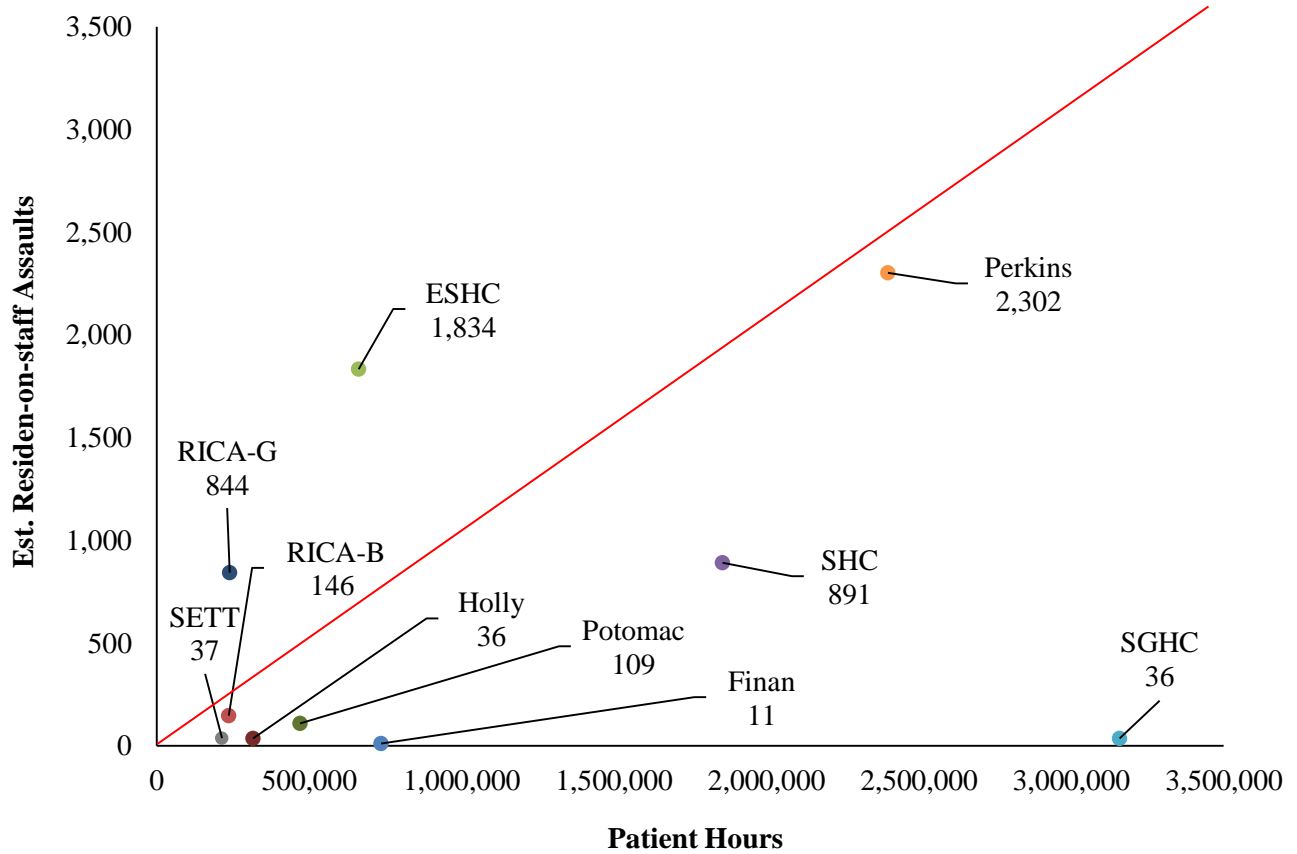
Note: Line represents Maryland Department of Health's goal of fewer than 1 assault per 1,000 bed hours. Number of resident-on-staff assaults labeled for each facility.

ESHC: Eastern Shore Hospital Center
Finan: Thomas B. Finan Hospital Center
Holly: Holly Center
Perkins: Clifton T. Perkins Hospital Center
Potomac: Potomac Center

RICA-B: Regional Institutes for Children and Adolescents – Baltimore
RICA-G: Regional Institutes for Children and Adolescents – John L. Gildner
SETT: Secure Evaluation and Therapeutic Treatment
SGHC: Spring Grove Hospital Center
SHC: Springfield Hospital Center

Source: Department of Budget and Management; Maryland Department of Health; Department of Legislative Services

While MDH measures and reports patient-on-staff assaults similarly in their MFRs for both BHA and DDA facilities, the patient safety measures are less uniform across facilities. For DDA facilities, MDH reports the number of patient-on-patient assaults but not the rate or the overall patient injury numbers. Meanwhile for BHA facilities, the patient injury rate is reported but not the number of injuries or the number of resident-on-resident assaults. In theory, patient injuries could be self-inflicted or the result of other unsafe situations, beyond the patient-on-patient assaults. **Exhibit 2** uses data provided in MFR to estimate the rate or number, respectively across these facilities. The patient safety rates for DDA facilities are either equal or higher than the staff safety rate. Conversely, BHA facilities traditionally had lower patient safety rates when compared to their staff safety measures. This trend could also be a feature of the seemingly uneven reporting between the two facility types.

Exhibit 2
Patient Safety Measures
Fiscal 2021

Resident on Resident Assaults – DDA Facilities	Number	Rate Per 1,000 Bed Hours*
Holly Center	35	0.11
Potomac Center	391	0.98
SETT	178	0.83

Patient Injury Rates – BHA Facilities	Number*	Rate Per 1,000 Bed Hours
Thomas B. Finan Hospital Center	7	0.01
RICA – Baltimore	2	0.01
Eastern Shore Hospital Center	119	0.18
Springfield Hospital Center	223	0.12
Spring Grove Hospital Center	442	0.14
Clifton T. Perkins Hospital Center	216	0.09
RICA – John L. Gildner	-	-

BHA: Behavioral Health Administration
DDA: Developmental Disabilities Administration
RICA: Regional Institute for Children and Adolescents
SETT: Secure Evaluation and Therapeutic Treatment

*Represents value calculated by the Department of Legislative Services with other data provided by Maryland Department of Health Managing for Results

Source: Maryland Department of Health; Department of Budget and Management; Department of Legislative Services
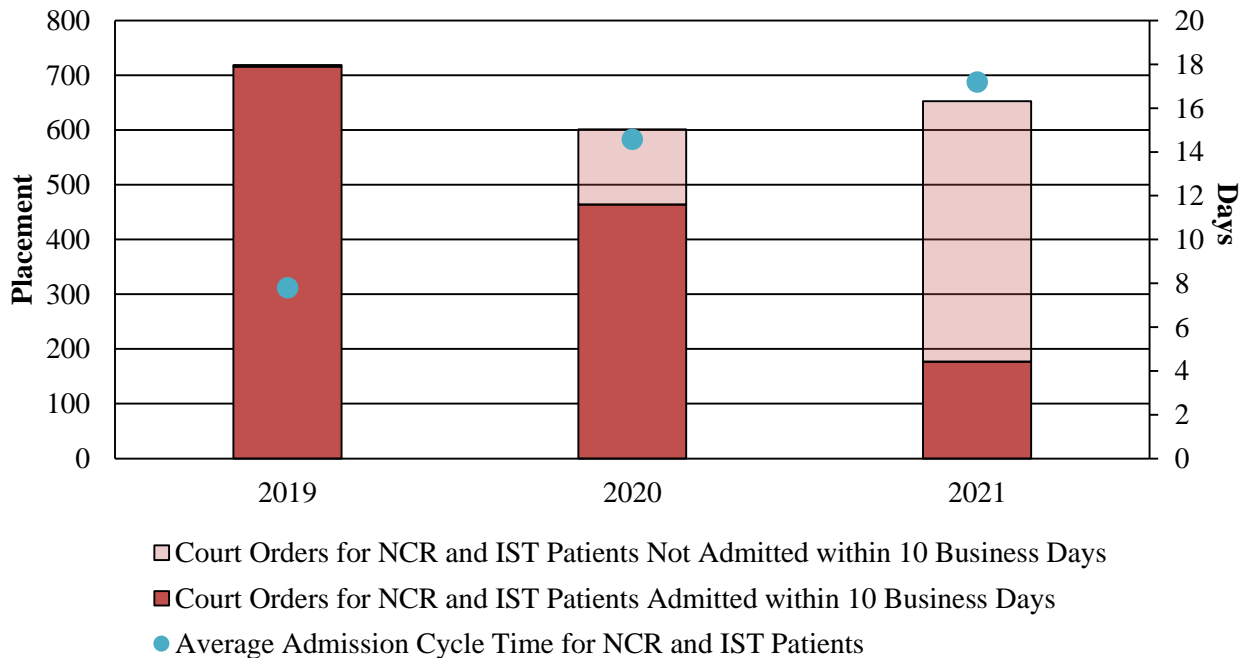
The inconsistent reporting makes it difficult to review safety across facilities. With the unification of all MDH facilities under the MDH Hospital System, MDH should be able to report uniform data on patient and staff safety. **DLS recommends adopting committee narrative requesting a report on patient and staff safety at MDH facilities. This report should include discussion of efforts to improve both measures of safety and make recommendations for opportunities for**

uniform reporting of patient and staff safety. The committee narrative also requests that these recommendations be implemented in future MFR submissions.

2.   Court-ordered Placements and SETT

With the inclusion of the SETT facility, the entirety of MDH's court-involved treatment spectrum is reflected in the MDH – Administration budget. Chapters 188 and 189 of 2018 established a mandate for admission within 10 days for those determined incompetent to stand trial (IST)/not criminally responsible (NCR) patients. These chapters followed litigation throughout 2016 and 2017 around due process rights and the timely placement of these individuals in MDH facilities. Further mandates require those under 8-507 court-ordered placements to be made within 21 business days. As shown in **Exhibit 3**, MDH was initially successful in meeting these mandates; however, in recent years, the average time to fill these placements and the number who have been placed within the 10-day period has dropped significantly.

Exhibit 3
NCR/IST Placements
Fiscal 2019-2021

□ Court Orders for NCR and IST Patients Not Admitted within 10 Business Days

■ Court Orders for NCR and IST Patients Admitted within 10 Business Days

● Average Admission Cycle Time for NCR and IST Patients

IST: incompetent to stand trial
NCR: not criminally responsible

Source: Department of Budget and Management; Maryland Department of Health

In 2019, the first year of the legislative mandate, MDH was able to admit nearly all the NCR/IST individuals in under 10 business days, with all but three patients admitted within that time frame, and an average placement time of 7.8 days. However, since then, the average time to admit these individuals has increased, and the share of those that get admitted within those 10 days has decreased, as shown. In fiscal 2021, it took an average of 17 days to place an NCR/IST patient in a BHA placement bed, and only 27% of these individuals were placed within 10 days. It is also worth highlighting that placement for 8-507 drug treatment placements has traditionally been better at achieving their legislative mandate; however, the mandate for these placements is over twice as long, 21 days. **DLS is concerned with the downward trend in the timeliness of IST/NCR admissions and adjudications and is therefore recommending budget bill language restricting funds pending a report on the placement of ICR/NST patients, including efforts being made to meet legislative mandates for placements throughout the Hospital System.**

The SETT unit assists the department in addressing the IST population. **Exhibit 4** shows the number of IST admissions relative to the other admissions to the unit. The SETT facility operates 32 beds, and for the last three years, as a result, has only been able to treat an average of 55 individuals in each year. While SETT remains an important tool for the department in terms of pretrial treatment and services, it is not the only pretrial service offered at State hospitals, with Perkins also operating a unit that admitted or adjudicated 142 individuals IST in fiscal 2021.

Exhibit 4
SETT Unit Admissions
Fiscal 2019-2021

■ Individuals Committed as IST to the SETT   ■ Other SETT Commitments
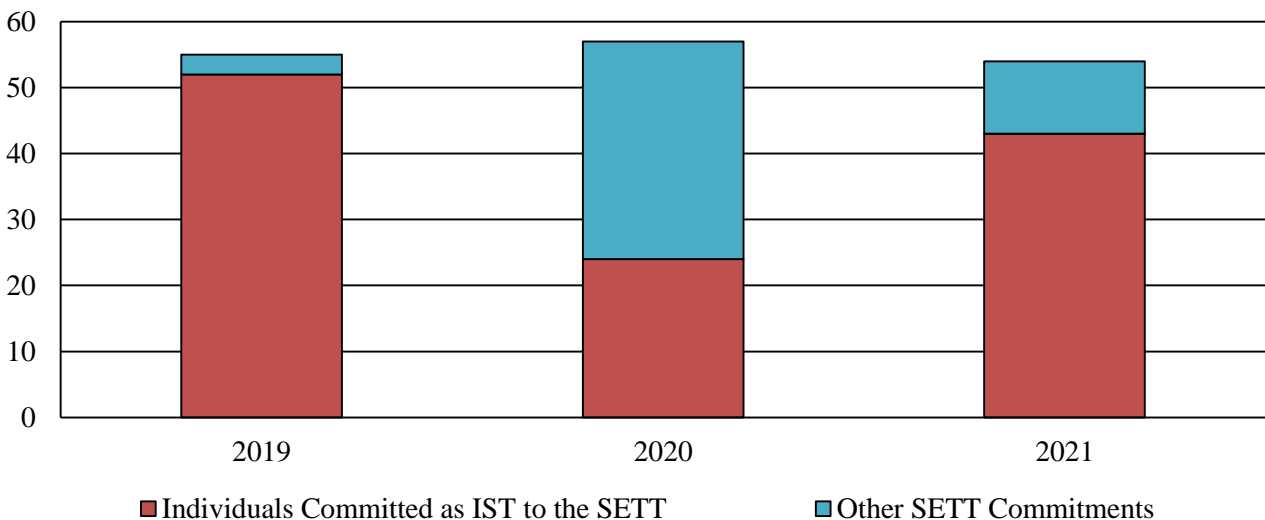
IST: Incompetent to Stand Trial
SETT: Secure Evaluation and Therapeutic Treatment

Source: Department of Budget and Management; Maryland Department of Health

Fiscal 2021

Notable fiscal 2021 additions to the MDH administration budget include $10 million to move the Opioid Operation Command Center (OOCC) into the MDH Administration budget in accordance with budget bill language in the fiscal 2021 budget.

Additional noteworthy increases in fiscal 2021 included more than $45 million related to personnel expenditures, including:

- COVID-19 premium pay ($12.7 million);

- increased overtime and salary realignment ($15.4 million);

- distribution of statewide salary actions, including cost-of-living adjustments ($4.9 million), annual salary reviews ($5.4 million), bonuses ($3.3 million); and

- MDH Hospital System reorganization; specifically, this allocates and realigns the salary, fringe items, and overtime expenses for the 49 police officer positions from the various facilities into this budget ($4.5 million).

Salary enhancements, overtime expenses, and other personnel-related items within this budget are discussed within greater depth later in this analysis, including in the budget discussion and Issue 1 of this analysis.

Reimbursable funds related to COVID-19 added $3 million including (1) $1.8 million for OMHHD for outreach to minority communities to reduce inequities as a result of the COVID-19 pandemic and promote vaccination education among ethnic and racial minority groups in Maryland and (2) $1.2 million for additional contractual nursing coverage for DHHC. Contracts and grants related to the OHMHHD efforts included funding broadcast radio transmissions, sound trucks, and community outreach efforts through several Maryland universities.

Aside from COVID-19 and personnel changes, significant funding was brought in for Major IT purposes including $13.2 million for contract tracing. Major IT projects and funding are discussed in Issue 2 of this analysis.

Fiscal 2022

Proposed Deficiency

The Governor's fiscal 2023 allowance includes 15 total deficiencies, including 12 proposed deficiency appropriations totaling over $9.5 million in general funds for overtime expenditures. Nearly 80% of the overtime needs occurred at the State's three largest facilities: Perkins ($3.3 million); SGHC ($3.2 million); and SHC ($2.1 million).

Two additional proposed general fund deficiency appropriations are intended to address waitlists at SHC ($766,658) and SGHC ($1,016,658). Collectively, $750,000 of these funds are for employee earnings, and the remaining $1 million supports various operating expenses, including equipment, supplies and materials, and contracts for waitlist mitigation.

An additional proposed deficiency appropriation totaling $658,623 is for the upkeep and maintenance of the Crownsville facility. Crownsville has received a deficiency appropriation each year since fiscal 2017. Based on the last three years of actual expenditures of $2 million, DLS anticipates another similarly sized deficiency appropriation will be required for fiscal 2023, as the fiscal 2023 allowance provides less than $1.5 million for this purpose.

Chapters 572 and 576

Chapter 572 required that Perkins security attendants, who must complete a correctional training course, be compensated at a rate at least equal to correctional officers employed by the Department of Public Safety and Correctional Services. Additionally, the legislation required that pay scales for certain physician and psychiatric positions within State hospitals be aligned with one another ("physician clinical specialists" and "psychiatric clinical" positions with one another, and "physician clinical staff" and "psychiatric clinical graduate" with one another). Taken together, these requirements increased expenditures across the department by $4.7 million.
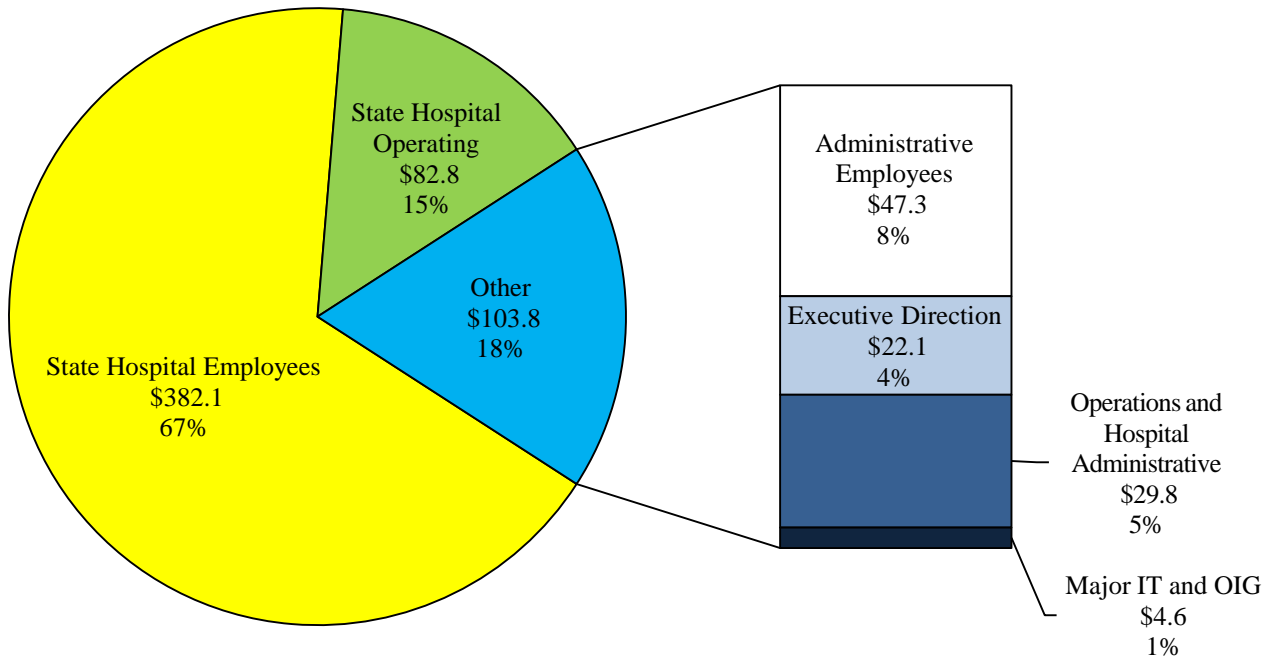
Chapter 576 is projected to have a much larger impact on the budget for fiscal 2022 and beyond. First, the chapter required that employees at Perkins who have not previously been receiving premium pay for working at Perkins receive a pay increase of at least two grades higher if they worked directly with patients and were in certain bargaining units (*i.e.*, alcohol and drug counselors, occupational therapists, physicians, psychiatrists, and therapeutic recreators) at an estimated cost of $1.3 million in general funds. Further, Chapter 576 raised the compensation for all similarly trained, qualified, or licensed employees at other DDA or BHA facilities to that of Perkins if the other facility had a forensic admission rate of greater than 75% for the prior fiscal year. Analysis conducted by DLS during the 2021 legislative session found that all of the regional BHA facilities and the Potomac Center met this criteria during fiscal 2020.

The fiscal 2022 working appropriation accounts for a transfer of $30.5 million in general funds from the Department of Budget and Management (DBM) Statewide Expenses program to implement the legislative mandates under Chapters 572 and 576 to the MDH Administration budget.

Fiscal 2023 Overview of Agency Spending

The fiscal 2023 allowance for MDH Administration totals $568.7 million. With all the State hospitals included within the MDH Administration budget, these hospitals occupy 82% of the total fiscal 2023 allowance, as shown in **Exhibit 5**. The largest share of hospital expenditures (and MDH Administration personnel-related expenditures), and over 60% of all MDH employees work at one of the State's hospital facilities.

Exhibit 5
Overview of Agency Spending
Fiscal 2023 Allowance
($ in Millions)

State Hospital
Operating
$82.8
15%

Other
$103.8
18%

State Hospital Employees
$382.1
67%

Administrative
Employees
$47.3
8%

Executive Direction
$22.1
4%

Operations and
Hospital
Administrative
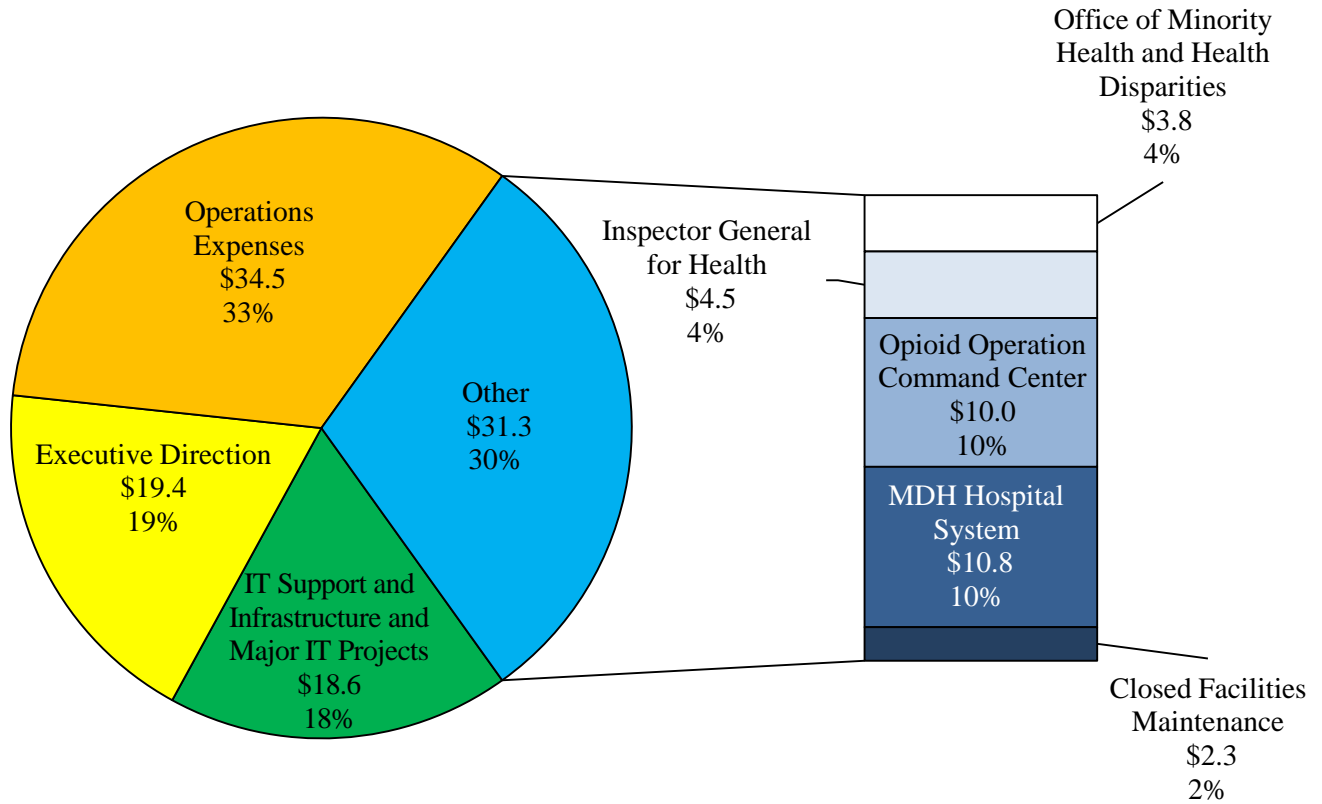$29.8
5%

Major IT and OIG
$4.6
1%

IT: information technology
OIG: Office of Inspector General

Note: The fiscal 2023 allowance does not reflect funding for statewide personnel actions budgeted in the Department of Budget and Management, which include cost-of-living adjustments, increments, bonuses, and may include annual salary review adjustments. Operations expenses associated with the Maryland Department of Health (MDH) include shared-services offices at MDH headquarters including Human Resources, Finance and Accounting, IT, Procurement, *etc.*

Source: Governor's Fiscal 2023 Budget Books

Excluding spending related to the State hospitals, the administrative components of the MDH Administration budget totals $103.8 million in the fiscal 2023 allowance. Within the administration component of this budget are included several separate offices, such as OMHHD, OOCC, and the centralized management office for the MDH facilities. Additionally, although it is now budgeted outside the health department, the new Office of Inspector General (OIG) for Health is included in this analysis. **Exhibit 6** focuses only on the MDH Administrative budget and separates out these offices of note. As shown, the shared services are under MDH's Operations program, which includes the Office of Human Resources, Office of Capital Planning, and Accounting.

Exhibit 6
MDH Administrative Offices
Fiscal 2023
($ in Millions)

IT: information technology
MDH: Maryland Department of Health

Note: The fiscal 2023 allowance does not reflect funding for statewide personnel actions budgeted in the Department of Budget and Management, which include cost-of-living adjustments, increments, bonuses, and may include annual salary review adjustments. Operations expenses associated with MDH include shared-services offices at MDH headquarters including Human Resources, Finance and Accounting, IT, Procurement, *etc.*

Source: Governor's Fiscal 2023 Budget Books

Proposed Budget Change

The fiscal 2023 allowance of MDH Administration decreases by $2.2 million compared to fiscal 2022 after accounting for proposed deficiency appropriations. As shown in **Exhibit 7**, the largest change in the MDH Administration budget in the fiscal 2023 allowance is the removal of the Opioid Restitution Fund, which was added in Supplemental Budget No. 5 to the fiscal 2022 budget, a decrease of $11.5 million. MDH reports that $12 million appropriated through the supplemental budget reflected the entire amount from the McKinsey settlement, not all of which will be spent in the current fiscal year, and $11.0 million to $11.5 million will ultimately revert back into fund balance for the Opioid Restitution Fund. The fiscal 2023 allowance reflects a use of the fund more closely aligned with actual grant expenditures.

Exhibit 7
Proposed Budget
Maryland Department of Health Administration
($ in Thousands)

How Much It Grows:	General Fund	Special Fund	Federal Fund	Reimb. Fund	Total
Fiscal 2021 Actual	$482,911	$8,849	$35,535	$31,158	$558,453
Fiscal 2022 Working Appropriation	509,013	22,320	24,386	15,109	570,829
Fiscal 2023 Allowance	527,383	11,812	14,409	15,048	568,653
Fiscal 2022-2023 Amount Change	$18,370	-$10,508	-$9,977	-$61	-$2,176
Fiscal 2022-2023 Percent Change	3.6%	-47.1%	-40.9%	-0.4%	-0.4%

Where It Goes:	Change
Personnel Expenses – State Facilities	
Ongoing impact of Chapters 572 and 576 of 2020, including grade increases for regular employee salaries, reclassifications of certain employees, and other adjustments partially offset by fiscal 2022 funding previously budgeted in statewide personnel account	$4,068
Employee retirement and Social Security expenses	2,648
Workers' compensation premium assessment	1,149
Employee and retiree health insurance	661
Ongoing impact of increased overtime expenditures, partially offset by fiscal 2022 deficiency	$592
Turnover adjustments	-2,876
Other fringe benefit adjustments	25
Personnel Expenses – Administrative	
Regular earnings, driven by sworn police officers now budgeted under the Maryland Department of Health Hospital System budget	830
Turnover adjustments	679
Employee retirement, LEOPS contributions and Social Security expenses	311
Employee and retiree health insurance	241

Where It Goes:	Change
Workers' compensation premium assessment	154
Overtime and other compensation adjustments	117
Other fringe benefit adjustments	-5
Major IT Changes	
Federal funds for the Electronic Vital Records System ($2.1 million)	2,110
Special funds for AIDS drug assistance case management project ($2.1 million)	2,105
One-time federal fund expenditures for development of COVIDlink in fiscal 2022 ($7.2 million)	-7,179
Other Changes	
IT-related operating expenditures, driven by increases in DoIT services allocations	2,354
Office of Capital Planning operating funds for expansion of cold-storage at the OCME, and renovations at State hospitals tied to accreditation, such as anti-ligature mitigation	2,257
OOCC grants and operating expenditures	920
Contractual staff for the Maryland Department of Health Hospital System, largely focused on the processing of court-ordered placements	494
Health insurance for the local health departments	451
Net increase in Office of Inspector General for Health operating expenditures	107
Fiscal 2022 Crownsville deficiency with maintenance expenses underfunded again in fiscal 2023	-640
Fiscal 2022 one-time deficiency for waitlist mitigation at Spring Grove and Springfield	-1,033
One-time fiscal 2022 expenditures for accounting support to the Medicaid finance office	-1,500
Decrease in Opioid Restitution Fund appropriation for fiscal 2023	-11,483
Other	265
Total	**-$2,178**

DoIT: Department of Information Technology
IT: information technology
LEOPS: Law Enforcement Officers Pension System
OCME: Office of the Chief Medical Examiner
OOCC: Opioid Operation Command Center

Note: Numbers may not sum to total due to rounding. The fiscal 2022 working appropriation includes deficiency appropriations. The fiscal 2022 working appropriation and fiscal 2023 allowance do not reflect funding for statewide personnel actions budgeted in the Department of Budget and Management, which include cost-of-living adjustments, increments, bonuses, and may include annual salary review adjustments.

Other notable decreases occur among Major IT projects, driven by the COVIDlink project expenditures not needed or extended into fiscal 2023, representing a $7.2 million reduction in federal funds offset by $4.2 million total fund increase with ongoing projects for Electronic Vital Records ($2.1 million federal funds) and the AIDS Drug Assistance Case Management program ($2.1 million special funds). General funds for fiscal 2022 and 2023 for MDH projects are currently reflected in the State's Major IT Fund, and the only funding for Major IT projects currently reflected in the MDH Administration budget are special or federal funds. The decreases in the budget are partially

offset by overall increases in personnel expenditures, which are driven by regular salary increases ($8.6 million throughout).

Personnel Expenditures Increase in Fiscal 2023

The fiscal 2022 working appropriation and fiscal 2023 allowance have included several notable increases to employee compensation within MDH, and, given that the State hospitals have the largest share of MDH employees, this impact is most notably seen within this budget. In the fiscal 2023 allowance, funding for Chapters 572 and 576 is reflected within the State hospitals. Regular earnings increases shown in fiscal 2023 are also associated with the impacts of Chapters 572 and 576 and reflect grade increases for newly considered forensic staff at the other State hospitals. Additionally, the increases in overtime from the fiscal 2022 deficiency appropriations has largely continued into fiscal 2023. Taken collectively, these actions increase the fiscal 2023 allowance for the State facilities by $47.8 million. In fiscal 2023, $32.6 million in salary enhancements are currently budgeted in DBM's Statewide Expenses Program to reflect other negotiated salary increases planned for fiscal 2022 and 2023 for State employees. All these enhancements throughout the budget are shown in **Exhibit 8**.

Exhibit 8
Compensation Increases
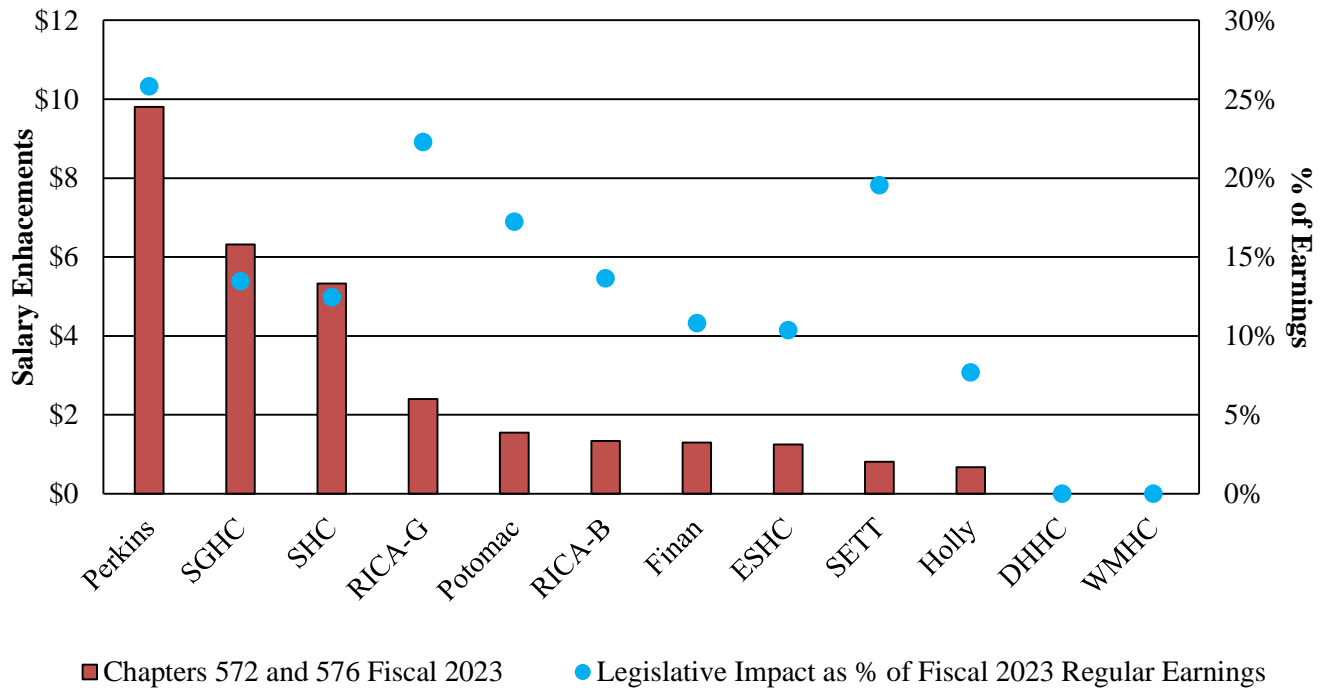**($ in Millions)**
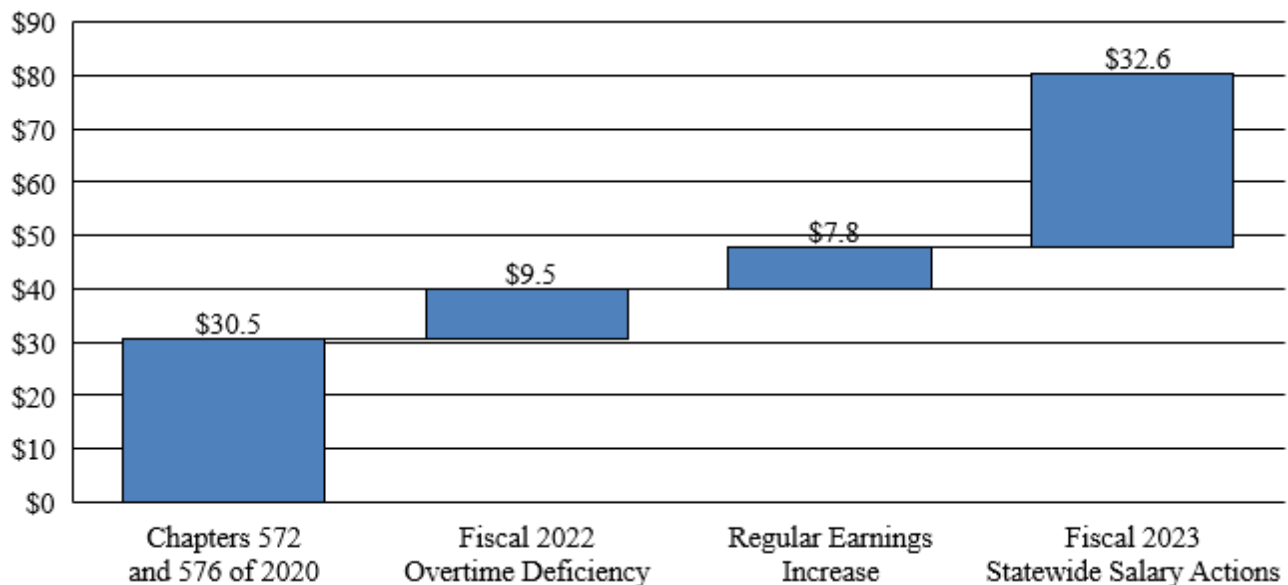
Note: Overtime funding continues into fiscal 2023 at a similar level. Fiscal 2023 statewide personnel increases include the full year costs of fiscal 2022 general salary increases and increments as well as fiscal 2023 general salary increases and increments, which are budgeted within the Department of Budget Management.

Source: Governor's Fiscal 2023 Budget Books

The impacts of Chapters 572 and 576, as intended, are largely reflected in the facilities with a higher court-involved or forensic population. In the instance of Perkins, Chapter 576 raised the salaries for staff at Perkins who were not previously receiving a premium pay. **Exhibit 9** shows how these legislative salary enhancements have been distributed throughout the hospital system and as a percent of fiscal 2023 regular earnings for employees at each facility. As shown, this legislation targeted those facilities with a forensic population and did not impact staff at the chronic care hospitals.

Exhibit 9
Distribution of Enhancements Related to Chapters 572 and 576 of 2020 across the State Hospital System
($ in Millions)

■ Chapters 572 and 576 Fiscal 2023   ● Legislative Impact as % of Fiscal 2023 Regular Earnings

DHHC: Deer's Head Hospital Center   RICA-B: Regional Institutes for Children and Adolescents – Baltimore
ESHC: Eastern Shore Hospital Center   RICA-G: Regional Institutes for Children and Adolescents – John L. Gildner
Finan: Thomas B. Finan Hospital Center   SETT: Secure Evaluation and Therapeutic Treatment
Holly: Holly Center   SGHC: Spring Grove Hospital Center
Perkins: Clifton T. Perkins Hospital Center SHC: Springfield Hospital Center
Potomac: Potomac Center   WMHC: Western Maryland Hospital Center

Source: Governor's Fiscal 2023 Budget Books; Department of Legislative Services

In terms of the fiscal 2022 overtime deficiency and the continued spending at this level in fiscal 2023, this represents a long-overdue correction in the budgeting of overtime expenditures. In recent years, DLS has highlighted that the overtime expenditures throughout State facilities have been underbudgeted, with actual expenditures often exceeding the legislative appropriation by more than $5 million. For instance, during the 2021 legislative session, overtime expenditures in the fiscal 2021 working appropriation were budgeted collectively at $18 million, whereas fiscal 2021 closed with over $30 million in expenditures throughout the facilities. As shown in **Exhibit 10**, the adjusted fiscal 2022 level and the fiscal 2023 allowance, accounting for the proposed deficiency appropriations and ongoing spending, align overtime expenditures more closely with most recent actuals.

Exhibit 10
Overtime Expenditures across State Facilities
Fiscal 2019-2023
($ in Millions)
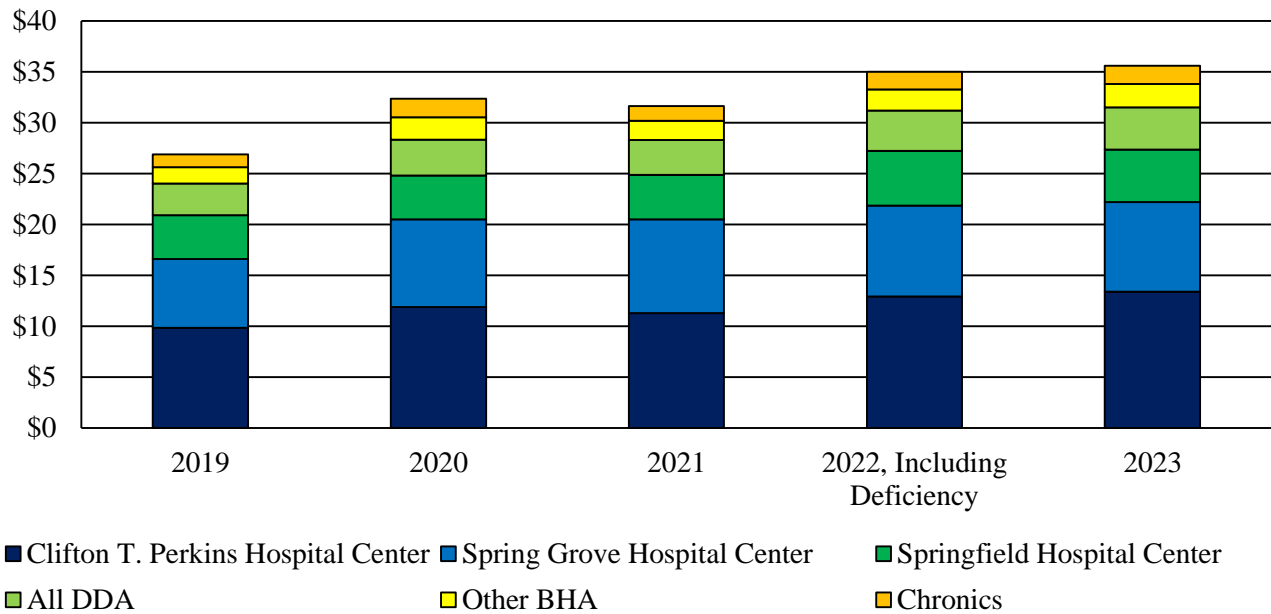
BHA: Behavioral Health Administration
DDA: Developmental Disabilities Administration

Source: Governor's Fiscal 2021 to 2023 Budget Books; Department of Legislative Services

As shown, Perkins and the other large BHA facilities have the greatest overtime need throughout the department. In fact, the DDA facilities combined have lower overtime expenditures than any of Perkins, SHC or SGHC alone. Perkins alone accounts for nearly 40% of total overtime expenditures throughout the State hospitals for fiscal 2023.

Personnel Data

	FY 21 **Actual**	FY 22 **Working**	FY 23 **Allowance**	FY 22-23 **Change**
Regular Positions	3,949.15	3,937.30	3,926.80	-10.50
Contractual FTEs	200.57	224.48	238.06	13.58
Total Personnel	**4,149.72**	**4,161.78**	**4,164.86**	**3.08**

Vacancy Data: Regular Positions

Turnover and Necessary Vacancies, Excluding New Positions	371.29	9.56%
Positions and Percentage Vacant as of 12/31/21	507.70	12.89%
Vacancies Above Turnover	136.41	3.33%

       Although the fiscal 2023 allowance reflects a net reduction of 10.5 positions in MDH Administration, MDH reported that this does not capture position abolitions but rather transfers among units. When looking at the movement throughout these budgets, 40 positions move from the MDH Administration budget to the new OIG for Health budget, which also gains another 3 for 43 total positions in its first year as a standalone entity. The chronic hospitals (-3.9 positions), BHA facilities (- 8.1 positions), and DDA hospitals (-1.5 positions) experience net decreases in the number of employees budgeted for fiscal 2023; however, some individual facilities experience increases. **Exhibit 11** shows the total fiscal 2023 positions for the State facilities and net change compared to fiscal 2022.

Exhibit 11
Maryland Department of Health Hospital Position Change

DHHC: Deer's Head Hospital Center   RICA-B: Regional Institutes for Children and Adolescents – Baltimore
ESHC: Eastern Shore Hospital Center   RICA-G: Regional Institutes for Children and Adolescents – John L. Gildner
Finan: Thomas B. Finan Hospital Center   SETT: Secure Evaluation and Therapeutic Treatment
Holly: Holly Center   SGHC: Spring Grove Hospital Center
Perkins: Clifton T. Perkins Hospital Center SHC: Springfield Hospital Center
Potomac: Potomac Center   WMHC: Western Maryland Hospital Center

Source: Governor's Fiscal 2023 Budget Books

Issues

1.   MDH Personnel, Retention Across Job Categories, and Impact of the Pandemic on Staffing and Operations

Since the onset of the COVID-19 public health emergency, the MDH workforce has been tasked with additional duties supporting the State's pandemic response while continuing to work in their existing roles. To better understand the impact that the pandemic has had on health department workers in the State, as well as set a baseline for recruitment and retention efforts undertaken and announced by Governor Lawrence J. Hogan Jr. beginning in fiscal 2023, a review of personnel and retention within MDH Administration and State facilities is warranted.

As shown in **Exhibit 12**, MDH Administration's current level of vacancies is driven by high vacancies across State hospitals with seven of the facilities above the agencywide rate.

Exhibit 12
Vacancies Across MDH Units
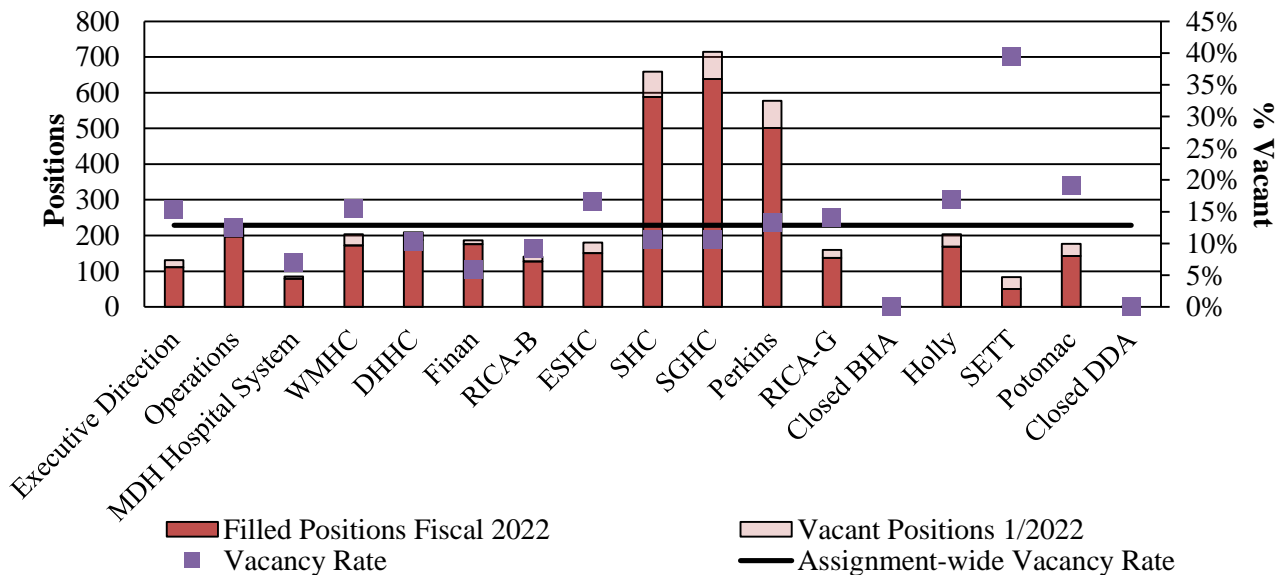
BHA: Behavioral Health Administration
DDA: Developmental Disabilities Administration
DHHC: Deer's Head Hospital Center
ESHC: Eastern Shore Hospital Center
Finan: Thomas B. Finan Hospital Center
Holly: Holly Center
MDH: Maryland Department of Health
Perkins: Clifton T. Perkins Hospital Center

Potomac: Potomac Center
RICA-B: Regional Institutes for Children and Adolescents – Baltimore
RICA-G: Regional Institutes for Children and Adolescents – John L. Gildner
SETT: Secure Evaluation and Therapeutic Treatment
SGHC: Spring Grove Hospital Center
SHC: Springfield Hospital Center
WMHC: Western Maryland Hospital Center

Source: Governor's Fiscal 2023 Budget Books; Department of Budget and Management; Department of Legislative Services

Tenure

In conducting this analysis, DLS focused on cohorts of current employees at different points in time throughout the last few years. **Exhibit 13** reviews the tenure of current employees by examining the number of these employees that were hired in particular years, separately by State hospitals and administrative offices. The single largest cohort of current employees within this budget are individuals who were hired during the pandemic (15%). Further, about half of all current employees have been with the State for fewer than five years. It is worth highlighting that the present cohort of administrative staff are slightly more tenured than those at the State facilities, particularly due to employees much later in their career with the State. Nearly 25% of the administrative cohort have been with the department for 20 years or longer, compared to only 16% at the facilities.

Exhibit 13
January 2022 Maryland Department of Health Employee Cohort by Year of Hire
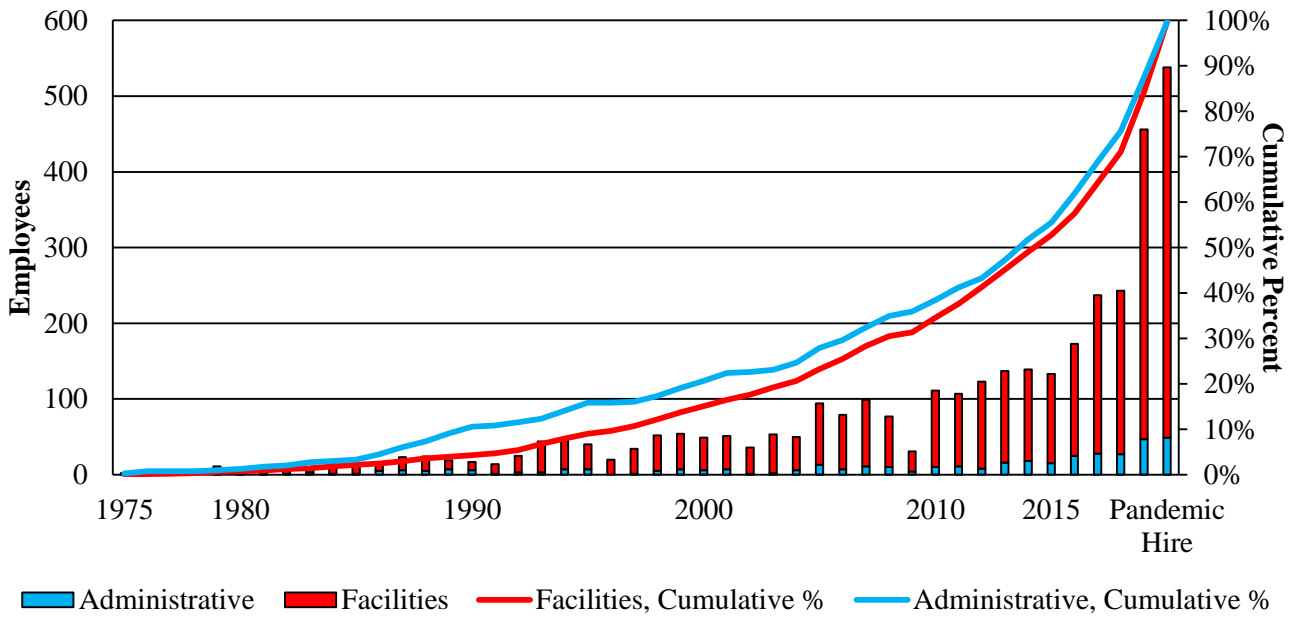
Source: Department of Budget and Management; Department of Legislative Services

Individuals Leaving State Service during the Pandemic

By comparing the current employees to the cohort of employees who were with the State in 2020 before the pandemic, DLS was able to identify those who had left their positions over the intervening two years, most of which was during the COVID-19 pandemic. After accounting for individuals in the data who transferred within the health department, DLS was able to identify 385 individuals out of 3,554 regular positions that were no longer in the 2022 cohort. For the purpose of this analysis, these individuals will be discussed as presumed quits. This represents an overall quit

rate of 10.8% across these programs. These individuals had an average tenure with MDH of nearly 10 years. The DLS methodology may undercount the quits and individuals leaving MDH over this period, as it would not capture individuals who were hired and subsequently quit entirely between the two cohort snapshots used by DLS.

Exhibit 14 shows the calculated quit rate across the four major worksites within this budget and by the major job families. As shown, DDA facilities often had the highest quit rate, in fact their overall quit rate was 18.7%, nearly double the rate of the BHA facilities and administrative staff (9.5% for each). The DDA facilities high quit rate was driven by the SETT unit, which had more than a quarter of the 2020 cohort no longer within MDH by 2022.

Exhibit 14
Quit Rate by Job Family and Job Location
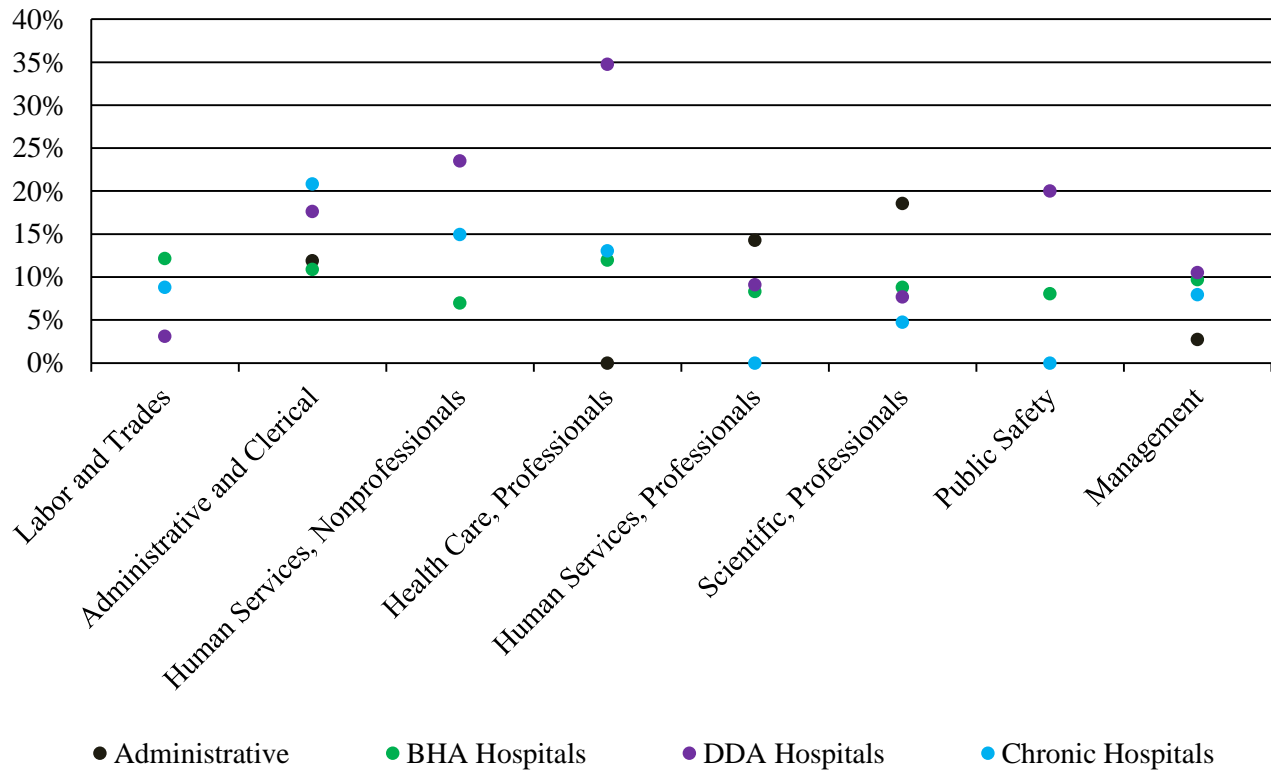
BHA: Behavioral Health Administration
DDA: Developmental Disabilities Administration

Note: Administration program does not have positions for Labor and Trades; Human Services Nonprofessionals; and Public Safety and are suppressed in the above chart. List of Maryland Department of Health positions included in each job family in Appendix 7.

Source: Department of Budget and Management; Department of Legislative Services

Analysis of the FY 2023 Maryland Executive Budget, 2022

Full values across these employee cohorts are shown in **Appendix 6**. The various employees throughout the State's health care workforce represented the largest number of quits identified by DLS. Nursing assistants, licensed professional nurses, and other direct care assistants were 900 of the 3,554 employees in the 2020 cohort, with 110 of them leaving MDH over the intervening two years; of the 607 registered nurses, physicians, and therapists with the State hospitals in 2020, 79 of them, or 13%, were no longer in the 2022 MDH cohort.

However, units and job families with high quit rates were not limited to the direct care workforce in State facilities. One of the highest-turnover groups were the 113 individuals in 2020 who had engineering, scientific, and administrative roles within the Administration function of the health department, which includes accountants, program administrators, and IT professionals. Of those 113, 21 left MDH during the pandemic, or nearly 1 in 5.

The average tenure for someone who left State service over this period was roughly 10 years. However, the average is reflective of several longtime employees choosing to leave State service over the analysis period. As shown in **Exhibit 15**, the distribution of those leaving State service largely reflects recent hires. The distributional impact across these positions suggests retention challenges, particularly within the State facilities, where over half of those leaving during the pandemic were with the State for five or fewer years.

Exhibit 15
Tenure Upon Departure Based on Year of Hire
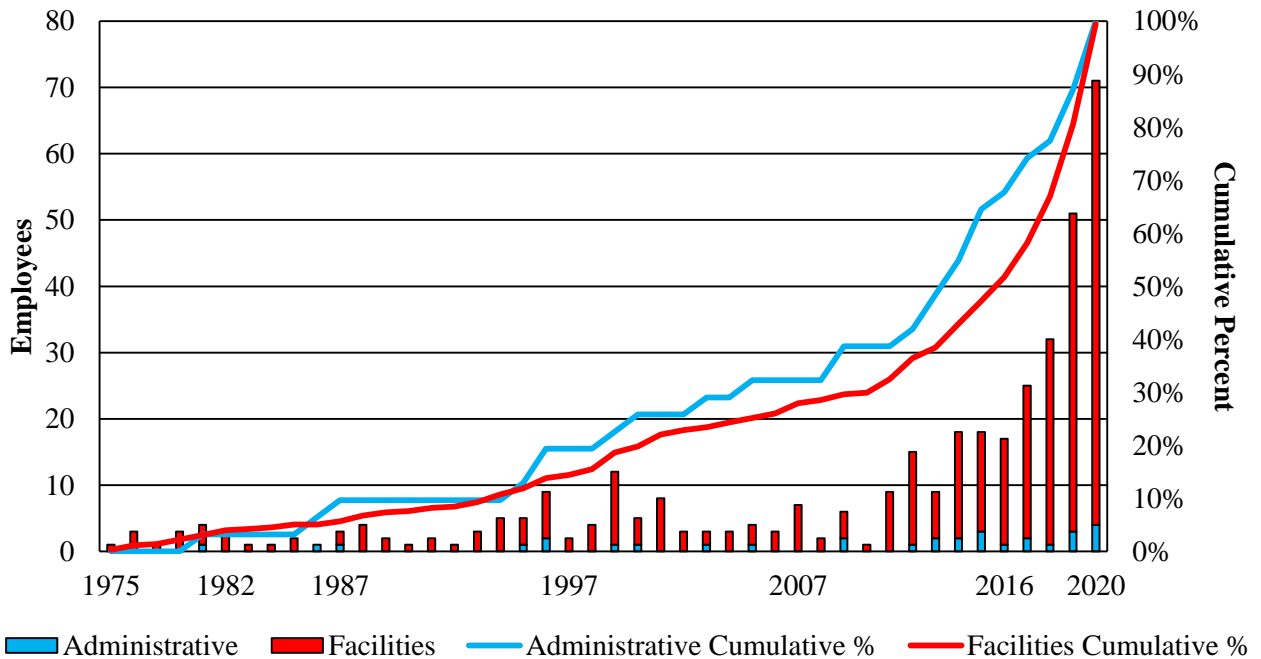
Source: Department of Budget and Management; Department of Legislative Services

As previously mentioned, salary enhancements throughout the department have newly taken effect in fiscal 2022, with further enhancements planned in fiscal 2023. DLS is interested in the impact that these salary enhancements and other MDH strategies will have on the recruitment and retention of MDH employees. **Therefore, DLS recommends budget bill language restricting funds pending a report on MDH staffing, particularly at the State facilities, that discusses how the new salaries under Chapters 572 and 576 compare with compensation for similar positions in the private sector and their impact on recruitment and retention.** It is also worth highlighting that a similar request was made in the 2021 *Joint Chairman's Report* (JCR), which, at the time of this writing, has yet to be submitted.

While the new MDH FMP will be discussed in-depth during the capital budget analysis for MDH, it is worth noting the impact that this portends for the State's chronic care hospitals in particular. The FMP describes a process for transitioning the State away from providing the services currently offered at the chronic care hospitals in the first phase of the plan (by fiscal 2026). The FMP also includes a discussion of new crisis centers in the near term and further transitioning of services away from State facilities in the out-years. **Given the FMP's impact on the care delivery for several of the State's hospitals, notably the chronic hospitals in the near-term, MDH should discuss the short-, medium- and long-term impact of the implementation of the FMP on the current MDH employees in the report recommended above, including how the department intends to align State employees with the projects outlined in the FMP.**

2.   IT Challenges

Major IT Project Delays and Cost Increases

In fiscal 2023, four Major IT projects are associated with the Administration budget and function of MDH; they are discussed individually in **Appendix 2** through **Appendix 5**, including project descriptions and recent milestones. Although budgeted within MDH Administration, other projects including new projects for a bed registry system (BHA), modernization of the Office of Provider Engagement and Regulation (Public Health Administration) and a case management system for the Maryland AIDS Drug Assistance Program (Prevention and Health Promotion Administration) are discussed separately in their respective agencies.

General funds for all MITDPs are budgeted in the State's Major IT Fund, while the budget of MDH reflects any other fund sources associated with these projects. Broadly speaking, many of the department's Major IT projects have experienced delays or costs overruns, as shown in **Exhibit 16**, which compares the Major IT funding plans presented in the Governor's Fiscal 2022 Budget Books to those presented in the Governor's Fiscal 2023 Budget Books.

Exhibit 16
Changes to Major IT Project Expenditures by Fiscal Year Compared to Costs Presented in the 2021 Session
Fiscal 2023-2026
($ in Millions)
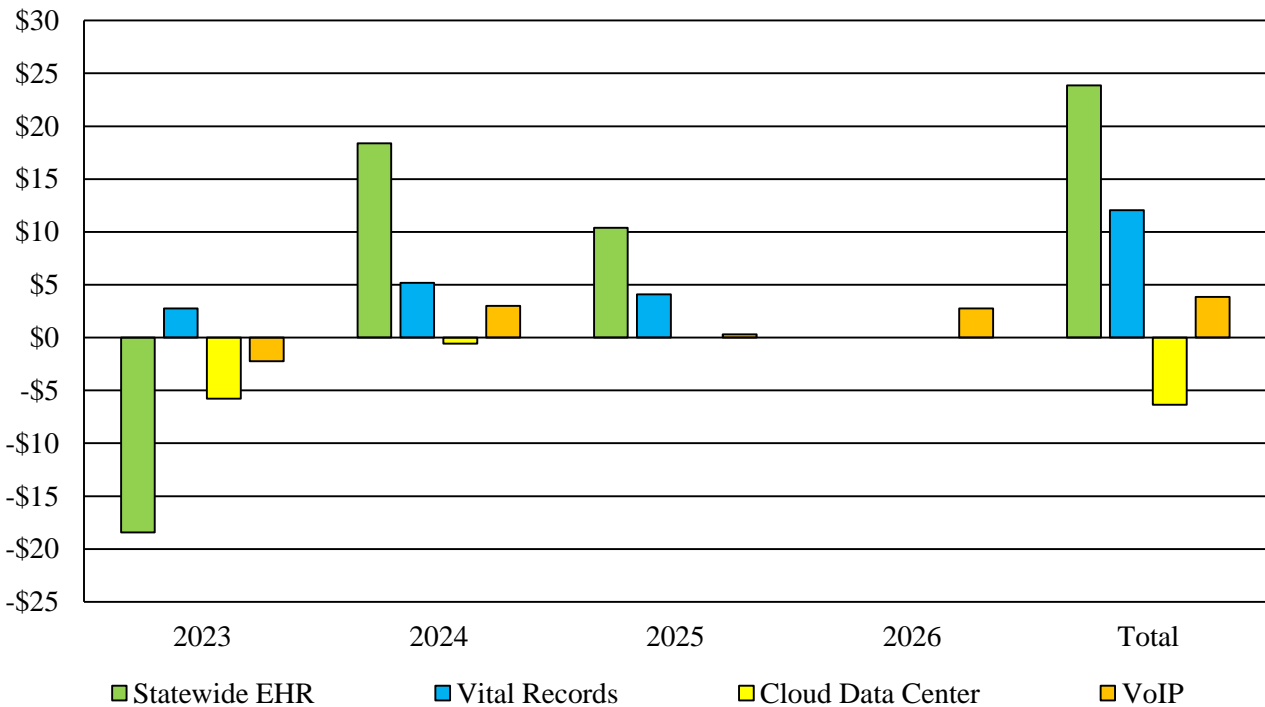
EHR: electronic health records
IT: information technology
VoIP: Voice over Internet Protocol

Source: Governor's Fiscal 2022 and 2023 Budget Books

As shown, with the exception of the Vital Records project, all other Major IT projects associated with this budget are spending less in fiscal 2023 than planned previously due to delays in the project with costs generally being shifted into future fiscal years. Not only has the timing of expenditures been delayed, the migration of the State's data center to the cloud is the only project with a lower expected cost than previously anticipated. Collectively, even when considering the savings with the cloud data center project, these anticipated Major IT expenditures increase by over $33 million compared to the projects presented with the fiscal 2022 budget. The Electronic Health Records and Vital Statistics projects were previously slated to be completed by fiscal 2024 and have now been pushed into fiscal 2025. MDH reports that these Major IT projects are moving ahead, to the extent possible, during the network security incident, particularly with partners outside of the MDH network.

Network Security Incident

Of course, cost increases and delays with the Major IT projects are not the only challenges that MDH has had with IT-related items recently. On December 4, 2021, MDH experienced a security incident involving its IT system. In a January 13, 2022 joint hearing in front of the House Health and Government Operations committee and Senate Education Health and Environmental Affairs committee, MDH revealed that this incident was a ransomware attack. MDH has reported that at this time no evidence suggests that this particular incident has resulted in unauthorized access or acquisition of any health department data, in part due to an immediate containment strategy undertaken by MDH.

However, the incident and MDH's containment strategy has hampered certain everyday MDH processes. For instance, State-issued laptops were unable to be accessed until cleared by the forensics unit. MDH has reported that they have ordered additional equipment – including over 5,000 laptops – to continue operations during the incident. Contracts for these new equipment purchases are on the Board of Public Works' Agenda for February 16, 2022, and total $5.6 million in general fund expenditures. At present, funding explicitly for this purpose is not specified in the fiscal 2022 working appropriation.

Other mitigation issues during this time have included restricting access to only certain services, programs or devices, such as the Google Workspace platform (from non-MDH devices). Frequently Asked Questions for MDH employees around workflows were most recently updated on January 12, 2022. As of this update, MDH staff was unable to:

- use MDH WiFi services when onsite;

- create documents or data with Microsoft Word or Excel; or

- download files from the Google workspace to personal computers;

MDH has reported setting up "hoteling" spaces with safe computers and devices onsite at State Center for those employees unable to telework. MDH provided a February 3, 2022 update that included noting the restoration Licensing Application Retrieval System for the Board of Nursing to resume processing new and renewals of licenses; restoration of the DDA's Provider Consumer Information Systems; and configuring MDH hardware to allow employees to access their previously shared network drive in a more secure manner.

Operating Budget Recommended Actions

1. Add the following language to the general fund appropriation:

   Further provided that $100,000 of this appropriation made for the purposes of executive direction may not be expended until the Maryland Department of Health (MDH) submits a report to the budget committees on staffing vacancies throughout MDH. The report shall address barriers to attracting and maintaining staff, including:

   (1)   a comparison of compensation at MDH and other comparable administrative positions at the federal and local levels;

   (2)   a comparison of compensation of direct care staff to other private and nonprofit health care settings;

   (3)   an evaluation of the impact of recent annual salary review adjustments and any other compensation benefits or incentives offered by MDH;

   (4)   discussion of recruitment and retention strategies for the MDH workforce; and

   (5)   the long-term impact of the Facilities Master Plan on MDH's staffing alignment.

   The report shall be submitted by October 1, 2022, and the budget committees shall have 45 days to review and comment. Funds restricted pending the receipt of a report may not be transferred by budget amendment or otherwise to any other purposes and shall revert to the General Fund if the report is not submitted to the budget committees.

   Explanation: The committees are concerned about the persistently high vacancy rates in MDH. As of December 31, 2021, the vacancy rate in the MDH Administration budgets was 12.89%, with high vacancy rates are found in both direct care institutions as well as administration. This language restricts funds pending a report on barriers to recruitment and retention throughout MDH, including salary comparisons to other similar positions elsewhere in government or in different care settings. Further, this language requests MDH report on the alignment of MDH's current staff with the goals and projects outlined in the new Facilities Master Plan.

Information Request	Author	Due Date
MDH staffing and salary study	MDH	October 1, 2022

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

    , provided that $100,000 of this appropriation made for the purposes of hospital administration may not be expended until the Maryland Department of Health submits a report to the budget committees on the time to placement for court-involved patients and efforts to improve the timeliness of placement to align with statutorily required timeframes. The report shall be submitted by October 1, 2022, and the budget committees shall have 45 days to review and comment. Funds restricted pending the receipt of a report may not be transferred by budget amendment or otherwise to any other purposes and shall revert to the General Fund if the report is not submitted to the budget committees.

    Explanation: The budget committees are concerned with the increasing delays seen in the placement of court-involved placements. Specifically, legislative mandates have been in place since fiscal 2019 requiring individuals who are either incompetent to stand trial (IST) or not criminally responsible (NCR) to be admitted within 10 business days. While this mandate was largely met in the first year, subsequent years have had longer placement times for IST/NCR patients. This language restricts funds pending a report on the efforts being made to improve the timeliness of placement for NCR/IST patients within the legislatively mandated 10-day period.

Information Request	Author	Due Date
Efforts made to improve timeliness of NCR/IST placements	Maryland Department of Health	October 1, 2022

3. Adopt the following narrative:

    Uniform Reporting on Patient and Staff Safety: As of fiscal 2023, the Maryland Department of Health (MDH) has largely completed the reorganization of the State's facilities and hospitals under the MDH Hospital System. However, reporting on staff and patient safety is inconsistent between the different facility types making comparisons between facility types difficult and preventing a complete picture of safety at these facilities. The committees are concerned about inconsistent reporting across the MDH Hospital System and request that MDH submit a report on efforts to improve reporting on measures of patient and staff safety and recommendations for uniform measures of patient and staff safety. The committees also request that the recommended uniform measures be included in annual Managing for Results submissions beginning with the fiscal 2024 budget.

Information Request	Author	Due Date
Recommendations for uniform reporting of patient and staff safety measures	MDH	December 1, 2022
Uniform measures of patient and staff safety	MDH	With the submission of the fiscal 2024 budget and annually thereafter

Appendix 1
2021 *Joint Chairmen's Report* Responses from Agency

The 2021 JCR requested that MDH – Administration prepare one report. An electronic copy of the full JCR response will be on the DLS Library website after submission.

- ***MDH Staffing Vacancies:*** The budget committees requested that MDH submit a report on the staffing vacancies throughout the department. This report was to be submitted by December 15, 2021 and at the time of this writing has yet to be submitted.

Appendix 2
Statewide Electronic Health Records
Major Information Technology Project
Maryland Department of Health

Major IT projects discussed in in Issue 2 of this analysis.

New/Ongoing: Ongoing							
Start Date: February 2017				**Est. Completion Date:** June 30, 2024			
Implementation Strategy: Agile							
($ in Millions)	Prior Year	2022	2023	2024	2025	2026	Remainder	Total
GF	$13.250	$2.160	$0.050	$18.380	$10.380	$0.000	$0.000	$44.220
Total	**$13.250**	**$2.160**	**$0.050**	**$18.380**	**$10.380**	**$0.000**	**$0.000**	**$44.220**

- *Project Summary*: MDH aims to modernize its hospital information management systems by finding a customizable off-the-shelf system that will at least have the functionality of the International Statistical Classification of Disease diagnostic coding, medication ordering, clinical noting, treatment planning, incident reporting, and discharge planning. The electronic health records will need to be accessed by State hospitals, local health departments, and MDH administrative staff.

- *Need:* The software currently in use for the pharmacy component of the department's health records has been sunset by the vendor, and the rate of increase in these maintenance costs has increased at unsustainable rates.

- *Observations and Milestones:* MDH reports needing to rebaseline the project due to the cancellation of the initial request for proposals (RFP). This cancellation was a result of MDH analysis that additional work needs to be added to the project scope, including power, and Internet capacity upgrades to the hospitals. MDH reports that the new RFP was released in October 2021 with a target completion date of the RFP for June 2022.

  Other milestones for this project include power supply upgrades completed in calendar 2021 and Internet capacity upgrades by June 2022.

- *Changes:* Project has been meaningfully delayed compared to information presented with the fiscal 2022 budget at a significant expense – estimated costs to completion have increased by $10 million and project is now not slated to be completed until fiscal 2025, a two-year delay from the prior estimated completion date of fiscal 2023.

- *Concerns***:** The only funding for this project included in fiscal 2023 allowance is project oversight by Department of Information Technology. This reflects the project largely not moving forward until the new RFP is released and completed.

Appendix 3
Integrated Electronic Vital Records Registration System
Major Information Technology Project
Maryland Department of Health

Major IT Projects discussed in in Issue 2 of this analysis.

New/Ongoing: Ongoing								
Start Date: July 2018				**Est. Completion Date:** Fiscal 2025				
Implementation Strategy: Agile								
($ in Millions)	**Prior Year**	**2022**	**2023**	**2024**	**2025**	**2026**	**Remainder**	**Total**
GF	$7.080	$5.170	$4.090	$3.840	$4.100	$0.000	$0.000	$24.270
FF	0.000	0.000	2.110	1.350	0.000	0.000	0.000	3.460
Total	**$7.080**	**$5.170**	**$6.200**	**$5.190**	**$4.100**	**$0.000**	**$0.000**	**$27.730**

- *Project Summary*: This project will modify the code for the existing California Integrated Vital Records System to Maryland's specifications and allow it to run on the Maryland Total Human-services Integrated Network (MD THINK) platform. This system will contain modules to allow secure web-based entry of all birth and fetal death records along with the import of marriage and divorce records. The system will also support the search, retrieval, and issuance of certificates based upon these records, including modules to track the acceptance of fees and the use of security paper. This new system will be integrated with the existing Maryland Electronic Death Registration System, previously customized from California's death registration system.

- *Need:* The current electronic birth registration system is not maintainable, cumbersome for users to access, and difficult to keep secure. It cannot be extended to provide the Motor Vehicle Administration (MVA) with limited access to issue birth certificates as authorized under statute. The current fetal death system is paper-based and results in long delays for these registrations.

- *Observations and Milestones:* MDH reports that the pilot program for obtaining birth certificate documents at MVA locations to support REAL ID went live in March 2021. Legacy systems have also been duplicated in MD THINK to prevent loss of data, with the legacy birth system going live in June 2021.

- *Changes***:** Project has been meaningfully delayed at a significant expense compared to information presented with the fiscal 2022 budget – estimated costs to completion have increased by $12 million and project is now not slated to be completed until December 2024, a year-and-a-half delay from the prior year.

- *Other Comments:* The fiscal 2023 allowance includes federal funds for the first time. Further federal funding is anticipated in fiscal 2024. Federal funds are derived from the Centers for Disease Control and Prevention's Epidemiology and Laboratory Capacity Grant.

Appendix 4
Migrate MDH Headquarters Data Center to the Cloud
Major Information Technology Project
Maryland Department of Health

Major IT Projects discussed in in Issue 2 of this analysis.

New/Ongoing: Ongoing							
Start Date: September 2018				**Est. Completion Date:** Fiscal 2024			
Implementation Strategy: Agile							
($ in Millions)	**Prior Year**	**2022**	**2023**	**2024**	**2025**	**2026**	**Remainder**	**Total**
GF	$10.020	$0.030	$6.600	$5.900	$0.000	$0.000	$0.000	$22.530
Total	**$10.020**	**$0.030**	**$6.600**	**$5.900**	**$0.000**	**$0.000**	**$0.000**	**$22.530**

- *Project Summary*: The project will include a phased lift and shift of all the applications currently in the MDH Headquarters data center to a cloud solution.

- *Need:* MDH currently maintains a data center that is challenging because this function is outside of the department's core competency. In addition, MDH reports that this project and the new environment for data storage will reduce the department's vulnerability to cybersecurity threats.

- *Observations and Milestones:* MDH reports having completed an on-schedule movement of the business unit physical servers from State Center to an outside facility and the removal of all hardware that is now surplus from the data center.

- *Changes:* Overall, project costs have decreased by $6 million with much of that funding need being reduced out of fiscal 2023.

Appendix 5
Voice over Internet Protocol Conversion
Major Information Technology Project
Maryland Department of Health

Major IT Projects discussed in in Issue 2 of this analysis.

New/Ongoing: Ongoing								
Start Date: 7/2021					**Est. Completion Date:** 7/1/2026			
Implementation Strategy: Agile								
($ in Millions)	**Prior Year**	**2022**	**2023**	**2024**	**2025**	**2026**	**Remainder**	**Total**
GF	$0.000	$1.800	$1.050	$5.540	$2.770	$2.770	$0.000	$13.940
SF	0.000	1.500	0.000	0.000	0.000	0.000	0.000	1.500
Total	**$0.000**	**$3.300**	**$1.050**	**$5.540**	**$2.770**	**$2.770**	**$0.000**	**$15.440**

- *Project Summary*: MDH currently uses Private Branch Exchange (PBX) based telecom technology that is at the end of life. MDH has a total of 5,500 phones in 18 facilities with 15 of those sites using end-of-life PBX systems. This project, when completed, will move the phones at all 18 sites to a hybrid Voice over Internet Protocol (VoIP) based environment.

- *Need:* MDH has a critical need to fully replace aging PBX systems and aging copper line infrastructure. Many of the State's larger hospital facilities have lost telecommunication capabilities due to aging copper infrastructure and in most cases, staff are using mobile devices since MDH can no longer provide service. MDH can no longer find parts to repair existing PBX systems. Replacing such units is not as cost effective as upgrading to a hybrid VoIP environment. MDH is moving to new customer service software platform and adopting and integrating a new hybrid VoIP environment will allow MDH to achieve this goal.

- *Observations and Milestones:* MDH reports have sufficient fiscal 2022 funding to upgrade four facilities. In total, MDH has 18 sites that will need to be transitioned to the new VoIP, with the remaining 8 hospital settings as the priority with fiscal 2023 and 2024 dollars.

- *Changes:* Overall project expenditures increase by $4 million, over the amount anticipated in fiscal 2022 (the first year this project was budgeted).

Appendix 6
MDH Administration and Hospital Staff Cohort Analysis
January 2020 to January 2022

Pandemic Quits	Budget Code	Labor and Trades	Administrative, Technical, and Clerical	Health and Human Services, Nonprofessional	Health Care Professionals	Social and Human Service Professionals	Engineering, Scientific, and Administrative Professionals	Public Safety and Security	Sworn Police Officers	All Management/ Excluded	No Longer at MDH
		A	B	D	E	F	G	H	I		
Executive Direction	M00A0101	0	1	0	0	0	11	0	0	1	**13**
Operations	M00A0102	0	4	0	0	0	10	0	0	2	**16**
MDH Hospital	M00A0107	0	0	0	0	1	0	0	0	1	**2**
Western Maryland	M00I0301	4	2	7	9	0	1	0	0	2	**25**
Deer's Head	M00I0401	2	3	9	3	0	0	0	0	3	**20**
Finan	M00L0401	0	0	3	1	0	1	1	0	1	**7**
RICA-B	M00L0501	1	0	1	0	2	1	1	0	1	**7**
Eastern Shore	M00L0701	1	2	5	12	0	0	0	0	6	**26**
SHC	M00L0801	11	3	4	15	5	0	4	2	11	**55**
SGHC	M00L0901	10	4	18	14	0	3	0	0	11	**60**
Perkins	M00L1001	5	6	1	12	2	0	22	0	7	**55**
RICA-G	M00L1101	2	1	7	5	4	1	0	0	2	**22**
Holly	M00M0501	1	2	19	2	0	1	1	0	1	**27**
SETT	M00M0601	0	0	18	2	1	0	0	1	2	**24**
Potomac	M00M0701	0	1	18	4	0	0	0	0	3	**26**
Total		**37**	**29**	**110**	**79**	**15**	**29**	**29**	**3**	**54**	**385**

2020 Cohort	Budget Code	Labor and Trades	Administrative, Technical, and Clerical	Health and Human Services, Nonprofessional	Health Care Professionals	Social and Human Service Professionals	Engineering, Scientific, and Administrative Professionals	Public Safety and Security	Sworn Police Officers	All Management/ Excluded	2020 Cohort Total
		A	B	D	E	F	G	H	I		
Executive Direction	M00A0101	0	4	0	9	0	38	0	0	59	110
Operations	M00A0102	0	35	0	1	0	73	0	0	76	186
MDH Hospital	M00A0107	0	3	0	6	7	2	0	0	12	30
Western Maryland	M00I0301	35	13	44	53	3	12	0	0	28	188
DHHC	M00I0401	33	11	63	39	1	9	2	0	35	193
Finan	M00L0401	21	9	57	38	11	6	5	2	26	175
RICA-B	M00L0501	12	9	25	23	19	14	1	0	28	131
Eastern Shore	M00L0701	11	13	62	38	11	2	2	4	34	177
SHC	M00L0801	85	35	170	135	33	14	35	3	99	611
SGHC	M00L0901	81	43	209	135	41	14	10	6	113	653
Perkins	M00L1001	13	26	6	90	20	10	294	0	75	534
RICA-G	M00L1101	24	12	30	33	21	8	0	0	27	155
Holly	M00M0501	29	13	80	10	4	9	4	0	26	175
SETT	M00M0601	0	0	55	5	3	1	1	13	14	92
Potomac	M00M0701	3	4	99	8	4	3	0	6	17	144
Total		**347**	**230**	**900**	**623**	**178**	**215**	**354**	**34**	**669**	**3,554**

Leave Rate	Budget Code	Labor and Trades A	Administrative, Technical, and Clerical B	Health and Human Services, Nonprofessional D	Health Care Professionals E	Social and Human Service Professionals F	Engineering, Scientific, and Administrative Professionals G	Public Safety and Security H	Sworn Police Officers I	All Management/ Excluded	Leave Rate
Executive Direction	M00A0101	N/A	25%	N/A	0%	N/A	29%	N/A	N/A	2%	**11.8%**
Operations	M00A0102	N/A	11%	N/A	0%	N/A	14%	N/A	N/A	3%	**8.6%**
MDH Hospital	M00A0107	N/A	0%	N/A	0%	14%	0%	N/A	N/A	8%	**6.7%**
Western Maryland	M00I0301	11%	15%	16%	17%	0%	8%	N/A	N/A	7%	**13.3%**
Deer's Head	M00I0401	6%	27%	14%	8%	0%	0%	0%	N/A	9%	**10.4%**
Finan	M00L0401	0%	0%	5%	3%	0%	17%	20%	0%	4%	**4.0%**
RICA-B	M00L0501	8%	0%	4%	0%	11%	7%	100%	N/A	4%	**5.3%**
Eastern Shore	M00L0701	9%	15%	8%	32%	0%	0%	0%	0%	18%	**14.7%**
SHC	M00L0801	13%	9%	2%	11%	15%	0%	11%	67%	11%	**9.0%**
SGHC	M00L0901	12%	9%	9%	10%	0%	21%	0%	0%	10%	**9.2%**
Perkins	M00L1001	38%	23%	17%	13%	10%	0%	7%	N/A	9%	**10.3%**
RICA-G	M00L1101	8%	8%	23%	15%	19%	13%	N/A	N/A	7%	**14.2%**
Holly	M00M0501	3%	15%	24%	20%	0%	11%	25%	N/A	4%	**15.4%**
SETT	M00M0601	N/A	N/A	33%	40%	33%	0%	0%	8%	14%	**26.1%**
Potomac	M00M0701	0%	25%	18%	50%	0%	0%	N/A	0%	18%	**18.1%**
Total		**10.66%**	**12.61%**	**12.22%**	**12.68%**	**8.43%**	**13.49%**	**8.19%**	**8.82%**	**8.07%**	**10.8%**

Source: Department of Budget and Management; Department of Legislative Services

M00A01 – MDH – Administration

Appendix 7
Sample Job Titles

Job Family Code	Job Family Name	Examples
A	Labor and Trades	Food Service Worker
		Building Services Worker
		Linen Service Worker
		Maintenance Mechanic
		Refrigeration Mechanic
		Electrician
		Groundskeeper
		Locksmith
B	Administrative, Technical, and Clerical	Fiscal Accounts Clerk
		Administrative Aide
		Office Clerk
		Office Secretary
		Buyers Clerk
		Stock Clerk
		Personnel Clerk
		Paralegal
D	Health and Human Services, Nonprofessional	Direct Care Assistant
		Licensed Practical Nurse
		Occupational Therapy Assistant
		Developmental Disability Associate
E	Health Care Professionals	Registered Nurse
		Psychiatrist Clinical
		Respiratory Care Nurse
		Registered Dietitian
		Physical Therapist
		Physician Clinical Specialist
		Occupational Therapist
		Nurse Practitioner Psychiatric
F	Social and Human Service Professionals	Alcohol and Drug Professional Counselor
		Art Therapist
		Mental Health Professional Counselor
		Social Worker
		Psychologist
		Volunteer Activities Coordinator

Job Family Code	**Job Family Name**	**Examples**
G	Engineering, Scientific, and Administrative Professionals	Administrator Internal Auditor Accountant Procurement Officer Computer Network Specialist IT Programmer Analyst Agency Budget Specialist Financial Agent Research Statistician II Webmaster
H	Public Safety and Security	Security Attendant Security Attendant Nursing (Perkins) Building Security Officer Security Attendant I
I	Sworn Police Officers	Police Officer

Source: Department of Budget and Management; Department of Legislative Services

Appendix 8
Object/Fund Difference Report
MDH – Administration

Object/Fund	FY 21 Actual	FY 22 Working Appropriation	FY 23 Allowance	FY 22 - FY 23 Amount Change	Percent Change
Positions					
01 Regular	3,949.15	3,937.30	3,926.80	-10.50	-0.3%
02 Contractual	200.57	224.48	238.06	13.58	6.0%
Total Positions	**4,149.72**	**4,161.78**	**4,164.86**	**3.08**	**0.1%**
Objects					
01 Salaries and Wages	$ 408,588,480	$ 411,263,940	$ 429,395,467	$ 18,131,527	4.4%
02 Technical and Special Fees	20,306,004	15,940,899	17,706,557	1,765,658	11.1%
03 Communication	1,881,246	1,705,577	1,872,197	166,620	9.8%
04 Travel	136,414	361,527	295,387	-66,140	-18.3%
06 Fuel and Utilities	10,831,669	11,250,289	9,996,976	-1,253,313	-11.1%
07 Motor Vehicles	699,377	1,184,090	1,007,687	-176,403	-14.9%
08 Contractual Services	71,317,125	71,739,619	58,760,436	-12,979,183	-18.1%
09 Supplies and Materials	21,198,702	20,050,116	20,616,598	566,482	2.8%
10 Equipment – Replacement	1,673,744	1,264,879	1,761,176	496,297	39.2%
11 Equipment – Additional	5,205,548	938,956	522,260	-416,696	-44.4%
12 Grants, Subsidies, and Contributions	10,640,450	17,682,585	18,352,675	670,090	3.8%
13 Fixed Charges	3,153,051	3,219,707	3,365,214	145,507	4.5%
14 Land and Structures	2,820,940	3,000,000	5,000,000	2,000,000	66.7%
Total Objects	**$ 558,452,750**	**$ 559,602,184**	**$ 568,652,630**	**$ 9,050,446**	**1.6%**
Funds					
01 General Fund	$ 482,910,728	$ 497,897,472	$ 527,383,019	$ 29,485,547	5.9%
03 Special Fund	8,848,855	22,209,472	11,812,184	-10,397,288	-46.8%
05 Federal Fund	35,535,461	24,386,449	14,409,485	-9,976,964	-40.9%
09 Reimbursable Fund	31,157,706	15,108,791	15,047,942	-60,849	-0.4%
Total Funds	**$ 558,452,750**	**$ 559,602,184**	**$ 568,652,630**	**$ 9,050,446**	**1.6%**

Note: The fiscal 2022 appropriation does not include deficiency appropriations. The fiscal 2022 working appropriation and fiscal 2023 allowance do not reflect funding for statewide personnel actions budgeted in the Department of Budget and Management, which include cost-of-living adjustments, increments, bonuses, and may include annual salary review adjustments.

Program/Unit	FY 21 Actual	FY 22 Wrk Approp	FY 23 Allowance	Change	FY 22 - FY 23 % Change
01 Maryland Office of the Inspector General for Health	$ 0	$ 0	$ 4,497,228	$ 4,497,228	0%
01 Executive Direction	27,786,325	77,726,670	33,186,641	-44,540,029	-57.3%
02 Financial Management Administration	43,551,775	44,090,322	48,800,422	4,710,100	10.7%
07 MDH Hospital System	9,589,619	9,911,951	10,791,549	879,598	8.9%
08 Major IT Projects	24,931,169	7,178,770	4,214,812	-2,963,958	-41.3%
01 Western Maryland Hospital Center	24,848,321	23,948,246	24,506,836	558,590	2.3%
01 Deer's Head Center	25,652,069	23,149,491	22,983,879	-165,612	-0.7%
01 Thomas B. Finan Hospital Center	24,655,635	22,954,147	25,218,694	2,264,547	9.9%
01 Regional Institute for Children and Adolescents - Baltimore	20,065,404	19,491,508	21,272,390	1,780,882	9.1%
01 Eastern Shore Hospital Center	24,402,720	23,320,899	24,718,709	1,397,810	6.0%
01 Springfield Hospital Center	82,874,634	78,249,163	87,565,959	9,316,796	11.9%
01 Spring Grove Hospital Center	101,164,627	92,585,230	101,874,212	9,288,982	10.0%
01 Clifton T. Perkins Hospital Center	83,435,033	74,870,542	87,422,160	12,551,618	16.8%
01 John L. Gildner Regional Institute for Children and Adolescents	16,786,002	16,383,476	19,132,265	2,748,789	16.8%
01 Behavioral Health Administration Facility Maintenance	1,981,924	1,410,158	1,454,931	44,773	3.2%
01 Holly Center	18,864,692	18,277,619	19,376,191	1,098,572	6.0%
01 Court Involved Service Delivery	7,350,578	7,295,872	9,451,337	2,155,465	29.5%
01 Potomac Center	19,506,473	18,047,326	21,368,367	3,321,041	18.4%
01 Developmental Disabilities Administration Facility Maintenance	1,005,750	710,794	816,048	105,254	14.8%
Total Expenditures	**$ 558,452,750**	**$ 559,602,184**	**$ 568,652,630**	**$ 9,050,446**	**1.6%**
General Fund	$ 482,910,728	$ 497,897,472	$ 527,383,019	$ 29,485,547	5.9%
Special Fund	8,848,855	22,209,472	11,812,184	-10,397,288	-46.8%
Federal Fund	35,535,461	24,386,449	14,409,485	-9,976,964	-40.9%
Total Appropriations	**$ 527,295,044**	**$ 544,493,393**	**$ 553,604,688**	**$ 9,111,295**	**1.7%**
	FY 21	**FY 22**	**FY 23**		**FY 22 - FY 23**

Program/Unit	Actual	Wrk Approp	Allowance	Change	% Change
Reimbursable Fund	$ 31,157,706	$ 15,108,791	$ 15,047,942	-$ 60,849	-0.4%
Total Funds	**$ 558,452,750**	**$ 559,602,184**	**$ 568,652,630**	**$ 9,050,446**	**1.6%**

Note: The fiscal 2022 appropriation does not include deficiency appropriations. The fiscal 2022 working appropriation and fiscal 2023 allowance do not reflect funding for statewide personnel actions budgeted in the Department of Budget and Management, which include cost-of-living adjustments, increments, bonuses, and may include annual salary review adjustments.